

Brewster Village Corporate Compliance and Ethics Program

PURPOSE OF PROGRAM

Brewster Village will abide by all legal and ethical standards in connection with the delivery of services for the individuals we serve. The key to upholding these standards is through the daily decisions and actions of every employee. We also require ethical conduct from our health care providers, vendors and related entities. Each employee and contractor is responsible for adhering to the policies and procedures of the Corporate Compliance and Ethics Program.

COMPLIANCE OFFICER AND COMMITTEE MEMBERS

Compliance Officer: Krissy Jaloszynski (920) 225-1999 Kristin.Jaloszynski@outagamie.org

Compliance Committee: The Compliance Committee will include the Compliance Officer, Health Records Coordinator, Life Enrichment Director, Social Worker, Food Service Director and a Neighborhood Manager.

COMPLIANCE OFFICER ROLE AND RESPONSIBILITY

The Compliance Officer will serve as an ombudsman to whom employees and contractors should report alleged violations of standards of conduct. Employees and contractors must report to the Compliance Officer any and all information regarding a suspected, known, or potential violation of the Compliance Program.

COMPLIANCE COMMITTEE RESPONSIBILITY

The Compliance Committee, under the direction of the Compliance Officer, will assume responsibility for investigating any violation of the Compliance Program, in accordance with the procedures outlined in this document.

TRAINING

The Compliance Program will be shared with staff, health care providers, vendors and related entities upon their initial hire date or execution of a contract, respectively. During orientation employees, healthcare providers, vendors and related entities will be required to sign a Compliance Acknowledgement form. The acknowledgment form will be kept in the employee's file. Compliance Program changes and changes in applicable laws will be communicated when necessary.

CONTACT WITH OFFICE OF INSPECTOR GENERAL (OIG)

It is Brewster Village's practice to check the OIG web site quarterly for potential sanctions registered against any of our employees or contractors. Brewster Village would immediately contact the employee or contractor to discuss their OIG status.

HOW TO REPORT CONCERNS REGARDING COMPLIANCE ISSUES

If an employee or contractor has concerns regarding any ethics or compliance issue, or to report any suspected violation of policy or a federal, state or local law or regulation that employee or contractor should immediately contact his or her administrative supervisor or the Compliance Officer. The information that you provide will be documented and investigated. The Compliance Committee works with the Compliance Officer to investigate reports of suspected violations. If the suspected violation involves any member of the Corporate Compliance Committee or the Compliance Officer, that person will not be involved in the investigation.

TYPES OF COMPLIANCE ISSUES TO REPORT

All employees or contractors are expected to report any reasonably suspected or known violations of any of the following:

- Applicable legal requirements.
- Standards of conduct, and policies or procedures.
- Any employee or contractor who acquires information that gives him or her reason to believe that another employee or contractor is engaged in or plans to engage in conduct prohibited by the Compliance Program.
- Any information indicating that any other person or entity plans to violate the standards of conduct or policies and procedures contained in the Compliance Program.
- If you are instructed, directed, or requested to engage in conduct prohibited by the Compliance Program.

STANDARDS OF CONDUCT

Conflicts of Interest

All health care providers, vendors and related entities and their employees, representatives and subcontractors are required to avoid conflicts of interest. Employees must not invest in entities they may select, manage or evaluate as a vendor to Brewster Village.

Health care providers, vendors and related entities must be sensitive to these relationships and avoid creating situations that encourage an employee to violate these policies. Health care providers, vendors and related entities should never offer or provide, directly or indirectly, anything of value, including cash, bribes or kickbacks, to any employee, representative, customer or government official in connection with any procurements, transactions or business dealings. Such prohibition includes offering or providing consulting, employment or a similar position with a health care provider, vendor or related entity to any employee involved with a

procurement. This also applies to their family members or significant others.

Brewster Village reserves the right to obtain certifications from all providers, vendors and related entities to verify that entity(ies) and their employees and representatives are free from conflicts of interest. This statement certifies that the employee or representative is free from any conflict of interest for administering or delivering Medicare benefits or services.

Gifts and Business Entertainment

It is Brewster Village's policy that employees cannot give to or accept from health care providers, vendors or related entities gifts. Any nominal gifts must be lawful, unsolicited and infrequent. Gifts of money or cash equivalents are never permissible. A health care provider, vendor or related entity should not present gifts to employees. A health care provider, vendor or related entity is expected to understand the business entertainment policies before offering or providing any employee or representative any business entertainment. Business entertainment should never be offered to an employee by a health care provider, vendor or related entity under circumstances that create an appearance of impropriety.

