



**SAN LUIS VALLEY**

***Behavioral Health Group***

*Dedicated to Hope, Healing and Recovery*

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## Compliance Plan

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## Introduction

San Luis Valley Behavioral Group is a behavioral healthcare provider dedicated to the highest level of client care. In pursuing this mission, SLVBHG expects all of its employees to act ethically and legally. The Compliance Plan has been adopted to ensure that these expectations are understood and met. San Luis Valley Behavioral Health Group is committed to full compliance with applicable laws, regulations, rules, and guidelines that apply to SLVBHG's operations and services. The Compliance Plan will be reviewed and revised as new laws and regulations are passed and current law and regulations are modified. The heart of this commitment is the employees and the manner in which they conduct themselves.

San Luis Valley Behavioral Health Group's employees will perform their duties in good faith and in a manner that they believe is in the best interest of the company and the persons they serve. All employees must maintain a high level of integrity in their conduct and avoid any conduct that could reasonably be expected to reflect adversely upon SLVBHG and the services it provides.

SLVBHG has conducted a system wide educational program to inform and educate employees concerning the Compliance Plan and Program. Employees' understanding of this program is critical for SLVBHG to have an effective and successful Compliance Program. SLVBHG provides training on their Compliance Program to all employees; therefore, they are expected to adhere to it. To acknowledge receipt of the training and an understanding of the Compliance Program, all employees will sign an acknowledgement and agreement form that will be retained in the employees' personnel files. All employees are required to have this training annually. Any questions an employee may have about the Code of Conduct and Compliance Program should first be directed to the employee's supervisor or other designated individual within SLVBHG such as the Compliance Officer or Human Resource Specialist.

Compliance efforts will be documented to protect the integrity of SLVBHG compliance process and confirm the effectiveness of the program. Documentation of all activities related to regulatory and contract compliance, including training, monitoring, reports, corrective actions, committee discussions and recommendations are essential to demonstrating a functional and effective Compliance Program. Documentation of compliance activities must be available for review by state or federal authorities or organizations designated to complete reviews on their behalf.

## Purpose

San Luis Valley Behavioral Health Group and the Board of Directors shall ensure that: (1) the Compliance Program is implemented and its objectives are consistent with the corporate mission; (2) Employees are provided education regarding compliance; and, (3) Information and reporting systems exist, including monitoring and auditing. This information and reporting system will provide the Board of Directors, CEO, and Executive Management with timely, accurate information, sufficient to reach informed judgments concerning compliance with law and its business performance.

The CEO shall ensure that a Compliance Program is maintained within and throughout the agency, receive and review reports, and ensure that the program is effective, as may be evidenced by corrective and preventive actions. In addition, the Compliance Program has incorporated annual reviews of whether the program's compliance elements have been satisfied.

The mission statement of SLVBHG is "To improve the quality of life for the citizens of the San Luis Valley." We utilize this mission and the following values to drive our compliance plan and all of our services for clients. Our values as an organization are:

- We welcome diversity in staff and services; believe in working as family and modeling community.
- We are committed to making the San Luis Valley a place where people are proud of their roots and heritage.
- We are united by a profound respect for human dignity, by a desire to serve the under-represented, the disenfranchised, and those who suffer from mental distress.

- We believe people deserve excellence in the services we provide and utilize a holistic, preventative approach that supports people's lives, strengthens families, nurtures our youth and empowers people.
- We are progressive pioneers that utilize change to find innovative methods of meeting the needs of people including making services accessible to people where they live.
- We believe our work should be fulfilling and satisfying. We strive to offer personal and professional development and provide leadership opportunities.
- We stand on a legacy of activism that rests on a firm understanding that economic strength is the basis for self-determination. Therefore, we incorporate good business practices to ensure stability and continuity for our services.

## **Administration of the Plan**

The Compliance Officer shall be an employee appointed by the Chief Executive Officer or designee. The Compliance Officer directs the Plan, with the assistance of the Compliance Committee, designated by the Compliance Officer and directed by the Chief Executive Officer and the Chief Operations Officer. The Compliance Officer shall report directly to the Chief Operations Officer. The Chief Executive Officer and the Chief Operations Officer will be responsible to the Board of Directors, and will have direct access to report to the Board of Directors in any instance deemed appropriate.

