Community Mental Health Affiliation of Mid-Michigan

COMPLIANCE PLAN
2011

CMHA-CEI PIHP Board Adopted: 02-17-2011

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I. Introduction and Purpose

Community Mental Health Affiliation of Mid-Michigan (CMHAMM), serving the counties of Benzie, Clinton, Eaton, Gratiot, Ingham, Ionia, Manistee, and Newaygo is committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws and sound business practices, and with the highest standards of excellence. As such, CMHAMM has established the Compliance Procedure (Attachment A) requiring a Compliance Plan and Standards of Conduct.

The Compliance Plan is prepared as a good-faith effort to summarize our rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law, the law takes precedence.

The purpose of the Compliance Plan is to provide the framework for CMHAMM to comply with applicable laws, regulations and program requirements. The overall key intentions 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 identified areas of risk).
- Reduce the possibility of misconduct and violations through early detection.
- 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 licensure requirements, as well as accreditation standards.
- Promote a clear commitment to compliance by taking actions to uphold such laws, regulations, and standards.

II. Standards of Conduct

CMHAMM is committed to conducting the delivery of services and business operations in an honest and lawful manner and consistent with its Vision, Mission, and Values. As such, CMHAMM minimally establishes the following Standards of Conduct:

- Provide high quality services consistent with CMHAMM Vision, Mission, and Values;
- Exercise honesty and integrity in the workplace;
- Prevent fraud, abuse and waste;
- Refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, agency policies or procedures, or other conduct that is known or suspected to be illegal;
- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;
- Protect the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.

In addition, CMHAMM further establishes Standards of Conduct through PIHP Board of Director's By-Laws, and CMHSP/CA policy and procedures addressing the following, including but not limited to: Confidentiality and Privileged Communication, Dignity and Respect, Drug/Alcohol Free Workplace, Recipient Abuse and Neglect, and Sexual Harassment. Standards of conduct may also be articulated in CMHSP/CA Employee Handbooks and Job Descriptions.

These Standards of Conduct provide guidance for Board members, employees, and contractual providers in performing daily activities within appropriate ethical and legal standards and establish a workplace culture that promotes prevention, detection, and resolution of instances of conduct that do not conform with applicable laws and regulations. While the above standards are expected to be a framework for compliance, the issues addressed are not exhaustive. Therefore, Board Members, employees and contractual providers are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety.

Board members and employees will be required to review and acknowledge receipt of the Compliance Plan and Standards of Conduct at orientation. A copy of the acknowledgement must be signed and placed in the Board/Personnel File. Please see Attachment B as a sample of an acknowledgement form.

Contractual providers will be required to comply with the CMHAMM Compliance Plan or provide evidence of a sufficient Compliance Plan of their own. If complying with the CMHAMM Compliance Plan, contractual providers will receive a copy of the Plan and applicable Standards of Conduct at the time of the initial contract and will be required to sign the Compliance Program Acknowledgement form for inclusion in the contractor file. Contractual providers having developed their own compliance program will be required to provide evidence of such for inclusion in the contractor file along with a signed copy of the Compliance Program Acknowledgement form. Contractual providers will further be responsible for monitoring and staying informed of regulatory developments independent of CMHAMM efforts.

Any violation of a provision of the Standards of Conduct, as established in this Plan or related policies, will be subject to disciplinary action, up to and including dismissal from employment or contract termination.

III. Areas of Risk

CMHAMM has identified the following areas of risk:

A. Regulatory Compliance

It is the policy of CMHAMM to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:

<u>State Laws and Rules</u>
- Michigan Mental Health Code and Administrative Rules
- Other Statutes Related to Municipal Organizations and Operations
- Other requirements as identified in the DCH contract
- Technical Assistance Advisories, as required

<u>State – Federal Intersection</u>
- Medicaid State Plan
- Waiver Applications
- Approval Terms and Conditions

- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980

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
- Code of Federal Regulations
- 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

B. Environmental Compliance

It is the policy of CMHAMM to maintain a hazard-free environment in compliance with all environmental laws and regulations. CMHAMM will 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, CMHAMM will enforce policies and procedures designed to protect consumers, employees, providers, visitors, the environment, and the community. Said policies and procedures are included within the organization's Safety Program.