Anti-Kickback Laws

Federal anti-kickback laws prohibit people from paying for meals, refreshments, travel or lodging for government employees. Medicare and Medicaid specific laws prohibit knowingly offering, paying, soliciting or receiving remuneration of any kind to induce the referral of business under a federal program. Federal acquisition regulations state that no gratuities, in the form of entertainment, gifts, or kickbacks shall be offered or given by a health care provider, vendor or related entity, or anyone acting on a health care provider's, vendor's or related entity's behalf, to any employee of the government or prime contractor of the health care provider, vendor or related entity with a view toward securing favorable treatment. The U.S. Foreign Corrupt Practices Act prohibits U.S. citizens and organizations, including foreign companies of U.S. organizations, from paying foreign officials for the purposes of gaining a business advantage. In addition, most states have laws that prohibit kickbacks and rebates. Violators are subject to imprisonment, fines, exclusion from Medicare and Medicaid, government contracts, civil penalties and possible prosecution under state laws.

Pay for Referrals

- Brewster Village will not pay or accept payment from anyone (e.g. employees, physicians, hospitals, other health care professionals and providers) for referrals.
- Brewster Village will not make payments or provide non-cash benefits (e.g. office space, services of support personnel, equipment or supplies) to any physician or other health care professional in exchange for, or in order to induce, referrals.

Guidelines for Appropriate Referrals by Non-Employees and Employees

Physicians and other health care professionals who are not employees are free to refer individuals to any person or entity they deem appropriate, or as requested by the individual.

Where employees are in a position to make referrals, they must make such referrals based on the preferences of the individual seeking services, or, if the individual does not express a preference

for a particular provider, what is best for the individual.

In any case, referrals by employees must be made without regard to the number of referrals any physician or other health care professional has made.

Antitrust Laws

State and federal antitrust laws prohibit monopolistic conduct and agreements that restrain trade. Brewster Village is committed to competition and consumer choice in the marketplace. All health care providers, vendors and related entities must adhere to the antitrust laws and must avoid any agreements or understandings with competitors on price, customers, or markets and avoid trade practices that unfairly or unreasonably restrain competition in dealings with customers.

Health Insurance Portability and Accountability Act (HIPAA)

Brewster Village will comply with the requirements of HIPAA as they pertain to privacy and confidentiality. All medical records and other individually identifiable health information held or disclosed, whether communicated electronically, on paper, or orally falls within the protection of this regulation.

- All villagers will be provided with a clear written explanation of how they can use, access, keep and disclose their health information. Such information will include an inquiry and complaint mechanism.
- Brewster Village will not knowingly release health-related information without the voluntary consent of the villager or as allowed or required by other statutes.
- Any release of health information for non-health purposes shall require the explicit authorization from the villager.
- All disclosures of information will be limited to the least amount necessary for the purpose of disclosure unless, as allowed, when the full record is needed to provide the best quality care or treatment.
- Brewster Village has developed and implemented written policies and procedures defining who has access to information, how information is used within the entity and when information would or would not be disclosed.
- Brewster Village has designated the Health Information Coordinator as the Privacy Officer to monitor the effectiveness of the program and facility compliance.
- Brewster Village expects that health care providers, vendors, and related entities will protect the privacy of health information.

Contractor Obligations Under The Health Insurance Portability and Accountability Act (HIPAA)

In matters relating to the contractor's access, possession and use of protected information at Brewster Village, the contractor will:

- Restrict the use and disclosure of protected health information as permitted by the

agreement, HIPAA, state and federal law.

- Use necessary safeguards to prevent unauthorized use or disclosure.
- Report any unauthorized use or disclosure.
- Extend compliance obligations to subcontractors and agents.
- Make protected health information available upon the request of the villagers or their legally designated agent.
- Upon notification, incorporate changes and additions to protected health information.
- Make its books, records and information practices regarding protected health information available to the Department of Health Services.
- Return or destroy all protected health information upon contract termination.
- Authorize termination of the contract for a material breach or release of protected information.
- Agree to Brewster Village's right to monitor the contractor's compliance.
- Agree to Brewster Village's right to cure the material breach or release of protected information.
- Agree to Brewster Village's right to seek an injunction with stipulation to burden of proof.
- Agree to indemnification for a material breach or release of protected information.
- Agree to no cap on liability for a material breach or release of protected information.
- Agree to relinquish control to Brewster Village for subpoenas received by the contractor.
- Use data in accordance with applicable law.

