

**SUBJECT: Discipline and Enforcement of Compliance Standards**

<b>1.0</b>	<b>POLICY/PURPOSE</b>	Classification:	Compliance
<b>2.0</b>	<b>APPLICABILITY</b>	Policy#:	9120-0009
<b>3.0</b>	<b>GENERAL INFORMATION</b>	Effective Date:	March 2023
<b>4.0</b>	<b>PROCEDURE</b>	Revised Date:	1/31/2024
<b>5.0</b>	<b>REFERENCES</b>		
<b>6.0</b>	<b>ATTACHMENTS</b>		
<b>7.0</b>	<b>APPROVAL</b>		

**1.0 POLICY/PURPOSE**

- 1.1 Center for Disability Services, Prospect Center and St. Margaret’s Center (collectively, the “Center”) is committed to conducting business ethically and in conformance with applicable Federal and State laws, rules and regulations, interpretations thereof, and the Center’s Standards of Conduct. To support this commitment, the Center has developed procedures for disciplinary actions to be taken for illegal or unethical acts; violations of Federal or State laws and regulations; violations of the Standards of Conduct, the Center’s Compliance Program and related policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance violations” for purposes of this policy) by Affected Individuals.
- 1.2 It is the policy of the Center to ensure that Affected Individuals who, upon investigation, are found to have committed compliance violations will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the Center.

**2.0 APPLICABILITY**

- 2.1 This policy applies to all Center for Disability Services, St. Margaret’s Center and Prospect Center employees and affiliates (hereinafter known as the Center).

**3.0 GENERAL INFORMATION**

- 3.1 It is the policy of the Center to ensure that the following actions shall result in disciplinary action:
- Authorization of or participation in actions that violate Federal or State laws, rules, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
  - Failure to comply with the Center’s policies governing the prevention, detection, or reporting of fraud and abuse;
  - Falsification of records;
  - Submitting or causing to submit a false claim;
  - Failure to report a violation by a peer or subordinate;
  - Failure to cooperate in an investigation; and
  - Retribution, retaliation, or intimidation against a person for reporting a possible compliance violation or participating in an investigation.
- 3.2 The Center will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the

nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment. The Center will consider intentional or reckless behavior as being subject to more significant disciplinary action.

- 3.3 The Compliance Officer will be responsible for assuring that disciplinary actions related to compliance violations are consistent with actions taken in similar instances of non-compliance and that the same disciplinary action applies to all levels of Affected Individuals.

#### **4.0 PROCEDURE**

- 4.1 All reports of alleged compliance violations are to be reported to the Compliance Officer in accordance with the Reporting and Investigation of Compliance Concerns Policy.
- 4.2 To the extent possible, disciplinary action for employees will be taken in accordance with the Center's Human Resource policies and the Employee Handbook.
- 4.3 When the determination is made that a compliance violation by an Affected Individual has occurred, the Compliance Officer will notify the President and Chief Executive Officer, the appropriate department/program administrator, and the Affected Individual's supervisor.
- 4.4 When the determination is made that a compliance violation by a member of the Board of Directors or an Executive Officer has occurred, the Compliance Officer will notify the President and Chief Executive Officer and the Chairperson of the Board of Directors. If the Chairperson of the Board of Directors is implicated in the violation, the Compliance Officer and President and Chief Executive Officer will work with the Governance and Nominating Committee of the Board of Directors to determine and execute appropriate disciplinary action. If the Chairperson of the Board of Directors is a member of the Governance and Nominating Committee, then the Chairperson of the Governance and Nominating Committee shall ask the Chairperson of the Board of Directors to recuse him/herself while the Governance and Nominating Committee considers the matter.
- 4.5 When the determination is made that a compliance violation by an Executive Officer has occurred, the Compliance Officer will notify the President and Chief Executive Officer or the Chairperson of the Board of Directors in order to determine and execute appropriate disciplinary action. Internal or external legal counsel may be consulted, as appropriate.
- 4.6 When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the President and Chief Executive Officer and work collaboratively to determine and execute the appropriate corrective action.
- 4.7 If appropriate, the Compliance Officer may notify the Center's Compliance Committee, and to the Finance, Compliance and Audit Committee of the Board of Directors Board, prior to its next regularly scheduled meeting when a full report of compliance-related disciplinary actions would be presented.
- 4.8 The Compliance Officer and Human Resources Director will work in collaboration with the appropriate supervisor/manager in determining and

executing the disciplinary action related to a compliance violation by an employee. The Compliance Officer shall have the discretion to recommend a disciplinary process other than the normal procedure.

- 4.9 The Compliance Officer and/or Human Resources Director shall consult with the Center’s Compliance Committee, the President and Chief Executive Officer, and legal counsel, as necessary to determine the appropriate disciplinary action to be taken.
- 4.10 Discipline will be appropriately documented in the employee’s personnel file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during the employee’s regular and promotional evaluations.
- 4.11 The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals, including verbal warnings, and will reference these records when necessary to ensure consistency in the application of disciplinary measures.
- 4.12 The Compliance Officer shall maintain a record of all disciplinary actions, including verbal warnings, taken against Affected Individuals related to compliance violations and report regularly to the Center’s Compliance Committee on a quarterly basis, and to the Finance, Compliance and Audit Committee of the Board of Directors at least annually, regarding such actions.
- 4.13 The Compliance Officer will reference the record of disciplinary actions as necessary to ensure consistency in the application of disciplinary measures related to compliance violations.
- 4.14 The Compliance Officer will ensure that the disciplinary procedures are disseminated to all Affected Individuals and that these individuals have received relevant education and/or training in accordance with the Center’s training plan.

**5.0 REFERENCES**

- 5.1 Social Service Law 363-D
- 5.2 18 NYCRR Part 521

**6.0 ATTACHMENTS**

- 6.1 Employee Handbook
- 6.2 Disciplinary Action Log
- 6.3 Reporting and Investigation of Compliance Concerns

**7.0 POLICY APPROVAL**

<b>Role</b>	<b>Name/ Title</b>	<b>Date Approved</b>
Revision Author	Joyce Gabriele/ Senior Auditor	1/23/2024
Department Approver	Sarah Quist, Compliance Officer	1/31/2024

**Sanction Statement:** Non-compliance with this policy may result in disciplinary action, up to and including termination.

**Compliance Statement:** As part of its ongoing auditing and monitoring process in its Compliance Program, Center for Disability Services will review this policy based on changes in the law or regulations, as Center for Disability Services’ practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for

effectiveness on an annual basis or more frequently as identified in accordance with Center for Disability Services' Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

**Record Retention Statement:** Center for Disability Services will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.