



**COMMUNITY  
MENTAL HEALTH**  

---

**OTTAWA COUNTY**

**CORPORATE  
COMPLIANCE  
PLAN  
2023**

Anna Bednarek, Deputy Director  
Kristen Henniges, Compliance Manager

---

## **Table of Contents**

### **Mission, Vision, and Values**

- I. Introduction**
- II. Purpose**
- III. Standards and Procedures**
- IV. Structure and Responsibilities**
- V. Functions of the CMHOC Compliance Committee**
- VI. Training and Education**
- VII. Enforcing Standards/Reporting of Suspected Compliance Violations**
- VIII. Auditing and Monitoring**
- IX. Investigation and Corrective Action**
- X. Grievance Process**

### **CMHOC Corporate Compliance Certification Form**

## **Mission, Vision, and Values**

### **Mission:**

Community Mental Health of Ottawa County partners with people with mental illness, intellectual/developmental disabilities, substance use disorders and the broader community to improve lives and be a premier mental health agency in Michigan.

### **Vision:**

Community Mental Health of Ottawa County strives to enhance quality of life for all residents.

### **Values:**

- Ethics in the accomplishment of our mission and hold it as a basic value to always act truthfully, honestly, honorably and without deception; to seek no favor; and to receive no extraordinary personal gain from the performance of our official duties.
- Service in the accomplishment of our mission and hold it as a basic value to treat each consumer as a customer; to do all we can, within the bounds of state and federal laws, regulations, policies and budget, to meet requests for service.
- Consumers in the accomplishment of our mission and hold it as a basic value to interact with each consumer impartially, fairly and consistently; and to listen and respond to the recommendations and concerns of each.
- Staff in the accomplishment of our mission and hold it as a basic value to regard each staff member with professional respect, recognizing that each person using his or her trade or vocation makes a valuable contribution; to engage each staff member impartially, fairly and consistently; and to listen to the recommendations and concerns of each.
- Service Providers in the accomplishment of our mission and hold it as a basic value to interact with providers professionally, impartially, fairly and consistently; and to listen to the recommendations and concerns of each.
- Diversity in the accomplishment of our mission and hold it as a basic value to interact with all people in a dignified and respectful manner.
- Professionalism in the accomplishment of our mission and hold it as a basic value that each staff member will perform to the highest professional standards and to his or her highest personal capabilities.
- Stewardship of public money in the accomplishment of our mission and hold it as a basic value to discharge our stewardship in a responsible, cost-effective manner, always remembering and respecting the source of the Agency's funding.

## **I. Introduction**

Community Mental Health of Ottawa County (CMHOC) is committed to ensure integrity and excellence in all aspects of its operations and its professional and business conduct, in compliance with the requirements of applicable laws and regulations of the Federal Government.

Corporate Compliance is a proactive, preventive approach to identifying, monitoring, and controlling risks associated with complex duties, obligations, rules, regulations, and requirements. To be effective, Corporate Compliance must extend to all aspects funded or managed by the organization.

## **II. Purpose**

The Corporate Compliance Plan provides the framework for Community Mental Health of Ottawa County (CMHOC) to comply with applicable statutes, regulations, and program requirements; and to promote quality performance throughout the region and a working environment for all personnel that promotes honesty, dignity, and high ethical standards. The agency is committed to fostering an environment of compliance that extends beyond the employees of CMHOC to also include members of the Board of Directors and anyone acting on behalf of the organization.

Our Corporate Compliance Program is an integral part of our mission, and all CMHOC personnel, affiliates and contracted and sub-contracted providers are expected to support the program. CMHOC's compliance plan is comprised of the following principal elements: Key elements of the Compliance Program are to:

- Minimize organizational risk and improve compliance with the billing requirements of Medicare, Medicaid, and all other applicable federal health care programs.
- Satisfy the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements.
- Detect, prevent, and deter known or suspected error and abuse or other forms of misconduct, whether intentional or unintentional, and helps ensure a prompt and appropriate response when misconduct occurs, particularly where client safety is at risk.
- Promote self-auditing and provide for voluntary disclosure of violations of laws and regulations.
- Educate employees, contract 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.
- Establish, monitor, and enforce high professional and ethical standards.
- Ensure that employees have sufficient resources available to report concerns and seek guidance whenever a question arises, or one is unsure how to act.

### **III. Standards and Procedures**

#### **A. Standards of Conduct**

The written standards of conduct provide guidance for board members, employees, and contractual providers in performing daily activities within appropriate ethical and legal standards. These standards are established to promote a clear commitment to compliance that promotes prevention, detection, and resolution of instances of conduct that do not conform to applicable laws and regulations.