## **Mandatory Compliance Education and Training Requirements**

Education and training will serve as the core of the SLVBHG prevention efforts in order to ensure minimal violations of the law, ethics and Code of Conduct.

Attendance at all ongoing, scheduled compliance training, deemed appropriate by the Compliance Officer and the Compliance Committee, is mandatory and only the Compliance Officer has the authority to excuse absences. The Training Coordinator will maintain a written attendance record, which will be submitted to Human Resources. Attendance and participation in training is a condition of employment. Failure to comply with training requirements will result in disciplinary action, up to and including termination.

All employees are required to participate in trainings which include, but are not limited to:

- The Deficit Reduction Act
- Federal False Claims Act
- Reporting suspected fraud or abuse
- Employee Rights. This includes the protection of a reporter under federal law from reprisal
- HIPAA and Confidentiality
- Corporate Compliance and Ethics

## **Other Education and Training**

The SLVBHG Human Resources Department will outline Education and Training requirements for staff, dependent upon their position at the SLVBHG. This education and training may include, but not be limited to:

- New employee orientation,
- Training related to the staff member's specific position,
- Training to validate core competencies in required areas (as identified through performance appraisals and/or competency based exams,
- Routine, targeted and random audits of systems, including clinical charting

Furthermore, the Compliance Officer will work with program directors and supervisors to facilitate any additional training. This may be in the form of seminars, presentations, on-line trainings, or one-on-one training.

## **Auditing and Monitoring**

In order to detect noncompliance and improve quality of work, an ongoing evaluation process is critical to the success of the SLVBHG's compliance program. The Compliance Office, or their designee, in conjunction with patient accounts and Information Technology, will conduct periodic audits of compliance with procedures and the Code of Conduct established by this document. These periodic audits will include, but not be limited to:

- Complete chart audits-these monthly audits will be used to retrospectively identify areas of risk, evaluate for compliance and inform the ongoing processes.
- Review or and auditing for compliance of all identified high-risk notes
- Verification of Medicaid Eligibility
- Authorization of treatment, and medical necessity
- Verification of documented services
- Verification of adherence to State and Federal coding guidelines as outlined in the Uniform Services Coding Manual

## **Oversight/Outline of Compliance Officer's Duties:**

- Oversees and directs the Compliance Program with the assistance of the Compliance Committee
- Oversees and monitors the SLVBHG's compliance activities
- Reports to the CEO, or designee, on a periodic basis the progress of implementation
- Establishes methodology to improve the SLVBHG's efficiency and quality of services, and to reduce the SLVBHG's vulnerability to fraud and abuse
- Ensures Plan implementation; evaluates (or directs evaluation) of the Plan's progress
- Reviews the Plan and makes revisions as necessary to meet the changes in the business and regulatory environment
- Designs and coordinates internal reviews, formulates and implements corrective action plans related to suspected violations, and reports as required to regulatory agencies or partners
- Works with program directors to educate staff and contractors on the elements of the compliance program, including reporting fraud and abuse

## **Outline of Compliance Committee's Duties:**

- Assist in the implementation of the compliance program and provide guidance to the compliance officer
- Evaluate the SLVBHG's environment, with the intent to identify risk areas
- Make recommendations to address any identified risk areas
- Make recommendations to address any reported compliance violation
- Regularly review policies and procedures and amend as necessary or needed
- Provide recommendations on disciplinary interventions in the event of a violation
- Advise on the appropriate strategy to promote compliance within the SLVBHG

## Definitions

**Fraud**—any type of intentional deception or misrepresentation made by an entity or person with the knowledge that deception could result in any unauthorized benefit to the entity, himself/herself, or some other person. In the context of healthcare claims, purposely billing for services that were never given, or billing for a service that has a higher reimbursement than the service provided, or at the incorrect reimbursement level.

