



## Scioto Paint Valley Mental Health Center

### Statement on Compliance and Integrity

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Scioto Paint Valley Mental Health Center is dedicated to the delivery of mental health and substance abuse services in an environment characterized by conformance with standards of accountability for administration, clinical, business, marketing and financial management. Scioto Paint Valley Mental Health Center's leadership is committed to the need to prevent and detect abuse, waste and fraud, fiscal mismanagement and misappropriation of funds and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, Scioto Paint Valley Mental Health Center is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes:

1. Prevention of wrong doing – whether intentional or unintentional;
2. Immediate reporting and investigation of questionable activities and practices without consequences to the reporting party; and
3. Timely correction of any situation which puts the organization, its leadership or staff, funding sources or consumers at risk.

It is the policy of Scioto Paint Valley Mental Health Center to follow ethical standards of business practice established by the Center's Leadership Team and Board of Trustees; by oversight agencies; and state and federal law. Scioto Paint Valley Mental Health Center has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable laws and sound ethical business practices. The Scioto Paint Valley Mental Health Center Board of Trustees, workforce members and business associates are informed of applicable laws and regulations to which the Center is obliged so that they do not inadvertently engage in conduct that may raise compliance issues. Scioto Paint Valley Mental Health Center recognizes that its business relationships with business associates, contractors, other providers, vendors and clients are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its clients, workforce and business associates, Scioto Paint Valley Mental Health Center places emphasis on its Corporate Compliance Program to address regulatory issues likely to be of most consequence to Center operations.

Compliance is the responsibility of workforce members at Scioto Paint Valley Mental Health Center; however, the day-to-day operations of the compliance program are the responsibility of the Corporate Compliance Officer and the Corporate Compliance Committee.



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The Corporate Compliance Program establishes the following framework for legal and corporate compliance by Scioto Paint Valley Mental Health Center Board of Trustees, workforce members, business associates, and contract providers:

- Designation of responsible persons charged with directing the effort to enhance compliance and implement the Corporate Compliance Plan;
- Incorporation of standards, policies and administrative guidelines directing Scioto Paint Valley Mental Health Center workforce members and others involved with operational practices;
- Identification of legal issues that may apply to business relationships and methods of conducting business;
- Development and implementation of an education program for the Board of Trustees, workforce members, stakeholders, business associates, and contract providers to raise questions and receive appropriate guidance concerning operational compliance issues;
- Development and implementation of an ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education;
- Development and implementation of a process for workforce members, business associates and contract providers to report possible compliance issues including a process for such reports to be independently reviewed;
- Enforcement of standards through documented disciplinary guidelines and policies and training addressing expectations, sanctions and consequences;
- Formulation of plans for corrective action to address identified areas of noncompliance;
- Coordination with business associates and contract providers to ensure effective compliance in areas where activities of Scioto Paint Valley Mental Health Center and business associates and contract providers overlap; and
- Implementation of regular reviews of the overall compliance efforts of Scioto Paint Valley Mental Health Center to ensure that operational practices reflect current compliance requirements and address strategic goals for improving Scioto Paint Valley Mental Health Center operations.



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This Corporate Compliance Program is not intended to set forth all of the substantive programs and practices of Scioto Paint Valley Mental Health Center that are designed to achieve compliance. In addition to the Corporate Compliance Program, the Center has developed and implemented a Quality Assurance Plan establishing guidelines and defining parameters of the Center's quality assurance efforts. The compliance practices included in the Corporate

Compliance Program are coordinated with the Quality Assurance Program in order to direct the Center's overall compliance efforts.

The Corporate Compliance Program applies to Scioto Paint Valley Mental Health Center operational activities and administrative actions and includes these activities defined in federal and state regulations relating to healthcare professionals. Scioto Paint Valley Mental Health Center places particular focus upon the following concerns:

- Adhering to requirements relating to the quantitative and qualitative documentation of professional services and associated billing practices;
- Evaluating and managing over- and underutilization of services;
- Ensuring delivery of medically necessary services providing the best value for the clients and communities served by Scioto Paint Valley Mental Health Center;
- Developing, implementing and adhering to policies and procedures relating to high risk activities;
- Developing and implementing policies for credentialing clinical staff including a process for suspension or revocation of professional privileges; and
- Addressing other notable areas identified by the Center through findings from the Corporate Compliance and Quality Assurance monitoring and self-assessment processes.

It is intended that the scope of these compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of Scioto Paint Valley Mental Health Center.



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### **Scioto Paint Valley Mental Health Center**

#### **Corporate Compliance Plan**

##### **Philosophy**

Scioto Paint Valley Mental Health Center provides mental health and substance abuse treatment services to residents of Fayette, Highland, Pickaway, Pike and Ross Counties of the State of Ohio. It is our intent to provide quality services while demonstrating commitment to comply with Federal, State, funding, licensing, credentialing and certifying regulations and standards.

