
Category: **CORPORATE COMPLIANCE**
Title: **OVERVIEW: COMPLIANCE PROGRAM / CODE OF ETHICS**

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Executive Director

Date

I. Abstract

This policy establishes the standards and procedures of the Macomb County Community Mental Health ("MCCMH") Board of Directors ("MCCMH Board") Corporate Compliance Program.

II. Application

This policy shall apply to all MCCMH Board workforce members, including but not limited to, administrative and directly-operated network provider employees, independent contractors, and volunteers; and MCCMH Board contracted organizational network provider workforce members, including but not limited to, employees, independent contractors, and volunteers.

III. Policy

It is the policy of the Board to have an effective Corporate Compliance Program (Exhibit A) to prevent, detect, and correct noncompliance with Federal and State laws, rules, regulations, and contracts governing public mental health and substance abuse providers that furnish specialized services and supports.

IV. Definition

A. Managed Care Entity (MCE)

MCE's include MCOs and PIHPs as defined in 42 C.F.R. 438.2.

B. Managed Care Organization (MCO)

Managed Care Organization has the meaning specified in 42 C.F.R. 438.2.

C. Pre-Paid Inpatient Health Plan (PIHP)

PIHP has the meaning specified in 42 C.F.R. 438.2.

D. Workforce Member

Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for an entity, is under the direct control of such entity, whether or not they are paid by the entity.

V. Standards

A. The MCCMH Board Code of Ethics (Exhibit B)

1. The MCCMH Board Code of Ethics is a key element of the MCCMH Corporate Compliance Program.
2. The Code of Ethics lists the activities in which workforce members including employees/individual contractors may and may not engage while employed by or under contract with the MCCMH Board pursuant to the MCCMH Board Corporate Compliance Program.
3. It disseminates a positive, law-abiding corporate value, creating an atmosphere that discourages wrongdoing; and
4. Prevents fraud, abuse, and waste in the provision of behavioral health care and substance abuse treatment and prevention services to the citizens of Macomb County.

B. Administrative and Directly Operated Workforce Members including Network Provider Employees, Independent Contractors, and Volunteers

The MCCMH Board's Compliance Officer shall ensure that:

1. New workforce members including employees/individual contractors receive the Board Code of Ethics and the written MCCMH Corporate Compliance Program during the hiring/contracting process and acknowledge receipt of them, in writing;
2. All new and current workforce members including employees/individual contractors agree, in writing, to the Board Code of Ethics as a condition of employment/contract (See Exhibits B and C) and shall complete an initial face-to-face training about the MCCMH Corporate Compliance Program, HIPAA Compliance, and the Board Code of Ethics.
3. All current workforce members including employees/individual contractors shall annually attend an electronic or face-to-face refresher training to review the

MCCMH Corporate Compliance Program, HIPAA Compliance, and the Board Code of Ethics.

- i. Current workforce members shall complete the initial face-to-face training when completion of the annual refresher does not occur within the required time frame.
 4. Documentation of all face-to-face and refresher training attendance shall be in the form designated by the training department.
 5. MCCMH must ensure that its workforce members complete the Medicare Learning Network web-based training (WBT) course designed to provide education on fraud, waste, and abuse in the Medicare Parts C and D program and general compliance concepts. The two part training can be used to satisfy general compliance training requirements and fulfill the annual fraud, waste, and abuse training requirement for Medicare Parts C and D organizations.
 - i. Its new workforce members must complete the training within ninety (90) days of hire and current workforce members must complete the training on annual basis.
 - ii. Evidence of the training will be documented in a format designated by the MCCMH Training Department.
 6. The contact information for reporting fraud, waste or abuse to the PIHP and/or the MDHHS-OIG shall be disseminated to all workforce members on an annual basis, along with information indicating that such reporting may be done anonymously.
- C. Employee Conduct
All new and current MCCMH workforce members, including employees, individual contractors, and volunteers shall read and adhere to the MCCMH Corporate Compliance Program (Exhibit A) and the Code of Ethics (Exhibit B).
- D. Location of Acknowledgment Form
The MCCMH Administrative Office shall keep on file a copy of each new and current MCCMH workforce member's Prospective Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Form (Exhibit C-1) or Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Form (Exhibit C-2).
- E. Contracted Organizational Network Provider Workforce Members including Employees, Independent Contractors, and Volunteers
1. MCCMH Board Contracted Organizational Network Providers shall have a copy of the MCCMH Corporate Compliance Program.

2. MCCMH Board Contracted Organizational Network Providers shall develop their own Corporate Compliance Policy and effective Compliance Program which are consistent with the OIG Compliance Program Guidance for Hospitals and the MCCMH Corporate Compliance Program.
3. The MCCMH Corporate Compliance Officer shall review contracted organizational network provider corporate compliance policies and make recommendations to ensure the corporate compliance policy of the organizational network providers are consistent with MCCMH.
4. The MCCMH Corporate Compliance Office reserves the right to investigate all incidents and reports of noncompliance it receives from any and all sources.
5. Contracted Organizational Network Providers of Medicare services must ensure that its new and current workforce members, on an annual basis, complete the Medicare Learning Network web-based training (WBT) course designed to provide education on fraud, waste, and abuse in the Medicare Parts C and D program and general compliance concepts. The two part training can be used to satisfy general compliance training requirements and fulfill the annual fraud, waste, and abuse training requirement for Medicare Parts C and D organizations.
 - i. Its new workforce members must complete the training within ninety (90) days of hire and current workforce members must complete the training on annual basis.
 - ii. Evidence of the training will be documented in a format designated by the MCCMH Training Department.
6. The contact information for reporting fraud, waste or abuse to the PIHP and/or the MDHHS-OIG shall be disseminated to all MCCMH Board Contracted Organizational Network Providers on an annual basis, along with information indicating that such reporting may be done anonymously.

F. Program Integrity

1. MCCMH is prohibited from employing or contracting with individuals excluded from participation under either Medicare or Medicaid, or from knowingly employing or contracting with individuals excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non-financial assistance and benefits.

2. MCCMH is prohibited from entering into contracts with organizational providers excluded from participation under either Medicare or Medicaid, or from knowingly entering into contracts with entities excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non-financial assistance and benefits
3. As a condition of contracting with MCCMH, organizational providers are obligated to have their own corporate compliance plan, functional program, and investigative processes in place. MCCMH reserves the right to conduct its own investigation into an alleged compliance issue in the event that MCCMH determines that an organizational provider's investigation is incomplete, deficient, or otherwise unsatisfactory. By way of example and without limitation, MCCMH Corporate Compliance may conduct an investigation of an organizational provider when there are multiple violations of the same nature, the provider has insufficient capacity to investigate, or MCCMH determines circumstances require an investigation.
4. A detailed description of the Board's full policy with respect to program integrity can be found in MCCMH MCO 1-010, "Program Integrity".

G. Disclosure of Ownership, Control, and Criminal Convictions

1. Federal regulations require PIHPs to disclose information about individuals with ownership or control interests in the PIHP. These regulations also require the PIHP to identify and report any additional ownership or control interests for those individuals in other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other.
2. MCCMH shall comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. MCCMH shall ensure that individuals with ownership or control interests in MCCMH submit full disclosures indentified in 42 C.F.R. Part 455, Subpart B. Disclosure statements shall include:
 - i. Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include primary business address, every business location, and P.O. Box location.
 - ii. Date of birth and Social Security number of each person with an ownership or control interest in the disclosing entity.

- iii. Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.
 - iv. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling.
 - v. The name or any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.
 - vi. The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity.
 - vii. The identity of any individual who has an ownership or control interest in the provider, or is an agent or managing employee of the provider and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
3. In addition, MCCMH shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided under the MDHHS-MCCMH Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs Agreement require compliance with 42 C.F.R. §455.104-106.
 4. MCCMH shall ensure that its providers and contractors submit full disclosures identified in 42 C.F.R. Part 455 Subpart B. Disclosures statements shall include:
 - i. Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include primary business address, every business location, and P.O. Box location.
 - ii. Date of birth and Social Security number of each person with an ownership or control interest in the disclosing entity.

- iii. Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest.
 - iv. Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling.
 - v. The name or any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.
 - vi. The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity.
 - vii. The identity of any individual who has an ownership or control interest in the provider, or is an agent or managing employee of the provider and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
5. MCCMH contract providers shall ensure that any and all contracts, agreements, purchase orders, or leases provided under the MDHHS-MCCMH Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program and Substance Use Disorder Community Grant Programs Agreement are compliant with 42 C.F.R. §455.104-106.

H. Notification

1. MCCMH shall notify its contract manager at MDHHS, Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration OR any applicable MCO, when it terminates, suspends, or declines a provider, subcontractor, practitioner, employee, or any member of its workforce from its organization as a result of fraud, integrity, a quality matter, or any criminal conviction described under Sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or assessment of civil monetary penalty under Section 1128A of the Act.
2. MCCMH shall notify its contract manager at MDHHS, Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration OR any applicable MCO when any staff member, director, or manager of MCCMH; an individual with a beneficial

ownership of five (5) percent or more; or an individual with an employment, consulting, or other arrangement with MCCMH has been convicted of a

criminal offense described under Sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act or who has had civil money penalties or assessments imposed under Section 1128A of the Act.