**Abuse**—Practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or other health plan. Practices that result in reimbursement for services or products that are not medically necessary or that do not meet professionally recognized standards for health care.

**Claim** – Any request or demand for payment that is presented to the federal government or a contractor performing services for the federal government and the federal government will provide any portion of the money or property requested or demanded

**False Claims Act (FCA)** – Knowingly using (or causing to be used) a false record or statement to get a claim paid by Medicaid.

**Deficit Reduction Act (DRA)** – Focuses on eliminating fraud, waste, and abuse of Medicaid and Medicare funds. This Act initiates investigational auditing specific to the actions of Medicaid providers to determine if their actions produced fraud, abuse, and waste.

**Affordable Care Act (ACA)** - Provisions were designed to afford greater protection to consumers and to limit insurance company's restrictions on who can receive care.

## Financial Accounting Records

The SLVBHG works to preserve and protect its assets, in an effort to continue to bring excellent services to the community we serve. As such, all financial reports, accounting records, expense accounts, time sheets and other documents shall accurately represent performance and operations.

1. The SLVBHG has an established system of internal controls to provide reasonable assurance that financial records are maintained in a manner consistent with Federal and State regulations and in compliance with accounting industry standards.
2. The SLVBHG works to ensure asset accountability; all employees shall be trained regarding the need to account for all financial transactions.
3. The SLVBHG has a financial audit by an outside entity performed annually.
4. The SLVBHG's accounting staff provides, as needed, documents and other records of original entry to support asset acquisitions and disposals.
5. Documentation must be submitted, approved, and maintained, according to SLVBHG's procedure, pertaining to the receipt, purchase, or disposal of any and all assets, whether liquid, short-term or long-term, variable or fixed, and recorded on the date of transaction in order to properly account for such assets in accordance with the matching principle.
6. Financial statements shall be provided to the Board of Directors on a periodic basis determined by the Board.
7. The SLVBHG shall maintain a system of accountability for all assets.

## Claims Processing and Submission

The SLVBHG shall maintain honest, fair, and accurate billing practices. Individuals involved in the SLVBHG's billing functions shall have experience and knowledge to perform billing functions in accordance with Federal, State, and local law. The SLVBHG shall develop and maintain detailed written billing policy and procedure manuals to provide guidance to billing staff. Written policies and procedures in regards to reimbursement claims will reflect and reinforce current Federal and State statutes and regulations. These policies shall serve as a mechanism for the billing staff to communicate effectively and accurately with the clinical staff.

Billing policies and procedures shall include:

- **Accurate and Truthful Claims and Reports:** Claims submitted for payment must be accurate and truthful and reflect only those services and supplies which were ordered and provided. Expense reports, cost reports, reimbursement requests, and financial statements must be prepared as accurately as possible and adequate documentation must exist to support information provided in the report. No individual shall willfully or purposefully misrepresent any financial reports or reimbursement requests. Non-allowable costs must be appropriately identified and removed, and related party transactions must be treated consistent with applicable laws and regulations.
- **Coding:** Coding of services shall accurately reflect the services rendered.
- **Ordered Services:** All services ordered, provided, and billed must be appropriate to the quantity and type of service provided. All services ordered, provided, and billed must be medically necessary.
- **Verification of Coverage:** To the best of personnel's ability, insurance coverage and benefits shall be verified. Any changes in coverage or changes in benefits shall be promptly communicated to the client and their family in writing. Personnel shall comply with the requirement that Medicaid is a payer of last resort and shall ascertain that other payers are primary before billing Medicaid.
- **Adequate Documentation:** Billing of services and supplies must be based on accurate and adequate documentation to support the services and supplies, and in accordance with applicable laws and regulations and third party payer requirements. All documentation must be completed by personnel in a timely manner.
- **Inadequate or Substandard Care or Services:** Claims shall not be knowingly submitted for payment for inadequate or substandard care or services.
- **Excluded Providers:** Claims for items or services furnished by an individual or entity that has been excluded from participation in a federal or state health care program shall not knowingly be submitted for payment.
- **Record Retention:** Records that demonstrate the right to receive payment, including medical records, will be retained for ten (10) years.
- **Credit Balances:** A credit balance is an excess or improper payment as a result of billing or claims processing errors. If a department or program knows that it has received payments for which it was not entitled from a governmental, private payer or a recipient, the payments will be refunded to the appropriate payer or recipient.

