CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER
POLICY & PROCEDURES

Policy Title	Whistleblower
Policy Number	8030
Version Number	0.22
Policy Owner Title	Chief Compliance Officer
Policy Owner Name	Rebecca Renna
Administrative Approval By	Diocesan Director
Board Committee Approval By	Audit & Compliance Committee
Effective Date	1/21/2020
References	• New York State Non-Profit Revitalization Act of 2013 § 715-B (http://legislation.nysenate.gov/pdf/bills/2013/a8072) • New York State Labor Law § 740 https://codes.findlaw.com/ny/labor-law/lab-sect-740.html • CCDR Compliance Policies, including CC-007, *Reporting of Compliance Concerns, Non-Intimidation & Non-Retaliation* • 31 U.S.C. §§3729, et seq., federal False Claims Act https://codes.findlaw.com/us/title-31-money-and-finance/31-usc-sect-3729.html

Date Policy Reviewed	1/1/2021	1/12/2022	11/1/2022	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Date Policy Revised	1/1/2021	1/12/2022	9/10/2026	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.

I. POLICY STATEMENT

Catholic Charities of the Diocese of Rochester ("CCDR") requires all affected individuals to act honestly, ethically, and in compliance with all applicable federal, New York State, and local laws, regulations, contracts, and organizational policies.

Any affected individual who reasonably believes that misconduct has occurred or may occur must promptly report the concern. Reports may be made without fear of intimidation, harassment, discrimination, or retaliation.

II. SCOPE

This policy covers concerns involving but not limited to financial misconduct, compliance violations, program/service quality, workplace misconduct, health and safety violations. This policy applies to all affected individuals in both health care and non-health care components of CCDR

III. DEFINITIONS

A. Affected Individuals: Those individuals affected by the Catholic Charities compliance program. This includes all employees, appointees, executives, governing body members, and/or any persons or affiliates who are involved in any way with CCDR's entitlement to receive government funds (including Medicaid and Medicare) but are not employees, executives or governing body members (e.g., Agents, Other Representatives).

B. Compliance Violations:
- Violations of federal, state, or local laws
- Violations of grant or contract requirements
- Regulatory noncompliance
- Conflicts of interest
- Ethical Violations
- Fraud, waste, or abuse of funder dollars (e.g. Medicaid, Medicare, third-part insurers)

C. Concern: A matter regarding action or suspected action taken by or within CCDR that is or may be illegal, fraudulent or in violation of any policy of CCDR, as well as any other matter that could cause serious damage to CCDR's reputation (each, a "Concern").

D. Financial Misconduct:
- Embezzlement
- Theft
- Misappropriation of funds
- Falsification of financial records
- Improper billing

E. Good Faith Reporting: A good faith report is made when the reporter has reasonable grounds to believe that misconduct, abuse, or wrongdoing has occurred, even if the report later proves to be unfounded. Absolute certainty is not required; a reasonable suspicion is sufficient. The report must not be motivated by personal gain, revenge, or intent to harm another individual or organization. It should be made sincerely to address a legitimate concern

F. Health and Safety Concerns
- Dangerous working conditions
- Threats to public health
- Conduct that creates substantial risks to clients, staff, or the public

G. Program/Service Quality Concerns:
- Abuse or neglect of clients
- Exploitation of vulnerable populations
- Unsafe service practices
- Violation of client rights
- Failure to report incidents as required by law

H. Workplace Misconduct:
- Discrimination or harassment
- Intimidation or Retaliation
- Workplace violence

I. Whistleblower: An individual who comes forward and shares their knowledge on any wrongdoing which he/she believes is occurring in the organization.

J. Workforce: Workforce means employees, volunteers, trainees, and other people whose conduct, in the performance of work for CCDR or a business associate of CCDR, is

under the direct control of CCDR, whether or not they are paid by CCDR or a business associate of CCDR

IV. PROCEDURE

A. No CCDR supervisor, manager, or employee is permitted to discharge, demote, suspend, threaten, harass, or in any other manner discriminate against an employee, vendor, contractor, or other individual or organization (all such activity collectively referred to as "retaliation") who in good faith participates in the Compliance Program, including but not limited to reporting potential compliance concerns, investigating or participating in an investigation, self-evaluations, audits, and reporting to the appropriate officials.

B. All affected individuals must immediately report any known or suspected violations of laws, regulations, policies, and procedures including the Compliance Plan, Code of Ethics/Conduct and/or employee handbook. This includes actual or suspected violations committed by CCDR's vendors or subcontractors.

1. Knowledge of suspected or actual misconduct must be immediately reported to management and/or Compliance Department staff members via one of the available lines of communication.

