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Compliance and Ethics Program (revised November 2021)

**STANDARD  
OF  
CONDUCT**

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# Standard of Conduct

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Revised November 2021



## Scope

We use the term “SpiriT Trust Lutheran” to include SpiriT Trust Lutheran Life Plan Communities, SpiriT Trust Lutheran Home Care & Hospice and SpiriT Trust Lutheran LIFE. We use the term **“team member”** to define the various individuals who are associated with SpiriT Trust Lutheran. All individuals, including employees, vendors, contractors, volunteers, directors and officers are members of our team in providing care and services to our residents/clients/participants.

Any questions regarding the policies in this Standard of Conduct, compliance policies, or related references, should be directed to your immediate supervisor, the Compliance Official or a member of the Compliance Committee or the Compliance Officer.

We are a faith-based health and human services organization that provides a continuum of care including residential, assisted living/personal care, skilled care environments, home health, hospice, home care and LIFE services. This Standard of Conduct applies to every person at every level of the organization. This includes team members, board of directors, volunteers, independent contractors, subcontractors and vendors who may provide or are involved with healthcare or billing

SpiriT Trust Lutheran is a faith-based health and human services organization licensed under the laws of the Commonwealth of Pennsylvania, to provide the following services:

- Skilled Care
- Personal Care
- Assisted Living
- Residential Living
- Home Health
- Hospice
- Home Care
- PACE Services

## **Compliance & Privacy Officer (Compliance Officer)**

The Friends Services Alliance, Vice President, Karla Dreisbach, CHC, CHPC serves as our Compliance Officer. She has the responsibility to assist the Compliance Official, the CEO, and the Board of Directors in designing and overseeing efforts in establishing, maintaining and monitoring compliance within our organization.

The Compliance Officer works with our CEO/President and our Compliance Official and has direct reporting responsibility to the Board of Directors. The Compliance Officer is responsible for the continued coordination with the Compliance Official for the development, implementation, training, monitoring and enforcement activities related to the overall compliance program. The Compliance Officer is assisted by Friends Services Alliance Compliance Program, Compliance Managers and Compliance Specialists in providing services to our organization.

## **Compliance Program Management**

Our Board of Directors, through the President/CEO carries the overall responsibility for creating a culture that values and emphasizes compliance and integrity

Liz Keller, Corporate Director of Compliance has been appointed by the CEO and Board of Directors as the Compliance Official and is responsible for coordinating the day-to-day compliance activities in conjunction with the Compliance Officer. These activities include audits, responses to hotline, and leading the Organization's Compliance Committee(s). As a function of this role, the Compliance Official also functions as the Privacy Officer (as applicable the Organization may have other individuals serving in this function as well as serving as Security Officer).

There are two Compliance Committees. One represents SpiriTrust Lutheran Life Plan Communities and one represents SpiriTrust Lutheran Home Care & Hospice and SpiriTrust Lutheran LIFE. The Organization's Compliance Committees are comprised of members of the leadership team and other key team member positions. The Compliance Official is the chairperson for these committees. Each committee meets at least quarterly and more frequently as needed.



**FROM THE PRESIDENT/CEO**

Dear Team Members:

We have a long tradition of providing healthcare services to those we serve in a way that demonstrates Christian love and compassion. We strive to follow our faith-based heritage of ethical and moral decision making in the care we provide. This heritage enables us to share our values with the residents/clients/participants we serve.

The healthcare industry is constantly changing and being impacted by numerous laws and regulations. In our desire to establish a workplace that complies with these laws and regulations, we have developed a Compliance and Ethics Program that supports Spirit Trust Lutheran team members in making the right decisions. This document, called the Standard of Conduct, represents the primary focus for our Compliance and Ethics Program. The Standard of Conduct not only reflects our heritage and values but also serves as a bold statement that influences how we enhance the quality of life of those we serve.

The Compliance and Ethics Program and the Standard of Conduct exist to guide our normal decisions that are both ethical and compliant with applicable laws, statutes, and regulations. Our Standard of Conduct does not replace each person's obligation in making wise, fair, and honest decisions. It is intended to explain our personal and organizational responsibility and to reflect those areas in which improper or unwise decisions can harm our entire organization and impair our commitment to share Christian love and compassion to those we serve.

We value your contribution to those we serve and appreciate your support in properly maintaining the most ethical workplace possible. We commend you for your commitment to honesty and integrity, which are also part of Spirit Trust Lutheran's values. Each team member is responsible for helping to protect our work environment and its compliance with laws and regulations. I thank you for your commitment and contribution to Spirit Trust Lutheran's mission, values, and most importantly, to those we serve.