## Record Retention

The SLVBHG will retain all records according to Medicare, Medicaid and all Federal, State, and local regulatory guidelines. The record retention policy & procedure will include, but not be limited to,

- A written document maintenance and retention policy with which all employees will comply.
- A written document outlining when to retain or destroy documents, including when to retain potentially responsive documents associated with any served government subpoena. If the SLVBHG has a reason to believe that there is an impending government review, all documents associated with said review will be retained.

## **Tax Responsibility and Compliance**

The SLVBHG is exempt from Federal income tax pursuant to Section 501 (c) (3) of the Internal Revenue Code and engages only in those activities in furtherance of its charitable purpose. The SLVBHG must ensure that its resources are used in a manner that furthers the public good rather than the private or personal interest of any individual. The SLVBHG will file accurate reports and returns required by taxing authorities.

## **Antitrust and Trade Regulation**

It is the SLVBHG's policy to avoid any activities that unfairly or illegally reduce or eliminate competition, control prices, allocate markets, or exclude competitors.

All SLVBHG employees or contractors will comply with the letter and spirit of all antitrust laws of the Federal and state government.

## **Compliance Materials**

Upon hire, HR will distribute compliance materials, which contain the SLVBHG Mission Statement and Code of Conduct. New employees will receive the issues-specific and/or office-specific standards of conduct and policies that are relevant to their position. Furthermore, each new employee will receive initial training and orientation to the Compliance Plan, and receive compliance training specific to their position and department.

## General Code of Conduct and Commitment to Ethical Standards

All staff of the SLVBHG are expected to conduct themselves in a professional manner, attending to professional standards, responsibilities, competence, and integrity. All staff are expected to act in a professional demeanor especially in relationship to confidentiality and relationships, while they are at work, on SLVBHG business, and at SLVBHG-related social events. Professional behavior includes, but is not limited to: tactful communication, appropriate language, humor, and gestures, mutual respect and honesty.

Additionally, the San Luis Valley Behavioral Health Group Board of Directors, administration, managers and employees are committed to compliance, as evidenced by the adoption of a board resolution assuring the SLVBHG is committed to a sound compliance program.

## Medical Necessity and Quality of Care and Services

- **Delivery of Care and Services:** All individuals served by SLVBHG will be afforded the care and services necessary to attain or maintain the highest possible physical, mental, and psycho-social well-being. All clinical staff will be trained to evaluate and provide appropriate services and are encouraged to ask management or other senior staff members if unsure in any area. An individual's identified needs will drive any decisions related to the provision of services.
- **Medical and/or Educational Necessity:** Medical care and services shall be based on medical necessity and professionally recognized standards of care. Non-medical services shall be based on the programmatic requirements for those services.
- **Appropriate Treatment:** SLVBHG shall provide appropriate and sufficient treatment and services to address client's clinical conditions in accordance with their plans of care and professional standards of practice. All personnel shall be knowledgeable of, protect and preserve the basic rights of individuals served by SLVBHG. Personnel must interact with all individuals in an honest and ethical manner. Personnel shall provide services respectful to an individual's cultural, religious, or ethical background and should strive to continuously improve their understanding of all cultures.
- **Quality Assurance:** SLVBHG shall have processes to measure and improve the quality of its care and services and the safety of the clients served. To the extent possible, SLVBHG quality assessment and improvement processes shall be coordinated with its Compliance Program.

The basic principles of the code of conduct are as follows:

## PROFESSIONAL STANDARDS

San Luis Valley Behavioral Health Group promotes the well-being and continuous improvement of everyone within the agency, including clients, staff and the community at large. We acknowledge and accept our responsibility in helping others by providing high quality services, in a safe environment, in which each member of our team plays a critical role. Adherence to Professional Standards, coupled with our focus on the ethical considerations surrounding mental health services, will help us achieve our mission.