All employees and contract providers of Community Mental Health of Ottawa County are expected to make “reasonable and consistent good faith” efforts to the standards of conduct. To safeguard the ethical and legal standards of conduct, CMHOC will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:

1. Staff and Board members comply with local, state, and federal laws and professional standards.
2. Consumers and payers are billed only for services received.
3. Staff and Board members have the responsibility of ensuring the effectiveness of the organization’s Compliance Program by actively participating in the reporting of suspected violations of the Compliance Plan or policies.
4. Staff and Board members must report any suspected or actual “fraud, waste or abuse.”
5. Staff and Board members are expected to fully cooperate in any investigation.
6. Staff and Board members promote confidentiality and safeguard all confidential information according to the Mental Health Code.
7. All equipment and services shall be purchased according to established procurement procedures.
8. Staff and Board members will avoid any action that conflicts with the interest of the organization and must disclose any potential conflict of interest situations that may arise or exist.
9. Staff and Board members are expected to participate in compliance training and education programs.
10. Staff and Board members support a safe work environment, free of harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, or any other condition, which adversely affects the work environment.

The standards of conduct shall be distributed to all employees. Employees shall certify they have received, read, and will abide by the organization’s standards of conduct.

While the above standards are expected to be a framework for compliance, the issues addressed are not exhaustive. Therefore, employees and contract providers of Community Mental Health of Ottawa County are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety.

## **B. Legal and Regulatory Standards**

There are numerous laws that affect the regulatory compliance of Community Mental Health of Ottawa County and its provider network; however, in formalizing Community Mental Health of Ottawa County's compliance program, the legal basis of the compliance program centers around four key laws and statutes:

### **The Affordable Care Act (2010)**

This Act requires Community Mental Health of Ottawa County to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste and abuse across its' provider network. All programs funded by the Community Mental Health of Ottawa County including sub-contract provider organizations and practitioners, board members and others involved in rendering its' covered services fall under the purview and scope of the Community Mental Health of Ottawa County's compliance program.

### **The Federal False Claims Act**

This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).

### **The Michigan False Claims Act**

This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the MI Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the MI Attorney General to investigate alleged violations of this Act.

### **The Anti-Kickback Statute**

This Act prohibits the offer, solicitation, payment, or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

There are numerous Federal and State regulations that affect the LRE compliance program. Some of these laws not referenced above include but are not limited to:

### **Federal and State Laws and Rules:**

- Michigan Mental Health Code, Public Health Code and Administrative Rules
- Requirements as identified in the MDHHS contract
- Requirements as identified by the Office of Inspector General
- Technical Assistance Advisories, as required
- Medicaid State Plan

- Waiver Applications
- Medical Services Administration (MSA) Policy Bulletins
- Michigan Whistleblowers Act, Act 469 of 1980
- Home and Community Based Final Rules

**Federal Medicaid Law, Regulations, and Related Items:**

- Social Security Act of 1964 (Medicare and Medicaid)
- Balanced Budget Act of 1997
- Deficit Reduction Act/Medicaid Integrity Program of 2005
- Anti-kickback Statute
- Code of Federal Regulations
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Use Patient Records
- 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)
- The Balanced Budget Act of 1997

**Other Relevant Legislation:**

- Privacy and Security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- False Claim Act (Federal and Michigan)
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- Office of Inspector General Annual Work Plan
- Stark Law
- Health Information Technology for Economic and Clinical Health Act (HITECH) Act
- American with Disabilities Act of 1990
- State of Michigan MDHHS/PIHP contract provisions
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981

**C. Environmental Compliance**

Community Mental Health of Ottawa County (CMHOC) will maintain a hazard-free environment in compliance with OSHA (Occupational Safety and Health Administration) and other environmental laws and regulations. CMHOC 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, CMHOC will enforce policies and procedures designed to protect consumers, employees, providers, visitors, the environment, and the community.

#### **D. Contractual Relationships**

Community Mental Health of Ottawa County will ensure that 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 individuals served.

#### **E. Marketing**

Marketing materials are materials intended to be distributed through written or other media to the community that describe the availability of covered services and supports and how to access those supports and services. Marketing materials must meet the following standards:

1. All materials will be written at the 4<sup>th</sup> grade reading level.
2. All materials will be available in the language appropriate to the people served by Community Mental Health of Ottawa County.
3. All materials will be available in alternative formats in accordance with the Americans with Disability Act (ADA).
4. Marketing materials will not contain false and/or misleading information.