False Claims Act

The False Claims Act is a federal statute that deals with any federally funded contract or program, including Medicare or Medicaid, regarding fraudulent activities. Liability for any person or company who knowingly submits or causes to be submitted a false or fraudulent claim to the U.S. government is documented in the False Claims Act. During orientation, employees and contractors will be required to sign a False Claims Reporter Protection Policy form. The policy form will be kept in the employee's file or with the contractor's contract.

INVESTIGATIONS

Upon receiving a report of a known or suspected violation:

- The Compliance Officer will notify the Administrator.
- The Compliance Committee will investigate the matter to determine whether a violation has in fact occurred.

If the Administrator is the subject of the report, the Compliance Officer will notify the County Executive and then investigate the matter. Such investigation will be conducted in the same manner set forth below for investigations conducted by the Compliance Committee, except that:

- All reports required to be made regarding the investigation will be made to the County Executive, rather than to the Administrator.
- Any necessary corrective action will be implemented by the County Executive.

The investigation may include:

- Interviews of personnel.
- A review of documents.
- Engagement of experts as needed.

Investigation Report

At the conclusion of any investigation a written report will be prepared. It will describe:

- The substance of the allegations.
- The evidence uncovered by the investigation.
- The Compliance Committee's Findings.

Recommendation of Corrective Action

If, as a result of the investigation, the Compliance Committee determines that a provision of the Compliance Program has been violated or that other misconduct or wrongdoing has occurred, the Compliance Committee's report will recommend the corrective action warranted under the circumstances.

With the assistance of the Compliance Officer, Administrator/County Executive will implement all appropriate corrective action, including:

- Disciplinary action.
- Communications to employees and contractors.
- Directing that any appropriate refunds to government or private payers be made.

Compliance Committee Reports

The Compliance Committee will forward reports to the Quality Assurance and Performance Improvement (QAPI) Committee. The report will contain a summary of:

- All reports of alleged violations or other wrongdoing or misconduct.
- The nature of the alleged violation.
- The findings of any investigation.

- Any corrective action taken.

Discipline for Violations

Employees, contracted health care providers, vendors and related entities should do what is permissible, acceptable and expected. That means using common sense, good judgment and proper behavior. Violations of the Corporate Compliance Program and other policies and procedures could compromise Brewster Village's integrity and reputation, and may result in termination of employment or of business with a contracted health care provider, vendor or related entity. Health care providers, vendors and related entities should take appropriate disciplinary actions for those employees, representatives and subcontractors found to be in violation, up to and including termination of contract or employment. All such actions should be reported to the Compliance Officer.

The following are examples of conduct that can result in termination of contract or employment:

- Authorization or participation in actions that violate the Corporate Compliance Program or other policies.
- Failure and/or refusal to report a violation of the Corporate Compliance Program or other policies.
- Refusal to cooperate in an investigation of an alleged violation of the Corporate Compliance Program or other policies.
- Failure to detect and report a violation of the Corporate Compliance Program or other policies, if such failure reflects inadequate supervision or lack of oversight.
- Retaliation against an individual for reporting or participating in the investigation of a violation or possible violation of the Corporate Compliance Program or other policies.

Anti-Money Laundering

Brewster Village will not condone being used by others to facilitate money laundering and the financing of terrorist activities and will report suspicious transactions to the Financial Crimes Enforcement Network (FinCEN). Health care providers, vendors and related entities may not engage in money laundering or financing terrorist activities, and are expected to have programs to prevent and detect such activities.

Fair Market Value

Any payments to health care providers, vendors and entities that provide items or services in connection with the delivery of services must represent the fair market value of specific items or services provided or rendered pursuant to a written contract.

Fraud, Waste & Abuse

Brewster Village will not condone any activity that constitutes fraud, waste or abuse.

Fraud means an intentional deception or misrepresentation made by a person with the

knowledge that the deception could result in some unauthorized benefit to him, herself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Waste means to use health care benefits or spend health care dollars without real need.