All staff members are required to adhere to legal, moral and professional standards of conduct in the fulfillment of their professional responsibilities. Standards of professional conduct as set forth in this code are promulgated in order to enhance the performance of all persons employed by the agency. SLVBHG established principles that define and promote ethical behavior:

- Staff shall demonstrate and be dedicated to the highest ideals of honor and integrity in their professional relationships with clients and the public to merit the respect, trust and confidence of the clients, their colleagues and of the public.
- Staff shall devote their time, skills and energies to their jobs both independently and in cooperation with other professionals.
- Staff shall abide by approved professional practices and recommended standards.
- Staff will not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socioeconomic status.

## **PROFESSIONAL RESPONSIBILITY TO CLIENTS**

Staff shall recognize and be accountable for their responsibilities to all clients. Staff understands and acknowledges that the high expectations for accountability and responsibility when working with clients are fundamental to the agency's ability to achieve its mission of providing a comprehensive range of high quality services.

- Staff shall treat clients with dignity and respect.
- Staff shall be sensitive and responsive to the rights of clients and their changing needs.
- Staff shall strive to provide the highest quality of performance and counsel.
- Staff shall encourage client growth and development in ways that foster the client's interest and welfare; fostering dependent counseling relationships shall be avoided.
- Staff shall embrace an approach to their work that supports the worth, dignity, potential and uniqueness of each individual.

## **PROFESSIONAL COMPETENCE**

Staff shall be responsible for engaging in continuing education to maintain their professional competence, for enhancing the competence of their colleagues, and for promoting excellence in service.

- Staff shall be supported in their efforts through training and technical assistance. Staff shall demonstrate a commitment to gain knowledge, personal awareness, sensitivity and skills pertinent to working with a diverse client population.
- Staff shall accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials and appropriate professional experience.
- Staff shall take reasonable steps to consult with other colleagues or related professionals when they have questions regarding their ethical obligations or professional practice.

## **PROFESSIONAL INTEGRITY – CONFIDENTIALITY**

Staff shall demonstrate professional integrity in the management of information while at the same time respecting the client's right to privacy.

- Staff shall inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information regarding the counseling process and counseling relationship.
- Staff acknowledges that clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professionals; to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal.
- Staff shall maintain records necessary for rendering professional services to clients and as required by laws, regulations, or agency procedures. They are responsible for securing the safety and confidentiality of any records they create, maintain, transfer or destroy whether the records are written, taped, computerized, or stored in any other medium.
- Staff shall obtain written permission from clients to disclose or transfer records to legitimate third parties unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required only information that is essential is revealed and the client is informed of such disclosure.

## **PROFESSIONAL INTEGRITY – RELATIONSHIPS**

Staff shall act with honor, integrity and virtue in all professional relationships. They have a responsibility to clients, the agency and the communities they serve to maintain high standards of professional conduct.

- Staff shall exhibit loyalty and trust in the affairs and interests of the agency. They shall take adequate measures to discourage, prevent, expose and correct the unethical conduct of colleagues.
- Staff shall respect the rights, responsibilities and integrity of colleagues and clients with whom they work and associate.
- Staff shall make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, staff must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs.
- Staff shall not have any type of sexual intimacies with clients and shall not counsel with persons with whom they have had a sexual relationship. Only one relationship is acceptable, the professional therapeutic relationship.
- Staff shall actively avoid the appearance of—or the fact of—conflicting interests. They shall not, directly or indirectly, seek or accept gain which would influence, or appear to influence, the conduct of their official duties.
- Staff shall clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all staff of the agency when making personal statements in a public context.
- Staff shall make every effort to be a resource to the communities they serve and to educate these communities of available services provided by the agency in order to meet the needs of its citizens and strengthen the communities. Staff shall be accessible and responsive at all times.