C. Workplace Conduct

In order to safeguard the ethical and legal standards of conduct, CMHAMM will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

1. Confidentiality: CMHAMM is committed to protect the privacy of its consumers. Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748 and all other privacy laws as specified under the Confidentiality section of this document.
2. Substance Abuse: CMHAMM is committed to an alcohol and drug free environment.
3. Harassment: CMHAMM is committed to an environment free of harassment for Board members, employees, and contractual providers. CMHAMM will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.
4. Research: CMHAMM will follow ethical standards for any research undertaken or for any aspect of a research grant.
5. Conflict of Interest: CMHAMM Board members, employees, and contractual providers will avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist. CMHAMM will maintain standards

establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for CMHAMM.

6. Reporting suspected fraud: CMHAMM Board, staff and contractual providers must report any suspected or actual "fraud, abuse or waste" of any funds, including Medicaid funds, to the organization.
7. Receiving gifts: CMHAMM Board members, staff and providers will not solicit gifts, gratuities or favors. CMHAMM Board members, staff and 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 CMHAMM or its affiliates if the gift has more than a nominal value or where acceptance of the gifts/favors could create a conflict of interest or be construed as resulting in preferential treatment.
8. Workplace violence: CMHAMM is committed to maintaining a work environment that is safe and promotes the treatment of all people with dignity and respect. CMHAMM will not tolerate behavior that is disrespectful, intimidating, or threatening.
9 Political Contributions: CMHAMM will not use agency funds or resources to contribute to political campaigns or activities of any political party.

D. Contractual Relationships

It is the policy of CMHAMM to 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 we serve. In order to ethically and legally meet all standards, CMHAMM will strictly adhere to the following:

1. CMHAMM does not pay for referrals. Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and our ability to provide the services needed.
2. CMHAMM does not accept payment for referrals of consumers to other providers. No employee, contractual provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, CMHAMM does not take into account the volume or value of referrals that the provider has made (or may make) to CMHAMM.
3. CMHAMM does not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at CMHAMM.
4. CMHAMM does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.

E. Purchasing and Supplies

It is the policy of CMHAMM to 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 subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors,

suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. CMHAMM will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.

F. Marketing

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

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. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.

G. Financial Systems Reliability and Integrity

CMHAMM 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.

CMHAMM 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.

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

1. CMHAMM's Board members, employees and contractual providers will receive detailed training on federal and state False Claims acts and all whistleblower provisions.
2. CMHAMM and Affiliates will include material about relevant federal and state regulations in their employee handbook if such exists.
3. All CMHAMM's Board members, employees and contractual providers are required to report any suspected occurrences of fraud, abuse and waste. The responsible Affiliate Compliance Officer must investigate. The CMHAMM Compliance Administrator will be responsible for investigating any PIHP level reports of suspected fraud, abuse or waste.
4. Annually a summary report of any substantiated PIHP level compliance violations will be reported to the PIHP Leadership, CMHAMM Steering Committee and the PIHP Board.

H. Information Systems Reliability

CMHAMM shall ensure the reliability of information systems and delegates this responsibility to the Affiliate CMHSP for local functions. Information Services will be responsible for monitoring the reliability and integrity of the electronic information system for both the PIHP functioning and delegated functions, including but not limited to the following:

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Training staff to use the system based on job function.
- Assuring reliability, validity and accuracy of data.
- Following procedures that will assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.

I. Confidentiality and Privacy

CMHAMM 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 the current published Privacy Notice. Any Board member, employee, or contractual provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.

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 outlined below:

- Privacy Notice - CMHAMM will have a notice of privacy practices to be posted at each site and given to each consumer at intake.
- Consent - Prior to treatment, CMHAMM will obtain a signed consent for permission for CMHAMM to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If information is shared, outside of those described in the Privacy Notice, a signed authorization will be obtained from the consumer.
- Business Associate Agreement - CMHAMM will obtain assurances with all business associates that protected health care information, shared with them, will be protected and appropriately safeguarded.
- CMHAMM and Affiliate CMHSPs shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA privacy and security regulations.
- CMHAMM will perform any necessary risk analyses or assessments to ensure compliance.

