

**Corporate
Compliance
Annual Plan
FY2017**



Mission Statement:

Our mission “is to improve the overall health and quality of life for the community and individuals we serve by inspiring hope, supporting self-determined lives, encouraging recovery, promoting prevention, and effectively integrating care”.

Values:

- Dignity, respect and courtesy for all individuals
- Upholding the public trust with integrity and accountability
- Opportunities for individuals to reach their potential
- Fiscal responsibility, regulatory compliance and efficiency of resources
- A well-trained and culturally-sensitive workforce
- The use of Evidence Based Practices

Scope of Plan:

The SCCMHA Compliance Plan encompasses the activities of all SCCMHA board members, employees, and contractual providers. It is the expectation the Provider Network will attest to following the Regulatory Standards identified in the SCCMHA Compliance Plan or develop their own Compliance Plan that minimally meets the standards identified by SCCMHA and in accordance with the Code of Federal Regulations, Title 42, Part 438.608: Program Integrity Requirements.

Definitions: Within the context of this Corporate Compliance Plan, these terms have the following meaning.

- “Abuse” is the intentional, wrongful, or improper use or destruction of resources, or seriously improper practice that does not involve prosecutable fraud.
- “Auditing” means formal comprehensive reviews of compliance using a specific set of standards as a base measure. Audits will include written report of findings, recommendations and if necessary, proposed corrective actions. Individuals performing the audit are independent of the department being audited.
- “Fraud” is an act of intentional or reckless deceit to mislead or deceive.
- “Legal Counsel” means the attorney or law firm designated by SCCMHA to provide legal advice and assistance regarding concerns or issues surrounding the CCP.
- “Monitoring” means regular reviews as part of normal operations to confirm ongoing compliance. Monitoring is frequently performed by employees within said department and is used to determine if procedures are working as intended.
- MSHN-Mid-State Health Network

- “Payer” means the operation of providing payment for services and operating as a Community Mental Health Service Program, within the context of a Medicaid Prepaid Inpatient Health Plan (PIHP) and a Substance Abuse Coordinating Agency.
- “Privacy Officer” means the individual assigned the responsibility for overseeing the ongoing development of privacy related operations.
- “Security Officer” means the individual assigned the direct or indirect responsibility for research, development, implementation, testing and review of an organization's information security in order to prevent unauthorized access and protect information. This responsibility can be contracted out at which point the Security Officer will be responsible of over-site to insure the vendor/s adhere to identified standards that support “reasonable security measures”..
- “Subcontractor” means an individual, who has an independent contract agreement with SCCMHA to provide goods or services to SCCMHA or its consumers, or who owns, is employed by, or otherwise works for an organization with such a contract, and in performance of the contract, has direct contact with any employee and/or consumer.
- “Waste” is a reckless or grossly negligent act that causes funds to be spent in a manner that was not authorized or represents significant inefficiency and needless expense.

Overview:

Shiawassee County Community Mental Health Authority (SCCMHA) is committed to using good faith efforts to comply with applicable health care laws, regulations, and third party payer requirements as they apply to the requirements of State and Federal governmental programs. In order to ensure that appropriate legal business standards and practices are maintained and enforced throughout the organization, SCCMHA has implemented a Corporate Compliance Program. This Corporate Compliance Program has been approved by the Chief Executive Officer (CEO) of SCCMHA and fully disclosed to the SCCMHA Board of Directors. The non-inclusive list of applicable legal and regulatory standards to be considered are located in the references section of this Corporate Compliance Plan.

SCCMHA recognizes that complete perfection in the area of compliance may not be truly attainable in practice; however, it is the goal of SCCMHA to strive for excellence and use good faith efforts in its compliance activities. To that end, the Corporate Compliance Program ensures the integrity of the system in which SCCMHA operates and the culture in which it is preserved is maintained at the highest standards of excellence, will focus on business and professional standards of conduct compliant with federal, state and local laws, promotion of good corporate citizenship, prevention and early detection of misconduct.

To provide the framework for SCCMHA to comply with applicable laws, regulations and program requirements, the organization will develop a Corporate Compliance Plan. The key principles of the Compliance Plan are to:

- Minimize organizational risk and improve compliance with billing requirements of Medicare, Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to those areas identified in the Annual Monitoring and Audit Work Plan (Attachment D)).
- Reduce the possibility of misconduct and violations through prevention and early detection.
- Being proactive in Compliance to reduce exposure to civil and criminal sanctions.
- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations including credentialing requirements, as well as accreditation standards.
- Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold such laws, regulations, and standards.

The Program is designed to incorporate what is viewed as the Seven Key Elements for Compliance and Ethics Programs.

The United States Sentencing Commission (USSC) recently voted to modify the “Federal Sentencing Guidelines”, this included identifying the elements for an effective corporate compliance and ethics program. These guidelines have become an important barometer used by federal prosecutors and regulators in determining whether a company should be charged with a crime at the conclusion of an investigation, and if so, the severity of the civil enforcement action.

