



Deficit Reduction Act Policy

January 24, 2017

I. **Purpose and Policy Statement**

Accra has a longstanding practice of fair and truthful dealing with its clients, families, health professionals, payers and other business associates. Accra is also committed to complying with all applicable laws and regulations and ensuring that billing to federal and state sponsored programs is accurate and conforms to applicable law.

These Policies and Procedures are adopted to comply with the Employee Education about False Claims Recovery provisions of the Deficit Reduction Act of 2005 (hereinafter referred to as the "Deficit Reduction Act"). Section 6032 of the Deficit Reduction Act requires that any entity receiving or making annual Medicaid payments exceeding \$5 million establish and disseminate to all of its employees (including management) and contractors written policies that set forth the entity's policies and procedures for preventing and detecting fraud, waste, and abuse in federal health care programs and that describe the federal and state false claims laws and related provisions. This policy summarizes Accra's existing policies and procedures for detecting and preventing fraud, waste, and abuse, including how to report concerns internally, and provides an overview of applicable federal and state laws as required by the Deficit Reduction Act.

II. **Scope**

This Policy applies to all staff and employees, officers, directors, agents and contractors.

III. **Federal False Claims Act**

The False Claims Act, 31 U.S.C. §§ 3729-3733 (hereinafter referred to as the "False Claims Act") provides, in pertinent part:

(a) Any person who (1) knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; . . . or (7) knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person . . .

(b) For purposes of this section, the terms "knowing" and "knowingly" mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

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31 U.S.C. § 3729. While the False Claims Act imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information can be found liable under the False Claims Act. 31 U.S.C. § 3729(b).

The False Claims Act imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The False Claims Act also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows (or should know) are false and that indicate compliance with certain contractual or regulatory requirements. The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled, and then uses false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital who obtains interim payments from Medicare throughout the year, and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the False Claims Act provides that private parties may bring an action on behalf of the United States. 31 U.S.C. § 3730(b). These private parties, known as “*qui tam* relators,” may share in a percentage of the proceeds from a False Claims Act settlement. Section 3730(d)(1) of the False Claims Act provides, with some exceptions, that a *qui tam* relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the False Claims Act action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the relator shall receive an amount that the court decides is reasonable and shall be not less than 25 percent and not more than 30 percent.

The False Claims Act provides protection to *qui tam* relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act. 31 U.S.C. § 3730(h). Remedies include reinstatement with comparable seniority as the *qui tam* relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees.

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IV. Federal Administrative Remedies for False Claims and Statements

The Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812 (hereinafter referred to as “PFCRA”), sets forth administrative remedies for making false statements and claims. The penalties under PFCRA are imposed by administrative agencies and are in addition to other remedies that may be prescribed by law, including the False Claims Act. PFCRA imposes liability on persons, including entities, in the following circumstances:

- (1) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a claim that the person knows or has reason to know—
 - (A) is false, fictitious, or fraudulent;
 - (B) includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent;
 - (C) includes or is supported by any written statement that—
 - (i) omits a material fact;
 - (ii) is false, fictitious, or fraudulent as a result of such omission; and
 - (iii) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; or
 - (D) is for payment for the provision of property or services which the person has not provided as claimed, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than \$5,000 for each such claim. [Except as otherwise provided in PFCRA], such person shall also be subject to an assessment, in lieu of damages sustained by the United States because of such claim, of not more than twice the amount of such claim, or the portion of such claim, which is determined under this chapter to be in violation of the preceding sentence.

- (2) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a written statement that—
 - (A) the person knows or has reason to know—
 - (i) asserts a material fact which is false, fictitious, or fraudulent; or
 - (ii) (I) omits a material fact; and
 - (II) is false, fictitious, or fraudulent as a result of such omission;
 - (B) in the case of a statement described in clause (ii) of subparagraph (A), is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; and
 - (C) contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than \$5,000 for each such statement.

“Knows or has reason to know” under PFCRA does not require proof of specific intent to defraud and means that a person, including an entity, with respect to a statement or claim:

- (1) has actual knowledge that the claim or statement is false, fictitious, or fraudulent;

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(2) acts in deliberate ignorance of the truth or falsity of the claim or statement; or

(3) acts in reckless disregard of the truth or falsity of the claim or statement.