Abuse means health care provider practices that are inconsistent with sound fiscal, business or medical practices and result in unnecessary cost to the health care system, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the health care system.

Reserved Bed Payments

If a villager requires hospitalization, he/ she may sign a bed hold agreement form. Reserved bed arrangements serve the purpose of securing needed beds, not future referrals. Brewster Village does not hold beds for hospitals or other entities.

Whistleblower (Qui Tam) Protection – 31 United States Code Service (USC) 3730 (h)

The whistleblower provision protects employees who assist the federal government in investigation and prosecution of violations of the False Claims Act. Whistleblower protections apply only to actions taken in furtherance of a viable False Claims Act case, which has been, or is about to be, filed. The provision prevents retaliation against employees such as firing them for assisting in the investigation and prosecution. If any retaliation does occur, the employee has a right to obtain legal counsel to defend the actions taken. **Note:** A whistleblower (Qui Tam) is someone who reports suspected misconduct that would be considered a violation of company policy, federal laws, or regulations.

ANNUAL REVIEW OF COMPLIANCE PROGRAM

The Compliance Committee will review the Compliance Program annually to determine whether it should be modified based on new legal requirements or past experiences.

AUDIT AND MONITORING FUNCTION

The committee will conduct periodic audits in order to ensure that employees and contractors are adhering to the Compliance Program and to all applicable federal and state regulatory requirements.

Audit reports will be shared with the QAPI Committee.

INTEGRITY OF COMPANY INFORMATION

ACCURACY OF INFORMATION

Brewster Village is committed to providing accurate and truthful information in any transaction. This commitment is reinforced by internal controls and procedures developed so that any report

or record of any type is accurate and reliable. This includes a system of internal accounting controls designed to maintain the integrity and reliability of our financial reporting to all governmental and other regulatory agencies. The internal controls are also designed to detect and prevent illegal activities in compliance with the Foreign Corrupt Practices Act.

Brewster Village's financial reporting system also provides assurance to all governmental and other regulatory agencies, that our assets are safeguarded and transactions are executed and recorded properly in accordance with generally accepted accounting principles. Audits are conducted on an annual basis utilizing an outside agency.

SAFEGUARDING INFORMATION ASSETS

Brewster Village creates and has access to confidential information, which must be safeguarded to prevent inappropriate disclosure and unwarranted invasion of the rights to privacy of our villagers and contracted entities. Brewster Village employees, health care providers, vendors and related entities must retain all information in strictest confidence and will neither use it nor disclose it to a third party without explicit written permission. Unauthorized disclosure of, or access to, confidential or proprietary information may result in termination of employment, termination of contract, and also may result in civil and criminal penalties.

BUSINESS WITH REGULATORY & LAW ENFORCEMENT AGENCIES

Brewster Village employees, health care providers, vendors and related entities and their employees, representatives and subcontractors must never:

- Destroy or alter any document or record in anticipation of a request for the document or record by a regulatory agency or court of law.
- Lie or make false or misleading statements to any investigator.
- Persuade anyone to provide false or misleading information to an investigator.

INELIGIBLE HEALTH CARE PROVIDERS, VENDORS AND RELATED ENTITIES

Brewster Village will refrain from contracting with health care providers, vendors and related entities and their employees, representatives and subcontractors who have engaged in certain types of activities. Entities and their employees, representatives and subcontractors will be ineligible for any contractual relationship if they have been or are:

- Convicted of a criminal offense related to health care.
- Listed as debarred or ineligible for participation in federal health care programs.
- Identified and listed on the Executive Order 13224 -Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit or Support Terrorism.
- Listed on the Department of Health and Human Services Office of Inspector General and General Services Administration Exclusion lists.

Brewster Village reserves the right to obtain certifications from all health care providers, vendors

and related entities to verify that entity(ies) and their employees, representatives and subcontractors are not on such lists. In addition, health care providers, vendors and related entities must notify Brewster Village if any of their employees, representatives or subcontractors have been excluded from any federal program.

Brewster Village is subject to the Violent Crime Control and Law Enforcement Act of 1994, which makes it a felony to hire or contract with an individual who has ever been convicted of a felony involving dishonesty or a breach of trust. These individuals and their employees and representatives are ineligible for employment or any contractual relationship.

If questions arise regarding whether a proposed business arrangement is in compliance with federal or state laws that prohibit payments in exchange for the purchase of items or services or for the referral of villagers, legal counsel will be consulted in order to determine whether the proposed arrangement is acceptable.