3. MCCMH shall notify any applicable MCO of any compliance concern or potential fraud, waste, or abuse which impacts the MCO.
4. Additional Program Integrity related notification/reporting obligations, with which the MCCMH will comply, are detailed in MCCMH MCO Policy No. 1-010, "Program Integrity".

VI. Procedures

A. Refresher Training on MCCMH Board Corporate Compliance Program and the Code of Ethics

1. Current MCCMH workforce members including the organization's senior management, administrative and direct operated network employees, individual contractors, and volunteers of the MCCMH Board shall, on an annual basis:
 - i. Complete electronic refresher training on the MCCMH Corporate Compliance Program (Exhibit A) and the Code of Ethics (Exhibit B);
2. Document refresher training attendance in the form and location designated by the training department.

B. MCCMH Board Corporate Compliance Program and the Code of Ethics

1. When the MCCMH Human Resources Liaison or other clerical staff member sends a letter of confirmation to a new workforce member of the Board, he/she shall send to the Supervisor at the individual's new work site, along with a memorandum to the Supervisor: a copy of the letter, the MCCMH Board Corporate Compliance Program (Exhibit A) and the Code of Ethics (Exhibit B). An individual service contractor shall be provided these documents at the time of their contract signing.
2. Upon reporting to his/her MCCMH work site, each new MCCMH workforce member shall be expected to read and adhere to the MCCMH Board Corporate Compliance Program (Exhibit A) and the Code of Ethics (Exhibit B) and shall sign the Prospective Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Form (Exhibit C-1), indicating his/her agreement with the Corporate Compliance Program and Code of Ethics.

3. The Supervisor shall forward the Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Forms to the MCCMH Corporate Compliance Officer.
4. The MCCMH Corporate Compliance Officer shall ensure that the workforce member's Corporate Compliance Program and Code of Ethics Acknowledgment Forms are placed in the workforce member's MCCMH administrative file.

C. Medicare Fraud, Waste, and Abuse Training

1. New and current MCCMH workforce members including the organization's senior management, administrative and direct operated network employees, individual contractors, and volunteers of the MCCMH Board shall, on an annual basis:
 - i. Complete the Medicare Learning Network web-based training (WBT) course designed to provide education on fraud, waste, and abuse in the Medicare Parts C and D program and about general compliance concepts. It may be access at:
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
 - ii. Document WBT training attendance in the form and location designated by the MCCMH Training Department.

D. Compliance Officer Training:

1. The Compliance Officer will participate in regular training and education activities in order to ensure knowledge and understanding of the most current, up-to-date standards under applicable law and the PIHP Contract.
2. The Compliance Officer will attend meetings and other educational events offered by the MDHHS Office of Inspector General, in which he/she will train and discuss fraud, waste, and abuse standards.

VII. References / Legal Authority

- A. MCCMH Corporate Compliance Program.
- B. Commission on Accreditation Rehabilitation Facilities (CARF) 2013 Standards Manual, §1.E., Legal Requirements, p. 51-53; §1A., Leadership, pp. 31-37
- C. Macomb County Code of Ethics

- D. Section 1128, 1128A of the Social Security Act, 42 U.S.C. 1320a–7a

- E. 42 C.F.R. 1001 et seq., 42 C.F.R. 438 et seq., 42 C.F.R. 455.104-106, 42 C.F.R. 422.503-504

- F. MDHHS-MCCMH Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 16 Contract

- G. MCCMH MCO Policy No. 1-010, “Program Integrity”

- H. MCCMH MCO Policy No. 1-015, “False Claims Act; Reporting, Investigation, Whistleblower Protections”

VIII. Exhibits

- A. MCCMH Corporate Compliance Program

- B. MCCMH Board Code of Ethics

- C-1. Prospective Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Form

- C-2. Employee/Contractor Corporate Compliance Program and Code of Ethics Acknowledgment Form

**Macomb County
Community Mental Health Services Board
Corporate Compliance Program**

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I. Overview of the Macomb County Community Mental Health Services Board Corporate Compliance

It is the policy of the Macomb County Community Mental Health Services Board (hereafter, the Board) that its operations be conducted in compliance with all applicable federal, state, and local laws, rules, and regulations governing the Board, and in accord with the program requirements of federal and state sponsored health plans. This corporate compliance program document describes the Board's compliance program and details its procedures.

A. Reason for Compliance

The Board regards the provision of the highest quality of health care and the greatest degree of ethical business practices to be the two hallmarks of the organization. The Board realizes its reputation for integrity and ethical behavior between both the public and regulatory agencies must be continuously improved and built upon. The Board recognizes its intention and desire to be ethical and its expression of this desire in policy statements will not suffice if a program is to comply with all applicable state and federal laws. Therefore, the Board has created a compliance program which provides for continual auditing, fraud detection, the reporting of violations, employee and provider education programs, and the hiring of a compliance staff of the appropriate size and ability to effectively maintain the compliance program. Additionally, the continued obligation to learn and obey new legal requirements and Office of the Inspector General Fraud Alerts, is an essential component of the program.

The primary reason for the existence of the Board's compliance program is to ensure that the Board exercises due diligence in seeking to prevent and detect violations of the law by its employees and other agents. Additional reasons for developing and maintaining the program include the following:

- To develop and maintain effective internal controls that promote adherence to applicable federal, state, and local laws and the program requirements of federal, state, and private health plans.
- To detect misconduct or wrongdoing as soon as it occurs so that the problem can be quickly remedied and adverse consequences can be minimized.
- To advance the prevention of fraud, abuse, and waste in providing health care.
- To disseminate a positive, law-abiding corporate value, creating an atmosphere that discourages wrongdoing.
- To further the fundamental mission of the Board to provide quality behavioral health care and substance abuse treatment and prevention services to the citizens of Macomb County.

B. Key Elements of Macomb County Community Mental Health Services Board Corporate Compliance Program

The Board's compliance program is based upon the basic elements of a healthcare compliance program as set forth by the U.S. Department of Health and Human Services Office of Inspector General in its 1998 Compliance Program Guidance for Hospitals.¹

The Board's compliance program is not merely this written plan and document, rather it is an ongoing and continually improving organizational process designed to prevent and detect violations of the law. It is the Board's intent that the compliance program be so well communicated to employees that it should become second nature for all employees and individual contractors to consider whether their behavior, conduct, and actions meet the standards laid out in the plan and are within the letter and spirit of federal, state, and local laws.

Key areas of review for the Board's compliance program include, but are not limited, to the following:

- Internal Revenue Service rules and regulations
- Federal and state physician self-referral and fee-splitting laws
- Medicare conditions of participation
- Medicaid conditions of participation
- Other third-party payer conditions of participation
- Requirements of the State of Michigan and its Department of Community Health
- Professional credentialing
- Risk management
- Consumer care
- Billing and reimbursement
- Conformance with federal health care fraud and abuse legislation
- Network provider professional agreements
- Key vendor and supplier arrangements

The seven key elements of the Board's compliance program are shown in the following page and detailed in subsequent sections of this document.

¹ U.S. Department of Health and Human Services, Office of Inspector

**Elements of
Macomb County Community Mental Health Services Board's
Corporate Compliance Program**

**#1 Written Standards of
Conduct**

**#2 Compliance Officer and
Committee**

**#3 Effective Education and
Training**

**#4 Audits and Other
Evaluation Techniques**

**#5 Internal Reporting
Processes**

**#6 Disciplinary
Mechanisms**

**#7 Investigation and
Remediation**

**SEVEN
BASIC
ELEMENTS**

II. Summary of Key Compliance Laws and Their Impact On The Macomb County Community Mental Health Services Board

Macomb County Community Mental Health Services Board recognizes that it must comply with all applicable federal, state, and local laws and regulations regarding its business and clinical practices. In this section, the Board highlights key laws of compliance in order to educate employees and individual contractors and develop the foundation of the compliance program. In no way are the laws and regulations described here all inclusive.

A. False Claims and Fraudulent Billing

Congress enacted the False Claims Act² in 1863, originally to prevent fraud practices of defense contractors. The False Claims Act allows private individuals to bring action against parties who have defrauded the government, with a potential reward of half of the amount recovered by the government if the suit is successful.

The False Claims Act has been enforced against health care providers who knowingly bill the government's Medicaid and Medicare programs for services that were not provided or were unnecessary, or misrepresented in order to receive higher payment. A broad definition of knowingly prevents offenders from claiming ignorance about the false claims when they should have known about it due to their position in the provider agency.

Of particular note is the ability of private individuals to initiate False Claims Act actions. Plaintiffs who bring action on the government's behalf are known as qui tam plaintiffs, and they must be an original source of the violation, i.e., have direct and independent knowledge of the false claim violation(s). Thus a potential qui tam plaintiff could be almost anyone the Board interacts with, including employees, providers, consumers receiving care, compliance office staff, and competitors. The False Claims Act protects individuals who in good faith initiate claims, testify about violations, or otherwise assist in investigations.

The key compliance issue for the Macomb County Community Mental Health Services Board in regard to this law is the risk that the Board's employees/individual contractors or contract service providers inappropriately or fraudulently bill for services paid for by Medicare, Medicaid, private health plans, or other federal program funds.