V. State Laws Imposing Civil or Criminal Penalties for False Claims and Statements

A. Minnesota False Claims Act

The Minnesota False Claims Act, Minn. Stat. §§ 15C.01-.16 (hereinafter referred to as the “MFCA”) is similar to the federal False Claims Act and assists federal and state government in combating fraud and recovering losses due to fraud in government programs, contracts and purchases. MFCA imposes liability on persons, including entities, for the following acts:

(1) knowingly presents, or causes to be presented, to an officer or employee of the state or a political subdivision a false or fraudulent claim for payment or approval;

(2) knowingly makes or uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the state or a political subdivision;

(3) knowingly conspires to either present a false or fraudulent claim to the state or a political subdivision for payment or approval or makes, uses, or causes to be made or used a false record or statement to obtain payment or approval of a false or fraudulent claim;

(4) has possession, custody, or control of public property or money used, or to be used, by the state or a political subdivision and knowingly delivers or causes to be delivered to the state or a political subdivision less money or property than the amount for which the person receives a receipt;

(5) is authorized to prepare or deliver a receipt for money or property used, or to be used, by the state or a political subdivision and knowingly prepares or delivers a receipt that falsely represents the money or property;

(6) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or a political subdivision who lawfully may not sell or pledge the property; or

(7) knowingly makes or uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state or a political subdivision.

A person or entity is not liable under MFCA for acting negligently, inadvertently or mistakenly. Rather, a person must act “knowingly,” which is defined as 1) having

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“actual knowledge of the information;” acting “in deliberate ignorance of the truth or falsity of the information;” or 3) acting “in reckless disregard of the truth or falsity of the information.” No proof of specific intent is required.

A violation of MFCA may result in civil penalties of between \$5,500 and \$11,000 per false or fraudulent claim, plus three times the amount of damages the state sustains as a result of the act, plus the costs and attorneys’ fees the state incurs in bringing legal action. A person or entity may not be liable if it is informed by the original source of the information that one or more false or fraudulent claims have been made against the state and the person or entity repays the amount of actual damages to the state within 45 days after being so informed.

Similar to the federal False Claims Act, MFCA provides that private parties may sustain an action on behalf of the state. Depending on whether the state intervenes in the private action, a successful private party may be entitled to between 15 percent and 30 percent of any recovery plus an award of costs and reasonable attorneys’ and consultants’ fees. However, if the defendant prevails in a private action and the court finds the claim was clearly frivolous, vexatious or brought in substantial part for harassment, then the court may award the defendant costs and reasonable attorneys’ fees against the private party for bringing the action.

MFCA also provides protections to employees disclosing information to the state, a political subdivision or a law enforcement agency. Employers are prohibited from discharging, demoting, suspending, threatening, harassing, denying promotion to, or otherwise discriminating against employees in the terms or conditions of employment because of lawful acts done by the employee on his or another person’s behalf in disclosing information to the state in furtherance of action under MFCA, including investigations and providing testimony. Remedies include reinstatement, twice the amount of lost compensation, interest and special damages.

B. State Whistleblower Protection

In addition to the protections described above, Minn. Stat. § 181.932 provides additional protection to employees from adverse employment action in certain circumstances. Employers are prohibited from discharging, disciplining, threatening, or otherwise discriminating against or penalizing an employee regarding compensation, terms, conditions, locations, or privileges of employment because the employee:

- (1) In good faith, reports violations or suspected violations of federal or state laws or rules;
- (2) Participates in investigations, hearings or inquiries;
- (3) Refuses to perform an action reasonably believed to be in violation of state or federal laws or rules;
- (4) Reports, in good faith, below standard health care services situations; or

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(5) Is a public employee and communicates scientific or technical study findings that the employee, in good faith, believes are truthful and accurate.

Disclosure of the reporting person's entity is governed by the Minnesota Data Practices Act, Minn. Stat. ch. 13. Section 181.932 does not protect an employee from statements that are false or made in reckless disregard of the truth.

C. Medical Assistance Fraud

Minn. Stat. § 609.466 provides:

Any person who, with the intent to defraud, presents a claim for reimbursement, a cost report or a rate application, relating to the payment of medical assistance funds pursuant to chapter 256B, to the state agency, which is false in whole or in part, is guilty of an attempt to commit theft of public funds and may be sentenced accordingly.

D. Vulnerable Adult Protections

Minnesota law provides protections for vulnerable adults against financial exploitation and maltreatment. Minn. Stat. § 609.2335 imposes criminal penalties of imprisonment and/or a fine on persons committing the crime of financial exploitation. In summary, acts constituting financial exploitation include:

- (1) In breach of a fiduciary duty recognized by law, a person:
 - (i) fails to use a vulnerable adult's property or financial resources to provide food, clothing, shelter, healthcare, therapeutic conduct or supervision;
 - (ii) uses, manages or takes either temporarily or permanently the vulnerable adult's property or financial resources, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or
 - (iii) deprives the vulnerable adult, either temporarily or permanently, his property or financial resources, whether held in the name of the vulnerable adult or a third party, for the benefit of someone other than the vulnerable adult; or

- (2) Without legal authority, a person:
 - (i) acquires possession or control of the vulnerable adult's interest in property or financial resources, whether held in the name of the vulnerable adult or a third party, through duress, undue influence, or harassment;



- (ii) forces or entices a vulnerable adult against his will to perform services for the profit or advantage of another; or
- (iii) forms a relationship with fiduciary obligation to a vulnerable adult through undue influence, harassment, duress, force, compulsion, coercion or other enticement.