## Standard of Conduct

### Introduction

The Standard of Conduct is the foundation of the Compliance and Ethics Program. The Standard of Conduct is a guide to appropriate workplace behavior; it will help you make the right decisions if you are not sure how to respond to a situation. All team members must comply with both the spirit and the letter of all federal, state, and local laws and regulations that apply to the healthcare and other services that our organization provides, as well as all laws that apply to our business dealings. Violations of these laws and regulations can result in severe penalties for us and the individuals we do work with including financial penalties, exclusion from participation in government programs, and, in some cases, imprisonment.

As team members, we share a commitment to legal, ethical and professional conduct in everything that we do. We support these commitments in our work each day, whether we care for residents/clients/participants, order supplies, prepare meals, keep records, pay invoices, or make decisions about the future of our organization.

*The success of SpiriTrust Lutheran as a provider of healthcare and other services depends on you, your personal and professional integrity, your responsibility to act in good faith and your obligation to do the right things for the right reasons.*

The Compliance and Ethics Program provides principles and standards to guide you in meeting your legal, ethical and professional responsibilities. As a team member you are responsible for supporting the Compliance and Ethics Program in every aspect of your workplace behavior. Your continued working relationship includes understanding and adhering to the Compliance and Ethics Program.

The Standard of Conduct discusses the importance of:

***Care Excellence*** – providing quality, compassionate, respectful and clinically-appropriate care.

***Professional Excellence*** – maintaining ethical standards of healthcare and business practices.

***Regulatory Excellence*** – complying with federal and state laws, regulations, and guidelines that govern healthcare, housing services and other services we provide.



## A Shared Responsibility

Because we are in the business of caring for and providing services for others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization we are responsible to many different groups. We must act ethically and responsibly in our relations with:

- Residents/clients/participants and their families;
- Colleagues and co-workers;
- Volunteers and affiliated colleagues;
- Healthcare payors, including the federal and state governments;
- Regulators, surveyors, and monitoring agencies;
- Physicians, Nurse Practitioners, Physician Assistants;
- Vendors and contractors;
- Business Associates; and
- The communities we serve.

Any compromise in our standards could harm our residents/clients/participants, our team members and our organization. Like every organization that provides healthcare, we do business under very strict regulations and close governmental oversight. Fraud, waste, and abuse are serious issues. Sometimes even an innocent mistake can have significant consequences that could result in substantial penalties to SpiritTrust Lutheran.

All team members are required to complete training on the Standard of Conduct and the Compliance and Ethics Program as a condition of employment or business relationship. The Standard of Conduct sets forth mandatory standards.

***There is no justification for departing from the Standard of Conduct no matter what the situation may be.***

Every team member is responsible for ensuring that he or she complies with the Standard of Conduct and all standards of practice. Any team member who violates any of these standards and/or standards of practice is subject to discipline up to and including termination.

## A Personal Obligation

As we are each responsible for following the Standard of Conduct in our daily work, we are also responsible for enforcing it. This means that you have a duty to report any problems you observe or perceive, regardless of your role.

As a team member, you must help ensure that you are doing everything practical to comply with applicable laws. If you observe or suspect a situation that you believe may be unethical, illegal, unprofessional or wrong, or you have a clinical, ethical or financial concern, you must report it. You are expected to satisfy this duty by complying with the Three-Step Reporting Process. If you fail to report noncompliance with the Standard of Conduct, standards and procedures, or applicable federal or state laws, you will be subject to discipline up to and including termination. We have a zero tolerance for retaliation. No one may retaliate against a member who reports a concern in good faith.

## REPORTING COMPLIANCE CONCERNS

### The Three Step Reporting Process

**First**, talk to your supervisor. He or she is most familiar with the laws, regulations and policies that relate to your work.

**Second**, if you are not able to talk to your supervisor, seek out another member of the leadership team or someone from human resources.

**Third**, if you still have a concern, contact the Compliance Official or member of the organization's Compliance Committee, or the Compliance Officer.

You may also call the toll free Compliance Line number at any time.

## COMPLIANCE LINE

### Compliance Line at 800.211.2713

**All calls are confidential and you may call *ANONYMOUSLY* if you choose.**

The Compliance Line is available 24 hours a day, 7 days a week for callers to report compliance-related issues. Concerns that are reported to the Compliance Line are taken seriously.