B. Anti-Kickback

The Anti-Kickback statute³ prohibits the offer, solicitation, payment, or receipt of remuneration, in cash or in kind, in return for or to induce the referral of a consumer for any service that may be paid for by federal health programs or federally supported state health care programs. Also prohibited is remuneration for purchasing, ordering, leasing of goods or services (or arranging to do so) that will be paid for by these federal or federally supported health care programs. The

² 31 U.S.C. 3799

³ 42 U.S.C. 1320a-7b(b)

statute provides for a number of exceptions, known as safe harbors, which are not considered violations. These safe harbor exceptions are defined in the statute itself as well as promulgated by the Secretary of Health and Human Services (issued by the Office of the Inspector General).

The key compliance issue for the Macomb County Community Mental Health Services Board, its employees/individual contractors in regard to this law is the risk that the Board, its employees, or its contract providers have compensation or payment arrangements (kick-backs) in place for consumer referrals or for purchasing products or services.

C. Self Referral Prohibitions

In 1989, Congress passed the Anti-Self-Referral Statute⁴, often known as Stark I after its chief proponent, Congressman Fortney Stark. This statute prohibits physicians from referring consumers to clinical laboratories in which they have a financial interest. The statute was broadened under the Omnibus Budget Reconciliation Act of 1993. The addition, known as Stark II, expanded the prohibition on self-referral to a wide variety of health care services, prohibiting referrals to entities in which the physician or an immediate family member has financial interest and which will seek payment from a federal health program. The expanded list of designated health care services includes the following:

- Clinical laboratory services
- Occupational therapy services
- Radiology and other diagnostic services
- Radiation therapy services
- Durable medical equipment
- Parenteral and enteral nutrients, equipment, and supplies
- Prosthetics and orthotics equipment and supplies
- Home health services
- Outpatient prescription drugs
- Inpatient and outpatient hospital services

The key compliance issue for the Macomb County Community Mental Health Services Board in regard to this law is the risk that the Board, its employees/individual contractors, or its contract providers make referrals to agencies, services, or programs in which they have a financial interest.

D. Health Insurance Portability and Accountability Act of 1996

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became effective on January 1, 1997.⁵ Key provisions of HIPAA relating to health care compliance include the following:

Broadening the definition of knowing and willful conduct in regard to the civil provision of the Social Security Act to include acts of deliberate ignorance by

⁴ 42 U.S.C. Section 1395nn

⁵ Pub. L. 104-191

providers in respect to information and regulation (e.g., a provider could be accused of deliberate ignorance if they do not thoroughly know and apply the up-to-date billing coding rules for submitting claims for payment.)

Establishment of programs to detect fraud and abuse and encourage the public to report it (including the issuance of Fraud Alerts by the Office of the Inspector General)

Mandatory exclusion from Medicare and Medicaid of providers who violate fraud and abuse provisions

Standardization of electronic transmission of certain administrative and financial transactions

Standards for privacy of individually identifiable health information

The key compliance issues for the Macomb County Community Mental Health Services Board in regard to this law are the following:

- Recognition of the need for enhanced training and compliance mechanisms to prevent violations due to ignorance
- Development of plans for ensuring compliance with financial transaction standardization requirements between provider organizations and the Board, and between the Board and the State of Michigan
- Development of plans for ensuring that information systems and Board policies meet HIPAA privacy requirements for protecting consumer health information

E. Key Michigan Compliance Issues

In addition to the key federal laws reviewed in the previous sections, Macomb County Community Mental Health Services Board is subject to compliance with several key Michigan-specific laws:

- Michigan Mental Health Code, Act 258 of 1974
- Public Health Code regarding SA Statutory Law
- Michigan Medicaid False Claims Act, MCL §400.611

Additionally, the Board is subject to all of the requirements laid out in its Managed Specialty Supports and Services Contract with the Michigan Department of Community Health. The areas of contractual compliance include, but are not limited to:

1. Compliance with best practice guidelines and technical requirements for the following areas as detailed in the contract:
 - Housing
 - Consumerism
 - Inclusion

- Personal care in non-specialized settings
 - Jail diversion
 - Person-centered planning
 - Grievance and appeal
 - Procurement
 - Quality Improvement for prepaid health plans
 - Internal service fund
2. Assuring timely access to care as defined in the contract;
3. Compliance with special service provision requirements for the following areas:
- Nursing home placements
 - Nursing home mental health services
 - Prevention
 - Multi-cultural
 - Continuation and transfer of demonstration projects
 - Grants for older adults with dementia
 - COBRA pre-admission screening and annual resident review
 - Long term care
 - MIChild
 - Inpatient services
 - Capitation projects and other pooled funding arrangements
4. Compliance with administrative service requirements including:
- Customer services
 - Marketing
 - Recipient Rights
 - Complaint resolution
 - Grievance procedures
 - Service authorization and utilization management
 - Provider network procurement and contracting
 - Information management system
 - Claims management system, including processing Medicare coinsurance and deductible payments with Medicaid capitated funds
 - Quality Improvement
 - Certification

- Performance indicators and objectives
- Outcomes management
- Reporting

5. Coordination requirements for selected entities.

It is important to note that the Board’s responsibilities for compliance with its contract with the Michigan Department of Community of Health will be amended to include any changes or new provisions as a Prepaid Health Plan as required by the State and/or the Health Care Financing Administration (HCFA) under State’s Medicaid Managed Care Program.

III. Elements of Macomb County Community Mental Health Services Board Corporate Compliance Program

In this section, the Board details the components of each of the seven elements of its health care compliance plan.

A. Element One: Written Standards of Conduct

The Board has developed a Code of Ethics Policy that lists activities that employees/individual contractors may and may not engage in while employed by or under contract with the Board. (See Appendix A, Board Code of Ethics, for this document.) All employees/individual contractors are given copies of the Code of Ethics and the Macomb County Community Mental Health Services Board Corporate Compliance Program during the hiring process.

All employees/individual contractors are required to accept and agree to the Code of Ethics as a condition of employment/contract. The Code of Ethics is as follows:

- All books, records, and documentation of the Board will be kept accurately and on a timely basis. This includes all documents including but not limited to consumer medical charts, billing documents, and invoices.
- The Board seeks to buy from suppliers and vendors at the lowest possible price.
- The Board will treat consumer’s assets and property with respect and demand that others will do the same.
- The Board will adhere to our charitable purpose of providing behavioral health care to our community.
- The Board maintains high ethical standards in the provision of care and medical research.
- The Board expects licensed professionals to abide by the ethical code of their respective profession, in addition to these standards of conduct.
- The Board aspires to be cost-effective while not sacrificing the quality or appropriate level of care for financial reasons.

- The Board shall not seek remuneration in any form from any contractors, suppliers, providers or other health care entities that seek to do business with it.
- When seeking reimbursement from any health care program or third-party payer, the Board shall honestly and accurately indicate the level of care provided.
- The Board will employ and associate with ethical, qualified individuals.
- The Board will not provide or accept remuneration of any kind when providing or accepting referrals.
- The Board will not engage in conduct prohibited by the antitrust laws including monopolistic behavior or price-fixing.
- The Board shall not discriminate against employees or consumers on the basis of race, religion, gender, ethnic origin, religious affiliations, or other legally protected status.
- The Board shall comply with all applicable laws, statutes and ordinances of the federal, state and local governments in the performance of its duties.
- If the Board violates federal or state law it shall report the violation and take the necessary action to correct the harm caused by the violation.
- Board employees/individual contractors shall not engage in any behavior which is in conflict with the provisions of the Code of Ethics of the County of Macomb.

In addition, the Code of Ethics spells out standards for the following areas:

- Conduct Toward Consumers
- Confidentiality
- Relationships with Recipients
- Conduct Toward Colleagues and Other Employees/Contractors

Prospective employees/individual contractors are required to sign the Prospective Employee/Contractor Compliance Program and Code of Ethics Acknowledgement Form. Additionally, the Addendum to the Employee's/Contractor's Copy of Compliance Program and Code of Ethics is signed. (See Appendix D, Human Resource Related Compliance Forms.) Copies of both of these forms are given to the employee/individual contractor and retained in the Board administrative files. These two forms certify the following key points:

- Acknowledgement of receipt, review, and understanding of the Board's Corporate Compliance Program and Board Code of Ethics.
- Acknowledgement that compliance with both of these documents is a condition of employment/contract, as subject to County Corporation Counsel & County Human Resource Department confirmation.

- Acknowledgement of the requirement to report violations of the compliance program and code of ethics, the procedures for doing so, and the consequences for failing to report such violations.
- Certification that the employee/individual contractor has not been excluded from participation in any federal or state health care program or private health care plan or been criminally convicted of any crime regarding the federal or state health care programs or private health care plan or any offense involving financial wrong-doing (e.g. fraud, embezzlement, bribery), or been excluded from participation in any procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities related to financial or non-financial federal assistance and benefits.