PROHIBITED FINANCIAL BENEFITS TO VILLAGERS

Brewster Village will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to request or receive health care services.

FINANCIAL ACCOMMODATION

Under appropriate circumstances, Brewster Village may provide financial accommodation, such as allowing monthly payments over time, based on an assessment of the villager's financial condition.

Any such monthly payment arrangements must be documented in writing, and approved by the Business Manager.

FAMILIARITY AND COMPLIANCE WITH REGULATORY INFORMATION

Brewster Village will distribute information regarding federal and state regulatory compliance issues. These issues will include those that are identified as a result of internal audit and monitoring activities, or identified as potential areas of concern by the Centers for Medicare and Medicaid Services (CMS), the Office of Inspector General of the Department of Health and Human Services (OIG), or other federal or state government agencies.

LICENSES, CERTIFICATIONS, APPROVALS, AND ACCREDITATIONS

Brewster Village maintains all licenses, certifications, approvals and accreditations.

Brewster Village will comply with all applicable requirements for participation in government health care programs, including Medicare and Medicaid, and private health insurance plans to which claims or requests for payment for services are submitted.

INVOICES

Brewster Village has an obligation to ensure that all bills submitted to villagers, government programs, and other third party payers are accurate and complete.

All invoices, bills, claims, records, and reports submitted to villagers, government programs, or other payers in connection with requests for payment for services rendered should be clear and accurate and should provide sufficient information and documentation to substantiate that the particular services have been rendered and that there is a medical necessity for such services.

Each villager's medical record should completely and accurately reflect the specific services rendered and the identity of the health care professional(s) involved in rendering the services.

Deliberate misstatements to government agencies or other third party payers will result in sanctions, up to and including termination of employment or service agreement and civil or criminal penalties.

Any error or inaccuracy in any claim must be reported to the Business Manager immediately.

The Business Manager will review the matter, and if appropriate, notify the Compliance Officer.

The Business Manager will inform the employee or contractor who made the claim whether the matter was resolved, how the matter was resolved, or whether the matter was referred to the Compliance Officer for further review.

COST REPORTS

Cost reports must be accurate and complete. Deliberate misstatements expose the employee involved to sanctions, up to and including termination of employment, as well as civil or criminal penalties.

Errors or inaccuracies must be reported to the Business Manager immediately. The Business Manager will review the matter and, if appropriate, refer the matter to the Compliance Officer.

The Business Manager will notify the employee whether the matter was resolved, how the matter was resolved, or whether the matter was referred to the Compliance Office for further review.

BILLING PERSONNEL

Billing personnel must be knowledgeable regarding billing policies and procedures relating to health care services established by government programs and third party payers.

The Business Manger is responsible for overseeing all billing services and obtaining and disseminating the information necessary to determine the billing requirements of government programs and third party payers to which claims or requests for payment are submitted.

All questions regarding billing requirements should be directed to the billing personnel. If additional information and/or clarification regarding the appropriate billing requirements is needed, contact will be made to the fiscal intermediary, National Government Services (NGS), CMS, or appropriate health plan personnel.

All requests for additional information and/or clarification of the billing requirements for a

government program or a private third party payer will be documented and, if possible, all responses to such requests will be obtained in writing.

EVALUATION OF BILLING PRACTICES

Periodic Review of Billing and Cost Reporting Practices

On a periodic basis, Brewster Village will evaluate the appropriateness of its billing and cost reporting practices by reviewing the requirements in order to determine whether each practice complies with the applicable billing and cost reporting requirements.

This review of billing and cost reporting practices will include a detailed review of any issues that have been identified as a result of internal audits or claims monitoring activity, and any issues that have been identified by CMS, the OIG, or other federal or state government agencies as problematic for health care providers.

Correcting Any Identified Inconsistencies

In order to correct any identified inconsistencies between current billing and cost reporting practices and the applicable billing and cost reporting requirements, these steps will be taken:

- The inconsistency will be documented.
- A corrective action plan will be prepared, which will include a description of any training that will be provided to billing personnel in order to address the identified billing and cost reporting compliance issues.
- Participation by billing personnel in training programs will be documented.

CLAIMS MONITORING

Pre-Submission Review

The pre-submission review will include a comparison of the codes billed with the documentation provided in the medical record, ensure that all items and services are billed for, and the medical necessity is described and documented.