#### **F. Financial Systems Reliability and Integrity**

Community Mental Health of Ottawa County will ensure the integrity of all financial transactions. Transactions will 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.

#### **G. Information Systems Reliability**

Community Mental Health of Ottawa County will ensure the reliability of information systems. Information Services will be responsible for monitoring the reliability and integrity of the electronic information system, including but not limited to the following:

1. Maintain security, assure integrity, and protect consumer confidentiality.
2. Control access to computerized data.
3. Train staff to use the system based on job function.
4. Assure reliability, validity, and accuracy of data.
5. Follow procedures that will assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.

#### **H. Confidentiality and Privacy**

Community Mental Health of Ottawa County (CMHOC) is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than as permitted under the Michigan Mental Health Code and C.F.R. 42 Part 2 – Confidentiality of Alcohol and Drug Abuse patient Records as 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, sanctions, removal from the Board, or termination of the contract.

To ensure that all consumer information remains confidential, employees are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy regulations outlined below:

1. Privacy Notice: CMHOC will have a notice of privacy practices to be posted at each site and given to each consumer prior to the provisions of services.
2. Consent: Prior to treatment, CMHOC will obtain a signed consent for permission for to treat, bill for and carry out health care operations described in the Privacy Notice.
3. Authorization: If information is shared, outside of those described in the Privacy Notice, a signed authorization will be requested from the consumer.
4. Business Associate Agreement: CMHOC will include in contracts the requirement to be in compliance with HIPAA and to obtain assurances with all business associates that protected health care information, shared with them, will be protected and appropriately safeguarded.

#### **IV. Structure and Responsibilities**

The structure of the Compliance Program is designed to appoint high level personnel as responsible for overseeing compliance at CMHOC. Care is utilized to avoid delegating substantial discretionary authority to any individuals whom CMHOC knows (or should have known) have a propensity to engage in illegal activities.

##### **A. Compliance Officers and Compliance Committee**

1. The role of Compliance Officer will be held by CMHOC's Deputy Director of Quality, or their designee. The identified Compliance Officer will oversee and monitor the implementation of the compliance program. See the attached job function for specific expectations and duties.
2. The role of Privacy Officer will be held by CMHOC's Recipient Right's Director, or their designee. See the attached job function for specific expectations and duties.
3. The role of Security Director will be held by CMHOC's Deputy Director, or their designee. See the attached job function for specific expectations and duties.
4. A Corporate Compliance Committee comprised minimally of the Compliance Officer, Privacy Officer, Security Officer, Contract Manager, and Corporate Counsel will meet on a regular basis (no less than quarterly) to identify compliance issues and report these to CMHOC's Executive Director. To maintain integrity, any staff with a conflict of interest may not hold any of these positions nor sit on the Committee.
5. Summary and trend data on compliance will be reported no less than annually to CMHOC's Leadership Group.
6. Ottawa County Community Mental Health Board: The Board will receive summary and trend data on compliance annually.
7. Role of Ottawa County Corporate Counsel: The corporate counsel for Ottawa County provides overall interpretation and consultation on compliance and privacy issues and

activities. Compliance issues may be directed to the counsel assigned by Ottawa County or his/her designee.

8. CMHOC is a member of the Lakeshore Regional Entity (LRE), and compliance issues can be brought to the attention of the Chief Compliance Officer of the LRE. Compliance issues reported to the LRE include but are not limited to the following issues:
  - a. CMHOC will inform, in writing, the LRE Executive Officer (CEO) of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services.
  - b. CMHOC Executive Director shall report compliance violations to external parties (i.e. OIG, MDHHS) as required by MDHHS contract and/or MSHN/CMHSP contract.
  - c. Any reports of suspected compliance violations, questions or possible concerns may be directed to the Chief Compliance Officer via telephone, verbally or in writing:

Chief Compliance Manager:  
George Motakis  
Lakeshore Regional Entity  
5000 Hakes Drive, Ste 250  
Norton Shores, Michigan 49441  
Georgem@lsre.org  
Compliance hotline: 1-800-420-3592

9. Upon request, the LRE will receive copies of the Compliance Committee reports after approval from the Leadership Group.

## **B. Responsibility of Each Employee**

Responsibility for the Compliance Program does not start and end with the Compliance Officer or Corporate Compliance Committee. The participation and commitment of every employee is crucial.