B. Element Two: Compliance Officer and Regulatory Compliance Committee

The Board has authorized the creation of the management position of Compliance Officer, which shall be required to regularly report to the Executive Director and the Board with respect to the organization's compliance activities. The Compliance Officer shall be responsible for the development and implementation of the compliance program and the achievement of its goals. The Compliance Officer has been selected according to his/her record of achievement, high level of integrity and educational accomplishments. The Compliance Officer is familiar with applicable federal and state law and reimbursement issues and is qualified to provide the educational training that the Board's employees/individual contractors must complete both initially under the institution of the compliance program and annually thereafter. The position of Compliance Officer will entail various duties. At a minimum, the Compliance Officer must:

- Implement system-wide programs for compliance with all federal and state laws.
- Direct the performance of system-wide audits to investigate and monitor compliance with required laws and regulations.
- Write and define the policies and procedures the Board will follow in complying with the law.
- Create and obtain educational material for the employees/individual contractors' use.
- Remain current with new laws and regulations and attend the necessary seminars and lectures and perform the necessary research to obtain a working familiarity with new laws and issues affecting health care. Part of the Compliance Officer's ongoing education will include reviewing fraud alerts issued by the Office of the Inspector General of the Department of Health and Human Services. The Compliance Officer will conform Board practice and policy to comport to fraud alerts.
- Maintain a system for the reporting of violations by Board employees/individual contractors.

- Protect the confidentiality of employees/individual contractors or other parties who make inquiries or report violations to as great a degree as practical.
- Ensure that annual audits and reviews of the functioning of the compliance program during the previous year are performed and identify any alterations or actions that need to be implemented in the compliance program. The annual report will be made available to the Board executives and the Board of Directors.
- Ensure appropriate discipline of employees who violate federal or state law, compliance program mandates, or the code of ethics.

See Appendix B for the complete Compliance Officer Job Description.

In addition to the position of the Compliance Officer, the Board has formed a Regulatory Compliance Committee charged with overseeing the Compliance Program and compliance with the requirements of the PIHP Contract. As part of its oversight, the Regulatory Compliance Committee will receive regular compliance updates from the Compliance Officer, as well as assist and advise the Compliance Officer in developing policies and procedures and with other activities related to the implementation and performance of the compliance program. The Committee will be comprised of one (1) Board member and various members of the organization's senior management, including, minimally, the Executive Director, the Corporate Compliance Officer, the Privacy Officer, the Chief Financial Officer, the Chief Information Officer (Security Officer), the Director of the Office of Substance Abuse, the Director of the Office of Recipient Rights, and any other senior management selected by the Compliance Officer and approved by the Deputy Director.

The selection of the individuals who will serve on the Regulatory Compliance Committee is very important to the Board. The compliance plan's quality and performance will be a reflection of the Committee's ability and integrity. Therefore, individuals considered for appointment to the Committee must be examined both for their knowledge of the relevant subject matter and also for past criminal or civil misconduct. They must also be able to work together with the other Committee members toward achievement of the purposes of the compliance program. All members of the Regulatory Compliance Committee should meet the following background requirements:

- Individuals should not have ever been excluded from a federal or state health care program, or from participating in procurement activities under the Federal Acquisition Regulation, or from participating in activities involving federal financial and non-financial assistance and benefits.
- Individuals should never have been convicted of violating a law or regulation of a federal or state health care program.
- Individuals should not have been found civilly liable for misconduct regarding the federal or state health care programs.
- Individuals should never have been found criminally guilty of any offense, which involves financial misconduct (e.g., embezzlement, fraud, bribery).

See Appendix C for additional Regulatory Compliance Committee Composition & Function information.

C. Element Three: Effective Education, Training, and Communication

The effectiveness of the Board's compliance program is dependent upon employees /individual contractors' education, knowledge, as well as their ability and willingness to report illegal, unethical or other conduct that does not comport with the compliance program. To this end, the Compliance Officer and the Regulatory Compliance Committee have developed and continually maintain a basic compliance training seminar that is administered to all new employees/individual contractors, including senior management, within 90 days of the start date of employment/contract services.

Annual refresher courses with a review of new laws are also administered to all employees/individual contractors. Compliance training programs in specialty areas (as described above in the Regulatory Compliance Committee areas of knowledge and expertise) are developed and implemented as identified and necessary. There will be a special focus on training for employees/individual contractors who code procedures and bill for reimbursement, or who are responsible for processing billing claims. All Board-conducted training sessions will stress the employee /individual contractor's duty to report compliance and code of ethics violations.

Attendance at the basic compliance seminar and annual refresher courses is a condition of continued employment/contract, and the Compliance Officer is required to maintain adequate records of the training sessions, employee/individual contractor attendance, and training material contents.

In the interest of maintaining the most up-to-date information regarding regulatory compliance issues, the Compliance Officer will also be required to participate in regular compliance training and education. The Compliance Officer will provide updates to the Board and/or organization-wide, as necessary, whenever there are new or revised compliance standards.

The Board's policies and procedures regarding Training and Education are located in Appendix E.

D. Element Four: Audits and Other Evaluation Techniques

The Board recognizes extensive auditing and monitoring of its direct-operated programs, contract providers, records, and activities through a system staffed with dedicated personnel is necessary to detect violations of the law, compliance program, or Code of Ethics. The Compliance Officer is delegated the duty to ensure that there is a management process in place to audit and monitor, at regular intervals, the performance of the Board, its employees/individual contractors, and its providers regarding the compliance program. The Compliance Officer will use County Corporation Counsel when necessary to maintain attorney-client confidentiality.

The Compliance Officer will ensure thorough and complete audits, using investigatory techniques that may include any or all of the following, as such may be appropriate under the circumstances:

1. A review of the four key areas of greatest compliance risk for behavioral health provider and managed care organizations:
 - Billing and claims payment
 - Medical record documentation and security
 - Admissions and referral mechanisms
 - Provider credentialing and contracting
2. Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to providers.
3. Beneficiary interviews to confirm services rendered.
4. Interviews with the Board executive leadership regarding compliance decisions, operations and management.
5. A review of reported compliance violations, what was determined by the investigation, and how the compliance program can better address that type of violation.
6. Provider self-audit protocols, as appropriate.
7. A review of the compliance documents and written material generated by the Board.

At least annually, the Compliance Officer is responsible for generating an Annual Report of Compliance Activities for the Macomb County Community Mental Health Services Corporate Compliance Program. The report will be drafted by the Compliance Officer and reviewed by the County Corporation Counsel. The full report will minimally contain the following information for the previous 12-month period:

- List of employees/individual contractors & contract provider actions taken as a result of compliance or regulatory matters;
- List of all employees/individual contractors who attended compliance related training sessions;
- List of all compliance issues and their resolution reported to the Compliance Hotline or via other reporting mechanisms;
- List of overpayments returned to federal health care programs;
- List of audits completed for both direct operated programs and contract providers;
- List of compliance committee meeting dates;

- Summary of the year's compliance activities, including enhancements or changes to the compliance program;

The Annual report of Compliance Activities will also include a summary and analysis of the prior year's compliance activities, which summary the Compliance Officer will be required to present to the Board executives and the Board of Directors. The summary shall include an examination of the strengths and weaknesses of the compliance program and how it should be altered to prevent violations in the future. The audit process should also be discussed to determine if it should be changed in scope or frequency to better detect violations.

The Board's policies and procedures regarding Audits are located in Appendix G.

E. Element Five: Internal Reporting Processes

The Board has developed internal reporting processes to ensure that employees/individual contractors or other interested parties can easily report violations or suspected violations of the Board's Corporate Compliance Plan and the Code of Ethics. Reporting is available through the Board's Compliance Telephone Hotline, Compliance Email address, and via routine interoffice mail. Employees or other parties can use these reporting mechanisms to make anonymous inquiries or reports to the Compliance Officer or his/her designated staff. Information regarding mechanisms for reporting suspected or actual fraud, waste or abuse, and the availability of anonymous reporting, is widely advertised throughout the Board, and is detailed in various MCO policies (e.g., MCO Policy No. 1-010, "Program Integrity," and 1-015, "False Claims Act; Reporting, Investigation, Whistleblower Protections"). The Board distributes instructions for reporting fraud, waste or abuse to the Board and/or the MDHHS-OIG to all direct and contract network providers and staff on at least an annual basis. Additionally, the Compliance Officer remains available to meet with employees/individual contractors or other parties who choose to make compliance or code of ethics inquiries and reports in person.

No retaliatory action will be taken against any employee/individual contractor or other party who reports a violation in good faith, regardless of the seriousness of the violation or the level of employee/individual contractor or agent responsible for the violation. The reporting party's anonymity will be preserved to the extent possible. If disclosure of the reporting party's identity occurs, the Compliance Officer will ensure that he or she is not disciplined, ostracized, or penalized in any way for reporting the violation.

The Board's policies and procedures regarding Internal Reporting are located in Appendix F.

F. Element Six: Disciplinary Mechanisms

It is the policy of the Board that employees/individual contractors and/or providers will be punished if they violate the Board's Corporate Compliance Program and/or the Board Code of ethics or if it is shown that they were knowledgeable of or should have been knowledgeable of such violations and failed to report them as required by the compliance program. The nature and seriousness of the violation will dictate the level of punishment. For employees, possible punishments include

a warning, a reprimand on the employee's record, suspension, demotion, probation, required reimbursement of losses or damages, reduction in compensation, termination, and possible referral to the authorities for criminal or civil action. Employees who commit violations will be required to attend focused training on the applicable compliance areas.