IV. Compliance Administrator/Officers

CMHAMM will designate a Compliance Administrator, who will be given sufficient authority and control to oversee and monitor the Compliance Plan, including but not limited to the following:

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, and statutory changes.
- Reporting on a regular basis the status of implementation of the Compliance Plan and related compliance activities.
- Coordinating training and education efforts with PIHP and Affiliates.
- Ensure coordinating efforts with human resources or other relevant departments

regarding employee certifications/licensures, background checks, and privileging and credentialing.
- Coordinating internal audits and monitoring activities outlined in the compliance plan.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.

The authority given the Compliance Administrator 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 CMHAMM. Each CMHAMM Affiliate will designate a Compliance Officer who will have the authority and perform the duties listed for the CMHAMM Compliance Administrator at their respective CMH.

V. Compliance Committee

The CMHAMM Compliance Committee will consist of the Affiliation Compliance Administrator, the Director of Affiliation Operations and the Affiliate Compliance Officers, or designees appointed by CMHAMM Affiliate CEOs. Each Affiliate shall have a Compliance Committee which will meet at regular intervals and shall be responsible for the following:

- Advising the Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting CMHAMM policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk.
- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing audit results and corrective action plans.
- Approving the training and education program and monitoring attendance.
- Developing a system to solicit, evaluate, and respond to complaints and problems.

VI. Training and Education

All Board members and employees will receive training on the CMHAMM Compliance Plan and Standards of Conduct at orientation and will sign the CMHAMM Compliance Program Acknowledgement form (Attachment B). Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Informational updates will be provided through newsletters, emails, and in-services. Records will 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.

Training and educational opportunities related to Compliance may be made available to contractual providers, as well as consumers and others as appropriate.

VII. Open Lines of Communication

Open lines of communication between the Compliance Officers and employees of CMHAMM are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:

- There shall be access to the CMHAMM Affiliate Compliance Officer for employees seeking clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis. Questions and responses will be documented, dated, and may be shared with all employees, as appropriate, to increase awareness/understanding.
- Information will be shared with employees regarding the results of internal and external audits, reviews, and site visits, utilization data, performance and quality data, and other information that may facilitate understanding of regulations, and the importance of compliance.
- Information may be communicated to employees through a variety of methods such as formal trainings, impromptu information calls or "help desk" calls, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.

VIII. Reporting of Suspected Violations or Misconduct

Employees, contractual providers, consumers, and others are to report suspected violations or misconduct to their CMHAMM CMHSP Compliance Officer as outlined below and further detailed in the CMHAMM Compliance Investigation, Resolution and Documentation Process (Attachment D).

- Suspected violations or misconduct may be reported to the Compliance Officer by phone/voicemail, email, in person, in writing, or to one of the Affiliate CMH Compliance Officers.
- Employees with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the Compliance Officer.
- Reports of suspected violations or misconduct might be made on a confidential basis.
- No employee, consumer, or contractual provider making such a report in good faith shall be retaliated against by CMHAMM, its employees or agents.
- All employees will be asked to report any known or suspected violations as part of the Exit Interview process.

IX. Investigation

All reports of suspected wrongdoing, however received, shall be investigated and documented as outlined in the CMHAMM Compliance Investigation, Resolution and Documentation Process (Attachment D). 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 CMHAMM who is not involved in the investigation process or to anyone outside of CMHAMM without the prior approval of the CMHAMM Compliance Administrator. All employees and agents are expected to cooperate fully with investigation efforts. Investigations will by conducted by the local CMHSP Compliance Officer. If the allegation that needs to be investigated includes the CEO of the CMHSP then the investigation will be handled by the CMHAMM Compliance Administrator. If the allegation needing to be investigated involves the CEO of the PIHP then the investigation will be handled by the Compliance Administrator of another PIHP.