## **INTERNET AND EMAIL USE**

Using the Internet, e-mail or other forms of electronic data transmission exposes you to a certain potential for loss of privacy. You should assume that any identifying information provided in such a forum would be used for tracking, solicitation, etc., and even sold to other companies for their own use. Client information should not be transmitted across the Internet (i.e. via e-mail) in any way that compromises client confidentiality:

- Internal (SLVBHG/SyCare/CHP/CHN) e-mail messages regarding clients or client files should follow the convention determined appropriate for this type of communication.
- Participation in online professional groups or forums should never include disclosure of any client identifying information.
- Valid requests from external agencies, providers, etc., for client information should be satisfied by telephone, mail, fax or email.
- Each user is responsible for securing their electronic data by logging on and off of their computers properly. Any deliberate attempt to access another person's computer resources without that person's permission is considered an ethical violation. It is also a breach of agency policy and subject to disciplinary action. However, the system administrator or system postmaster may need to perform routine maintenance to the system and in the process access employee's accounts and/or files.
- Use of agency computer resources to access the Internet or e-mail for personal use is permitted provided it does not compromise staff productivity or interfere with agency functioning.
- This guideline is not intended to be an all-inclusive list of restrictions and considerations regarding Internet and e-mail use. Any situations not clarified by this guideline should be reviewed with the CEO. Exceptions to this guideline must be reviewed and approved by the Network Administrator and/or CEO.

## **SOFTWARE PRIVACY**

Software is automatically protected by federal copyright law. Unauthorized duplication of software constitutes copyright infringement, regardless of whether it is done for sale, for free distribution, or for the copier's own use. Civil penalties include liability for damages suffered by the copyright owner, as well as statutory damages. The unauthorized duplication of software is also a Federal crime if done

willfully and for purposes of commercial advantage or private financial gain. Unauthorized duplication of any software used during the course of employment at Southeast Health Group is considered an ethics violation, as well as theft, and strictly prohibited.

### **CONFLICT OF INTEREST**

San Luis Valley Behavioral Health Group requires that all staff protect agency information and avoid outside activities or relationships which could adversely influence decisions or actions on the job. Conflict of interest situations should be avoided. Examples of conflict of interest: serving as a board member or director or being a close family member of a competing firm; holding financial interest in a competing organization or being self-employed in an occupation which competes with the agency; or ownership, partnership or personal involvement in supplier companies or distribution outlets related to agency business. If you have any questions whether a situation is a conflict of interest, discuss the matter with your supervisor, Compliance Officer, Human Resource Specialist, or COO. If it remains unresolved, refer the matter to the CEO/Executive Director for a final determination. Further, SLVBHG refrains from placing individuals involved in a close personal relationship into positions where supervisory, confidentiality, financial, and/or other matters could be compromised.

### **MANDATORY REPORTING**

Clients receiving services will be free from abuse, neglect and mistreatment. Any allegations of abuse, neglect or mistreatment must be immediately reported to the appropriate supervisor and other officials as required by law and investigated in accordance with applicable policies, rules, and regulations.

## Responding to, Investigating, and Reporting Suspected Violations:

### Reporting

The Compliance Officer shall report any allegations or reports of possible compliance issues (as reported face to face, telephonically, or via the website), in which the laws, rules, or standards may not have been followed, to the Compliance Committee. If the report reveals possible criminal activity (conduct that is intentional, willfully indifferent, or with reckless disregard for the law), the SLVBHG will:

- Immediately stop the activity related to the problem, until the offending practice is corrected;
- Initiate appropriate disciplinary action;
- Notify any regulatory authorities as legal counsel advises, including reporting to the Medicaid Fraud & Control Unit, if appropriate;
- Notify CHP (Colorado Health Partnerships) Compliance Officer within five days of a suspected breach
- Promptly undertake appropriate educational actions

All employees are encouraged to report any suspected fraud or abuse. As outlined in the “Fraud and Abuse Reporting” policy, employees can choose to report suspected fraud or abuse in the following three ways:

1. Via the internet at: <https://secure.ethicspoint.com/domain/media/en/gui/32690/index.html>
2. Via an “800” number at: **855.247.3157**
3. Via a face to face reporting to any director or supervisor in the SLVBHG

Additionally, an employee wishing to report any suspected fraud or abuse may also contact the Colorado Health Partnerships hotline at **719.587.5109** or directly to the state Department of Health and Human Services Office of the Inspector General at **800.447.8477**.