## **V. Functions of the CMHOC Compliance Committee**

A Corporate Compliance Committee is established and maintained to:

- Support and advise the Compliance Officer and assisting with the development, implementation, operation, and distribution of the Corporate Compliance Plan and supporting policies and procedures.
- Develop and ensure the establishment of an effective system to solicit, evaluate, and respond to complaints and problems.
- Ensure that all applicable new or modified regulations or requirements have been assigned to a group and/or individual which will have primary responsibility for leading the agency in becoming compliant in the assigned areas.

- Follow-up on the status of compliance activities.
- Review corporate compliance audit results and corrective action plans.
- Review and recommend changes/revisions to the Compliance Plan and related policies and procedures.
- Approve the training and education program and monitoring its effectiveness.

The following list describes functions that together comprise the compliance program at CMHOC.

1. **Contract Management System:** Contractual service providers receive an annual review by the Lakeshore Regional Entity, and when applicable, a site visit. Results of the annual review are shared with CMHOC, and follow-up is completed as needed. Contractual performance, training, licensure, verification of a sample of submitted claims, and other requirements are reviewed prior to contract renewal.
2. **Billing Review and Audit:** Consistency between billing and documentation is reviewed on a concurrent basis.
3. **Quality Improvement System:** CMHOC committees track performance expectations across the agency, reporting these to the Leadership Group, program & clinical services committees, and/or the Board.
4. **Health Information Management:** CMH policy/ guidelines will specify requirements for documentation, and other privacy and confidentiality issues. Thoroughness, completeness, timeliness, accuracy, and accessibility to health information is monitored with corrective action required when necessary. Consistency between service provision and the authorized Individual Plan of Service is reviewed.
5. **Accreditation / External Review:** CMHOC maintains CARF accreditation in directly operated core clinical programs and is certified by the Michigan Department of Health and Human Services. Meets all standards related to the External Quality Review (EQR).
6. **Recipient Rights Process:** CMHOC meets all state requirements for consumer rights, reviewing consumer incidents, complaints and confidentiality issues as evidenced by successful review of the Michigan Department of Health and Human Services' Office of Recipient Rights.
7. **Human Resources:** Education and licensure requirements are source verified. Criminal checks and education verification are the responsibility of Ottawa County Human Resources. Verification of licensure and review of excluded providers, Board members, and relevant contract providers will be carried out by CMHOC's Quality Improvement Unit.

## **VI. Training and Education**

The goal of compliance training and education is to effectively communicate the standards and procedures to all employees and agents. CMHOC will assure that the following trainings on compliance, privacy and security are completed.

- All CMHOC staff and contract providers receive annual Privacy training (per the HIPAA standards) which includes information about HIPAA privacy and HIPAA security, confidentiality, and informed consent, how to release information legally, when information can be discussed and what information cannot be discussed per

HIPAA requirements and Michigan Mental Health Code requirements. HIPAA training is a requirement within 60 days of hire and annually thereafter.

- All CMHOC staff and contract providers receive annual training in recipient rights which includes pertinent information on privacy requirements, understanding of recipient rights, and reporting requirements per the Michigan Mental Health Code and other state and federal laws safeguarding a person's rights when receiving behavioral health services. Recipient Rights training is a requirement within 30 days of hire and annually thereafter.
- All CMHOC staff and contract providers receive annual training in corporate compliance which includes a review of general laws and regulations governing waste, fraud, and abuse, and other compliance issues in both the CMH and the provider organization. Corporate Compliance training is a requirement within 60 days of hire and annually thereafter.
- All CMHOC staff are required to complete Security Awareness training as mandated by the County of Ottawa Innovation and Technology (IT) Department.
- All CMHOC staff will receive orientation on the compliance, privacy and security program at CMHOC at time of hire as well as annual updated information. At the time of orientation, staff will be asked to review the Compliance Plan and sign indicating their receipt of that plan.
- Training on compliance and security will be offered to contractual providers on a regular basis at their request.
- Informational updates will be made available to all CMHOC providers and contractual service providers as necessary, but no less than annually.
- CMHOC staff and contractual staff will periodically receive updates on proper coding and documentation.
- CMHOC staff will annually sign attestation of required documentation.
- Updated information regarding compliance standards will be communicated no less than annually through either staff training or written updates such as newsletters. Contractual entities will receive at least annual compliance updates as well.
- Whenever a new compliance issue or standard is identified, communications will go out to all applicable staff and agents.