You can make the calls to the Compliance Line without fear of reprisal, retaliation, or punishment for your actions. Anyone, including a supervisor who retaliates against a team member for contacting the Compliance Line or reporting a compliance issue in another manner, will be disciplined.

## Care Excellence

Our most important job is providing quality care to our residents/clients/participants. This means offering compassionate support to our residents/clients/participants and working toward the best possible outcomes while following all applicable rules and regulations including Medicare Conditions of Participation.

## Resident/Client/Participant Rights

Residents/Clients/Participants receiving healthcare and other services have clearly defined rights. A document describing these rights is provided to each resident/client/participant upon admission and is posted in conspicuous locations throughout the organization for the residents/clients/participants and your reference. To honor these, we must:

- Make no distinction in the admission, transfer or discharge of a resident/client/participant, or in the care we provide on the basis of race, color, national origin, ancestry, age, sex, handicap, disability, sexual preference, or religious creed;
- Treat all residents/clients/participants in a manner that preserves their dignity, autonomy, self-esteem and civil rights;
- Protect every resident/client/participant from physical, emotional, verbal or sexual abuse or neglect;
- Protect all aspects of resident/client/participant privacy and confidentiality;
- Respect resident/client/participant personal property and money and protect it from loss, theft, improper use and damage;
- Respect the right of residents/clients/participants and their legal representatives to be informed of and participate in decision about their care and treatment;
- Respect the right of residents/clients/participants and/or their legal representatives to access their medical records as required by the Health Information Portability and Accountability Act (HIPAA);
- Recognize that residents/clients/participants have the right to consent or refuse care and the right to be informed of the medical consequences of such refusal;
- Protect resident's/client's/participant's rights to be free from physical and chemical restraints; and
- Respect the resident's/client's/participant's right to self-determination and autonomy.

## Abuse and Neglect

We will not tolerate any type of resident/client/participant abuse or neglect – physical, emotional, verbal, financial, or sexual. Residents/clients/participant must be protected from abuse and neglect by team members, family members, legal guardians, friends or any other person. This standard applies to all residents/clients/participants at all times. Federal law defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. This presumes that instances of abuse of all residents/clients/participants, even those in a coma, cause physical harm, or pain or mentalanguish.

Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. The failure to follow resident's/client's/participant's care plan may constitute abuse.

The Commonwealth of Pennsylvania and the State of Maryland defines abuse as the following:

Abuse – the infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a care taker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instance of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.

The term “**abuse**” includes the following:

- Verbal Abuse - Any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents/clients/participants or their families, or within their hearing distance, regardless of age, ability to comprehend or disability;
- Sexual Abuse – includes sexual harassment, sexual coercion or sexual assault;
- Physical Abuse – Includes hitting, slapping, pinching, kicking. The term also includes controlling behavior through corporal punishment or deprivation;
- Mental Abuse – include humiliation, harassment, threats of punishment or deprivation;
- Involuntary Seclusion – Includes separation of a resident/client/participants from other residents/clients/participants from his or her room or confinement to his or her room against the resident's/client's/participant's will or the will of the resident's/client's/participant's legal representative;
- Neglect – The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.

*Any team member who abuses or neglects a resident/client/participant is subject to termination. In addition, legal or criminal action may be taken. Abuse and neglect MUST BE REPORTED IMMEDIATELY to your supervisor or other member of leadership. If you observe abuse, it is your responsibility to report it immediately.*

## Elder Justice Act

*The Elder Justice Act requires timely reports of any reasonable suspicion of a crime against a resident/client of a long-term care facility. You must report your reasonable suspicion to the Pennsylvania Department of Health and local law enforcement within two (2) hours if the suspected crime involves serious bodily injury or within twenty-four (24) hours if the suspected crime does not involve serious bodily injury.*

DO NOT call the Compliance Line for allegations of abuse or neglect.

Report abuse or neglect immediately to your supervisor!

## Resident/Client/Participant Confidentiality

Every team member must use and disclose medical, financial or personal information only in a manner consistent with the HIPAA Privacy standards of practice and procedures and state and federal law. You are responsible for keeping resident/client/participant protected health information (PHI) confidential.

PHI is defined as “individually identifiable health information” that is held or transmitted - in any form or media, whether electronic, paper, or oral. This includes demographic data that relates to:

- the individual’s past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,
- and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.

Any unauthorized exposure of PHI which compromises the security or privacy of information is a potential breach.