Services rendered by the Center may be provided only pursuant to appropriate Federal, State, and local laws, regulations and conditions of participation. Such laws, regulations and conditions of participation may include subjects such as: financial practices, fiscal accountability, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records and confidentiality, client rights, and Medicare and Medicaid requirements. SPVMHC services may be subject to various other laws in addition to healthcare regulations and conditions of participation. Workforce members and business associates must be knowledgeable about and comply with applicable laws, regulations, and conditions of participation; and should immediately report violations or suspected violations to their immediate supervisor, secondary level supervisor, member of the Executive Leadership Team, or the Compliance Officer.

It is the policy of SPVMHC to be open and forthright in dealing with Federal, State and local regulatory agencies and accrediting bodies. Requests for information will be answered with complete, factual and accurate information. Workforce members are expected to be cooperative and courteous to any inspectors and surveyors and to provide them with the information to which they are entitled during an inquiry, inspection or survey.

##### **Scope**

This Corporate Compliance Plan applies to all SPVMHC operational activities and administrative actions and includes those activities defined in Federal and State regulations relating to behavioral healthcare professionals and services. It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of



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SPVMHC. The Corporate Compliance Program includes, but is not limited to the following components:

- Establishment of a mechanism for reviewing and monitoring Corporate Compliance, including, but not limited to applicable laws, regulations and conditions of participation;
- Establishment of a mechanism for education of workforce members and business associates regarding Corporate Compliance beliefs, requirements and expectations;
- Establishment of a mechanism for reporting violations or suspected violations of applicable laws, rules and conditions of participation;
- Establishment of a mechanism for the development, revision, editing and implementation of policies and procedures that minimize risk for non-compliance with laws and regulations;
- Establishment of a focus on adhering to requirements relating to quantitative and qualitative documentation of professional services;
- Evaluate and make recommendations regarding over- and underutilization of services;
- Ensuring delivery of medically necessary services providing the best value for the clients and community served by the Center;
- Establishment of a mechanism for incorporating Corporate Compliance activities into the Continuous Quality Improvement process and structure to enable increased awareness of compliance issues and focused activities for education and monitoring of compliance issues.

### Responsibility

The responsibility for Corporate Compliance activities lies with the Executive Director and the Board of Trustees. The Compliance Officer maintains the responsibility for implementing, managing and monitoring compliance efforts of SPVMHC and reports directly to the Executive Director and indirectly to the Board of Trustees. All activities, documentation of reports and compliance training implementation are delegated to the Compliance Officer. The Compliance Officer will have the authority to review any and all medical, financial, personnel or other records and organizational documentation to ensure compliance with applicable laws, regulations and conditions of participation. Such reviews may include interviews with SPVMHC workforce members as appropriate. With the oversight of the Executive Director, the Compliance Officer is responsible for the following activities:



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- Assist with the review, revision and formulation of appropriate policies and procedures to guide all activities that involve issues of compliance;
- Ensure that processes for compliance integrate with and support the Center's quality improvement monitoring and system of self-assessment process;
- Assist with the review and amendment as necessary of the Center's Code of Conduct for all workforce members and contract providers;
- Assist with developing methods, including compliance educational and training programs to ensure that all employees are aware of the code of conduct as well as understand the importance of compliance;
- Receive and review instances of suspected compliance issues, communicate findings and assist in the development of action plans with the program suspected of non-compliance;
- Prepare the annual Corporate Compliance Plan and summary and ensure incorporation of findings into the Continuous Quality Improvement process as applicable;
- Provide other assistance with initiatives regarding corporate compliance, as directed by the Executive Director.

### Compliance Program Structure

The structure of the Corporate Compliance Program will include the Compliance Officer, appointed by the Executive Director, and a Compliance Committee responsible for review, analysis and recommendations regarding compliance activities. The Committee may direct focused investigations, staff education or other administrative action to ensure compliance with applicable Federal, State and local regulatory requirements. Compliance Committee membership will include at minimum the all members of the Executive Leadership Team. Additional Management Team Members may be asked to serve on the Compliance Committee at the discretion of the Compliance Officer in order to assist with focused investigations as needed.

### Compliance Reporting

The Compliance Officer will report all compliance educational activities and the results of routine monitoring activities to the Compliance Committee. The results of focused investigations, mandatory self-disclosure activities and other activities designed to protect the anonymity of the reporter may be recorded by categorical activity only. Any activity that may jeopardize the reputation of an individual or compromise corporate confidentiality will be protected to the extent possible, and may be excluded from all reports except those made



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directly to the Executive Director and/or Board of Trustees at the discretion of the Compliance Officer. The Compliance Officer will maintain records of all activities, including, but not limited to compliance education activities, routine monitoring activities and focused investigations. This material is subject to applicable State and Federal confidentiality laws.

As a general practice, workforce members and contract providers are directed to address questions about operational issues to persons having supervisory responsibility for the service area. Workforce members and contract providers have the option of reporting any member of the Executive Leadership Team, or the Compliance Officer, any activity they believe to be inconsistent with the Center's policies, procedures, regulatory or legal requirements. Workforce members reporting in good faith possible compliance issues will not be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Human Resource Director or the Compliance Officer.