Employees who commit and are convicted of criminal acts relating to consumer care or compliance with federal or state law shall be terminated immediately, as subject to County Corporation Counsel & County Human Resource Department confirmation. If criminally charged, employees shall be relieved of all duties and may not have access to the Board until the matter is resolved. Exclusion from state or federal health programs will also result in termination of employment.

As determined by the Board, individual contractor/contract provider punishment could include sanctions, loss of privileges, or other appropriate measures, up to and including contract termination.

For direct-operated program staff, violations of the mandates of the Compliance Program or Code of Ethics are investigated and substantiated by the Compliance Office, and the Compliance Officer is responsible for recommending appropriate, equitable disciplinary action to the Deputy Director of the Board.

The Board's policies and procedures regarding Disciplinary Mechanisms are located in Appendix H.

G. Element Seven: Investigation and Remediation

It is the Board's policy that the Compliance Officer will ensure that all suspected and reported violations of the mandates of the Compliance Program and the Code of Ethics will be expeditiously investigated; investigations shall be initiated within two weeks of receiving a complaint. If there is currently an active investigation or administrative/personnel action pertaining to an employee by MCCMH and/or the Macomb County Human Resources Department, the Compliance Office shall not become involved in a related compliance investigation. All issues shall be moved to the Deputy Director's Office for disposition.

When a credible report of such a violation is received, the Board and Compliance Officer will first protect any relevant information that is needed to perform a thorough investigation. All document disposal practices will be stopped immediately whenever possible. For direct-operated programs, if a reasonable suspicion exists that employees may destroy or remove documents, they will be suspended or removed from sensitive areas whenever possible. For contract providers, the Compliance Officer will take whatever measures are deemed necessary in accordance with the contract.

After evidence of the violation is protected, the Compliance Officer will ensure that interviews are conducted with the appropriate parties necessary to learn the extent of the potential violation and the identities of responsible parties. Extensive document review will also be performed. At the conclusion of the investigation, responsible employees/individual contractors and/or providers will be disciplined (as described in Element #6), and the Compliance Program will be altered or amended to reduce the likelihood of future violations.

If a violation of civil or criminal federal or state law is detected, the Board will report the violation to the appropriate government agency as soon as possible. The Board will provide a report of internal investigation and cooperate with the government's investigation. If the violation has resulted in an overpayment, the Board will promptly return the overpayment in compliance with the payer's required procedures.

The Board's policies and procedures regarding Investigation are located in Appendix I.

Appendix A: Board Code of Ethics

Macomb County Community Mental Health Board

The Board's code of ethics lists activities that our employees/individual contractors may and may not engage in while employed/contracted by the Board. They are provided as a means of defining integrity, honesty, and legal behavior. All Board employees/individual contractors shall accept the code of ethics and meet their requirements as a condition of employment/contract.

- All books, records, and documentation at the Board shall be kept accurately and on a timely basis. This includes all documents including but not limited to consumer medical charts, billing documents, and invoices.
- The Board shall seek to buy from suppliers and vendors at the lowest possible price.
- The Board shall treat consumer's assets and property with respect and demand that others do the same.
- The Board shall adhere to our charitable purpose of providing behavioral health care to our community.
- The Board shall maintain high ethical standards in the provision of care and medical research.
- The Board expects licensed professionals to abide by the ethical code of their respective profession, in addition to these standards of conduct.
- The Board shall seek to be cost-effective while not sacrificing the quality or appropriate level of care for financial reasons.
- The Board shall not seek remuneration in any form from any contractors, suppliers, providers or other health care entities that seek to do business with it.
- When seeking reimbursement from any health care program or third-party payer, the Board shall honestly and accurately indicate the level of care provided.
- The Board shall employ and associate with ethical, qualified individuals.
- The Board shall not provide or accept remuneration of any kind when providing or accepting referrals.
- The Board shall not engage in conduct prohibited by the antitrust laws including monopolistic behavior or price-fixing.
- The Board shall not discriminate against employees or consumers on the basis of race, religion, gender, ethnic origin, religious affiliations, or other legally protected status.
- The Board shall comply with all applicable laws, statutes and ordinances of the federal, state and local governments in the performance of its duties.

- If the Board violates federal or state law it shall report the violation and take the necessary action to correct the harm caused by the violation.

In addition, the Board has set forth ethical standards in the following areas:

Conduct Toward Consumers

1. Each Board employee/individual contractor shall provide consumers with accurate and complete information regarding the extent and nature of the services available to them.
2. Each Board employee/individual contractor shall treat consumers with respect, courtesy, and fairness during both face-to-face, telephone, and written communications.
3. Each Board employee/individual contractor shall protect each consumer's human rights, civil rights, and code-protected rights, which are set forth throughout Chapter 9 of the Board Administrative Manual.
4. Each Board employee and individual contractor shall not discriminate against, harass, or deny treatment or services to any consumer because of his/her race, color, religion, gender, national origin, marital status, age, political affiliation, disability, known association or relationship with an individual with a disability, other legally protected status, or socioeconomic status.
5. Each Board employee / individual contractor shall comply with the letter and spirit of the laws and policies of the Board Administrative and MCO Manuals in providing services to consumers.

Confidentiality

1. Board employees/individual contractors shall respect the privacy of consumers and abide by the policies pertaining to recipient confidentiality.
2. Board employees/individual contractors shall not disclose written or oral information specific to identifiable consumers and service to such consumers in unauthorized areas, which shall include, but are not limited to, the following:
 - a. Lobbies and waiting rooms;
 - b. Hallways, stairways and elevators;
 - c. Bathrooms;
 - d. Eating/lounging/smoking areas;
 - e. Walkways, parking lots, picnic areas, etc. and
 - f. Any area in which privacy is not ensured or cannot be provided.
3. Board employees/individual contractors shall discuss the provision of services or status of cases regarding identifiable consumers only for business purposes and only with parties directly and professionally concerned with them.

4. If, in any social or casual setting away from a direct or contract service site, any Board employees/individual contractors encounter a consumer of Board's services, he/she shall not indicate that they are acquainted with the consumer through the Board. If possible, the employee/individual contractors shall inform the consumer of any impending circumstances which are likely to affect the consumer's confidentiality; i.e., cause the consumer to explain how he/she knows the employee/contractor.
5. Written or oral recipient information disseminated to a recipient, a staff member, or an individual Board contractor shall be conducted in such facility areas which assure its confidentiality from other consumers or staff who do not possess a need to know basis for sharing the information
 - a. Doors, windows, etc. shall be shut if, when open, orally disclosed information could be heard by unauthorized persons.
 - b. Written disclosed information shall not be left outside of a file cabinet when it is easily accessible to unauthorized persons, i.e., on an unattended counter, on a desk in an unlocked room, near a copying machine, etc.
 - c. If the disclosure of information takes place in a room with glass walls, the consumer information shall not be displayed on a chalkboard, bulletin board, or near the glass if doing so would make it visible to unauthorized persons.
 - d. Computer terminal screens shall be positioned so that confidential information shall not be visible to persons in the waiting areas.

Relationships With Consumers

1. Board employees/individual contractors shall not exploit their relationships with consumers for personal advantage.
2. Board employees/individual contractors shall not accept money, goods, services, or other non-monetary remuneration, except for service fees paid to the Board, from consumers in exchange for services.
3. Board employees/individual contractors shall not knowingly enter social relationships, including romantic and sexual encounters, or business transactions with consumers.

Conduct Toward Colleagues and Other Employees/Contractors

1. Board employees/individual contractors shall cooperate with each other to promote the efficiency and effectiveness of services to consumers.
2. Board employees/individual contractors shall create and maintain conditions that facilitate an ethical and competent workplace.
3. Board employees/individual contractors shall treat fellow staff members with dignity, respect, courtesy, and fairness during both face-to-face, telephone and written communications.

Appendix B: Compliance Officer Description

MCCMH COMPLIANCE OFFICER DESCRIPTION Macomb County Community Mental Health Services Board

Summary:

Reports regularly to the Executive Director and the Board with respect to compliance activities. Contributes to the fulfillment of the Board's mission by planning, designing, implementing and maintaining system-wide compliance programs and policies. Coordinates internal compliance audit investigations. Serves as a role model for ethical management behavior and promotes an awareness and understanding of positive ethical and moral principles consistent with the mission, vision and values of the organization and those required by federal and state law.

Duties/Responsibilities:

- Facilitates implementation of system-wide programs, policies and procedures to ensure compliance with applicable federal and state laws and regulations, such as those for Medicare, Medicaid.
- Ensures that system-wide audits are established to investigate and monitor compliance with standards and procedures required by federal and state laws.
- Develops and writes policies and procedures that establish standards for compliance, giving specific guidance to management, medical staff, and individual departments or employees, as appropriate.
- Works with the Regulatory Compliance Committee to communicate compliance programs, including written materials and training programs designed to specifically promote an understanding of compliance issues and the consequences of non-compliance.
- Maintains an awareness of laws and regulations, keeping abreast of current changes that may affect health care systems through personal research, seminars, and peer contact.
- Oversees the usage of the compliance hotline, maintaining the confidentiality of information provided in order to protect both the caller and the subject of the call.
- Maintains a system of reporting that provides timely and relevant information on all aspects of compliance issues.
- Reviews complaints, concerns, or questions relative to compliance issues, and provides consultative leadership and support to all entities as appropriate.
- Ensures that internal controls throughout the system are sufficient to provide for accurate, complete, and compliant programs and processes.