**If you become aware of a breach of any protected or sensitive information, it is important that you report it immediately to your supervisor or the Privacy Officer.**

If the disclosure results in a breach, SpiriTrust Lutheran must investigate and comply with all state and federal HIPAA regulations for breach notification.

## **Resident/Client/Participant Property**

Team members must respect residents'/clients'/participants' personal property and protect it from loss, theft, damage or misuse. Team members who have access to resident/client/participant funds (e.g., resident/client/participant trust funds) must maintain accurate records and accounts.

## **Providing Quality of Care**

As a provider of a continuum of services, our primary commitment is to provide the care, services and resources necessary to help each resident/client/participant reach or maintain his or her highest possible level of physical, mental and psychosocial well-being. SpiritTrust Lutheran has standards of practice and provides training and education to help each team member strive to achieve this goal.

Our care standards of practice include:

- Accurately assessing the individual needs of each resident/client/participant and developing interdisciplinary care plans that meet those assessed needs;
- Reviewing goals and plans of care to ensure that the residents'/clients'/participants' ongoing needs are being met;
- Providing only medically necessary, physician prescribed services and products that meet the residents'/clients'/participants' clinical needs;
- Confirming that services and products (including medications) are within accepted standards of practice for the residents'/clients'/participants' clinical condition;
- Ensuring that services and products are reasonable in terms of frequency, amount and duration;
- Measuring clinical outcomes and resident/client/participant satisfaction to confirm that quality of care goals are met;
- Providing accurate and timely clinical and financial documentation and record-keeping;
- Ensuring that residents'/clients'/participants' care is given only by properly licensed and credentialed providers with appropriate background, experience and expertise;
- Reviewing residents'/clients'/participants' care standards of practice and clinical protocols to ensure that they meet current standards of practice; and
- Monitoring and improving clinical outcomes through a Quality Assurance Performance Improvement (QAPI) Committee with established benchmarks.

## **Life Plan Communities Medical Services**

We are committed to providing comprehensive, medically necessary services for our residents/clients. The Medical Director provides oversight to physicians and other medical services as defined by state and federal regulations. The Medical Director oversees the care and treatment policies and is actively involved in the Quality Assurance Performance Improvement (QAPI) Committee.

## **Home Health and Hospice Services**

We are committed to providing home health and hospice services to our clients in their homes as defined by federal and state regulations. Care will follow a written plan of treatment established and approved by the attending physician. The Quality Assurance Performance Improvement (QAPI) Committee is actively involved in the care and treatment policies.

## **LIFE Services**

We are committed to providing all-inclusive medical care to our participants in the LIFE centers and in their homes. Care follows a treatment plan established by members of the Interdisciplinary Team (IDT) and approved by the physician. The Quality Improvement (QI) Committee is responsible for collecting pertinent outcomes data to improve care and treatment policies.

## Professional Excellence

The professional, responsible and ethical behavior of every Team Member reflects on the reputation of our organization and the services we provide. Whether you work directly with residents/clients /participants or in other areas that support resident/client/participant services you are expected to maintain our standards of honesty, integrity and professional excellence, every day.

## Hiring and Employment Practices

SpiriTrust Lutheran is committed to fair employment practices. When hiring and evaluating, we:

- Comply with federal, state, and local Equal Employment Opportunity laws, hiring the best qualified individuals regardless of race, color, sex, religion, genetic information, ancestry, national origin, veteran status, age (40 and over), disability or any other legally protected status. All promotions, transfer evaluations, compensation, and disciplinary actions also follow this policy.
- Conduct employment screenings to protect the integrity of our workforce and welfare of our residents/clients/participants and team members.
- Require all who need licenses or certifications to maintain their credentials in compliance with state and federal laws. Documentation of licenses or certifications must be provided.

## Team Member Screening

Team members are screened in accordance with federal and state law to ensure the safety of our residents/clients/participants. Screening procedures have been implemented and are conducted prior to hire and on a monthly basis thereafter.

SpiriTrust Lutheran is prohibited by federal law from employing, retaining, or contracting with anyone who is excluded from any federal or state funded programs. Screening of all team members through the Office of Inspector General's List of Excluded Individuals and Entities, System of Award Management, and the Commonwealth of Pennsylvania Medicaid Excluded Provided List database is conducted prior to hire and on a monthly basis thereafter.

As long as you are employed or affiliated with SpiriTrust Lutheran, you must immediately report to your supervisor:

- if you are arrested or indicted for a criminal offense;
- if you are convicted of an offense that would preclude employment in a healthcare facility;
- if action has been taken against your license or certification; or
- if you are excluded from participation in a federal or state healthcare program.