The pre-submission review will also include a procedure whereby questions regarding claims are directed to the appropriate physician or other health professional involved, and any needed clarification and/or amendments to the documentation relating to the claim are made by appropriate personnel. The claim reviewer will document the results of all pre-submission claims monitoring.

Post-Submission Review

The post-submission review will include a random audit of claims submitted over a specified period. The audit will include a comparison of the documentation in the villager's medical record with the service billed. If the documentation contained in the medical record does not support the services billed, the individual conducting the audit will review the claim with the billing personnel to determine whether additional information can be added to the medical record

so that the record will reflect the services that were in fact provided. All entries in a medical record must be made in accordance with the applicable medical records policies. The post-submission review will include specific procedures for taking corrective action, including submitting revised bills or refunding overpayments. Corrective action will be thoroughly documented by the Compliance Officer.

DOCUMENTATION RETENTION

Brewster Village will comply with the document retention requirements of state or federal government health care programs and other third party payers relating to the provision of services to beneficiaries of such government programs or the health care reimbursement plans.

AVAILABILITY OF COMPLETE COMPLIANCE AND ETHICS PROGRAM

The Corporate Compliance and Ethics Program is available on the Brewster Village website, Laserfiche, and in print in the Corporate Compliance Officer's office.

**BREWSTER VILLAGE
CORPORATE COMPLIANCE AND ETHICS PROGRAM ACKNOWLEDGEMENT**

1. I have reviewed the Corporate Compliance and Ethics Program.
2. I understand the contents as it applies to employment/doing business with Brewster Village.
3. I agree to follow the Corporate Compliance and Ethics Program as it applies to employment/doing business with Brewster Village.
4. I/my organization are in complete compliance with the requirements of the program, with the possible following exceptions:

5. I/my organization will be in complete compliance by _____

Name: _____ Organization: _____

Authorized Signature: _____ Date: _____

EMPLOYEE ACKNOWLEDGEMENT

Name: _____ Date: _____



False Claims Reporter Protection Policy

All employees, customers, visitors, agents, and contractors of Brewster Village are hereby informed that it is our policy to provide long term care services in compliance with all applicable federal and state laws as well as ethical business conduct, including detection, elimination, and prevention of waste, fraud, and abuse of payments from federal and state programs. It is against the law, namely the Federal False Claims Act, the Program Fraud Civil Remedies Act, Section 6032 of the Deficit Reduction Act of 2005, and the Wisconsin Medicaid Fraud Statute to knowingly make or submit false or misleading statements or billing claims to any government agency, health care program, or payer source such as Medicaid or Medicare, and Brewster village will not tolerate any such actions. Civil money penalties and imprisonment are the consequences for individuals who have actual knowledge of false information used, or act in deliberate ignorance or reckless disregard of the truth to obtain payment or conceal an obligation to pay a governmental agency or payer.

Examples of violations of these laws include:

- Filing a false cost report
- Falsifying care plans to maximize reimbursement
- Billing for services that are not medically necessary
- Exchanging something of value for client referrals or access to services
- Billing for services not performed
- Not disclosing information that would have an effect on benefit eligibility.

Brewster Village has policies and procedures in place to prevent and detect such occurrences including an annual financial audit and oversight of financial activity by County management staff and Board members. For more information, please see Brewster Village's Corporate Compliance Plan.

Any party can bring an action under the False Claims Act. There are anti-retaliation or "whistle blower" protections in place so that anyone who reports a health care provider for violating these laws cannot be disciplined or threatened for doing so.

Any person who believes that Brewster Village is not in compliance with these laws is encouraged to contact Krissy Jaloszynski, Complaints Investigation and Corporate Compliance Officer at Brewster Village or Justin Kluesner in Outagamie County Human Resources so that their concerns can be investigated.

Krissy Jaloszynski
Director of Support Services
Brewster Village
3300 W. Brewster Street
Appleton, WI 54914
1-920-225-1999

Justin Kluesner
Human Resources Program Manager
Outagamie County Government Center
320 S. Walnut St.
Appleton, WI 54911
1-920-832-5675

I _____ am an employee/contractor of Brewster Village
(print name)

and I have received and reviewed the attached "False Claims Reporter Protection Policy".

Signed: _____ Date: _____