No matter the route that an employee takes to report any suspected fraud or abuse, reporting staff can choose to remain anonymous and get updates on their report through the reporting website.

### Response and Prevention- Fraud and Abuse

It is the policy of SLVBHG to review and investigate all allegations and report suspected fraud or abuse immediately. Upon receiving a credible report of suspected or actual fraud, waste, abuse or other improper conduct or upon the identification of a potential or actual compliance problem in the course of self-evaluation and audits, the Compliance Officer will investigate such report or problem through internal compliance processes, and involve outside counsel, auditors, or other experts to assist in an investigation, as appropriate and necessary. SLVBHG requires that all personnel fully cooperate in any such investigations. The investigative file will contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and documents reviewed results of the investigation, and any disciplinary and/or corrective action plan.

- Internal Investigations may be necessary not only for allegations but also to understand process errors, conflicts, and concerns. The Compliance Officer will provide a prompt and deliberate response to all allegations and/or other potential or actual compliance problem. The response will consider the origin, nature, risk level, credibility, and previous or current investigation activity by internal or external parties. A clarification of the information/allegation will be made through the initial inquiry and a determination will be made whether to proceed to the investigation stage. It is anticipated that many minor complaints may be resolved at the inquiry stage with reinforcement of compliance education and training.

After appropriate investigation, if the Compliance Officer determines that there has been an occurrence(s) of fraud, waste, abuse, improper conduct or violation(s) of the Code of Conduct, Compliance Program, SLVBHG policies and procedures,

and any applicable laws or regulations, the Compliance Officer or his/her delegate shall institute corrective action. Any problems identified shall be corrected promptly and thoroughly, and procedures, policies, and systems shall be implemented and/or modified as necessary to reduce the potential for reoccurrence. Such action may include: additional training for personnel, modification or improvement of SLVBHG business practices; modification or improvement of the Compliance Program itself to better ensure continuing compliance with applicable federal and state laws and regulations, disclosure to appropriate government agencies and/or third party payers, and/or repayment of funds that were improperly paid.

Employee sanctions may range from an oral warning to, in the most extreme cases, termination. After appropriate investigation, if the Compliance Officer determines that there has been an occurrence(s) of fraud, waste, abuse, improper conduct or violation(s) of the Code of Conduct, Compliance Program, SLVBHG Policies and Procedures, and any applicable laws or regulations, the Compliance Officer or his/her delegate shall impose sanctions against those individuals involved. Sanctions shall be imposed against any employee or contractor for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; and (3) encouraging, directing, facilitating or permitting non-compliant behavior. Sanctions shall be imposed subject to the due process requirements of any applicable employment contracts, organizational bylaws, or contracts or agreements. Sanctions shall be fairly and consistently applied and enforced in accordance with any written standards of disciplinary action.

### **Procedures:**

1. Prompt review of the factual information surrounding a potential compliance issue to make a case-by-case determination as to whether a violation has occurred. This review will be conducted by the Compliance Officer.
2. Issues of a legal nature or that have the potential for legal liability will be referred to the Office of Inspector General (Medicaid and Medicare).
3. The review may include interviewing crucial personnel and/or obtaining documents or other records that will assist in the fact-gathering process. The Compliance Officer will involve the Compliance Committee and other employees when appropriate to resolve issues. All personnel are required to cooperate with compliance investigations. Any individual made aware of the allegation shall also be asked to keep the investigation confidential and not disclose the identity of the subject or issues raised, unless otherwise required by law. Individual(s) implicated in the investigation will receive notification in a timely manner, as determined appropriate by the Compliance Committee, that a review is being conducted. SLVBHG will advocate for and protect the rights of all individuals involved in the matter to be reviewed, including those accused, those participating in the investigation, and those who reported the concern. As mentioned, retaliation against employees for making good faith reports is strictly prohibited.
4. Following the factual review of information, an analysis of the facts will be shared in a formal or informal report to the CEO and/or COO. The report will identify cause of the problem, ensure that the complainant is debriefed as appropriate, possible regulatory or financial impact on the agency has been documented, and provide a list of findings and recommendations to ensure future compliance to the CEO and/or COO.
5. Education and training will serve as the core of SLVBHG prevention efforts to ensure minimal violations of the law, ethics, and Code of Conduct. Prevention efforts will include, but not be limited to:
  - a. New employee orientation training.
  - b. Training related to the staff members' specific position.
  - c. Documentation of competency in required areas through performance appraisals and/or competency based exams.
  - d. Routine, targeted, and random audits of systems and medical charts.