## Licensure and/or Certification Verification

We are committed to ensuring that only qualified professionals provide care and services to our residents/clients/participants. Practitioners and other professionals treating residents/clients/participants must abide by all applicable licensing, credentialing and certification requirements. In addition, every effort is made to validate licenses and certification through the appropriate state or federal agency.

## Team Member Relations

To maintain an ethical, comfortable work environment, team member must:

- Refrain from any form of sexual harassment or violence in the workplace;
- Treat all colleagues and team members with equal respect, regardless of their national origin, race, color, religion, sexual orientation, age, gender identity, or disability;
- Protect the privacy of other team members by keeping personal information confidential and allowing only authorized individuals access to the information;
- Not supervise or be supervised by an individual with whom they have a close personal relationship; and
- Behave professionally and use respectful communication at all times.
- Adhere to the Culture of Considerate Behavior.

## Workplace Safety

Maintaining a safe workplace is critical to the well-being of our residents, clients, participants, visitors and co-workers. That is why standards of practice have been developed that describes the organization's safety requirements. Every team member should become familiar with safety regulations and emergency plans regarding fire and disaster in his or her work area.

In addition to organizational policies, we must abide by all environmental laws and regulations. You are expected to follow organizational safety guidelines and to take personal responsibility for helping to maintain a secure work environment. If you notice a safety hazard, you must take action to correct it if you can, or report it to your supervisor immediately.

## Drug and Alcohol Abuse

We are committed to maintaining a workforce dedicated and capable of providing quality services for our residents, clients and participants. To that end, you are prohibited from consuming any substance that impairs your ability to provide quality services or otherwise perform your duties.

You may never use, sell or bring on our property, alcohol, illegal drugs and/or narcotics or report to work under the influence of alcohol, illegal drugs and/or narcotics. For a team member who appears to have work performance problems related to drug or alcohol use, a drug and alcohol screening will be conducted and appropriate action will be taken if necessary.

Illegal, improper or unauthorized use of any controlled substance that is intended for a resident/clients/participant is prohibited. If you become aware of any improper diversion of drugs or medical supplies, you must immediately report the incident to your department supervisor, the Compliance Official, the Compliance Officer or use the Compliance Line. Failure to report a known instance of noncompliance with this policy may result in disciplinary action against the team member, up to and including termination.

## Organizational Relations

Professional excellence in organizational relations includes:

- Complying with federal tax law to maintain tax-exempt status under section 501(c) (3) of the Internal Revenue Code.
- Maintaining company privacy and keeping proprietary information confidential;
- Avoiding outside activities or interests that conflict with responsibilities to SpiriTrust Lutheran and reporting such activity or interest prior to and during employment;
- Allowing only designated management team member to report to the public or media; and
- Requiring that SpiriTrust Lutheran complies with the licensing and certification laws that apply to its business.

## Proprietary Information

In the performance of your duties you may have access to, receive or may be entrusted with confidential and/or proprietary information, that is owned by SpiriTrust Lutheran and that is not presently available to the public. This type of information should never be shared with anyone outside the organization without authorization from a member of the executive team.

Examples of proprietary information that should not be shared include:

- Resident/Client/Participant and team member data and information;
- Details about clinical programs, procedures and protocols;
- Policies, procedures and forms;
- Training materials;
- Current or future charges or fees or other competitive terms and conditions;
- Current or possible negotiations or bids with payers or other residents/clients/participants;
- Compensation and benefits information for team member;
- Stocks or any kind of financial information; and/or
- Market information, marketing plans or strategic plans.

## Gifts

You may not accept any tip or gratuity from residents/clients/participants and you may not receive individual gifts from residents/clients/participants. You may not give

gifts to residents/clients/participants.

Team members may accept gifts from “gift funds” established from resident/client/participant funds so long as the gifts provided to team members are of equal value and the contributions by residents/clients/participants to the “gift fund” are voluntary and anonymous such that there is no way for a team member who benefits from the fund to determine whether a resident/client/participant contributed to the fund.

You may not borrow money from nor lend money to residents/clients/participants; nor may you engage with residents/clients/participants-in the purchase or sale of any item. No team member may accept any gift from a resident/clients/participant-under a will or trust instrument except in those cases where they are related by blood or marriage.

Team members may not serve as a resident’s/client’s/participant’s executor, trustee, administrator, or guardian or provide financial services or act under a power of attorney for residents/clients/participants except in those cases where they are related by blood or marriage unless otherwise allowed by state law.