X. Corrective Actions

Where an internal investigation substantiates a reported violation, corrective action will be initiated including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing system changes to prevent a similar violation from recurring in the future. For further information see CMHAMM Compliance Procedure (Attachment A) and CMHAMM Compliance Investigation, Resolution and Documentation Process (Attachment D).

XI. Disciplinary Action

CMHAMM CMHSPs will follow established disciplinary guidelines for all employees who have failed to comply with the Standards of Conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. The guidelines will be consistently enforced at all levels of the organization.

For a CMHSP with a collective bargaining agreement: If any provision of a collective bargaining agreement between a CMHSP and its employees conflicts with any provision of the compliance plan, the collective bargaining agreement shall take precedence *unless* the compliance plan is citing a law, the application of which cannot be modified through collective bargaining.

XII. Grievance Process

CMHAMM strives to promote fairness and equity among employees and to treat everyone with dignity and respect at all times. Any disciplinary action taken in response to violations of the Compliance Plan is subject to appeal through the formal grievance processes established at the indicated CMHAMM Affiliate CMHSP.

XIII. Monitoring and Auditing

Monitoring and auditing of CMHAMM's operations are 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 is required.

The following monitoring and auditing activities will occur at each CMHSP:

Financial and Billing Integrity
- An independent audit of financial records each year
- Contract providers have signed contracts and adhere to the contract requirements
- Medicaid claims verification

Information Systems Reliability and Integrity
- IS staff will monitor the reliability and integrity of the information system and data
- Staff will be trained on use of information systems and provided access based on role and job function.

Clinical/Quality of Care
- Performance indicators are monitored and reviewed in an effort to continually improve services
- Staff are evaluated in writing on their performance and are provided with detailed job descriptions and individualized development plans.
- New staff are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program.
- Clinical supervision is provided and documented to ensure competency.

Consumer Rights and Protections
- Rights complaints and issues are reviewed and investigations are completed as required.
- A Rights Advisory Committee has been established and meets regularly for the purpose of supporting/protecting the office of recipient rights and serving in an advisory capacity.
- Incident reports and trends are reviewed and there is follow up action as needed.
- A root cause analysis is completed on each sentinel event.

Environmental Risks

- Affiliate CMHSP/CA safety committees meet regularly to assure the safety of facilities and consumers.
- Comprehensive maintenance reviews of facilities, equipment, and vehicles are completed as required but not less than annually.
- Emergency drills are conducted and evaluated on a regular basis.
- Initial and ongoing education on health, safety, and emergency issues are routinely provided.

Quality and Utilization Reviews

- CMHAMM has an established Quality Assurance and Improvement Program, which addresses clinical record reviews, utilization management, privileging and credentialing and other quality improvement initiatives.

Additional Internal Monitoring and Auditing Activities

- PIHP Reviews of Delegated Functions
- Assessment of staff knowledge and competence
- Mystery Shoppers and Surveys (to evaluate marketing and access practices)
- Needs Assessments (to assess adequacy of services)
- Special Focus Groups

Additional External Monitoring and Auditing Activities:

- External Quality Reviews
- CMS Site Visits
- DCH Site Visits
- DCH Rights Reviews
- Independent Financial Audits
- Accreditation Surveys

The CMHSP Compliance Officer and Compliance Committee will review monitoring and auditing efforts for effectiveness, identification of additional areas of risk, and follow up and response for potential compliance issues on an ongoing basis. The CMHAMM Compliance Committee will review the aforementioned efforts as they affect the PIHP.

Implementation and effectiveness of the Compliance Plan will be monitored and evaluated by an Affiliation Compliance Administrator and the CMHAMM Compliance Committee at least annually.

Attachment A

Community Mental Health Affiliation of Mid-Michigan

PROCEDURE #: 1.4	Page 1 of 2	**SUBJECT:** Compliance
Related Policy #: 1.0		**SUBJECT:** PIHP Administration
Issuing Director: Director of Affiliation Operations		**Original Effective Date:** 12/6/02

REVISED DATE

1/22/2007
02/19/09

Review Date(s)

02/22/07	02/17/11				
02/22/08					
02/18/10					

I. PURPOSE:

To assure CMHAMM conducts all aspects of functioning with integrity, in compliance with requirements of all applicable laws, utilizing sound business practices and with the highest standards of excellence.