## **Enforcement and Discipline**

Disciplinary action for employees who have failed to comply with the SLVBHG's policies and procedures, including Federal and State laws, or those who have otherwise engaged in wrongdoing that has the potential of impairing the SLVBHG's status as a reliable, honest, and trustworthy healthcare provider, is an important part of the Plan. Disciplinary policies exist in order to encourage good faith participation and cooperation from employees where the Compliance Program is concerned. The Policies reflected in this plan are important to the SLVBHG. Violations, therefore, shall subject the offender to some manner of discipline, in accordance with the SLVBHG's policies and procedures, as outlined in the Employee Handbook. The CEO or designee, under advisement of the Compliance Committee, shall make final disciplinary decisions for violators.

## **Persons Involved in Improper Activities**

Any employee found to have violated the above-outlined policies, shall be appropriately disciplined in accordance with the SLVBHG's Disciplinary Guidelines, policies and procedures outlined by the Human Resources Department. Violations include, but are not limited to:

- Make any statement of any kind in any claim or application for benefits which they knew, or should have known, was false.
- Retain funds from any program that have not been properly paid.
- Submit any claims based on the rendering of a behavioral health care provider's services when the person providing the service is not properly licensed or falsely claimed to be a specialist.
- Pay or offer to pay for referrals of individuals for services.
- Receive any payment for referrals of individuals for services.
- Present any claim to any governmental agency or other payer that is an item or service the employee or contractor knows was not provided, or which the employee or contractor knows is false.
- Make any false representations regarding coverage of any client services.
- Scheme or conspire to defraud healthcare entitlement programs, governmental agencies, or any other responsible employee or contractor.
- Knowingly using or causing to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.
- Omitting a material fact to get a false or fraudulent claim paid by the government.
- Steal any funds or other assets from any healthcare benefit program or governmental agency.
- Falsify or conceal any facts concerning the delivery of services or payment of benefits in connection with any healthcare benefit program.
- In any way prevent or delay the communication of information or records related to a healthcare offense to the Compliance Officer of the agency.
- Use any funds obtained improperly to operate any business activity anywhere

## **Liabilities-Civil Monetary Penalties**

The ACA amends the civil monetary penalty law to increase penalties and extend the use of civil monetary penalties. The ACA amendment:

- a) Establishes monetary penalties of \$50,000 per violation of individuals or entities that knowingly:
  - Make false statements or misrepresentations of material facts on applications to enroll in any federal health care program; or
  - Submit false statements or misrepresentations of material facts in information submitted to support a claim for payment.

- b) Established monetary penalties of \$15,000 per day for delaying or refusing to grant timely access to the OIG for audits, investigations or evaluations
- c) Establishes monetary penalties of \$10,000 per claim for ordering or prescribing a service while excluded from a federal health care program if the ordering or prescribing person knows or should know that the program from which they are excluded will be billed for the service.

## Compliance Plan-Statement of Attestation

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By signing below, I acknowledge that I have received the complete compliance plan, have reviewed the compliance plan, have received training regarding the compliance plan and have had an opportunity to ask any questions. Additionally, I understand that I can follow up with the Compliance Officer, or any director, should any questions arise.

I understand that the Compliance Plan represents mandatory policies of the SLVBHG and I agree to abide by the Compliance Plan as presented.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date