## **Business Courtesies**

SpiriTTrust Lutheran prohibits any team member from offering, giving, soliciting, or accepting business or professional courtesies including the entertainment and gifts that could be interpreted as attempts to influence decision-making.

Under no circumstances will a team member solicit or accept business courtesies, entertainment or gifts that depart from the Business Courtesies policy.

## **Conflict of Interest**

A conflict of interest exists any time your loyalty to the organization is, or even appears to be, compromised by a personal interest. There are many types of conflict of interest and these guidelines cannot anticipate them all, however the following provide some examples:

- Financial involvement with vendors or others that would cause you to put their financial interests ahead of ours;
- Team member officer participation in public affairs, corporate or community directorships, or public office;
- An immediate family member who works for a vendor or contractor doing business with the organization and who is in a position to influence your decisions affecting the work of the organization;
- Participating in transactions that put your personal interests ahead of SpiritTrust Lutheran or cause loss or embarrassment to the organization;
- Taking a job outside of SpiritTrust Lutheran that overlaps with your normal working hours or interferes with your job performance; or
- Working for SpiritTrust Lutheran and another vendor that provides goods or services at the same time.

*All team members must seek guidance and approval from our CEO or Compliance Official before pursuing any business or personal activity that may constitute a conflict of interest.*

## **Use of Property**

We must protect the assets of the organization and ensure their authorized and efficient use. Theft, carelessness, and waste have a direct impact on the organization's viability. All assets must be used solely for legitimate business purposes.

Everyone must make sure that they:

- Only use property for the organization's business, not personal use;
- Exercise good judgment and care when using supplies, equipment, vehicles and other property; and
- Respect copyright and intellectual property laws; or
- If unable to assess the copyright or intellectual property laws, never copy material and/or download software.

## **Computers/Internet**

Team members are expected to use computers, email and internet/intranet systems appropriately and according to the established policy and procedure. You are not permitted to use the internet for improper or unlawful activity or download any games or music without prior approval.

Internet use can be tracked and how you use your time on the internet may be monitored. You should have no expectation of privacy when you use our computers, phones, email, and internet/intranet system. Our organization has the right to sanction or discipline team members who violate the Standard of Conduct in a digital, cyber, or other non-face-to-face environment. You should be familiar with our Social Media policy and abide by it.

## **Vendor Relationships**

We take responsibility for being a good client and dealing with vendors honestly and ethically. We are committed to fair competition among prospective vendors and contractors for our business. Arrangements between SpiriTrust Lutheran and its vendors must always be approved by management. Certain business arrangements must be detailed in writing, approved by management. Agreements with contractors and vendors who receive resident/client/participant information, with the exception of care providers, will require a Business Associate Agreement (BAA) with the organization as defined by Health Insurance Portability and Accountability Act (HIPAA). Contractors and vendors who provide residents/clients/participants care, reimbursement or other services to residents/clients/participants beneficiaries of federal and/or state healthcare programs are subject to the Standard of Conduct and must:

- Maintain defined standards for the products and services they provide to SpiriTrust Lutheran and our residents/clients/participants;

- Comply with all standards of practice as well as the laws and regulations that apply to their business or profession;
- Maintain all applicable licenses and certification and provide evidence of sanction screening, current workers compensation and liability insurance as applicable;and
- Require that their team members comply with the Standard of Conduct and the Compliance and Ethics Program and related training as appropriate.

## **Marketing and Advertising**

We use marketing and advertising activities to educate the public, increase awareness of our services and recruit new team members. These materials and announcements, whether verbal, printed or electronic will present only truthful, informative, non-deceptive information.

## Regulatory Excellence

**B**ecause we are in healthcare, we must follow the many federal, state and local laws that govern our business. Keeping up with the most current rules and regulations is a big job – and an important one. We are all responsible for learning and staying current with the federal, state and local laws, rules and regulations, as well as the standards of practice that apply to our job responsibilities.

## Billing and Business Practices

We are committed to operating with honesty and integrity. Therefore, all team members must ensure that all statements, submissions and other communications with residents/clients/participants, prospective residents/clients/participants, the government, suppliers, and other third parties are truthful, accurate, and complete.

We are committed to ethical, honest billing practices and expect you to be vigilant in maintaining these standards at all times. We will not tolerate any deliberately false or inaccurate coding or billing. Any team member who knowingly submits a false claim, or provides information that may contribute to submitting a false claim such as falsified clinical documentation, to any payor – public or private – is subject to termination. In addition, legal or criminal action may be taken.