II. STANDARDS:

Applicable Federal and State statutes as listed in The CMHAMM Compliance Plan section III.

III. PROCEDURES:

A. PIHP will develop and maintain CMHAMM Standards of Conduct.

B. PIHP will assure the development, maintenance and implementation of an Affiliation wide Compliance Plan that will be updated as required and reviewed annually utilizing input from the Affiliates.

C. CMHSPs/CAs will implement the CMHAMM Compliance Plan (CCP). CMHSPs/CAs will have policies and procedures necessary to fulfill all aspects of the CCP and will provide the PIHP with updated copies of such.

D. CMHSPs/CAs will provide all staff training required in the CCP and maintain records of staff attendance. This must include but is not limited to the Federal False Claim Act, Michigan's False Claim Act and federal and state statutes regarding "whistleblowers".

E. CMHSPs/CAs will have an identified compliance officer with the duties and authority described in the CCP, holding regular compliance committee meetings and will provide the CMHAMM Compliance Administrator with copies of the minutes.

F. CMHSPs/CAs will require all Board members, employees, and contractors to report suspected compliance violations or misconduct by phone/voicemail, email, in person, or in writing to the Affiliate Compliance Officer. Reports of suspected violations will be investigated and documented as required in the CCP.

G. Individuals making a report are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigation. However, no anonymous report shall be refused or treated less seriously because the complainant/reporter wishes to remain anonymous. No promises will be made to any individuals making a report or witnesses providing supporting information about the report by the Compliance Officer or anyone else in regard to his/her culpability or what steps may be taken by CMHAMM in response to the report. Confidentiality and anonymity of the individual making the report and the content of the report will be preserved to the extent permitted by law and by the circumstances. Information about reports, investigations, or follow-up actions shall not be disclosed to anyone other than those individuals charged with responsibility in investigation and remedial action as well as legal counsel.

H. The PIHP will be notified of occurrences that will require reporting to regulatory agencies. The CMHSP/CA will ensure any necessary disciplinary action will occur for all levels of compliance violation.

I. No employee, provider, contractor, consumer, or other individual making such a report in good faith shall be retaliated against by CMHAMM PIHP or CMHSPs. All employees or agents will be protected by the Michigan Whistleblower's Protection Act (P.A. 469 of 1980). Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, failure to report known violations, or discipline for any other performance-related reason unconnected to reporting potential violations is not retaliation.

J. CMHSPs/CAs will review their own compliance activities at least annually and will participate in the annual review of the CCP and provide recommendations for changes if needed.

IV. APPLICATION:

CMHAMM PIHP and all CMHAMM CMHSPs/CAs and their contractors.

V. MONITOR AND REVIEW:

The Affiliation Compliance Administrator and Affiliate Compliance Officers will monitor these functions. The Director of Affiliation Operations, the Affiliate Compliance Administrator and Affiliation Compliance Committee will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

VI. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy	1.0	PIHP Administration

CMHAMM Compliance Plan

Attachment B

CMHAMM

COMPLIANCE PROGRAM ACKNOWLEDGEMENT

1. I have received, read, and understand the CMHAMM Compliance Plan, Standards of Conduct, and related policies and procedures.

2. I pledge to act in compliance with and abide by the Standards of Conduct and the Compliance Plan during the entire term of my employment and/or contract.

3. I acknowledge that I have a duty to report to the Compliance Officer any alleged or suspected violation of the Standards of Conduct, agency policy, or applicable laws and regulations.

4. I will seek advice from my supervisor or the Compliance Officer concerning appropriate actions that I may need to take in order to comply with Standards of Conduct or the Compliance Plan.

5. I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Standards of Conduct or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.

6. I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/contract.

7. I agree to disclose the existence and nature of any actual or potential conflict of interest to the Compliance Officer. Further, I certify that I am not aware of any conflicts of interest.

Please check the appropriate box:

I certify that I have received a copy of the Compliance Plan, have reviewed the information, and will comply with all requirements as set forth in the Plan.

