



**MACOMB COUNTY**  
**COMMUNITY MENTAL HEALTH**

**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 unless its program is to comply with all applicable state and federal laws. Therefore, the Board has created a compliance program which provides mechanisms and processes for regular audits, detection of fraud waste and abuse, the reporting of violations, employee and provider education programs, and authorization of a Chief Privacy and Compliance Officer position.

The primary purpose 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 the provision of care.
- To foster a culture of compliance and transparency.
- 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 and the Supplemental Compliance Guide.<sup>1 2</sup>

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 are aligned with the plan.

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.

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<sup>1</sup> U.S. Department of Health and Human Services, Office of Inspector

<sup>2</sup> 70 Fed. Reg. 4858; January 31, 2005



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

**#1 Written Standards of  
Conduct**

**#2 Chief Privacy and  
Compliance Officer and**

**#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 understands 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 that help develop the foundation of the compliance program.

### **A. False Claims and Fraudulent Billing**

Congress enacted the False Claims Act<sup>3</sup> in 1863, originally to prevent fraudulent 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 Department of Justice obtained more than \$2.2 billion in settlements and judgments from civil cases involving fraud and false claims against the government in the fiscal year ending Sept. 30, 2020.

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 statute<sup>4</sup> 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

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<sup>3</sup> 31 U.S.C. 3799

<sup>4</sup> 42 U.S.C. 1320a-7b(b)

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 statute provides for several 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 (kickbacks) in place for consumer referrals or for purchasing products or services.

### **C. Self-Referral Prohibitions**

In 1989, Congress passed the Anti-Self-Referral Statute<sup>5</sup>, 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.<sup>6</sup> Key provisions of HIPAA relating to health care compliance include the following:

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<sup>5</sup> 42 U.S.C. Section 1395nn

<sup>6</sup> Pub. L. 104-191



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 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 Health and Human Services. 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 conflicts 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: Chief Privacy and Compliance Officer and Regulatory Compliance Committee**

The Board of Directors has designated a Chief Privacy and Compliance Officer who has day-to-day responsibility for management of the Compliance Program and oversees the organization's commitment to ethical, honest and lawful conduct. The Chief Privacy and Compliance Officer will report to the Chief Executive Officer. The Chief Privacy and Compliance Officer has been selected according to his/her record of achievement, high level of integrity and educational accomplishments. The Chief Privacy and Compliance Officer understands and stays current with applicable federal and state law and reimbursement issues and is qualified to provide the educational material and/or training. The position of Chief Privacy and Compliance Officer will entail various duties. These duties include:

- Implement system-wide compliance program that is compliant with all federal state and local laws.
- Direct the performance of system-wide audits to investigate and monitor compliance.
- Develop or designate the development of compliance policies.
- Provide educational material for the employees/individual contractors' use.
- Remain abreast of applicable new laws and regulations and review fraud alerts issued by the Office of the Inspector General of the Department of Health and Human Services.

- Maintain a system for the reporting of violations.
- Maintain confidentiality of employees/individual contractors or other parties who make inquiries or report violations.
- Conduct an annual review of the compliance program and provide updates to Board executives and the Board of Directors.
- Recommend appropriate disciplinary action of employees who violate federal or state law, compliance program mandates, or the code of ethics.

See Appendix B for the complete Chief Privacy and Compliance Officer Job Description.

In addition to the position of the Chief Privacy and Compliance Officer, the Board has formed a 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 Chief Privacy and Compliance Officer, as well as assist and advise the Chief Privacy and 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 CEO, the Chief Privacy and Compliance Officer, the Privacy Officer, the Chief Financial Officer, the Chief Information 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 Chief Privacy and Compliance Officer and approved by the CEO.

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 Chief Privacy and 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 office of Corporate Compliance 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 Chief Privacy and Compliance Officer will also be required to participate in regular compliance training and education. The Chief Privacy and 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 Chief Privacy and Compliance Officer is delegated the duty to ensure that there is a management process in place to audit and monitor, at regular intervals, its employees/individual contractors, and its providers regarding the compliance program. The Chief Privacy and Compliance Officer will use County Corporation Counsel when necessary to maintain attorney-client confidentiality.

The Chief Privacy and Compliance Officer will 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.

**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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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. Records of compliance violations and disciplinary actions will be retained for a minimum of ten (10) years. 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 disciplinary action may include sanctions, loss of privileges, or other appropriate measures including contract termination.

For direct-operated program staff, violations of the Compliance Program or Code of Ethics are investigated and substantiated by Department of Corporate Compliance, and the Chief Privacy and Compliance Officer will recommend appropriate 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 Chief Privacy and Compliance Officer will ensure that all suspected and reported violations 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 CEO for disposition.

When a report of such a violation is received, the office of Corporate Compliance 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 Chief Privacy and Compliance Officer will take whatever measures are deemed necessary in accordance with the contract.

After evidence of the violation is protected, the Department of Corporate Compliance will interview 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 Office of Corporate Compliance will recommend appropriate action to reduce the likelihood of future violations.

If a violation of civil or criminal federal or state law is detected, the Office of Corporate Compliance will report the violation to the appropriate government agency as soon as possible. The Office of Corporate Compliance will provide a report of the 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: Chief Privacy and Compliance Officer Description**

### **MCCMH CHIEF PRIVACY AND COMPLIANCE OFFICER DESCRIPTION Macomb County Community Mental Health Services Board**

#### **Summary:**

Reports regularly to the Chief Executive Officer 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 Chief Executive Officer, the Corporate Chief Privacy and 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 Chief Privacy and Compliance Officer and approved by the Deputy Director.

The function of the Regulatory Compliance Committee is to oversee the compliance program. Oversight will involve regular compliance updates from the Chief Privacy and Compliance Officer as well as providing oversight and assistance with other compliance activities such as policy development and implementation.

The Committee will meet every three months and the Chief Privacy and Compliance Officer will chair and retain minutes from all meetings. The Chief Privacy and 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 Chief Privacy and Compliance Officer will participate in effective compliance training and education. “Effective training for the Chief Privacy and Compliance Officer means that it cannot be conducted by the Chief Privacy and Compliance Officer himself/herself.

#### **Procedures**

1. The Chief Privacy and 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 Chief Privacy and Compliance Officer is responsible for coordinating with management to ensure that specialized compliance education occurs in identified risk areas.
8. The Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and Compliance Officer:

1. The Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and Compliance Officer and report on the further actions needed and completion dates.
  - The Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and Compliance Officer may independently direct a follow-up review to verify that corrective actions were successful.
  6. The Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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 Chief Privacy and 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.