Beyond the potential benefits related to prosecution and conviction, the key elements within the “Guidelines” have become widely used by organizations seeking to proactively establish effective compliance and ethics programs. Satisfying the requirements for an effective compliance and ethics program is now widely believed to create a number of additional benefits including protection of the organization by reducing the likelihood of bad events and minimizing the consequences should bad events occur.

Effective ethics and compliance programs are key to achieving a culture of integrity within a healthcare organization. In addition, to establishing ethical and compliant behavior and regulating against noncompliance, these programs, as expressed by the Office of Inspector General (OIG), are “a major initiative in engaging the private health care community in combating fraud and abuse.”

To that end, one element that is not one of the seven identified by the USSC is Environmental Evaluation/Risk Assessment. As such, this Corporate Compliance Plan addresses the relevancy of those factors within the compliance and ethics framework.

Seven Elements of an Effective Compliance Program

1. **Oversight**; Designating a Compliance Officer and Corporate Compliance Committee

2. Implementing Policies, Guidelines and Standards: the organization must have written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards, laws and regulations.
3. Conducting Appropriate Training and Education; the organization must provide for effective training and education for the Board of Directors, Compliance Officer and the organization's employees.
4. Developing Open Lines of Communication; Effective lines of communication must be established between the Compliance Officer and the organization's employees
5. Conducting Internal Auditing and Monitoring; The organization must take reasonable steps to achieve compliance with defined standards by utilizing reasonably designed monitoring and auditing systems and practices
6. Enforcement of Disciplinary Standards of the Program; Standards must be enforced through well- publicized disciplinary guidelines.
7. Responding Appropriately to Detected Offenses and Developing a Corrective Action; after an offense (*non-compliance*) has been detected, the organization must take reasonable steps to respond appropriately to the offense and to develop corrective action initiatives and performance improvement. This includes follow-up monitoring and review to ensure the performance improvement plan is effective.

General Structure and Oversight:

SCCMHA Board of Directors:

The SCCMHA Board of Directors has responsibility for formally adopting the agencies commitment to a Corporate Compliance Program and approving the necessary resources to accomplish an atmosphere conducive to Corporate Compliance. The SCCMHA Board of Directors is responsible for the review and approval of the Compliance Plan and related policies, review of the Annual Compliance Report, and review of matters related to the Compliance Program. The SCCMHA Board of Directors has the highest level of responsibility for the oversight of the Compliance Program.

Effective compliance programs include the designation of a Corporate Compliance Officer and a Corporate Compliance Committee to oversee the operations of the Corporate Compliance Program. SCCMHAs supports the position of Corporate Compliance Officer and has also designated the establishment of a Corporate Compliance Committee.

Corporate Compliance Officer:

The Corporate Compliance Officer is responsible for the development, implementation, and management of the Corporate Compliance Program for SCCMHA. To increase the effectiveness and integrity of the Program, the Corporate Compliance Officer shall have the cooperation of and access to all members of the organization. The SCCMHA Board of Directors and senior management shall provide the Corporate Compliance Officer with appropriate resources to effectively manage and satisfy the elements of the Program. Also, the Corporate Compliance Officer shall have the authority to inquire into any matters arising or appearing to arise within the scope of the Corporate Compliance Program.

The Compliance Officer may appoint such staff as are necessary to assist in the performance of his/her responsibilities. In the event that occurs, those individuals will be treated as the Corporate Compliance Officer for purposes of cooperation with his/her efforts to perform Corporate Compliance Program functions. Competent Legal Counsel will be made available to the Corporate Compliance Officer in managing the Corporate Compliance Program. In the event that fraudulent or abusive practices are discovered through compliance investigations or otherwise,

The authority given the Compliance Officer will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of SCCMHA.

The Compliance Officer will be given sufficient authority and control to oversee and monitor the Compliance Program and related Policies and Procedures, including but not limited to the following:

- Coordinating internal and external provider network audits and monitoring activities outlined in the Annual Monitoring and Audit Work Plan.
- Directs and is accountable for the implementation and enforcement of the Compliance Plan.
- Serves as chair of the Corporate Compliance Committee and provides leadership and consultative support to the organization employees.
- Responsible for oversight of SCCMHA efforts to maintain compliance with federal and state regulations and contractual obligations.
- Ensures that effective systems are in place by which actual or suspected compliance violations are reported in a timely manner to appropriate governing bodies.
- Reviews all reports of actual or suspected compliance violations received by SCCMHA from any source, and ensures that effective investigation and/or other action is taken.
- Monitors changes in federal and state health care laws and regulations and as needed, implements necessary actions to effectively address those requirements within the Corporate Compliance Program.
- Works collaboratively with the PIHP to ensure that auditing and monitoring protocols are designed to detect and deter potential compliance violations.
- Ensures that performance improvement plans are adequate to ensure compliance and assures effective implementation of corrective action occurs to reduce risk of future occurrences.
- Prepares and delivers an annual compliance report to the SCCMHA Board covering the fiscal year, including:
 - A summary of trends in the frequency, nature and severity of substantiated compliance violations;
 - A review of any changes to the Compliance Plan or program; and
 - An objective assessment of the effectiveness of the Compliance Plan and Program.

