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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **INVESTIGATIONS / DISCIPLINARY ACTIONS (COMPLIANCE)**

Prior Approval Date: 12/6/07  
Current Approval Date: 5/30/14

Approved by: \_\_\_\_\_

  
Executive Director

05/30/14  
Date

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**I. ABSTRACT**

This policy establishes the standards and procedures to establish the framework for managing and responding to compliance issues brought to the Macomb County Community Mental Health (MCCMH) Compliance Office.

**II. APPLICATION**

This policy shall apply to the MCCMH administrative offices and to all directly-operated network providers of the MCCMH Board.

**III. POLICY**

It is the policy of the MCCMH Board to ensure:

A. The appropriate and timely investigation of reports alleging violations of the law, the MCCMH Corporate Compliance Program, and the Code of Ethics; and

B. That appropriate disciplinary actions will be taken in the event that the Compliance Office investigation substantiates the violation.

**IV. DEFINITIONS**

A. None.

## V. STANDARDS

- A. All reports received via the MCCMH compliance internal reporting mechanisms will be investigated within two weeks.
- B. Appropriate efforts will be made, whenever possible, to protect any evidence necessary to complete the investigation.
- C. Violations of the law will be reported to County Corporation Counsel and/or to appropriate authorities in a timely manner.
- D. Substantiated violations of the MCCMH Corporate Compliance Program shall be handled appropriately and equitably.
- E. Records of investigations, results, recommended and actual disciplinary actions against employees, individual contractors, and/or provider organizations shall be maintained.
- F. The MCCMH Compliance Program shall be altered and amended, whenever possible, to reduce the likelihood of future violations of a similar kind.

## VI. PROCEDURES

- A. The Compliance Officer, in consultation with the Deputy Director shall ensure the timely, complete, and appropriate investigation of reports of suspected violations.
- B. The investigation may include document review, interviews with staff, site supervisors, and/or consumers, as necessary, audits, or other investigative techniques.
- C. The Compliance Officer shall ensure the following occurs for all investigations:
  - 1. A fair and impartial review of all the relevant facts;
  - 2. That the inquiry is restricted to those necessary to resolve the issues;
  - 3. That the inquiry is conducted with as little visibility as possible while gathering pertinent facts relating to the issue;
  - 4. Fully debrief the reporting party;
  - 5. Notify the appropriate internal parties and external parties;
  - 6. Identify the cause of problem, the desired outcome, the affected parties, the

applicable guidelines, and the possible regulatory or financial impact;

7. Provide a list of findings and recommendations;
  8. Determine appropriate corrective actions and recommended disciplinary actions, if necessary, and forward to the MCCMH Deputy Director; and
  9. Document all the proceedings.
- D. The Deputy Director shall determine and execute final decisions regarding disciplinary actions within 30 days of the recommendations.
- E. The Compliance Officer shall ensure that records are maintained regarding all disciplinary recommendations and actions taken.
- F. The Compliance Officer, with the assistance of the Compliance Committee as necessary, shall ensure that the Board's Compliance Program (particularly its audit processes) are appropriately amended or enhanced to reduce the likelihood of future violations.

#### **VII. REFERENCES / LEGAL AUTHORITY**

- A. Pub. L. 104-191
- B. MCCMH MCO Policy 1-001 "Overview: Compliance Program / Code of Ethics"

#### **VIII. EXHIBITS**

- A. None.