MENTAL HEALTH ASSOCIATION IN ORANGE COUNTY, INC.



Corporate Compliance Plan

Mental Health Association (MHA) has committed to conduct its business operations in compliance with all applicable laws and to maintain the highest standards of business and professional conduct and ethical integrity. The Mental Health Association Employee Code of Conduct and the related Rules of Conduct define the ethical policies to which MHA intends to adhere and specifies the standards of behavior expected of all MHA employees, Board of Directors and agency volunteers. For some time, MHA has observed a number of practices designed to fulfill this commitment and to achieve these standards. While these practices have been effective, it is appropriate to compile and supplement these practices into a comprehensive compliance program.

It is the purpose of this Corporate Compliance Plan to specify compliance activities and procedures and to assign responsibility for implementation, management, and oversight of these activities and procedures. The goal of the Corporate Compliance Plan is to assure that effective steps are taken to prevent and detect criminal activity and other conduct which breaches the standards set forth in the MHA Employee Code of Conduct. It is recognized that the management structures and procedures set forth in this plan will be periodically reviewed and revised in light of the experience of implementing this plan, and of the evolving nature of our work, agency culture, vision and mission of MHA.

MISSION STATEMENT

Mental Health Association in Orange County, Inc. (MHA) seeks to promote the positive mental health and emotional well-being of Orange County residents, working towards reducing the stigma of mental illness, developmental disabilities, and providing support to victims of sexual assault and other crimes.

In partnership with service recipients, families, volunteers and the community, MHA strives to fulfill its mission through culturally competent advocacy, direct services, public education, and responsiveness in times of community emergency.

The MHA family shares a system of values and behaviors that recognizes and respects the presence and contributions of all diverse groups. We believe that every person is to be treated with dignity, respect, compassion, and acceptance.

CORPORATE COMPLIANCE OFFICER (QUALITY ASSURANCE)

The Director of Corporate Compliance is the designated Agency Corporate Compliance Officer. The Director:

- Serves as Chair of the Corporate Compliance Committee;
- Oversees, monitors, reviews, revises and evaluates the efficacy of the Compliance Program
- Drafts, implements and annually updates the Compliance Work Plan
- Reviews and revises the written policies and procedures and Standards of Conduct
- Reports once per quarter to the Board, Executive Director, and Compliance Committee on Compliance Program activities.
- Establishes methods to improve efficiency, quality of services, and reduce vulnerability to fraud, waste and abuse.
- Investigates and acts on matters related to the Compliance Program [internal investigations, reporting, and pursuing corrective action]
- Coordinates the implementation of the fraud, waste, and abuse prevention program

CORPORATE COMPLIANCE COMMITTEE

The Corporate Compliance Committee ("Committee") consists of senior level management and assists the Director in implementing the Corporate Compliance Plan.

The Committee:

- Coordinates with the Compliance Officer to ensure that MHA is conducting its business in an ethical and responsible manner
- Develops a Compliance Committee Charter (reviewed and updated annually)
- Meets at least quarterly.
- Ensures that the written policies and procedures, and Standards of Conduct are current, accurate and complete,
- Ensures training topics required are timely completed;
- Ensures communication and cooperation by affected individuals on compliance related issues and audits
- Advocatesfor the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;
- Ensures we have effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and

- Advocates for adoption and implementation of required modifications to the Compliance Program.
- Reports directly to Executive Director and the Board.

WRITTEN POLICIES AND PROCEDURES

A Code of Conduct has been written which details expected employee behavior covering various areas. In addition, MHA Fraud Prevention Policy, the Employee Handbook, and Policy and Procedures Manuals for each program detail procedures expected to be followed by employees.

Policies and Procedures manuals have also been developed and/or updated for agency programs. In addition, a Human Resources and Accounting Policy and Procedures Manual details a variety of fiscal functions. All Policy and Procedures Manuals will be reviewed at least every other year.

New Programs will be expected to complete their Policy and Procedure Manuals within the first year of operations. After six months, Policies and Procedures relating to Admission Procedures, Target Populations, Discharge Procedures, and Services Definitions, should be completed. After the first year, the remaining elements of the Manual should be completed. The Manual will be placed in the Quality Assurance Committee's schedule for Policy and Procedure Manual review.