Corporate Compliance Committee:

The Corporate Compliance Committee has been established to advise the Corporate Compliance Officer and assist in the implementation of the Compliance Program. The Committee reviews and evaluates compliance activities and reports to and consults with the Board of Directors and its appropriate ad hoc committees, as necessary.

The Corporate Compliance Committee must be comprised of no less than six members of which must include the CEO and the Corporate Compliance Officer. Membership consideration will be operationally and clinically based. Consideration may be given to include the Director of Utilization Management and Clinical Quality, , Director of Clinical Services, Financial Services Supervisor or Chief Finance Officer, the Recipient Rights Officer, HIPAA Privacy Officer, Security Officer, Representative/s from Nursing and/or Medical Department and other agency leaders as determined by the CEO. Additional members may be added as Ad-Hoc. The frequency of meetings is based on identified organizational need however the Corporate Compliance Committee must meet no less than twice per year but any member of the Committee may call a special meeting.

Regional (PIHP) Corporate Compliance Committee:

The Regional Corporate Compliance Committee, operating under the auspices of the Mid-State Health Network (MSNH) Quality Improvement Council is comprised of designated representatives from each of the Community Mental Health Service Providers as well as the Corporate Compliance Officer of MSHN. This committee meets in accordance with the Corporate Compliance Plan for the PIHP for the purpose of education on changes in federal and/or state laws and regulations affecting corporate compliance as well as ongoing activities of sharing to ensure there exists a standardized method for policy and procedure review and comparison of local processes. Information derived from this meeting may be used and incorporated in the implementation of the SCCMHA Compliance Program. Emphasis is placed on maintaining continuity between the Corporate Compliance Programs of the mentioned counties within the framework of each organizations process.

Ethics Committee:

Behavioral health care organizations have a dual responsibility for advocating for the consumers while promoting ethical business practices in a time of audit and monitoring. A system of readiness and compliance is essential to develop a plan to respond appropriately and timely to prevent and detect violations of law.

The Ethics Committee is a Sub-Committee of the Corporate Compliance Committee. The Ethics Committee has three primary functions: education by providing information and resources to behavioral health staff about issues in ethical decision making; policy formulation on ethical issues affecting consumer care; and case consultation in response to a request from a staff person, consumer, or guardian.

The Ethics Committee will include members representing multi-disciplines and/or professional areas. At a minimum, the committee will include one psychologist, social worker, registered nurse, and representatives from clinical leadership, Recipient Rights, Employment and Skill Building, and Finance. The Membership may also include an Ethics Consultant or MSHN staff. Ad hoc

members will include the Medical Director and the Corporate Compliance Officer. Appointments will be for a staggered two-year period.

The Chair of the group will be elected from its membership on an annual basis. The Chair will act as the liaison to the sponsoring Corporate Compliance Committee and shall report to the Corporate Compliance Committee on its activities.

The committee will meet at least twice per year, with ad hoc meetings held as often as necessary in order for the committee to perform its responsibilities as well as respond to specific ethical concerns. Due to the importance of diversity of opinion in the discussion of ethical concerns, at least five members (including the committee chair or designee) must be present for a meeting of the Ethics Committee to be held. The Committee shall keep such records of its meetings as it deems appropriate.

Ad-Hoc Committees:

Ad-hoc committees may be formed, if deemed necessary, to address with specific substantive compliance issues or to implement self-review and audit projects. An employee of SCCMHA may be appointed to an “ad-hoc” committee for purposes of obtaining their expertise in a particular area. However, their appointment to any “ad-hoc” committee must first be approved by the CEO or designee.

Standards of Conduct - Compliance Policy & Procedure Development

Standards, Policies and Procedures are crucial to an organizations ability to create a culture of consistency and integrity. The following documents are used by SCCMHA to convey Standards of Conduct:

- Corporate Compliance Plan
- Organizational Plans that address Risk Management, Privacy or Security
- Policies and Procedures
- Standards of Conduct, Code of Ethics

This Corporate Compliance Plan sets out the general principles governing the Program. However, an effective Corporate Compliance Program requires detailed standards, policies, and procedures designed to reduce unethical or noncompliant behavior. The Corporate Compliance Officer in conjunction with both the Corporate Compliance Committee and Ethics Committee is responsible for developing and maintaining detailed policies and procedures that govern the operations of the Corporate Compliance Program. Policies will be reviewed by the Corporate Compliance Officer (or designee) on an annual basis to ensure they adhere Corporate Compliance to current regulatory standards. Ethics related procedures will be reviewed by the Ethics Committee, with any revisions reported to the Corporate Compliance Committee. Any changes to Corporate Compliance or Ethics related policies will be approved by the Corporate Compliance Committee and the SCCMHA Board of Directors. Appropriately, managers within SCCMHA are responsible for creating new policies as well as annually reviewing and revising current policies and to address compliance issues that affect

their respective departments. Issues that could fall within the Environmental Evaluations/Risk Assessment section of this plan.

