



Corporate Compliance Program

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The Warren Washington Association for Mental Health

CORPORATE COMPLIANCE PROGRAM

I. Policy

It has been and continues to be the policy of the Warren Washington Association for Mental Health (referred to as “WWAMH” or “the Agency”) to comply with all applicable federal, state, and local laws and regulations, and payer requirements. It is also the Agency’s policy to adhere to the Code of Ethics that is adopted by the Board of Directors, the Chief Executive Officer, and the Compliance Committee.

II. Commitment

WWAMH have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold our employees, interns, volunteers, contracted practitioners, and vendors to these same standards.

WWAMH is committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees and agents. We shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes, regulations, and health care program requirements.

III. Responsibility

All agency employees, Board Directors, volunteers, interns, contracted practitioners, and vendors shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to their immediate supervisor, the Chief Executive Officer or the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to the Agency’s administration.

IV. Policies and Procedures

We will communicate its compliance standards and policies through required training initiatives to all employees, contracted practitioners, vendors, etc. We are committed to these efforts through distribution of this Compliance Policy and our Code of Conduct and Philosophy.

V. Enforcement

This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report noncompliance.

VI. Agency Response

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. We are dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Program.

VII. Due Diligence

WWAMH will, at all times, exercise due diligence with regard to background and professional license investigations for all prospective employees, contractors, vendors, and Board Directors.

VIII. Whistleblower Provisions and Protections

WWAMH will not take any retaliatory action against an employee if the employee discloses certain information about the Agency's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that the Agency is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of patient care.

Philosophy

I. Mission

The Mission of the Warren Washington Association for Mental Health is to improve the quality of life for those affected by mental illness and to promote the awareness and importance of mental well being in the community.

To succeed:

- We will operate in a client-centered manner with respect for the individual's rights to self-determination and self-expression.
- We will treat individuals with respect and with recognition of their human dignity and we will strive to dismantle barriers between providers and recipients of services.
- We believe in the ability of individuals to improve and grow when positive conditions for growth are created.
- We will work in active partnership with recipients of services as well as with families and other agencies and organizations.
- We will provide services and develop environments that help mediate stress and reduce the incidence of psychiatric crisis and need for hospitalization by improving the quality of life of people in the community through meaningful treatment and community support programs.
- We will work to expand the resources available to individuals and opportunities for personal development and growth.
- We will work to educate the public and the legislators as to the legitimate needs and rights of people with psychiatric disorders or problems as well as to the real nature of mental illness, the efficiency of treatment, and the importance of mental health to society.

II. Expectations

We ensure that all aspects of client care and business conduct are performed in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. The Agency expects every person who provides services to our consumers to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Employees may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of the Agency. Employees must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with the Agency; (ii) provides to, or receives from, the Agency any consumer referrals; or (iii) competes with the Agency. Employees may not without permission of the Compliance Officer accept, solicit, or offer anything of value from anyone doing business with the Agency.

Employees are expected to maintain complete, accurate, and contemporaneous records as required by the Agency. The term “records” includes all documents, both written and electronic, that relate to the provision of the Agency services or provide support for the billing of the Agency services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, or initials if the program supports the usage of a “Signature Key”, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to immediate supervisors, the Compliance Officer (CO) or the Chief Executive Officer (CEO), so each situation may be appropriately dealt with. The CO or CEO may be reached at (518) 747-2284.

COMPLIANCE PROGRAM OVERSIGHT

The Role of the Compliance Officer

I. Compliance Officer

The Board of Directors of WWAMH appoints the Compliance Officer (CO). The CO has direct lines of communication to the Chief Executive Officer, the Board Directors, and the Agency counsel.

II. Job Duties

The CO is directly obligated to serve the best interests of our agency, consumers and employees. Responsibilities of the CO include, but are not limited to:

- Developing and implementing compliance policies and procedures (P&P).
- Overseeing and monitoring the implementation of the compliance program.

- Directing the Agency’s internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding P&P and governmental laws, rules, and regulations.
- Updating, periodically, the Compliance Program as changes occur within the Agency, within the law and regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Program.
- Coordinating, developing, and participating in the educational and training program.
- Guaranteeing independent contractors (vendors, billing services, etc.) are aware of the requirements of Agency’s Compliance Program.
- Actively seeking up-to-date material regarding regulatory compliance.
- Maintaining a reporting system (hotline) and responding to concerns, complaints, and questions related to the Compliance Program.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

The Structure, Duties, and Role of the Compliance Committee

I. Reporting Structure and Purpose

Compliance Committee (CC) members are appointed by the Chief Executive Officer (CEO) and approved by the Board Directors. Compliance issues are reported by the CC to the CEO and Board, where appropriate. The CC purpose is to advise and assist the CO with implementation of the Compliance Program.

II. Function

The roles of the Compliance Committee include:

- Analyzing the environment where the Agency does business, including legal requirements with which it must comply.
- Reviewing and assessing existing P&P that address these risk areas for possible incorporation into the CP.

- Working with departments to develop standards and P&P that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing internal systems and controls to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

Delegation of Substantial Discretionary Authority

I. Requirement

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for the Agency is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, the Agency performs reasonable inquiries into the background of such applicants, contractors, vendors, and Members of the Board of Directors.

The following organizations may be queried with respect to potential employees, contractors, vendors and Members of the Board of Directors:

- a) General services administration: list of parties excluded from federal programs. The URL address is <http://epls.gov/epls/servlet/EPLSSearchMain/2>.
- b) HHS/OIG cumulative sanction report. The URL address is <http://exclusions.oig.hhs.gov/search.html>.
- c) NYS Medicaid Fraud Database. The URL address is <http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>.
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/rasearch.htm#name>).

