

Corporate Compliance

I. POLICY:

- A. It is the policy of Hughes Behavioral and Mental Health Services, Inc. to provide services that fully comply with all federal, state, and local regulations and applicable laws, and to adhere to explicit ethical standards throughout all facets of the organization's operations. Hughes Behavioral and Mental Health Services, Inc. will ensure these conditions of operation are met through an organized and ongoing comprehensive corporate compliance program.
- B. Hughes Behavioral and Mental Health Services, Inc.'s Corporate Compliance Program seeks to meet the following overall goals:
- 1) Maintain and enhance the quality of services.
 - 2) Demonstrate a sincere effort to comply with all applicable laws.
 - 3) Revise and develop new policies and procedures to enhance compliance.
 - 4) Enhance communications with governmental entities to ensure compliance.
 - 5) Empower all involved parties to prevent, detect, respond to, report, and resolve conduct that does not conform to applicable laws and regulations, and the organization's ethical standards/code of conduct.
 - 6) Establish mechanisms for staff members to ensure that questions and concerns about compliance issues are appropriately addressed.

II. PROCEDURES:

A. Organizational Responsibilities:

- 1) Corporate Compliance Officer: Corporate Compliance Officer (CCO) shall provide leadership and oversight of the Corporate Compliance Program. The CCO's duties shall include, but not be limited to:
 - a. Serve as the organization's internal and external point of contact for overall corporate compliance issues.
 - b. Develop, implement, and monitor the organization's Corporate Compliance Plan, including internal and external monitoring, auditing, investigative and reporting processes, procedures, and systems.

- c. Provide regular communication to the LME concerning all areas of the Corporate Compliance Program.
- d. Provide specific guidance and ongoing education to staff members who are expected to know and comply with specific laws and guidelines in their regular job duties.
- e. Ensure that mechanisms for preventing, detecting, reporting, and resolving compliance issues are operating in a functional manner.
- f. Ensure that the organization's reporting mechanisms enhance and encourage active participation of all staff members, and provide confidentiality in the reporting process.
- g. Ensure that all suspected violators and/or violations are handled according to documented policy and resolved in a manner that ensure the integrity of the organization's compliance with applicable guidelines and laws.
- h. Submit an annual report to the LME that includes a summary of all allegations, investigations, and/or complaints processed in the preceding 12 months, a complete description of all corrective actions taken, and any recommendations for changes to the organization's policies and/or procedures.
- i. In performance of his/her duties, the CCO shall have direct and unimpeded access to the organization's legal counsel and/or accounting firm, for matters pertaining to corporate compliance.

2) Compliance Officer's Job Duties:. The duties of the CCO, or designee, will include, but not be limited to:

- a. Ongoing identification and assessment of compliance systems and issues.
- b. Plan and provide guidelines for development of service specific compliance procedures through the development, revision, and ongoing monitoring of the organizational Corporate Compliance policies and process.
- c. Plan and provide support for educational training and programming.
- d. Disseminate compliance information.
- e. Provide controls to prevent and reduce errors, and to identify wrongdoing.
- f. Receive, evaluate, and respond to reports of potential violations.

- g. Work with administrative and clinical leadership to implement remedial actions, and take appropriate corrective and disciplinary actions.
- 3) The LME will have the ultimate authority and responsibility for corporate compliance.

B. Employee Training:

- 1) The Corporate Compliance Program will be fully integrated into the organization's education and training systems through the following processes:
 - a. All new employees will review the Corporate Compliance Program Policy and the organization's Code of Conduct as part of the new employee orientation process.
 - b. All staff members will review the organization's Code of Conduct as part of their annual performance review evaluations.
 - c. All staff members will participate, as needed, in ongoing compliance in-service presentations and competency-based trainings.
 - d. Regular publication of reporting mechanisms will occur throughout the organizations communication systems. These will include, but not be limited to, email notification, internal memos, agency newsletter, and postings on bulletin boards in staff and public areas.
 - e. Employee exit interviews will include compliance-related questions.