Prohibited practices include, but are not limited to:

- Billing for services or items that were not provided or costs that were not incurred;
- Duplicate billing - billing for item or services more than once;
- Billing for items or services that were not medically necessary;
- Assigning an inaccurate code or resident/client/participant status to increase reimbursement;
- Providing false or misleading information about a residents'/clients'/participants' condition or eligibility;
- Failing to identify and refund credit balances;
- Submitting bills without supporting documentation;
- Soliciting, offering, receiving or paying a kickback, bribe, rebate, or any other remuneration in exchange for referrals; and/or
- Untimely entries into medical records.

**If you observe or suspect that false claims are being submitted or have knowledge of a prohibited practice, you must immediately report the situation to a supervisor, the Compliance Official, the Compliance Officer, or the Compliance Hotline. Failure to report a known prohibited practice will subject you to disciplinary action up to and including termination.**

## Referrals and Kickbacks

Team members and related entities often have close associations with local healthcare providers and other referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest and legal.

Resident/client/participant referrals are accepted based solely on the clinical needs and our ability to provide the services. SpiriTrust Lutheran never solicits, accepts offers or gives anything of value in exchange for resident/client/participant referrals or in exchange for purchasing or ordering any good or service for which payment is made by a federal health care program. Anything of value includes any time or service of value including cash, goods, supplies, gifts, “freebies”, improper discounts or bribes.

Accepting kickbacks is against our standards of practice and also against the law. A kickback is anything of value that is received in exchange for a business decision such as a resident/client/participants referral. To assure adherence to ethical standards in our business relationships, you must:

- Verify all business arrangements with physicians or other healthcare providers or vendors in a written document; and
- Comply with all state and federal regulations when arranging referrals to physician-owned businesses or other healthcare providers.

You cannot request, accept, offer, or give any item or service that is intended to influence – or even appears to influence – the referral, solicitation or provision of healthcare service paid for any private or commercial healthcare payer or federal or state healthcare program, including Medicare and Medicaid, or other providers.

## Inducements to Prospective Residents/Clients/Participants

You may not provide anything of value including goods, services, or money to prospective residents/clients/participants or any beneficiary of a federal or state healthcare program that you know or should know will likely influence that person’s selection of a provider of healthcare services.

For the purpose of this policy, anything of value includes but is not limited to any waiver of payment, gift, or free service that exceeds a value of \$10 per item or \$50 annually in total. If you have a question about whether a particular gift or service would be considered “of value”, ask your supervisor or the Compliance Official.

## Copyright Laws

Most print and electronic materials are protected by copyright laws. Team members are expected to respect these laws and not reproduce electronic print or printed material without obtaining permission as required by the writer or publisher. When in doubt, ask your supervisor.



## Financial Practices and Controls

Ensuring that financial and operating information is current and accurate is an important means of protecting assets. Each one of us must make sure that all information provided to bookkeepers, accountants, reimbursement team member, internal and external auditors, and compliance team member is accurate and complete. This includes ensuring the accuracy of clinical documentation which supports our reimbursement. We must also comply with federal and state regulations when maintaining accounting records and financial statements, and cooperate fully with internal and external audits.

## Fair Dealing

All team members must deal fairly with residents, clients, participants, suppliers, competitors, and one another. No team member, manager, or director shall take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair dealing practice.

## Document Creation, Use and Maintenance

Every team member is responsible for the integrity and accuracy of documents, records, and e-mails including, but not limited to residents'/clients'/participants' medical records, billing records, and financial records. No information in any record or document may ever be falsified or altered.

You may not disclose, internally or externally, either directly or indirectly, confidential information except on a **need-to-know** basis and in the performance of your duties. Disclosure of confidential information externally must follow organization policies.

Upon termination of employment you must promptly return all confidential information, medical and/or business, to the organization. Examples of confidential business information include potential or threatened litigation, litigation strategy, purchases or sales of substantial assets, business plans, marketing strategies, organizational plans, financial management, training materials, fee schedules, department performance metrics and administrative policies.

## Voluntary Disclosure

It is our policy to voluntarily report known overpayments and any improper/irregular conduct, including fraudulent conduct, which affects any federal or state healthcare program. Reporting will be completed within the time frames identified under the Patient Protection and Affordable Care Act.