SCCMHA is committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, Values and Operating Principals. SCCMHA's Standards of Conduct and Code of Ethics (Attachment A) provides guidance to employees in carrying out their daily activities within appropriate ethical and legal standards. Following the Standards of Conduct and Code of Ethics is one means by which to facilitate compliance. All new employees are provided a copy of the Staff Code of Ethics as part of the hiring process.

Additionally, in order to safeguard the ethical and legal workplace standards of conduct, SCCMHA shall endorse policies and procedures that address employee behaviors and activities within the workplace setting, including but not limited to the following:

- Confidentiality: SCCMHA is committed to protect the privacy of its consumers. SCCMHA Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748, Code of Federal Regulations (CFR), Title 42 and all other privacy laws as specified under the Confidentiality section of this document.
- Drug and Alcohol: SCCMHA is committed to provide a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards.
- Harassment: SCCMHA is committed to maintaining a work environment free of harassment for Board members, employees, and contractual providers. SCCMHA will not tolerate harassment based on sex, race, color, religion, national origin, disability, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects the work environment.
- Conflict of Interest: SCCMHA Board members, employees, and contractual providers shall avoid any action that conflicts with the interest of the organization and the consumers we serve. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist in accordance with established policies and procedures.
- Reporting Suspected Fraud or Abuse: SCCMHA Board, employees, and contractual providers shall report any suspected or actual "fraud, abuse or waste" of any funds, including Medicaid funds, to the organization.
- Solicitation and Acceptance of Gifts: SCCMHA Board members, employees and contractual providers shall not solicit gifts, gratuities or favors. SCCMHA Board members, employees and contractual providers will not accept gifts, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with SCCMHA.
- Workplace Bullying: SCCMHA defines bullying as "repeated" inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates SCCMHA

Code of Ethics, which clearly states that all employees will be treated with respect.

- Workplace Violence and Weapons: SCCMHA takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited.
- Political Contributions: SCCMHA shall not use agency funds or resources to contribute to political campaigns or activities of any political party or candidate.

Conducting Appropriate Training and Education

SCCMHA Employees:

Proper education and training is a significant element of the Corporate Compliance Program. It is important that all members of SCCMHA's workforce are not only knowledgeable about the Corporate Compliance Program but applicable statutes and regulations that are the basis for documentation, billing and service delivery practices. All new employees are required as part of new hire orientation to review and sign an acknowledgment of receiving the "Code of Ethics". A copy of this form is placed in the employee file.

Additionally new employees as part of an organizational orientation will receive an overview of the Corporate Compliance Program in order to understand his or her role in compliance. Within 30 days of hire and on an annual basis thereafter, each employee will be required to complete training on Corporate Compliance/Deficit Reduction, False Claims and HIPAA. The Training Department retains documentation for all workforce members who complete compliance training. In addition, managers and employees working in areas at high-risk for compliance violations will receive additional education and training as necessary.

Training of employees as well as contracted providers is not limited to increased awareness to Corporate Compliance and the applicable regulations, to the MSHN Minimum CMHSP Training Requirements (Attachment B), or to the content of predetermined training modules. Clinical program supervisors will emphasize the quality of clinical documentation as it provides validity that the service was provided in accordance with the Person Centered Plan as well as Medicaid standards for clinical eligibility. Improper payments fall into 4 main categories with the most frequent being unsupported services (e.g., poor or incomplete documentation, no documentation, unclear documentation), as well as medically unnecessary services. Quality of documentation is of utmost importance.

Board Members and Advisory Council Members

Board members and Advisory Council members shall receive training on the SCCMHA Compliance Plan at a minimum of every two years. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Records shall be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

SCCMHA Provider Network

Through predetermined documentation submission intervals, the SCCMHA Provider Network/Contacts Manager in collaboration with Corporate Compliance, will review and monitor the provider network to ensure adherence to the identified training requirements. Additionally, as a member of the PIHP's Provider Network Committee, SCCMHA Provider Network/Contacts Manager will update the Corporate Compliance Officer (or designee) on any updated training requirements recommended through the MSHN Annual Training Plan to assure and provide consistent training requirements throughout the provider network. Where viable, SCCMHA will also offer related compliance training and educational materials to the Provider Network.

Open Lines of Communication

Open lines of communication are essential to an effective corporate compliance program. Shiawassee County Community Mental Health Authority has established a Compliance Helpline and confidential digital fax line that provides a venue for confidentially reporting of potential compliance violations and noncompliant activity.

It is SCCMHA's policy that employees can report potential compliance violations without fear of retaliation. This policy applies to the reporting of any perceived compliance violation, regardless of the methodology used for submitting the report. This non-retaliation policy also holds true to any report made regarding the activity of the CEO. The Corporate Compliance Officer has a direct line to report potential compliance violations and noncompliant activity directly to the Board of Directors should the need arise. As such, by passing the CEO should the report involve them? In addition, all reports submitted will be held confidential to the extent practical.