Education:

Bachelor's degree. Master's degree in human services related field preferred.

Knowledge/Skills:

Must possess strong knowledge of laws and regulations imposed on health care systems by various agencies. Strong oral and written communication skills. Planning, problem-solving and change management skills. Strong skills in personal diplomacy. Demonstrates personal traits of a high level of motivation, team orientation, professionalism and trustworthiness. Places a high value on treating others with dignity and respect.

Experience:

Experience in organizational planning, program assessment, and health care compliance.

Appendix C: Regulatory Compliance Committee Composition & Functions

Regulatory Compliance Committee Composition & Functions Macomb County Community Mental Health Services Board

The Committee will be comprised of one (1) Board member and various qualified members of the organizations senior management, including, minimally, the Executive Director, the Corporate Compliance Officer, the Privacy Officer, the Chief Financial Officer, the Chief Information Officer (Security Officer), the Director of the Office of Substance Abuse, the Director of the Office of Recipient Rights, and any other senior management selected by the Compliance Officer and approved by the Deputy Director.

The function of the Regulatory Compliance Committee is to oversee the compliance program. Oversight will involve the receiving of regular compliance updates from the Compliance Officer, as well as assisting and advising the Compliance Officer in the development of policies and procedures related to the implementation and performance of the compliance program, as well as with other compliance activities identified by the Compliance Officer.

The Committee will meet minimally once every three months, and the Compliance Officer will chair and retain minutes from all meetings. The Compliance Officer is responsible for recommending individuals for committee membership, and the Deputy Director is responsible for reviewing these recommendations for approval and confirmation.

Appendix D: Human Resource Related Compliance Forms

Macomb County Community Mental Health Services Board

**PROSPECTIVE EMPLOYEE/CONTRACTOR COMPLIANCE PROGRAM AND
CODE OF ETHICS ACKNOWLEDGMENT FORM**

I hereby acknowledge and affirm that I have read and reviewed the Macomb County Community Mental Health Services Board Corporate Compliance Program and Code of Ethics. I understand the provisions of both the Compliance Program and Code of Ethics and was allowed to ask any questions I might have regarding their requirements.

I understand that it is a condition of my employment/contract to comply with the requirements of the compliance program and Code of Ethics. I also realize that I am required to report violations of the program or code when any person tells me of violations or I witness the violation myself. I understand that I will not be punished for reporting in good faith misconduct of any magnitude or which involves any level of Board staff/contractor. I have been informed that I will be disciplined for failing to report such violations. I am familiar with both the Compliance hotline telephone number to report misconduct and the location of the Compliance Office.

I certify that I have not been excluded from participation in any federal or state health care program. I further certify that I have not been excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non-financial assistance and benefits. I have not been criminally convicted of any crime regarding the federal or state health care programs or private health care plans or any offense involving financial misconduct (such as fraud, embezzlement or bribery). I agree to assist the Board and/or compliance staff investigating my previous involvement in any health care reimbursement program or criminal act.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness

**ADDENDUM TO EMPLOYEE'S/CONTRACTOR'S COPY OF COMPLIANCE PROGRAM
AND CODE OF ETHICS**

CERTIFICATION:

I hereby certify and affirm that I have read the Macomb County Community Mental Health Services Board Corporate Compliance program and Code of Ethics. I understand both the program and the code and was given the opportunity to ask questions regarding the program, the code and their implementation.

I have also been informed of the reporting procedures applicable to potential violations of federal law, state law, the compliance program or the Board's code of ethics. I understand that I not only must personally comply with federal law, state law, the compliance program and code of ethics but that I also must report any potential violations I discover, witness or learn of in any manner. I also understand I will not be punished or disciplined for reporting, in good faith, any violation regardless of its seriousness or the level of individual involved in the violation.

I realize committing a violation or failing to report a potential violation may result in disciplinary action such as suspension, reduction in pay, demotion with corresponding pay reduction, or termination of employment/contract.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness

Appendix E: Training & Education Procedures
Macomb County Community Mental Health Services Board
Compliance Training Policy

Purpose

The development and implementation of regular, effective education and training seminars for employees/individual contractors are integral parts of the corporate compliance program. Compliance education is divided into three general components. First, all employees/individual contractors must receive an introduction to the compliance program. Second, all employees/individual contractors must receive annual refresher trainings on the compliance program. Third, employees/individual contractors whose work is linked to identified risk areas should receive specialized compliance education pertaining to their function and responsibilities.

Policy

1. All employees/individual contractors, including new hires and senior management, will receive education related to the Macomb County Community Mental Health Services Corporate Compliance Program.
2. All employees/individual contractors, including senior management, will receive annual refresher training related to the Board Compliance Program.
3. Employees/individual contractors in identified risk areas will receive more detailed education related to their function and responsibilities.
4. The Compliance Officer will participate in effective compliance training and education. “Effective training for the Compliance Officer means that it cannot be conducted by the Compliance Officer himself/herself.

Procedures

1. The Compliance Officer is responsible for ensuring the development of the compliance education curriculum and monitoring and ensuring that the compliance training and orientation meets the policy standards on this subject.
2. Initial and refresher compliance education seminars must include an explanation of the structure and operation of the compliance program. They will introduce the Compliance Officer to the organization.
3. Initial and refresher compliance education seminars, at a minimum, will include information on the following aspects of the compliance program:
 - Code of Ethics
 - Compliance Hotline & Other Reporting Mechanisms
 - Organizational expectations for reporting problems and concerns
 - Non-retaliation/non-retribution policy
4. Comprehensive education materials will be developed to facilitate the compliance sessions and ensure that a consistent message is delivered to all employees/individual

contractors. Education protocols and materials must be standardized, so as to evidence that everyone attending a seminar receives the same instruction.

5. Employees/individual contractors will be provided with the opportunity to seek clarification or more information on any aspect of the compliance program.
6. Only properly trained individuals will be used to provide compliance education and training seminars. Compliance program trainers must be knowledgeable of the (a) compliance program; (b) applicable federal laws and regulations; (c) requirements of the Sentencing Commission Guidelines; (d) relevant Board policies/procedures; (e) operations of the compliance program; and (f) content of the Code of Ethics.
7. The Compliance Officer is responsible for coordinating with management to ensure that specialized compliance education occurs in identified risk areas.
8. The Compliance Officer is also responsible for submitting periodic reports to the Deputy Director and/or designee on all education seminars related to the compliance program.
9. Annual refresher compliance training seminars shall be available to employees/individual contractors in electronic (e.g. computer, Internet, or video) format or through attendance at an initial face-to-face training.

Appendix F: Internal Reporting Procedures

Macomb County Community Mental Health Services Board Internal Reporting Mechanism Policy

Purpose

Macomb County Community Mental Health Services Board is committed to the timely identification and resolution of all issues that may adversely affect employees/individual contractors, consumers, or the organization. Therefore, the Board has established communication channels to report problems and concerns, including direct telephone and e-mail reporting, and inter-office mail, and U.S. Mail. Employees/individual contractors and other interested parties are encouraged to report problems and concerns either anonymously or in confidence via one of these communication channels. These reporting mechanisms establish an avenue for employees/individual contractors or interested parties to report suspected criminal activity and illegal or unethical conduct occurring within the Board's direct-operated or contracted provider organizations.

Policy

1. The Board will establish and maintain a direct telephone and e-mail reporting that employees/individual contractors or other parties may use to report problems and concerns in good faith.
2. Individuals who report problems or concerns in good faith will be protected from any form of retaliation or retribution.
3. All those who are employed in the Compliance Officer's internal reporting mechanisms are expected to act with the utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner.
4. The Compliance Officer is responsible for the operation of the Board's internal reporting mechanisms.

Procedures

1. Ensuring that all of the reporting mechanisms are in place and functioning.
2. Establishing and maintaining records of reports, investigation, and follow-up activities.
3. Ensuring that appropriate investigation and follow-up occurs in a timely manner.
4. Maintaining security for all reports and related documents.
5. No attempt will be made to identify a reporting party who requests anonymity. Whenever reporting parties disclose their identities, it will be held in confidence to the fullest extent practical or allowed by law.
6. The Compliance Officer will communicate any matter deemed potentially unlawful to County Corporation Counsel.

7. All reports will be documented, logged, and sequentially numbered and placed in the custody and care of the Compliance Officer.
8. Review and investigations will occur in the event that a report cannot be resolved during the initial contact to the Compliance Office. In the event that a reporting party is asked to call back, an identification number will be issued to them to protect their identity.

Compliance Reporting Requirement & Non-Retaliation Policy

Purpose

Macomb County Community Mental Health Services Board recognizes that a critical aspect of its Corporate Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal, state, and payer health care program requirements, as well as the Board's Code of Ethics. To promote this culture, the Board established a problem resolution process and a strict non-retaliation policy to protect employees/individual contractors and others who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution can undermine the problem resolution process and result in a failure of communication channels in the Board.