## Government Investigations

SpiriTrust Lutheran is committed to cooperating with requests from any governmental inquiry, audit, or investigation. You are encouraged to cooperate with such requests, conscious of the fact that you have the following rights:

- You have the right to speak or decline to speak;
- You have the right to speak to an attorney before deciding to be interviewed; and
- You can insist that an attorney be present if you agree to be interviewed.

In complying with our policy, you must not:

- Lie or make false or misleading statements to any government investigator or inspector;
- Destroy or alter any records or;
- Attempt to persuade another team member or any person to give false or misleading information to a government investigator or inspector; or
- Be uncooperative with a government investigation.

If you receive a subpoena or other written or oral request for information from the government or a court, contact your supervisor, the Compliance Official or the Compliance Officer before responding.

## Disciplinary Action

Disciplinary action will be taken against any anyone who fails to act in accordance with this Standard of Conduct, the Compliance and Ethics Program, supporting standards of practice and applicable federal and state laws. Disciplinary action may be warranted in relation to violators of the Compliance and Ethics Program and to those who fail to detect violations or who fail to respond appropriately to a violation, whatever their role in the organization. When taking disciplinary action against a team member, we will utilize standard disciplinary processes, which may lead to the termination of business relationships and agreements. The Compliance Officer may initiate and recommend corrective or disciplinary action against a team member through the Compliance Official and CEO and may also monitor appropriate implementation of the disciplinary process. We will discipline anyone who engages in prohibited retaliatory conduct.

## Compliance Questions

The laws applicable to our operations are numerous and complicated. When you are not sure whether a particular activity or practice violates the law or the Compliance and Ethics Program, you should not guess the correct answer. Instead, you should immediately seek guidance from your department supervisor or the Compliance Official. You will not be penalized for asking compliance-related questions. In fact, we are intent on creating a culture in which you should feel comfortable asking the questions to ensure that you understand the duties imposed on you under this Standard of Conduct, the Compliance and Ethics Program and other applicable federal and state laws.

## Conclusion

**T**he Compliance and Ethics Program is critical to SpiriTrust Lutheran's continued success. You are crucial to ensuring the integrity of SpiriTrust Lutheran. The Standard of Conduct and the Compliance and Ethics Program set standards for the legal, professional and ethical conduct of our business. Some key points to remember are:

- SpiriTrust Lutheran and all of our team members are committed to personal and organizational integrity, to acting in good faith, and to being accountable for our actions.
- The Standard of Conduct and the Compliance and Ethics Program prepare us to deal with the growing complexity of ethical, professional, and legal requirements of delivering healthcare.
- The Compliance and Ethics Program is an ongoing initiative designed to foster a supportive work environment, provide standards for clinical and business conduct, and offer education and training opportunities for team members.

**T**he success of the SpiriTrust Lutheran Compliance and Ethics Program depends on our commitment to act with integrity, both personally and as an organization. As a team member, your duty is to ensure that the organization is doing everything practical to comply with applicable laws. You are expected to satisfy this duty by performing your responsibilities in accordance with professional standards, the regulations guiding our business practices, and the standards of practice.

Your Compliance Official  
Liz Keller, Corporate Director  
of Compliance  
717.217.3502

Your Compliance Officer  
Karla Dreisbach, CHC, CHPC  
215.646.0720

Toll Free Compliance Line  
800.211.2713

### **Friends Service Alliance Compliance Program**

Friends Services for the Aging (FSA), along with the Brethren, Mennonite, and Quaker organizations involved in providing services to the elderly, have established a collaborative Compliance and Ethics Program known as the Friends Service Alliance Compliance Program

460 Norristown Road, Suite 300, Blue Bell PA 19422  
215.646.0720

**ACKNOWLEDGMENT**

You are required to read the SpiriTrust Lutheran’s Standard of Conduct carefully. If you have any questions, please see your supervisor or your location Executive Director/Vice President. After completing the acknowledgment, return this page to your supervisor within seven (7) days after you have received the Standard of Conduct. Please keep the document for future reference.

I, \_\_\_\_\_, do hereby acknowledge and confirm that I have received a copy of the Standard of Conduct from SpiriTrust Lutheran. I have read the handbook and do agree that while I am a team member, agent, board member or consultant of this agency, I have a duty to report any suspected violations of the laws and regulations governing our agency. I also agree to conduct myself in accordance with the standards of conduct outlined within the guide.

I further acknowledge that I have never been excluded from participation in the Medicare or Medicaid programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Program/Department

\_\_\_\_\_  
Date

(To be placed in the team member’s employment record.)