#### Compliance Investigations

When conduct is reported that is determined to be inconsistent with the Center's policies and procedures, regulatory or legal requirements, the Compliance Officer will be kept apprised if initially reported to an immediate supervisor or member of the Executive Leadership Team. The Compliance Officer will determine whether there is reasonable cause to believe that the organization is at risk. All reports of suspected noncompliance will be investigated unless the information provided is insufficient to permit a meaningful investigation. The Compliance Officer will conduct internal investigations as warranted, or may review the results of an investigation otherwise delegated by the Executive Director. An investigation may be prompted as the result of reported suspicions of fraud and abuse, as a result of routine monitoring activities, or at the direction of the Board of Trustees or Executive Director. All investigations will be completed within a timely manner with no unreasonable delay and will include at a minimum:

- Date of the report or request;
- Name of the person making the request or report (unless anonymous);
- Relevant information regarding the allegations or report;
- Steps utilized in conducting the investigation;
- Results of the investigation;
- Recommended plan of action.



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The investigative process will adhere to any applicable SPVMHC Human Resource policies and procedures regarding personnel actions to be taken. If the results of an investigation would involve disciplinary action, the Human Resources Director will be kept apprised and becomes a part of the investigatory process. If the allegation/finding is in a category requiring self-disclosure, such as Federal or State billing errors or misconduct, the Compliance Officer will notify the Executive Director and/or an Associate Director to arrange consultation with the agency attorney for guidance concerning the self-disclosure process. Findings of any investigation will be reported to the Executive Director upon completion. Findings may be reported to the Board of Trustees at a subsequently scheduled meeting if appropriate and at the discretion of the Executive Director. Board Meeting Minutes will reflect the receipt of the investigative findings, and actions taken. The Compliance Officer will document the date of receipt, actions taken and follow-up recommendations as part of the investigative process. If the report is not made, or appropriate action is not taken, the Compliance Officer will inform the Executive Director and at the Executive Director's discretion directly contact the President of the Board of Trustees for clarification and/or follow-up.

### Compliance Corrective Action Plans

When a compliance issue has been identified through routine monitoring, report by workforce member or contract provider, or investigation, the Compliance Officer will ensure the issue is reported to the supervisor with responsibility for the service area, workforce member or contract provider. The supervisor will be responsible for the development of an action plan, and may include assistance from the Compliance Officer, the appropriate Associate Director, Human Resources Director, Executive Director or legal counsel. Action plans will be designed to ensure not only correction of the specific issue, but also, when appropriate, preventive measures to ensure the issue does not recur within the Center's system of care. In accordance with agency policy, corrective actions may require provision of training, reassignment of duties and/or functions, personnel action; terminating contractual relationships; repayment of reimbursement; or external disclosure to the appropriate oversight body of the risk issue and action taken. If the investigation finds that any non-compliance act has been willful, that finding will be reported to the Executive Director and Compliance Committee. In accordance with SPVMHC policies and procedures, workforce members or contract providers who have engaged in willful misconduct will be subject to disciplinary action, including the termination of employment or contract, respectively. Action plans will be maintained in a secured file for at least three years, and may be used as historical reference tools for provider profiling and supervisory review processes.





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#### **Annual Compliance Review**

In conjunction with the Center's self-assessment process, the Compliance Officer will ensure a review of the Center's status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the operations of SPVMHC are in substantial compliance with corporate policy and regulatory requirements. A review of the compliance reports, action plans and resolutions will be conducted and synopsised by compliance category. The Compliance Officer, with review and comments provided by the Compliance Committee, will prepare the annual compliance report.

#### **Compliance Annual Report and Work Plan**

The Compliance Officer will report on the compliance efforts during the preceding year to the Board of Trustees. The Compliance Officer and the Compliance Committee will develop a work plan, addressing plans for maintaining and improving agency compliance efforts. Recommendations from the compliance work plan will be considered in the:

- Development of the goals within SPVMHC's Service Plan;
- Development of ongoing monitoring mechanisms within SPMVHC's Quality Assurance Plan;
- Development of expected outcomes with SPVMHC's Performance Improvement Plan; and
- Development of any identified areas within SPVMHC's plans of operations including strategic planning, finance, risk management, disaster and safety, infection control, cultural competency, accessibility, and technology.

#### **Revisions to the Corporate Compliance Plan**

The Corporate Compliance Plan is intended to be flexible and readily adaptable to changes in the regulatory requirements and in the behavioral health care system as a whole. The Compliance Officer and the Compliance Committee are to assess the viability of the plan and the inclusion of all appropriate SPVMHC policies and regulatory requirements by reviewing the compliance plan annually. The plan will be revised as appropriate. The Compliance Officer will have the authority to revise or amend the plan with either the approval of the Compliance Committee and if necessary, by adoption of the Board of Trustees.