Policy

1. All employees/individual contractors of the Board have an affirmative duty and responsibility for reporting perceived misconduct, including actual or potential violations of the laws, regulations, policies, procedures, or the Board's Code of Ethics.
2. An Open Door policy will be maintained at all levels of management to encourage employees/individual contractors to report problems and concerns.
3. Employees/individual contractors are encouraged to utilize the Board's Compliance Reporting mechanisms, and said reports can be completed anonymously.
4. Any form of retaliation against an employee/individual contractor or party who reports concerns in good faith is strictly prohibited.
5. Any employee/individual contractor who condones or commits any such form of retaliation will be subject to discipline, up to, and including, termination of employment/contract.
6. Employees/individual contractors cannot exempt themselves from the consequences of their own misconduct by self-reporting, although such action may be taken into account by the Board in determining the appropriate course of action.

Procedure

Procedures that apply to all employees/individual contractors:

1. Knowledge of misconduct, including actual or potential violations of the laws, regulations, policies, procedures, or the Board's Code of Ethics must be reported immediately to management or via one of the Compliance Reporting mechanisms.
2. Knowledge of violation of this policy must also be reported.

Procedures that apply to Board Management Staff:

1. Management staff must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns.

Procedures that apply to the Compliance Officer:

1. The Compliance Officer will be responsible for ensuring the investigation and follow-up of any reported retaliation against an employee/individual contractor or other reporting party.

Appendix G: Audit Procedures

Macomb County Community Mental Health Services Board Audit Content & Timetable Policy

Purpose

Macomb County Community Mental Health Services Board developed and implemented a Corporate Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable federal and state laws, and the program requirements of federal, state, and private health plans. An important component of the compliance program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

The Board recognizes the need for internal controls, but also realizes that resources are limited. Therefore, this policy focuses on effective and efficient application of audit and monitor risk areas.

Policy

1. The Board will conduct ongoing auditing and monitoring of identified risk areas related to compliance.
2. It is the responsibility of the entire management team to ensure that ongoing auditing and monitoring are properly executed, documented, and evidenced.

Procedures

1. The Compliance Officer will recommend and ensure the auditing and monitoring of risk areas related to compliance with laws and regulations, as well as the Board Code of Ethics.
2. Board staff or designees will conduct compliance audits with guidance from the Compliance Officer.
3. Audits will be completed for both Board-operated programs and contract providers. Minimally, the audit process will ensure that all provider organizations (both Board and contract) have all compliance risk areas and contractual obligations reviewed every 24 - 36 months. Additionally, the critical compliance areas of billing accuracy and appropriateness of medical documentation will be audited minimally every 12 - 18 months for all provider organizations.
4. The Compliance Officer will verify the completion of the audits and any corrective action measures that arise from them.

Audit Follow-Up Policy

Purpose

Audit/review follow-up is an integral part of good management and an effective compliance program at Macomb County Community Mental Health Services Board, and it is a shared responsibility of management and auditors/reviewers. Corrective action taken by management on resolved findings and recommendations is essential to improving the effectiveness and efficiency of organization's operations as well as ensuring that the problems/weaknesses identified do not recur.

This policy provides procedures for employees/individual contractors in response to findings in reports issued by the internal or external auditors or consultants or reviews by internal staff. The principal objectives of this policy are:

- To specify the role of the designated individual(s) with regard to follow-up.
- To strengthen the procedures for ensuring that appropriate action is taken in response to reviews or audit findings. (This includes corrective action on recommendations contained in audit/review reports.)
- To emphasize the importance of monitoring the implementation of resolved audit recommendations in order to assure that promised corrective action is actually taken.

Policy

1. Auditors/reviewers will provide appropriate management with a comprehensive report and a briefing on their findings/recommendations.
2. Providers subjected to a review either by internal audit or an external resource, will establish and maintain tracking systems to assure the prompt and proper resolution and implementation of audit or review recommendations. These providers shall ensure a complete record of action taken in response to audit/review findings and recommendations.
3. The Compliance Officer will receive copies of all reports from audits or reviews and will be informed of scheduled meetings wherein providers are briefed on the results of such audits/reviews. The Compliance Officer will maintain a tracking system wherein significant findings from audits or reviews are monitored until corrective action and follow-up verification are completed.
4. The resolution process will include all actions required to fully correct all issues. Depending on the nature of the problems involved, each resolution will include:
 - Timely correction of management, system, and program compliance issues/deficiencies;
 - Monitoring to ensure that the corrective actions on significant deficiencies were adequately implemented to resolve the problem and ensure that it does not recur; and

- Verification that the corrective actions are operating effectively.
5. Resolution is normally deemed to occur when corrective action is instituted and independently verified. Provider management will resolve audit findings within 60 days of receiving the information via a formal written report. If findings indicate the existence of legal or regulatory issues, then managers must notify the Compliance Officer and resolve findings within 30 days.

Procedures

1. Provider management shall maintain an audit/review resolution file(s) or other appropriate records to fully document and justify all actions taken to resolve the findings. The documentation must:
 - Describe the action taken on each finding or explain the basis for each non-concurrence with any finding or recommendation.
 - Identify the target dates for implementation of corrective actions on deficiencies or weaknesses, and identify the procedures followed on, and results of, follow-up reviews on the implementation of the corrective actions.
 - Provide sufficient detail to satisfy a reviewer that the findings were fully, effectively, and appropriately resolved.
2. Provider management is responsible for monitoring the implementation of actions to correct deficiencies until the deficiencies are corrected.
 - Resolution of significant deficiencies will not be considered complete until the provider determines, based on a follow-up review, that the actions were, in fact, taken and resulted in a correction of the deficiencies.
 - The provider may conduct the follow-up review personally or may request that it be conducted by another party; e.g., internal auditor, external auditor, consultant, or others. In any case, he/she must ensure that the party selected possesses the capability to perform the review.
 - The provider is ultimately responsible for assuring that the review is conducted and for determining whether the deficiencies were adequately corrected.
 - The review should be initiated as soon as possible after the implementation date of the corrective actions.
3. If the follow-up review shows that the provider has not completed all actions needed to fully correct the deficiencies, the provider shall notify the Compliance Officer and report on the further actions needed and completion dates.
 - The Compliance Officer will continue to follow up until he/she is satisfied that the provider fully and effectively corrected the deficiencies.
4. At a minimum, providers will submit monthly reports to the Compliance Officer on the actions taken to resolve significant findings and the status of each open finding.

- These reports must be adequately reviewed and appropriate steps taken to improve performance where warranted.
5. The Compliance Officer may independently direct a follow-up review to verify that corrective actions were successful.
 6. The Compliance Officer will make regular reports to the Deputy Director or Designee on the status of all actions.
 7. It is recognized that in a small number of cases, a satisfactory plan of corrective action cannot be instituted and verified within the prescribed period. In those cases, provider management must notify the Compliance Officer of the delay and negotiate an alternative resolution date.

Appendix H: Disciplinary Procedures

Macomb County Community Mental Health Services Board Compliance Violation Discipline Policy

Purpose

Macomb County Community Mental Health Services Board developed and implemented a Corporate Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable federal and state laws, and the program requirements of federal, state, and private health plans. A critical component of the compliance program is ensuring the violations of law or the Board's Compliance Program and Code of Ethics are handled appropriately and equitably.

Policy

1. In the event that the Compliance Office investigation substantiates violation of the law or the Board's Compliance Program and Code of Ethics, appropriate disciplinary actions will be taken.
2. Records of investigations, results, recommended and actual disciplinary actions against employees/individual contractors and/or provider organizations will be maintained.

Procedures

1. The Compliance Officer will recommend appropriate disciplinary actions for substantiated violations to the Deputy Director of the Board upon completion of the investigation.
2. Final decision regarding disciplinary actions will be determined and executed within 30 days of such recommendation.
3. The Compliance Officer is responsible to ensure that records are maintained regarding all disciplinary recommendations and actions taken.

Appendix I: Investigative Procedures

Macomb County Community Mental Health Services Board Compliance Investigation Policy

Purpose

Macomb County Community Mental Health Services Board developed and implemented a Corporate Compliance Program in an effort to establish a culture that promotes prevention, detection, and resolution of misconduct. This is established, in part, by the Board's various Compliance Reporting mechanisms whereby employees/individual contractors and other parties can report actual or suspected violations of the law or the Board's Compliance Program and Code of Ethics. It is also established by ensuring that appropriate and timely investigation of these reports occurs. This policy is designed to establish the framework for managing and responding to compliance issues raised to the Compliance Office and Compliance Officer.

Policy

1. All reports received via the Board Compliance Reporting mechanisms will be investigated within a timely manner; investigations shall be initiated within two weeks of receiving a complaint. Appropriate efforts will be made, whenever possible, to protect any evidence necessary to complete the investigation.
2. Violations of the law will be reported to appropriate authorities in a timely manner.
3. The Compliance Program will be altered and amended, whenever possible, to reduce the likelihood of future violations of a similar kind.
4. The Compliance Office shall not become involved in a compliance investigation in which there is currently an active investigation or administrative/personnel action pertaining to an employee by MCCMH and/or the Macomb County Human Resources Department. All issues shall be moved to the Deputy Director's Office for disposition.