_____ _____

Board/Employee/Provider/Contractor Signature Date

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Acknowledgment of Contractual Provider Compliance Program:

I certify that as a contractual provider I have elected to not participate in the CMHAMM Compliance Plan and hereby certify that I have an independently developed and implemented Compliance Program in which to ensure compliance with all applicable laws and regulations. A copy of said Compliance Program is attached.

_____ _____

Contractual Provider Signature Date

12/06/02

Attachment C

CMHAMM

REPORTING SUSPECTED COMPLIANCE VIOLATIONS

Please report suspected compliance violations to _____

In person:

By phone:

By email:

By mail:

Suggestion Box: Suggestion boxes are located in the lobby area of each service location.

Reports can also be made to Affiliation Compliance Administrator:

Kim Zimmerman	CMHAMM PIHP	517-346-8359

or to:

Affiliate Compliance Officers:

Stefanie Zin	CEI CMH	517-346-8193
Lynn Charping	Gratiot CMH	989-466-4108
Sally Culey	Ionia CMH	616-527-1790
Cindy Ingersoll	Newaygo CMH	231-689-7330
Ingemar Johansson	Manistee-Benzie CMH	231-309-1721

HHS/OIG Hotline: 1-800-447-8477

Attachment D

CMHAMM

Suspected Compliance Violation or Misconduct Report Form

Please provide the information listed below. You may submit your report anonymously. However, follow-up of your concern may be made easier and timelier by listing your name. Please return completed form to the Compliance Officer or place in the Suggestion Box.

Name: _____ Date: _____

Phone Number: _____Agency Program:_____

Suspected Violation: *(Describe details of the suspected violation. Be specific about names, dates and actions. Attach additional documentation if needed.)*

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Rev: 1/07

Attachment D

CMHAMM Compliance Investigation, Resolution and Documentation Processes

I. Investigation

- Within five business days of receiving a report, the Compliance Officer shall provide a written acknowledgment of receipt to the individual making the report (if known) and conduct an initial assessment to determine whether the report has merit and warrants further investigation.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations and warrants no further action, the issue will be closed following the appropriate documentation and reporting by the Compliance Officer.
- If it is determined that the matter does not constitute a violation of any applicable laws or regulations, but does identify an area for improvement or raises concern for potential future violations, the matter will be referred to the Quality Improvement Director for appropriate assignment and follow up action.
- If it is determined that the matter requires further investigation, the Compliance Officer will take the necessary steps to assure that documents or other evidence are not altered or destroyed through the following means, as applicable:
  - Suspending normal record/document destruction procedures;
  - Taking control of the files of individuals suspected of wrongdoing;
  - Limiting access of files, computers, and other sources of documents by individuals suspected of wrongdoing; and/or
  - Placing individuals under investigation on temporary suspension.
- If the Compliance Officer concludes that reporting to a government agency (CMS, OIG, DOJ) or a third party may be appropriate, the CEO will be informed immediately. The CEO shall determine whether such report to the appropriate government agency is indicated. After the CEO determines that a violation has occurred, the report will be submitted within 30 days of the determination. The PIHP shall be notified of the need to report.
- A full investigation will be completed within 90 days from the date of the initial report. The CMHAMM Compliance Committee may grant an extension.

II. Resolution

- Following the investigation, the Compliance Officer will document and report the findings of the investigation to the CEO and the CMHSP Compliance Committee. In cases where actions of the CEO are investigated, the report of findings is made to the Board Chairperson. Compliance issues involving the fraud, abuse or waste of Medicaid funding shall be reported to the Affiliation Compliance Administrator.
- If appropriate, a remedial action plan will be developed to address any confirmed violations or address areas of concerns raised during the investigation.
- If appropriate, disciplinary action will be taken in accordance with the organization's disciplinary policies and procedures.

III. Documentation

- A record will be maintained by the Compliance Officer or designee for all reports of potential/alleged violations utilizing the attached *Compliance Investigation Report* form. The record may also include copies of interview notes and documents reviewed and any other documentation as appropriate.