## **VII. Enforcing Standards/Reporting of Suspected Compliance Violations**

All employees, contract providers, and board members of Community Mental Health of Ottawa County have the responsibility of ensuring the effectiveness of the agency's compliance efforts by actively participating in the reporting of suspected violations to the plan's standards and/or standards of conduct. These standards are developed and maintained as reasonable steps to achieve compliance with standards and include monitoring and auditing systems. All employees, contract providers, and board members who are aware of a suspected compliance violation are required to report it. Failure to report a compliance violation may lead to disciplinary action. Furthermore, retaliation for reporting an alleged compliance violation is strictly prohibited. Furthermore, retaliation for reporting an alleged compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

Suspected violations or misconduct may be reported in writing, via phone, or via e-mail. When possible, the reporter should be advised of the process and the details documented as completely as possible.

A review of every reported compliance incident or concern will be initiated within 15 business days. The investigation and the results there from will be documented and reviewed by the CMHOC Compliance Committee.

In the event any staff feels threatened, or is not getting an appropriate response, they may contact the assigned Compliance Officer, Privacy Officer, or Security Officer. They may also contact the legal counsel assigned by Ottawa County should they desire. They may also contact the Lakeshore Regional Entity main office located at 5000 Hakes, Suite 500, Norton Shores, MI 49441.

Suspected violations may be reported as follows:

1. Suspected compliance issues will be reported to the Compliance Officer at (616) 393-5685.

Examples of issues to be reported include:

- Fraudulent or incorrect billing practices
- Documentation problems
- Service authorization problems

2. Issues specific to federal privacy guidelines will be reported to the Privacy Officer at (616) 393-5763.

Examples of issues to be reported include:

- Improper release of information
- Staff behavior in public places
- Poor agency practices
- Obtaining information beyond a “need to know basis”

3. Issues specific to information system security will be reported to the IT Security Officer at (616) 393-5648.

Examples of issues to be reported include:

- Password sharing
- Failure to follow authorization procedures
- Equipment failure resulting in loss of data.

4. Staff or agents who do not wish to report to the above-named individuals will also report compliance issues to any of the following sources:

1. County of Ottawa Privacy Officer at (616) 738-4861 or [jjordan@miottawa.org](mailto:jjordan@miottawa.org)
2. County of Ottawa Security Officer at (616) 738- 4831 or [pklimas@miottawa.org](mailto:pklimas@miottawa.org)
3. Lakeshore Regional Chief Compliance Officer: [Georgem@lsre.org](mailto:Georgem@lsre.org)
4. Electronic Mail for LRE Compliance (E-Mail): [Compliance@lsre.org](mailto:Compliance@lsre.org)
5. LRE Corporate Compliance Hotline: (800) 420-3592
6. Office of Inspector General at 1-800-HHS-TIPS (1-800-447-8477)

## VIII. Auditing and Monitoring

A. Monitoring and auditing the agency's operations are key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify area of potential risk and those areas where additional education is required. Community Mental Health of Ottawa County (CMHOC) conduct the following monitoring and auditing activities to enforce compliance standards:

1. **Contract Monitoring and Checklist:** Findings from contract reviews will result in necessary follow-up. Fraudulent practices may result in termination of a contract. Aggregated findings will be reported to Compliance Committee.
2. **Clinical Records Auditing:** All programs have 10% of their charts reviewed annually through a random chart selection process. Findings will be shared with supervisors who are charged with ensuring that record documentation is a required competency for all clinical staff evaluated annually. Recurrent inadequacies will be grounds for discipline. Aggregated findings will be reported to the Clinical Record Committee (formerly Health Information Management Committee) for analysis and reporting with recommendations to Leadership semiannually.
3. **Concurrent Billing Review:** Billing audits will be held monthly. Any billing errors will be corrected, or if this is impossible, will not be billed.
4. **Billing Errors:** If the organization finds that improper billing has occurred, it will follow protocol to assure that no payor will be billed or charged for such services.
5. **Medicaid Claim Audit:** Semiannual performance Medicaid verification of claims review are completed by the Lakeshore Regional Entity. Ongoing Medicaid Verification completed by the QI Department of CMHOC.
6. **Medication Audits:** Records will be reviewed to assure proper documentation of medication services, side effects and lab tests. System and site reviews will be conducted and/or supervised by a licensed pharmacist.
7. **Supervisory Review of Charts:** Supervisors will review a sample of their staff's records as necessary to identify/remedy individual staff deficits and/or identify/remedy problematic programmatic trends and/or identify/remedy absence of best practices.
8. **Criminal Background Checks:** At the time of hire, Ottawa County Human Resources Department will perform a criminal history background check and verify the results of that review in the individual's personnel record. Criminal Background Checks will be completed every two years thereafter.
9. **Licensing and Credentialing:** The Quality Improvement Unit will review all clinical staff licenses and credentials on an annual basis using direct verification from State and Federal data bases. They will assure that no action or limitation has been placed on any clinical staff. Documentation of this monitoring activity will be completed at the time of hire and upon renewal and will be filed in the AVATAR system. Re-Credentialing of all clinical staff will occur every two years.
10. **Exclusion from provider panel:** The Quality Improvement Unit will coordinate annual reviews of Board members and providers of services for CMHOC as well as Board members for contractual organizations.
11. **Certification and Accreditation:** CMHOC will maintain necessary compliance with all Michigan Department of Health and Human Services' requirements and will maintain accreditation in delineated programs.