Procedures

1. The Compliance Officer is responsible for ensuring the timely, complete, and appropriate investigation of reports of suspected violations. Said investigation may include document review, interviews, audit, or other investigative techniques.
2. The Compliance Officer should ensure:
 - A fair and impartial review of all the relevant facts;
 - That the inquiry is restricted to those necessary to resolve the issues, and
 - That the inquiry is conducted with as little visibility as possible while gathering pertinent facts relating to the issue.
3. The Compliance Officer should ensure that the following objectives are accomplished:

- Fully debrief reporting party;
 - Notify appropriate internal parties and external parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Provide a list of findings and recommendations;
 - Determine appropriate corrective actions and recommended disciplinary actions if necessary and forward to the Deputy Director;
 - Document all proceedings.
4. The Compliance Officer, with the assistance of the Regulatory Compliance Committee as necessary, will ensure that the Board's Compliance Program (particularly its Audit processes) are appropriately amended or enhanced to reduce the likelihood of future violations.
 5. Final decision regarding disciplinary actions will be determined and executed by the Deputy Director within 30 days of such recommendation.

Macomb County Community Mental Health Board Code of Ethics

The Board's code of ethics lists activities that our employees/individual contractors may and may not engage in while employed/contracted by the Board. They are provided as a means of defining integrity, honesty, and legal behavior. All Board employees/individual contractors shall accept the code of ethics and meet their requirements as a condition of employment/contract.

- All books, records, and documentation at the Board shall be kept accurately and on a timely basis. This includes all documents including but not limited to consumer medical charts, billing documents, and invoices.
- The Board shall seek to buy from suppliers and vendors at the lowest possible price.
- The Board shall treat consumer's assets and property with respect and demand that others do the same.
- The Board shall adhere to our charitable purpose of providing behavioral health care to our community.
- The Board shall maintain high ethical standards in the provision of care and medical research.
- The Board expects licensed professionals to abide by the ethical code of their respective profession, in addition to these standards of conduct.
- The Board shall seek to be cost-effective while not sacrificing the quality or appropriate level of care for financial reasons.
- The Board shall not seek remuneration in any form from any contractors, suppliers, providers or other health care entities that seek to do business with it.
- When seeking reimbursement from any health care program or third-party payer, the Board shall honestly and accurately indicate the level of care provided.
- The Board shall employ and associate with ethical, qualified individuals.
- The Board shall not provide or accept remuneration of any kind when providing or accepting referrals.
- The Board shall not engage in conduct prohibited by the antitrust laws including monopolistic behavior or price-fixing.
- The Board shall not discriminate against employees or consumers on the basis or race, religion, gender, ethnic origin or religious affiliations, or other legally protected status.
- The Board shall comply with all applicable laws, statutes and ordinances of the federal, state and local governments in the performance of its duties.

- If the Board violates federal or state law it shall report the violation and take the necessary action to correct the harm caused by the violation.
- Board employees/ individual contractors shall not engage in any behavior which is in conflict with the provisions of the Code of Ethics of the County of Macomb.

In addition, the Board has set forth ethical standards in the following areas:

Conduct Toward Consumers

1. Each Board employee/individual contractor shall provide consumers with accurate and complete information regarding the extent and nature of the services available to them.
2. Each Board employee/individual contractor shall treat consumers with respect, courtesy, and fairness during both face-to-face, telephone, and written communications.
3. Each Board employee/individual contractor shall protect each consumer's human rights, civil rights, and code-protected rights, which are set forth throughout Chapter 9 of the Board Administrative Manual.
4. Each Board employee and individual contractor shall not discriminate against, harass, or deny treatment or services to any consumer because of his/her race, color, religion, gender, national origin, marital status, age, political affiliation, disability, known association or relationship with an individual with a disability, other legally protected status, or socioeconomic status.
5. Each Board employee/individual contractor shall comply with the letter and spirit of the laws and policies of the Board Administrative and MCO Manuals in providing services to consumers.

Confidentiality

1. Board employees/individual contractors shall respect the privacy of consumers and abide by the policies pertaining to recipient confidentiality.
2. Board employees/individual contractors shall not disclose written or oral information specific to identifiable consumers and service to such consumers in unauthorized areas, which shall include, but are not limited to, the following:
 - a. Lobbies and waiting rooms;
 - b. Hallways, stairways and elevators;
 - c. Bathrooms;
 - d. Eating/lounging/smoking areas;
 - e. Walkways, parking lots, picnic areas, etc. and
 - f. Any area in which privacy is not ensured or cannot be provided.

3. Board employees/individual contractors shall discuss the provision of services or status of cases regarding identifiable consumers only for business purposes and only with parties directly and professionally concerned with them.
4. If, in any social or casual setting away from a direct or contract service site, any Board employees/individual contractors encounter a consumer of Board's services, he/she shall not indicate that they are acquainted with the consumer through the Board. If possible, the employee/individual contractors shall inform the consumer of any impending circumstances which are likely to affect the consumer's confidentiality; i.e., cause the consumer to explain how he/she knows the employee/contractor.
5. Written or oral recipient information disseminated to a recipient, a staff member, or an individual Board contractor shall be conducted in such facility areas which assure its confidentiality from other consumers or staff who do not possess a need to know basis for sharing the information.
 - a. Doors, windows, etc. shall be shut if, when open, orally disclosed information could be heard by unauthorized persons.
 - b. Written disclosed information shall not be left outside of a file cabinet when it is easily accessible to unauthorized persons, i.e., on an unattended counter, on a desk in an unlocked room, near a copying machine, etc.
 - c. If the disclosure of information takes place in a room with glass walls, the consumer information shall not be displayed on a chalkboard, bulletin board, or near the glass if doing so would make it visible to unauthorized persons.
 - d. Computer terminal screens shall be positioned so that confidential information shall not be visible to persons in the waiting areas.

Relationships With Consumers

1. Board employees/individual contractors shall not exploit their relationships with consumers for personal advantage.
2. Board employees/individual contractors shall not accept money, goods, services, or other non-monetary remuneration, except for service fees paid to the Board, from consumers in exchange for services.
3. Board employees/individual contractors shall not knowingly enter social relationships, including romantic and sexual encounters, or business transactions with consumers.

Conduct Toward Colleagues and Other Employees/Contractors

1. Board employees/individual contractors shall cooperate with each other to promote the efficiency and effectiveness of services to consumers.
2. Board employees/individual contractors shall create and maintain conditions that facilitate an ethical and competent workplace.
3. Board employees/individual contractors shall treat fellow staff members with dignity, respect, courtesy, and fairness during both face-to-face, telephone and written communications.

**PROSPECTIVE EMPLOYEE/CONTRACTOR CORPORATE COMPLIANCE PROGRAM
AND CODE OF ETHICS ACKNOWLEDGEMENT FORM**

Macomb County Community Mental Health Services Board

I hereby acknowledge and affirm that I have read and reviewed the Macomb County Community Mental Health Corporate Compliance Program and Code of Ethics. I understand the provisions of both the Compliance Program and the Code of Ethics and was allowed to ask any questions I might have regarding their requirements.

I understand that it is a condition of my employment/contract to comply with the requirements of the Compliance Program and the Code of Ethics. I also realize that I am required to report violations of the Program or Code when any person informs me of a possible violation or I witness a violation myself. I also understand I will not be punished for reporting in good faith misconduct of any magnitude or which involves any level of Board staff/contractor. I have been informed that I will be disciplined for failing to report such violations. I am familiar with both the Compliance hotline telephone number to report misconduct and the location of the Compliance Office.

I certify that I have not been excluded from participation as a provider in any federal, state or private health care program due to any offense involving financial misconduct. I further certify that I have not been excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in activities involving federal financial and non-financial assistance and benefits. I have not been criminally convicted of any crime regarding the federal or state health care programs or private health care plans or any offense involving financial misconduct (such as fraud, embezzlement or bribery). I agree to assist the Board and/or compliance staff investigating my previous involvement in any health care reimbursement program or criminal act.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness

**EMPLOYEE/CONTRACTOR CORPORATE COMPLIANCE PROGRAM AND
CODE OF ETHICS ACKNOWLEDGMENT FORM**

Macomb County Community Mental Health Services Board

CERTIFICATION:

I hereby certify and affirm that I have read the Macomb County Community Mental Health Services Board Corporate Compliance Program and Code of Ethics. I understand both the Program and the Code and was given the opportunity to ask questions regarding the Program, the Code and their implementation.

I have also been informed of the reporting procedures applicable to potential violations of federal law, state law, the Compliance Program or the Board=s Code of Ethics. I understand that I not only must personally comply with federal law, state law, the compliance program and code of ethics but that I also must report any potential violations I discover, witness or learn of in any manner. I also understand I will not be punished or disciplined for reporting, in good faith, any violation regardless of its seriousness or the level of individual involved in the violation.

I realize committing a violation or failing to report a potential violation may result in disciplinary action such as suspension, reduction in pay, demotion with corresponding pay reduction, or termination of employment/contract.

Employee/Contractor Signature

Date

Printed Name

Witness

Witness