C. How to Report a Suspected or Known Issue

1. An "open-door policy" is maintained throughout CCDR to encourage affected individuals to report problems and concerns. All members of management who receive reports of compliance issues and/or other concerns are required to report those issues to their Regional Compliance Officer or Chief Compliance Officer immediately.

2. Confidential reports may be made as follows:

   a) To any member of the Compliance Department, in person, or by telephone, email, or U.S. mail.

3. Anonymous reports may be made to the CCDR hotline as follows:

   a) Call Toll-Free: 844-440-0093

   b) Website: www.lighthouse-services.com/ccdr

   c) Email: reports@lighthouse-services.com

   d) Fax: 215-689-3885

4. Allegations involving the Chief Compliance Officer should be made directly to the President & Diocesan Director at (585) 328-3210, who will work with the CCDR Compliance Committee on the investigative process.

5. Complaints involving Human Resources matters will be forwarded to the appropriate Human Resources staff member.

D. Procedures for receiving and reviewing Concerns

1. Any supervisor, manager, or other person receiving a Concern should contact any member of the Compliance Department, Human Resources, or the anonymous hotline. Anyone receiving the report will notify the Chief Compliance Officer who will coordinate further action.

2. The Chief Compliance Officer will assess each Concern on a preliminary basis to determine to what extent an investigation into the Concern is required and will direct all aspects of the investigation of any Concern.
3. All investigations will be conducted in a confidential and sensitive manner, so that information will be disclosed only as needed to facilitate review of the investigation materials or otherwise as required by law. Workforce members must cooperate as necessary in connection with any such investigation.
4. In the event a Concern involves or implicates the Chief Compliance Officer, the Chief Compliance Officer will promptly remove themselves from the investigation and inform the President & Diocesan Director and Compliance Committee and provide a written summary. The President and Diocesan Director will determine the best person or entity to investigate the concern and may obtain an impartial attorney to investigate the concern.
5. In the event a concern involves or implicates the President and Diocesan Director, the Chief Compliance Officer will immediately inform the Board Chair. The Board Chair will assume supervisory responsibilities of the Chief Compliance Officer for the investigation and will determine if an outside investigator should be retained to complete the investigation.

E. Other Required Reporting and Notifications

1. The Chief Compliance Officer will notify the CCDR Compliance Committee and the Board of Directors of all ongoing investigations at the first scheduled meeting following receipt of the report. Depending on the egregiousness of the allegation(s), the Compliance Committee, Executive Committee of the Board, or full Board of Directors may be informed prior to the next meeting at the discretion of the President and Diocesan Director and/or the Chief Compliance Officer.
2. The President & Diocesan Director will immediately inform the Board Vice Chair and Board Secretary if the concern involves or implicates the Board Chair.
3. The Audit Committee and Finance Committees of the board will be notified by the President and Diocesan Director of reports involving any of the following:
   a) *Budget and Financial Performance Issues*
   b) *Non-Compliance with Internal Controls*
   c) *Fraud, embezzlement, misuse, or mismanagement of funds*
   d) *Other financial or accounting irregularities*

F. Records of Concerns and investigation reports

1. The Chief Compliance Officer will maintain a written record of all Concerns, to include:
   a) *A detailed description of the Concern (including any specific allegations made and the people involved);*
   b) *The time frame when the concern happened*
   c) *Date the Concern was reported;*

d) Details regarding the investigation of the concern, findings from the investigation, and recommendations for corrective actions; and

e) Final resolution of the Concern.

2. The Chief Compliance Officer will provide a summary of the concern, investigation, findings, and corrective actions to the Compliance Committee and Board of Directors.

G. Confidentiality

The confidentiality of anyone reporting a potential violation of the Compliance Program or retaliation/intimidation for reporting is always maintained unless local law enforcement, the Medicaid Fraud Control Unit, or other investigative units need to be involved in the investigation.

H. No retaliation against whistleblowers

1. CCDR requires anyone with information about potential unlawful/unethical conduct to immediately report the concern and it is the policy of CCDR to protect reporters from any retaliation for fulfilling their reporting obligation.
2. Retaliation against anyone making a report in good faith or assisting in an investigation is strictly prohibited, including, without limitation, intimidation, harassment, discrimination, coercion, or disciplinary action.
3. Prohibited retaliation also includes actions or threats to take such actions that would adversely impact a former workforce member's current or future employment and threatening to contact or contacting United States immigration authorities or otherwise reporting or threatening to report a workforce member's suspected citizenship or immigration status.
4. Any person who engages in retaliation will be subject to appropriate disciplinary action up to and including termination of employment or other relationship with CCDR.

I. CCDR will post a notice informing workforce members of their protections, rights, and obligations in a conspicuous, easily accessible and well-lit place in the workplace.