A Corporate Compliance Notification Poster (Attachment C) is used to provide information on how to report of non-compliant activity by contracted providers or external entities. This contact information is posted on the organizations website, the agencies intranet site and in key locations within all SCCMHA facilities). The following numbers are available to reach the Compliance Helpline.

Local:	989-723-0750
Internal Extension:	4750
Fax:	989-723-0740

These numbers are available for use at any time for employees and others to ask compliance related questions or report actual or potential noncompliant activities. The Helpline is staffed weekdays from 8:00 a.m. to 4:30 p.m. After 4:30 p.m., confidential voice mail is available. Paper based Regulatory Compliance Concern/Complaint Forms (Attachment E) are made available on the organizations website and the agencies intranet site. All messages left on the Helpline voice mail or written notifications will be followed up within 2 business days (or in accordance with voicemail instructions). The Corporate Compliance Officer or other designated individual will investigate all reports made to the Compliance Helpline in a prompt and reasonable manner as outlined in the MSHN Compliance Investigation, Resolution and Documentation Process (Attachment G).

Monitoring and Auditing

The Corporate Compliance Officer shall establish appropriate procedures for conducting such audits and utilize the various organizational risk assessments, peer review activity as well data mining processes to identify and prioritize the areas that pose the greatest risks for compliance violations. Areas of high risk will be monitored more closely and will be considered for more frequent auditing activities should evidence from monitoring efforts validate the need.

The Corporate Compliance Officer shall develop an Annual Monitoring and Audit Work Plan (Attachment D) that lists possible risk areas that could be audited and monitored for each fiscal year. Elements of the Office of Inspector General (IOG) Annual Work Plan as well as any areas of focus identified by SCCMHA can be incorporated into the audit work plan based on relevance to the organization.

Monitoring and auditing of SCCMHA operations is key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education and training is required. Results of the monitoring or audit activities identified in the Annual Monitoring and Audit Work Plan will be communicated primarily through the Corporate Compliance Committee. However, monitoring activities may also occur within the context of other agency committees, e.g. UM/PI, Ethics, etc.. In which cause, reporting will occur within the context of said committee or within the Annual QAPIP Summary Report.

The Corporate Compliance Officer and auditors or reviewers acting on behalf of the Corporate Compliance Officer shall have access to all documents necessary to perform corporate compliance functions, including those related to claim development and submission, business records, cost reports, patient records, pricing and cost data, employee records, schedules, e-mail, and the contents of computers.

Additionally, the SCCMHA Corporate Compliance Program may be required to conduct audits in support of delegated responsibilities or strategic areas of focus originating from the PIHP or in accordance with the Michigan Department of Health and Human Services (MDHHS). SCCMHA will report to the PIHP any suspicion or knowledge of fraud or abuse within the Medicaid program. Unless otherwise specified SCCMHA, will use the MSHN "Compliance Investigation Report Form" issued by the PIHP for the reporting of such events to the PIHP.

Responding Appropriately to Detected Offenses and Developing a Corrective Action

The SCCMHA Compliance Program includes methods for identifying compliance violations such as the Helpline and auditing and monitoring. Within the continuum there must be methods for responding to and correcting such violations. While the precise method to investigate any alleged complaint may vary based on the nature of the complaint, SCCMHA will follow the process outlined in the "MSHN Compliance Investigation, Resolution and Documentation Process" (Attachment G). The MSHN process is used to ensure adherence to the expectations of the PIHP and consistency among CMHSP affiliates.

In order to respond appropriately to and correct potential compliance problems, an investigation of any report or questionable practice should be conducted promptly. In conducting an investigation, judgment should be exercised and consideration should be given to the scope and materiality consistent with the nature of the concern. The SCCMHA Corporate Compliance Program will use prudent judgment during course of an investigation. Should it appear that the activity is outside the level of expertise; the investigation may be turned over to the Michigan Office of the Inspector General so as not to adversely impact more thorough investigations by regulatory or oversight organizations.

Each investigation must be carefully documented to include a report describing the disclosures, the investigative process, the conclusions reached and the recommended corrective action, when such is necessary. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within organization who is not involved in the investigation process or to anyone outside of the organization without the prior approval of the SCCMHA Compliance Officer. All SCCMHA employees, and subcontractors are expected to cooperate fully with investigation efforts.

After a violation has been detected and confirmed, the Corporate Compliance Officer shall institute steps to prevent the reoccurrence of the violation. Shiawassee County Community Mental Health Authority will take appropriate corrective action, including but not limited to:

- Reasonable steps to modify SCCMHA's policies, procedures and processes,
- Education and training to all applicable employees,
- Prompt and proper restitution of any overpayment to the affected payer,
- Evaluation, recommendations and the carrying out of appropriate disciplinary action with the individual/s responsible for the violation; consistent with the severity of the violation,
- Steps necessary to evaluate the effectiveness of the interventions.

