

A	s a First Tier, Downstream, or Related Entity of ctivities in place (check all activities that apply)
	ved and reviewed Code of Conduct; Preventing, Detecting, and Reporting Fraud, Waste, and Abuse and Oversight of (FDRs) policy.
If not che	ecked, additional explanation required.
	ide Non-retaliation/intimidation language in Code of Conduct or other related policy ked, additional explanation required.
□ We ha	ve a Code of Conduct, and it is distributed to employees within 90 days of hire and annually thereafter
If not che	ecked, additional explanation required.

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We have a Conflict of Interest reporting and review process
not checked, additional explanation required.
□ We have a Compliance and Fraud, Waste, and Abuse Program
f not checked, additional explanation required.
We have a Fraud, Waste and Abuse Policy
f not checked, additional explanation required.
We perform monthly verifications to ensure employees, board members, and contractors are not sanctioned or excluded from Federal or State public programs
If not checked, additional explanation required.

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if not checked, ac	dditional explanation required.
We have a comp	pliance reporting mechanism(s) and appropriately investigate compliance-related reports
f not checked, add	ditional explanation required.
■ We apply discip	pline, as appropriate, for compliance-related incidents
If not checked ad	dditional explanation required.
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iii Ve monitor and au	udit operations to ensure compliance with applicable Federal and State regulations based on assessed risk
not checked add	ditional explanation required.
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■ We implement corrective actions for any identified compliance-related deficiencies
If not checked, additional explanation required.
We report any compliance-related or Fraud, Waste, or Abuse-related matters to immediately that impact the delegated services
If not checked, additional explanation required.
■ We retain relevant supporting records for 10 years
If not checked, additional explanation required.
★ By entering my name below, I acknowledge that I have reviewed all the activities above and have completed this survey to the best of my knowledge.
* Name
* Operation Name (c)
Organization Name(s)