12. **Environmental Risks:** A monitoring system is maintained to assure that facilities are environmentally safe and healthy. CMHOC's Safety Committee meets regularly to review reports on incidents, injuries reports, infection control, maintenance, and other areas related to safety. The Committee reviews maintenance reports of all facilities, emergency drills, and initial and ongoing education on health, safety and emergency issues.
13. **Consumer Rights and Protections:** Recipient Rights complaints and issues are reviewed, and investigations are completed as required. A Recipient 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.
14. **Compliance Log:** The Compliance Manager will maintain annual compliance log for fraud and abuse complaints. The log will contain information on the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number and Medicaid identification number and/or any other identifying information, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred.

B. External monitoring and audits occur through:

1. MDHHS and PIHP Site Visits
2. MDHHS and PIHP Rights Reviews
3. Independent Financial Audits
4. Independent Claims Audits
5. Independent Compliance Audits
6. Accreditation Surveys

- C. The Compliance Officer and Corporate 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. Implementation and effectiveness of the Corporate Compliance Plan will be monitored and evaluated by Community Mental Health of Ottawa County Corporate Compliance Committee at least annually.

## IX. Investigation and Corrective Action

The Compliance Officer will investigate all reported compliance violations. Legal counsel, members of the management team, and Corporate Compliance Committee members may also be involved in the investigations as needed.

- A. The **Compliance Officer** will coordinate the investigation and maintain the investigation file. The investigative file should contain documentation of the alleged violation, a description of the investigative process (including the objectivity of the investigators and methodologies utilized), copies of interview notes and key documents, a log of the witnesses interviewed, and the documents reviewed, the results of the investigation, (e.g., any disciplinary action taken) and the corrective action implemented.

- B. The **Corporate Compliance Committee** will assure that any problem identified through an investigative report, audit report, or data findings are analyzed.
1. Each finding will differentiate between infrequent mistakes, common system mistakes, and criminal behavior.
  2. Where human error occurred, staff will be retrained and tested when problems are discovered.
  3. Effective compliance plans will be developed which include frequently scheduled reviews to assess organization compliance.
  4. Where violations are substantiated, appropriate corrective action will be initiated, which may include 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.
    - a. Employees with a history of poor business practice, and employees who have exhibited fraudulent practices will be placed under disciplinary process. This process will be consistent with all Ottawa County policies and will be done with Ottawa County's Human Resources Department as the lead responsibility. According to Ottawa County Policy HR-07, Employee Behavior, Discipline, and Rules of Conduct. Law enforcement or legal entity will be notified if necessary.
    - b. Contractual agencies, if involved in fraudulent behavior, may have their contracts immediately terminated, unless suitable action is taken to address the behavior by agency leadership.
- C. **Corporate Counsel** will be available to advise on several key areas.
1. Advise on compliance efforts.
  2. Consult prior to external notification of any kind.
  3. Consult when notified of upcoming federal or state audit.

## X. **Grievance Process**

Community Mental Health of Ottawa County strives to promote fairness and equity among employees and to treat everyone with dignity and respect at all times. Any disciplinary action or sanction taken in response to violations of the standards of conduct or the Corporate Compliance Plan is subject to appeal through the formal grievance process as outlined in policy and procedure.



# CMHOC CORPORATE COMPLIANCE CERTIFICATION FORM

I, \_\_\_\_\_, have received a copy of the Corporate Compliance Plan and an orientation regarding the content of the document. I understand my responsibility to adhere to the stated requirements to the best of my ability. I also understand that failure in this regard may result in disciplinary actions up to and including termination. If at any time I am having difficulty with adhering to these standards, I will seek assistance from my supervisor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date