When appropriate, corrective action will include reporting suspected violations to the PIHP or appropriate government agencies. Additionally, SCCMHA will inform in writing, the PIHP Chief Executive Officer (CEO) or designee of: "any notice to, inquiry from, investigation by any Federal, State or local human services, fiscal, regulatory, investigating, persecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid Services". Unless otherwise specified SCCMHA, will use any form issued by the PIHP for the reporting of such events to the PIHP. Reporting suspected violations to the appropriate government agencies and PIHP shall will involve consultation with SCCMHA's legal counsel and upon review by the Chief Executive Officer or Board of Directors.

SCCMHA will thoroughly document all corrective actions taken to demonstrate to government and regulatory agencies (if necessary), that SCCMHA is committed to compliance with all applicable laws and regulations.

Enforcement of the Program

An effective compliance program requires enforcement. Willfully violating SCCMHA's Corporate Compliance Program or regulatory statutes will result in disciplinary action, which will be appropriate

for the severity of the activity. Fraudulent and other illegal activities will not be tolerated and could result in immediate termination. Employees are expected to adhere to the Corporate Compliance Program as a condition of their employment at SCCMHA. This is reflected in both Standards of Conduct and Code of Ethics. Failure to do so will result in disciplinary action. Sanctions could range from oral warnings to suspension, privilege revocation (subject to applicable peer review procedures), and termination.

Environmental Evaluations/Risk Assessments

Risk Management is defined as the ability to identify, assess, prevent, monitor, and remediate risk for the organization. The goal of this specific element is to manage risk and reduce the severity of a loss if an event were to occur, while accomplishing our mission and core objectives in providing quality behavioral health care to the people of Shiawassee County. SCCMHA maintains various formal governance and staff-level committees in which risk is identified, addressed, managed and abated.

At the SCCMHA level, these committees are comprised of individuals who are responsible, by position or level of authority, for continually assessing systems and activities within our organization. These committees include, but are not limited to: Facilities Committee (Board of Directors), Corporate Compliance Committee (Staff), Management and Leadership Teams, Departmental Staff meeting, Consumer Advisory Council, Utilization Management and Performance Improvement, etc. In addition, SCCMHA participates in a number of PIHP committees or work groups that address risk issues. These include, but are not limited to, the regional Quality Improvement Council, Provider Network Management Committee, Utilization Management Committee, Customer Services Committee and Information Technologies Council. SCCMHA makes diligent effort to comply with all applicable Federal, State, and local laws, regulatory standards, rules, and regulations.

Much of the work of identifying risks is the responsibility of each of the bodies (committees or workgroups) that have overall responsibility for risk identification and management. In addition to this Corporate Compliance Plan, risk management activities of the organization are accomplished through the Strategic Plan, IT Security Plan, Utilization Management Plan, Quality Assessment and Performance Improvement Plan (QAPIP), and various related systems, policies and procedures.

Risk areas are often addressed by external quality and compliance reviews, including those conducted by the Michigan Department of Health and Human Services (MDHHS) the Health Services Advisory Group (HSAG), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Mid-State Health Network, audits by independent certified public accountants, and others. All of these activities serve to identify potential risk areas or practices, reduce or mitigate risk, monitor system performance, and remediate systems that may be excessively risk prone.

Contractual Relationships

SCCMHA shall ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers served. In order to ethically and legally meet all standards,

Purchasing and Supplies

SCCMHA shall ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.

All contractor and supplier arrangements shall be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors shall be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply.

Marketing

Marketing and advertising practices are defined as those activities used by SCCMHA to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. SCCMHA will present only truthful, fully informative and non-deceptive information in any materials or announcements.

The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive “remuneration” as an inducement to generate business compensated by Medicare or Medicaid programs.

Financial Systems Reliability and Integrity

SCCMHA shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.

SCCMHA shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets. The Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid.

In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005) SCCMHA's processes shall monitor for actions by contractual providers of Medicaid services to prevent fraud, abuse, and waste, or are likely to result in unintended expenditures.

Information Systems Reliability and Integrity/Cyber Security Liability

The SCCMHA Information Technologies Manager shall serve as the Security Officer and shall ensure the reliability and integrity of the information systems utilized to support the effectiveness of the SCCMHA compliance program.

Cyber Liability takes into account first- and third-party risks and addresses those risks associated with the use of e-business, the Internet, networks and informational assets as well as the risks

associated with the use of mobile devices. Risk categories include but are not limited to privacy issues, the infringement of intellectual property, virus transmission, or other serious trouble that may be passed from first to third parties via web based transactions.

Confidentiality and Privacy

SCCMHA is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in compliance with applicable privacy laws, regulations and contractual requirements. To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy Regulations, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 C.F.R. Part 2, 45 C.F.R. Part 160 & 164.

Environmental Standards

SCCMHA shall maintain a hazard-free environment in compliance with all environmental laws and regulations. SCCMHA shall operate with the necessary security systems, permits, approvals and controls. Maintenance of a safe environment is the responsibility of all employees and contractual providers. In order to maintain a safe environment, SCCMHA shall enforce policies and procedures (as needed) designed to protect consumers, employees, staff, providers, visitors, the environment, and the community.