Minn. Stat. § 626.557 requires reporting of maltreatment of vulnerable adults. Professionals and their delegates engaged in the care of vulnerable adults and employees providing personal care assistance and home health care services are mandatory reporters. Mandatory reporters who have reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has suffered an injury that is not reasonably explained must immediately report the information to the county or its designee. Persons making a report in good faith are immune from civil or criminal liability. Mandatory reporters who negligently or intentionally fail to report are liable for damages caused by such failure.

E. Treble Damages

Minn. Stat. § 256B.121 provides:

Any vendor of medical care who willfully submits a cost report, rate application or claim for reimbursement for medical care which the vendor knows is a false representation and which results in the payment of public funds for which the vendor is ineligible shall, in addition to other provisions of Minnesota law, be subject to an action by the state of Minnesota or any of its subdivisions or agencies for civil damages. The damages awarded shall include three times the payments which result from the false representation, together with costs and disbursements, including reasonable attorneys' fees or their equivalent.

VI. Accra's Whistleblower Policy

Accra has adopted a policy concerning employee's whistleblower rights. See policy.

VII. Accra's Fraud, Waste and Abuse Policy and Internal Reporting Procedure

Accra has adopted the policies and procedures for detecting and preventing fraud, waste, and abuse. See policy. All employees and Responsible Parties are required to read and acknowledge by signature the Accra's Fraud, Waste, and Abuse Policy annually.

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Fraud, Waste and Abuse Policy

Evidence of fraud will be submitted to the Surveillance and Integrity Review (SIRS) Unit of DHS. Fraud of Medicaid funding is a felony.

Fraud, Waste and Abuse Defined:

Fraud: an intentional act of deception, misrepresentation or concealment in order to gain something of value. Examples include:

- Billing for services that were never rendered;
- Billing for services at a higher rate than is actually justified; and
- Deliberately misrepresenting services, resulting in unnecessary cost to the Medicare program, improper payments to providers or overpayments.

Waste: over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

Abuse: excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. "Abuse" refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss. Examples include:

- Charging in excess for service of supplies; and
- Providing medically unnecessary services; and
- Billing for items or services that should not be paid for by Medicare.

Fraud, Waste and Abuse Compliance Training: Complete the required training by reviewing the appropriate fraud training available at: http://registrations.dhs.state.mn.us/PCACourse/Module_08/en/0201.htm

Fraud, Waste and Abuse Compliance Plan: The following applies to detect, prevent and correct fraud, waste, and abuse as required by applicable state and federal laws and regulations:

Compliance Officer: Client Services

Standards of Conduct:

- Fraud will not be tolerated;
- Providing false information on a timesheet is fraud;
- Billing for services not provided is fraud;
- Prohibited from giving or receiving any type of kick back; and
- Failure to refund or return overpayments is fraud.

Compliance Plan (measures to detect, prevent and correct fraud, waste and abuse):

- Random audits of timesheets for overuse and fraud;
- Background checks on Board of Directors, managing employees, and all workers to determine whether any have been convicted of health care fraud;
- Home visits to monitor use of services;
- PCA Visit Verification calls;
- Open-door policy to report possible misuse of Medicare or Plan funds; and

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- Random audits of billing claims (billing code must reflect the services provided).

Training (addresses detection, preventing and correcting fraud, waste and abuse):

- Policy and Procedures which address fraud and the reporting of fraud, waste and abuse;
- Employee contract which addresses fraud and abuse;
- Responsible Party contract which addresses detection, prevention and correcting fraud, waste and abuse; and
- Time sheets which address issues of fraud and abuse.

Disciplinary Actions:

- Employees who commit fraud may be terminated;
- Services could be terminated for a client who commits fraud; and
- Committing fraud may result in jail time, probation, deportation, fines, or exclusion from services or work in this field or a job requiring a background study.

Reporting Fraud:

- Any employee and/or manager can file a claim of fraud, abuse or waste to Accra;
- Claims will be addressed by a member of the Accra management team within 5 business days from receiving the claim;
- The Accra Incident Review Committee reviews incidents of fraud at least monthly; and
- Compliance concerns, suspected or actual misconduct involving Medicaid programs will be reported to SIRS.