C. Monitoring and Auditing:

- 1) Hughes Behavioral and Mental Health Services, Inc. will utilize the CCO to ensure that it conducts business in an ethical manner and ensure that any questionable business practices are thoroughly investigated through the organization's written investigation procedures.
- 2) All programs shall implement internal controls, including monitoring activities to ensure compliance with the organization's program.
- 3) Internal self-audits will include, but not be limited to, fiscal services, marketing, contractual services, health and safety practices, use of agency resources, confidentiality, dual relationships, and medical necessity.
- 4) Ongoing monitoring and auditing activities will be reported to the LME for review and appropriate actions, if necessary.

D. Reporting System:

- 1) Hughes Behavioral and Mental Health Services, Inc. will provide mechanisms to assist staff members and/or agents in reporting suspected violations of possible

criminal conduct or violation of the organizational code of ethics by persons within the organization, without fear of retribution.

2) Specific processes of reporting suspected violations include the following:

- a. **Compliance Forms/Letters:** Compliance reporting forms will be available via the Hughes Behavioral and Mental Health Services, Inc. Suggestion Box for staff to use for submitting information to the corporate compliance officer concerning possible violations.
- b. **Telephone:** The number of the CCO will be published and made available for staff to use in submitting concerns regarding possible violations.
- c. **LME:** The number to submit complaints/concerns to the local LME will be published and made available for staff to use in submitting concerns regarding possible violations.

E. Investigation Procedures:

- 1) The CCO shall initiate and conduct investigations of all reported alleged incidents.
- 2) Upon receiving information of an alleged incident or violation, the CCO will inform the LME of the allegation.
- 3) If a member of the LME is directly connected to the alleged incident that is being investigated, he/she will be excused from the team/investigation until the final outcome and corrective action plan has been completed.
- 4) All information concerning the alleged incident will be held in strict confidentiality by all parties involved in the process, and will not be shared with any other staff member.
- 5) The CCO will conduct an initial investigation through an interview process with staff members who are assigned to duties and areas related to the alleged violation.
- 6) The CCO will determine from the initial investigation whether the situation would benefit from the involvement of the organization's legal counsel in the investigation process, and recommend such action to the LME, should it be appropriate.
- 7) The employee is notified that there is a complaint and, if warranted by the initial information and involves a direct service situation, may be instructed to not continue direct services with a client until the issue is resolved. The supervisor assisting with the investigation will take primary responsibility for helping the client with access to a clinician that can provide services during the investigation should a change in clinicians be warranted.

- 8) If the suspected violation of the Code of Conduct involves the executive management of the organization, the organization will enlist assistance from their legal counsel to serve as the final approval of outcome and recommendations.
- 9) The investigation may involve interviews with witnesses and clients, as well as reviewing other relevant information. At all times the client's rights will be respected.
- 10) If at any time during the investigation it is determined that the client's rights have been violated, the appropriate advocacy representative or entity will be immediately contacted to begin their own investigation process according to applicable laws and guidelines.
- 11) If involved, the organization's legal counsel will help ensure the confidentiality and attorney-client privilege of any information which may be compiled, help management focus on critical issues which should be investigated, and help design a strategy for effectively using the findings of the investigation.
- 12) Following an investigation, the CCO will file a report to the LME that will include a summary of all allegations, results of the investigation, and recommendations for corrective actions.
- 13) The CCO, the LME, and the supervisor of the staff member(s) involved in the incident will review the recommendations and develop a corrective plan of action.
- 14) Should the investigation indicate a serious violation of policy, the organization's legal counsel will advise the LME with regard to the need to self-report the violation to the appropriate government regulatory agency, and will assist in the process should it be necessary.
- 15) A written report will be compiled and submitted within fourteen (14) days from the notification of the complaint. The report will detail the following:
 - a. The nature of the complaint, including time, date, persons involved, services involved.
 - b. The person whom the complaint is lodged against.
 - c. Results of persons interviewed and investigation of circumstances surrounding the incident.
 - d. A recommendation based on the gathered information.
- 16) The Corporate Compliance Officer will make one of three possible findings in the recommendation to The LME:

- a. Founded: The suspected violation of the Code of Conduct was found to have occurred.
 - b. Unfounded: The suspected violation of the Code of Conduct was found not to have occurred.
 - c. Undetermined: It cannot be determined whether or not a violation of the Code of Conduct has occurred.
- 17) Once approved by the LME, the supervisor will inform the employee, who is the subject of the investigation, of the outcome of the investigation.
 - 18) If the finding was unfounded, the paperwork of the complaint and the investigation will be destroyed.
 - 19) If the finding was undetermined, the supervisor will adjust the supervision of the employee to a level necessary to ensure that the suspected behavior is not occurring. The employee will be informed of the details and will be actively involved with the supervisor in this process.
 - 20) If it is determined that the suspected violation is a consumer right's violation, then the investigation, notification, and appeal procedure will follow the consumers right's policy and procedures.
 - 21) When an investigation of ethical complaints are found to have merit, the incident will be reported to the executive management as a critical incident, and will be reviewed within the appropriate format to assist in quality improvement, risk management, and corrective measures.
 - 22) The CCO will monitor and evaluate the corrective plan interventions through consistent communication and contact with the supervisor in charge, and will reevaluate the actions/corrections on a monthly basis.
 - 23) The CCO will provide updates of the situation to the LME until the situation has been resolved.
 - 24) The incident, investigation, and outcome will be included in the annual corporate compliance report to the LME.
 - 25) The LME will utilize all information consistent with an incident, investigation, and outcome to recommend revision and development of policy, procedures, and guidelines in the area of corporate compliance.

F. Enforcement and Discipline:

1) Remedial Actions:

- a. Remedial actions are not disciplinary and are done to correct mistakes, and enhance compliance with the Corporate Compliance Program and

State and Federal regulations. In most cases, remedial actions are designed to improve performance of individual staff members. Upon investigating what appears to be behavior requiring remedial actions, the CCO will clarify policies, and will review, and revise if necessary, administrative procedures to prevent future errors.

- b. If remedial action is deemed necessary, the affected staff member will be notified, prior to the initiation of the action, and informed of the concerns regarding his/her performance.
- c. Examples of behaviors that could require remedial action might include but not limited to, failure of an individual to understand and carry out organizational-wide required procedures and policies, inappropriate or improper implementation of the organization's specific corporate compliance policies and procedures, ambiguous communications regarding job performance expectations, or negligent behavior.
- d. Examples of remedial actions may include, but not be limited to staff members required to take part in an education program focused on the problem area, future money management handled in a specifically designated manner, a staff member reassigned, or a change in duty until remediation has successfully corrected the error.

2) Corrective or Disciplinary Actions:

- e. In cases of repeated violations of intentional misconduct, or after documented remedial actions have failed to correct the problem, the organization will initiate corrective or disciplinary actions where necessary to address wrongdoing or malfeasance. The initiation of corrective or disciplinary action by the organization does not preclude or replace any criminal proceedings that may be taken by legal authorities.
- f. Should the organization initiate corrective or disciplinary action, it will do so in accordance with existing and applicable personnel policies.

G. Prevention:

- 1) Education and training will serve as the core of Hughes Behavioral and Mental Health Services, Inc. prevention efforts to ensure minimal violations of law, ethics, and code of conduct. Prevention efforts will include, but not be limited to:
 - a. New employee orientation training.
 - b. Training related to the staff members' specific position.

- c. Documentation of competency in required areas through performance appraisals and/or competency based exams.
- d. Routine, targeted, and random audits of systems and medical charts.

Executive Director

Date