The OIG, it's Role and Responsibilities:

The Office of the State Inspector General (OIG) investigates instances of fraud, waste, abuse and corruption in all executive branch state agencies, departments, commissions, authorities and any entity of state government that is headed by an appointee of the Governor. The American Reinvestment and Recovery Act of 2009 (ARRA) encourages the reporting and investigation of fraud, waste, abuse and corruption that occurs in connection with the distribution of federal stimulus funds to state and local governments and to private contractors.

On a federal level, the foundation for the IOG is to protect the integrity of HHS programs and operations and the well-being of beneficiaries by detecting and preventing fraud, waste, and abuse; identifying opportunities to improve program economy, efficiency, and effectiveness; and holding accountable those who do not meet program requirements or who violate Federal health care laws. Their mission encompasses more than 100 programs administered by HHS at agencies such as the Centers for Medicare & Medicaid Services (CMS), Administration for Children and Families (ACF), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Indian Health Service (IHS), and National Institutes of Health (NIH).

OIG's funding that is directed toward oversight of the Medicare and Medicaid programs—including oversight of financial integrity and quality and safety of medical services—constitutes a significant portion of OIG's total funding (approximately 78 percent in FY 2016). The remaining share of OIG's efforts and resources are focused on other HHS programs and management processes, including key issues, such as efficient and effective operation of health insurance marketplaces and accuracy of related financial assistance payments.

OIG operates by providing independent and objective oversight that promotes economy, efficiency, and effectiveness in the programs and operations of HHS. OIG's program integrity and oversight activities adhere to professional standards established by the Government Accountability Office (GAO), Department of Justice (DOJ), and the Inspector General community. OIG carries out its mission to protect the integrity of HHS programs and the health and welfare of the people served by those programs through a nationwide network of audits, investigations, and evaluations, as well as outreach, compliance, and educational activities, conducted by personnel in the following components.

The Office of Audit Services (OAS). OAS conducts audits of HHS programs and operations through its own resources or by overseeing audit work done by others. Audits examine the performance of HHS programs and/or its grantees and contractors in carrying out their respective responsibilities and are intended to provide independent assessments of HHS programs and operations. These assessments help reduce waste, abuse, and mismanagement and promote the economy, efficiency, and effectiveness of programs and operations throughout HHS.

The Office of Evaluation and Inspections (OEI). OEI conducts national evaluations to provide HHS, Congress, and the public with timely, useful, and reliable information on significant issues. These evaluations focus on preventing fraud, waste, and abuse and promoting economy, efficiency, and effectiveness in HHS programs. OEI reports also present practical recommendations for improving program operations.

The Office of Investigations (OI). OI conducts criminal, civil, and administrative investigations of fraud and misconduct related to HHS programs, operations, and beneficiaries. With investigators working in almost every State, the District of Columbia, and Puerto Rico, OI coordinates with DOJ and other Federal, State, and local law enforcement authorities. OI also coordinates with OAS and OEI when audits and evaluations uncover potential fraud. OI's investigative efforts often lead to criminal convictions, administrative sanctions, or civil monetary penalties (CMP).

The Office of Counsel to the Inspector General (OCIG). OCIG provides general legal services to OIG, rendering advice and opinions on HHS programs and operations and providing all legal support for OIG's internal operations. OCIG represents OIG in all civil and administrative fraud and abuse cases involving HHS programs, including False Claims Act, program exclusion, self-disclosure, and CMP cases. In connection with these cases, OCIG also negotiates and monitors corporate integrity agreements. OCIG renders advisory opinions, issues compliance program guidance, publishes fraud alerts, and provides other guidance to the health care industry about the anti-kickback statute and other OIG enforcement authorities.

Executive Management (EM). EM is composed of the Immediate Office of the Inspector General and the Office of Management and Policy. EM is responsible for overseeing the activities of OIG's components; setting vision and direction, in collaboration with the components, for OIG's priorities and strategic planning; providing specialized expertise in cross-cutting issues; ensuring effective management of budget, finance, information technology (IT), human resources, and other operations; and serving as a liaison to HHS, Congress, and other stakeholders. EM plans, conducts, and participates in a variety of cooperative projects within HHS and with other Government agencies.

State Medicaid Fraud Control Units (FCU's). The 50 State MFCUs, located in 49 States and the District of Columbia, investigate and prosecute Medicaid provider fraud as well as complaints of patient abuse or neglect in Medicaid-funded facilities and board and care facilities. OIG provides oversight for the MFCUs and administers a Federal grant award that provides 75 percent of each MFCU's funding. As part of OIG's oversight, they provide guidance to the MFCUs; assess their adherence to Federal regulations, policy, and performance standards; and collect and analyze performance data. They also provide technical assistance and training and identify effective practices in MFCU management and operations. They will perform on-site reviews of a sample of MFCUs.