Responding to Detected Offenses and Corrective Action:

- Offenses will be reported to SIRS;
- Over payment will be returned to the funding source; and
- Retraining to prevent similar offenses;
- Disciplinary action up to and including termination of the employee or the participant.

Avoiding Fraud: The PCA program is funded by Federal Medical Assistance. It is a crime to provide false information for Medical Assistance payments.

The PCA:

- Can only be paid for work done when the PCA is physically present and providing necessary care for the participant;
- Cannot be asked or told to split pay with the participant or Responsible Party;
- Cannot work when the participant is at in the hospital, at school, receiving in-patient care, in a nursing home, respite care facility, or is incarcerated; and
- Cannot submit a time sheet for hours not worked.

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Conduct on the Job (the PCA, when at work):

- Shall provide care as specified in the care plan and shall follow written and oral directions from the Participant, Responsible Party and the Qualified Professional;
- Shall arrive on time and not leave work early;
- Shall not steal from or mistreat the Participant;
- Shall not consume alcohol or be under the influence of any illegal drugs; and
- Shall not use cell phones, text message or engage in personal business.

Illegal Payment Schemes

- Both the Employee and the Responsible Party shall be held accountable for signing a fraudulent time sheet
- The following conduct is not acceptable and is fraudulent:
 - The Responsible Party signs a time sheet for a certain payroll period when the Employee did not actually work those hours that are shown on that time sheet at the times and dates indicated. (As an example, the Employee and Responsible Party send in a time sheet showing the Employee worked on Wednesday of the prior week. On that Wednesday the Employee was out on vacation in another state and could not have actually worked on that day.)
 - The time sheet is signed before hours are actually worked.

Identity Theft: Using an identification that does not belong to that person to obtain payment and/or services.

False Claims Act: Prohibits any person from knowingly presenting or causing a fraudulent claim for payment.

Anti-Kickback Statute: Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a Federal health care program.

Reporting Fraud, Waste and Abuse: Everyone has the right and responsibility to report actual and possible fraud, waste or abuse. You may report anonymously and retaliation is prohibited when you report a concern in good faith. Report issues or concerns to: Accra's Whistleblower hotline; and/or

Additional Resources: Federal government websites are sources of information regarding detection, correction and prevention of fraud, waste and abuse:

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DHS SIRS
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1-800-657-3750

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DHS Office of Inspector General: <http://mn.gov/dhs/general-public/office-of-inspector-general/report-fraud/index.jsp>

Centers for Medicare & Medicaid Services (CMS): https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html

FAILURE TO FOLLOW THE FRAUD, WASTE, AND ABUSE POLICY CAN RESULT IN IMMEDIATE TERMINATION

Annually participants/Responsible Parties and Employees are required to go through training on Fraud Waste and Abuse and sign off that they received the training and agree to follow the policies.



Employee Protection (Whistleblower) Policy

The purpose of this Whistleblower Policy is to create an ethical and open work environment, to ensure that Accra has a governance and accountability structure that supports its mission, and to encourage and enable employees of Accra to raise legitimate concerns about the occurrence of illegal or unethical actions within Accra instead of turning to outside parties for resolution.

This policy is intended to apply to employees who report activities they consider to be illegal, unethical, or dishonest to one or more of the individuals specified in this policy. Whistleblowers should not feel responsible for formally investigating the activity or for determining fault or corrective measures. Instead, as discussed below, appropriate management officials are charged with these responsibilities.

Examples of illegal, unethical, or dishonest activities include, but are not limited to, such things as:

- Violations of federal, state or local laws
- Activities that potentially violate health care reform laws
- Theft or inappropriate removal or possession of property
- Unethical, immoral, or criminal conduct in or outside of the workplace
- Falsification of timekeeping records
- Violation of OSHA or other regulatory standards
- Sexual or other unlawful or unwelcome harassment
- Unauthorized disclosure of business “secrets” or confidential information

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact his/her immediate supervisor or Human Resources. Human Resources will be responsible for investigating any concerns, as well as determining the proper course of corrective action. If an employee in Human Resources is the subject of the whistleblower complaint, another member of senior management will become responsible.

Insofar as possible, the confidentiality of the whistleblower will be maintained. However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. Accra will not retaliate, nor permit retaliation against a whistleblower who brings forward a legitimate concern under this policy. Any whistleblower who believes he/she is being retaliated against must contact Human Resources immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

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Employees must exercise sound judgment to avoid baseless allegations. Employees who intentionally or recklessly file a false or baseless report of wrongdoing will be subject to discipline up to and including termination. Employees with any questions regarding this policy should contact their supervisor, or Human Resources. Accra also has a **Whistle Blower Hotline number; that number is: 1-855-612-4453.**