EDUCATION AND TRAINING

I. Expectations

Education and training are critical elements of the CP. Every employee and agent is expected to be familiar and knowledgeable about the Agency's CP and have a solid working knowledge of his or her responsibilities under the plan. Compliance policies and standards will be communicated to all employees through required participation in training programs.

II. Training Topics - General

All personnel and members of the Board of Directors shall participate in training on the topics identified below:

- Government and private payer reimbursement principles;
- Government initiatives;
- History and background of Corporate Compliance;
- Legal principles regarding compliance and Board responsibilities related thereto;
- General prohibitions on paying or receiving remuneration to induce referrals and the importance of fair market value;
- Prohibitions against submitting a claim for services when documentation of the service does not exist to the extent required;
- Prohibitions against signing for the work of another employee;
- Prohibitions against alterations to medical records and appropriate methods of alteration;
- Prohibitions against rendering services without a signed physician's order or other prescription, if applicable;
- Proper documentation of services rendered; and
- Duty to report misconduct.

III. Training Topics - Targeted

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics. Managers shall assist the CO in identifying areas that require specific training and are responsible for communication of the terms of this CP to all independent contractors doing business with the Agency.

IV. Orientation

As part of their orientation, each employee and contractor shall receive a written copy of the Compliance Program, policies, and specific standards of conduct that affect their position.

V. Attendance

All education and training relating to the Compliance Program will be verified by attendance and a signed acknowledgement of receipt of the Compliance Program and standards.

Attendance at compliance training sessions is mandatory and is a condition of continued employment.

EFFECTIVE CONFIDENTIAL COMMUNICATION

I. Expectations

Open lines of communication between the CO and every employee and agent subject to this Program are essential to the success of our Compliance Program. Every employee has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedure listed below.

II. Reporting Procedure

If an employee, contractor, or agent witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Program, he or she should contact the CO, his or her immediate supervisor, or the Chief Executive Officer. Reports may be made in person, or by calling a telephone line dedicated for the purpose of receiving such notification: TBG (The Bonadio Group) Fraud and Abuse Hotline: 1-866-219-1122 toll free, or mailing the information to the attention of the Compliance Officer at 3043 State Route 4, Hudson Falls, NY 12839, or placing it in the Compliance Officer's mail box located at the same address.

Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and report to the CO. Any questions or concerns relating to potential non-compliance by the CO should be reported immediately to the Chief Executive Officer.

The CO or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Code of Ethics or its application, the CO or designee shall record the facts of the call and the nature of the information sought and respond as appropriate. The Agency shall, as much as is possible, protect the anonymity of the employee or contractor who reports any complaint or question.

III. Protections

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of this Program by following the above shall not result in any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities

under the Program is acting against the Agency's compliance policy. Discipline, up to and including termination of employment, will result if such reprisal is proven.

IV. Guidance

Any employee and agent may seek guidance with respect to the Compliance Program or Code of Conduct at any time by following the reporting mechanisms outlined above.

ENFORCEMENT OF COMPLIANCE STANDARDS

I. Background Investigations

For all employees who have authority to make decisions that may involve compliance issues, the Agency will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

II. Disciplinary Action - General

Employees who fail to comply with the Agency's compliance policy and standards, or who have engaged in conduct that has the potential of impairing the Agency's status as a reliable, honest, and trustworthy service provider, will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The CO shall maintain a record of all disciplinary actions involving the Compliance Program and report at least semi-annually to the Board of Directors regarding such actions.

III. Performance Evaluation - Supervisory

The Agency's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of Agency employees and contractors. They will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

- Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.
- Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
- Disclose to all supervised personnel that the Agency will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

IV. Disciplinary Action - Supervisory

Managers and supervisors will be sanctioned for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the Agency with the opportunity to correct them.

AUDITING AND MONITORING OF COMPLIANCE ACTIVITIES

I. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of the Agency's Compliance Program. An ongoing auditing and monitoring system, implemented by the CO and in consultation with the CC, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by an external consultant as determined by CO and CC.

The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and consumer record documentation reviews.

II. Plan Integrity

Additional steps to ensure the integrity of the CP will include:

- Annual review with legal counsel of all records of communications and reports by all employees or contractors kept in accordance with this Program.
- The CO will be notified immediately in the event of any visits, audits, investigations, or surveys by any federal or state agency or authority, and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing the Agency and/or administering a federally or state-funded program or County-funded program with which the Agency participates.
- Establishment of a process detailing ongoing notification by the CO to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

DETECTION AND RESPONSE

I. Violation Detection

The CO, Chief Executive Officer, and the CC shall determine whether there is any basis to suspect that a violation of the CP has occurred.

If it is determined that a violation *may have* occurred, the matter shall be referred to the CO who shall conduct a more detailed investigation. This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

II. Reporting

At the conclusion of an investigation a report shall be issued to the Chief Executive Officer, CC, and the Board of Directors summarizing the findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred.

The report will be reviewed with legal counsel in attendance. Any additional action will be on the advice of counsel.

The CO shall report to the CC regarding each investigation conducted.

III. Rectification

If the Agency identifies that an overpayment was received from any third party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. It is our policy to not retain any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

IV. Record Keeping

Regardless of whether a report is made to a governmental agency, the CO shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Chief Executive Officer and/or legal counsel.

WHISTLEBLOWER PROVISIONS AND PROTECTIONS

I. Provisions

The False Claims Act provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the False Claims Act.

The Agency will not take any retaliatory action against an employee if the employee discloses information about the Agency's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the Agency is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the employee believes constitute improper quality of patient care.

II. Protections

The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action.

If the Agency takes a retaliatory action against the qui tam relator (employee), the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.