Regulatory Standards:

State/Federal Laws and Rules

- Michigan Mental Health Code and Administrative Rules
- Other Statutes Related to Municipal Organizations and Operations
- Other requirements as identified in the MDCH contract
- Technical Assistance Advisories, as required
- Medicaid State Plan
- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Executive Order Reorganization 2015-4:
- Medicaid Managed Specialty Supports and Services Contract: Part III: Section 2.0 (Fraud and Abuse Reporting Responsibilities)

Federal Medicaid Law, Regulations and Related Items

- Social Security Act, Title XIX (Medicaid)
 - Balanced Budget Act of 1997
 - Deficit Reduction Act/Medicaid Integrity Program of 2005
 - Anti-kickback Statute
- Code of Federal Regulations
 - Title 42, Part 438.608
 - Title 42, Part 455.17
- State Operations Manual
- Letters to State Medicaid Directors
- Technical Assistance Tools
 - Quality Improvement Systems for Managed Care (QISMC)
 - Guide to Encounter Data Systems
- Office of Management and Budget (OMB) Circulars
- Government Accounting Standards Board (GASB)

Other Relevant Legislation

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- American Recovery and Reinvestment Act of 2009
- Office of Inspector General Annual Work Plan
- Stark Law
- HITECH Act

Hyperlinks to Regulatory Standards:

1. Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and Prepaid Health Plans, Medicaid Alliance for Program Safeguards, May 2002
http://ahca.myflorida.com/medicaid/managed_care/pdf/federal_cms_guidelines_constructing_compliance_program.pdf
2. Anti-kickback Statute (section 1128B[b] of the Social Security Act)
http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm
<https://oig.hhs.gov/compliance/safe-harbor-regulations>
3. False Claims Act
<https://oig.hhs.gov/fraud>
<http://www.legislature.mi.gov>
4. The American Reinvestment and Recovery Act of 2009 (ARRA)
<https://www.cms.gov/Regulations-and-Guidance/Legislation/Recovery/index.html>
5. 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA the Deficit Reduction Act of 2005)
<http://www.cms.hhs.gov/deficitreductionact>
6. Michigan Mental Health Code
http://michigan.gov/documents/mentalhealthcode_113313_7.pdf
7. Department of Health and Human Services, Office of Inspector General
<https://oig.hhs.gov>
8. Michigan Public Health Code
<http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-368-of-1978.pdf>
9. Code of Federal Regulations (Title 42, Part 2 and Title 45, Part 160 & 164)
<http://www.ecfr.gov/cgi-bin/ECFR?page=browse>

Reference Documents

SCCMHA Governance Policy #13, Applicability of Regional Polices of the MSHN
SCCMHA Compliance Policy #11, List of Excluded individuals/Entities
SCCMHA Compliance P&P #5, Clinical Documentation
SCCMHA Compliance P&P #9, Service Delivery
SCCMHA Compliance P&P #2, Record Retention
SCCMHA Compliance P&P #6, Medical Necessity;
SCCMHA Compliance P&P #8, Cost Reporting;
SCCMHA Compliance P&P #15, Provider Network Event Verification
SCCMHA Clinical P&P #8, Person Centered Planning;
SCCMHA Clinical P&P 8a, Treatment Planning Procedures;
SCCMHA Clinical P&P 8d, Service Plan Review;
SCCMHA Clinical P&P 8e, Service Plan Review ACT Program;
SCCMHA Clinical P&P #1, Initial Screening and Request for Services;
SCCMHA Clinical P&P #17, Clinical Criteria;
SCCMHA Clinical P&P #49, Clinical Record Retention and Destruction
SCCMHA Finance P&P#7, Fee Assessment and Ability to Pay Determination;
SCCMHA Finance P&P #20, Contract Monitoring and Review;
SCCMHA Finance P&P #35, Clinical Services and Commercial Insurance Plan Coordination
SCCMHA HIPAA P&P#12, Electronic Information Security
SCCMHA HIPAA P&P#2, HIPAA Notice
SCCMHA HIPAA P&P#11, Uses and Disclosures Requiring HIPAA Authorizations
SCCMHA Human Resources P&P#18, Conflict of Interest and Ethics
SCCMHA Human Resources P&P#9, Drugs Narcotics and Alcohol
SCCMHA Human Resources P&P#27, Harassment and Discrimination
SCCMHA Human Resources P&P#12, Employee Work Rules
SCCMHA Human Resources P&P#33, Credentialing and Privileging of Organizations
SCCMHA Information Technology P&P#5, Removable Media
SCCMHA Information Technology P&P#2, Mobile Devices
SCCMHA Information Technology P&P#3, Social Media
SCCMHA Information Technology P&P#4, Communications by Text Messaging and Encrypted Email
SCCMHA Information Technology and Security Plan
SCCMHA HIPAA Preparedness Plan
SCCMHA Risk Management Plan

Attachments:

“A” SCCMHA Employee Conduct and Code of Ethics
“B” MSHN Minimum CMHSP Training Requirements
“C” SCCMHA Corporate Compliance Notification Poster
“D” SCCMHA Annual Monitoring and Audit Work Plan 2016
“E” SCCMHA Regulatory Compliance Concern/Complaint Forms
“G” MSHN Corporate Compliance Plan, Compliance Investigation, Resolution and Documentation Process
“H” MSHN Compliance Investigation Report Form