AUDITING AND MONITORING

Audit procedures have been developed to ensure that billing of third party payors will not occur until specific expectations have been met. The Director of Corporate Compliance and/or the Audit Committee are responsible for conducting Corporate Compliance oriented billing audits.

Other audit procedures such as Utilization Review procedures have been developed for specific programs and are utilized by the Quality Assurance Committee when conducting internal program audits. Where applicable, Utilization Review procedures are detailed in program specific Policy and Procedures Manuals.

TRAINING AND EDUCATION

In addition to a formalized Agency orientation and an ongoing training/education program, a formalized training/education program on the agency's Corporate Compliance Plan is conducted on an annual basis. The Director of Corporate Compliance and the Corporate Compliance Committee are responsible for conducting these training programs. All trainings will be scheduled through the Community Relations Manager and will be included in the agency annual training schedule.

CONFIDENTIAL COMMUNICATION

The agency will maintain an "open door" policy towards employees, especially in areas concerning Corporate Compliance, and questions pertaining to the agency's stance relative

to the “Plan”, or Code of Conduct. Any communication brought to the attention of the Quality Assurance Administrator/Manager, especially relative to possible violations of the "Plan,” or Code of Conduct will be kept in strictest confidence. All communications of this nature will be investigated thoroughly and fairly.

Employees may communicate with the Director of Corporate Compliance in any fashion they are comfortable with, including telephone, written communications and e-mail. Face to face communications are also welcome.

Additionally, the Employee Handbook contains the agency Whistleblower Policy which outlines the appropriate steps to be taken when communicating confidential information and an anonymous hotline through Lighthouse Services, LLC is provided for employees as another mode of reporting. Detailed information regarding the hotline can be found in MHA’s Lighthouse Anonymous Hotline Policy & Procedure.

RESPONDING TO OFFENSES AND DEVELOPING CORRECTIVE ACTION

As mentioned in the previous section, all communications involving allegations of employee misconduct relative to the Corporate Compliance Plan and the Code of Conduct will be investigated by the Director of Corporate Compliance swiftly, thoroughly and fairly. All communications will be kept confidential to the degree possible while conducting the investigation. If employee misconduct is detected, corrective action will be taken. This will include a series of progressive steps. When possible and necessary, training or re-training will be the first course of action taken. Steps of progressive discipline will be taken with each subsequent offense as outlined in the Employee Handbook, and the Code of Conduct.

Violators of the Agency’s Corporate Compliance Plan and Code of Conduct will be subject to disciplinary action. The precise discipline utilized will depend on the nature, frequency and severity of the violation and may result in any of the following disciplinary actions:

- Verbal warning
- Written warning
- Suspension
- Termination
- Restitution

ENFORCEMENT OF STANDARDS

Standards of conduct as set forth in the Agency’s Employee Handbook will be communicated to employees via orientation, training and education, and other means of agency communications, including staff meetings, and supervisory sessions. The agency will consistently and appropriately enforce standards through its system of employee discipline.

Disciplinary procedures will include training/re-training, counseling sessions, warnings, probation, suspension, demotion and/or termination.

COMPLIANCE OVERSIGHT:

MHA follows a clear and systematic process of delegating responsibility and maintaining accountability regarding all aspects of Corporate Compliance. The level and scope of responsibility for overseeing, correcting and reporting compliance issues is described below:

The Board of Directors - has ultimate responsibility for oversight of the Corporate Compliance Plan.

Corporate Compliance Committee - a Committee with reporting responsibilities to the Board of Directors, this committee is comprised of the Corporate Compliance Officer (Quality Assurance Administrator/Manager) the Executive Director, the Associate Executive Director, the Director of Social Programs, the Director of Crisis Programs, the Director of Community Based Programs, the Director of Finance, the Director of Human Resources, and the Office Manager/Executive Assistant. The Corporate Compliance Officer reports to the Board of Directors on a periodic, invitational basis.

The Executive Director - assumes all responsibility for implementation of the Plan. Through supervision, the Executive Director reviews any written reports, and remains apprised of implementation issues as they arise. The Executive Director reports to the Board of Directors and acts as liaison to the Board on a regular basis.

Director of Corporate Compliance - designated as Corporate Compliance Officer. The Director of Corporate Compliance is responsible for the development and implementation of the Plan. This includes coordinating the various functions such as auditing, staff training, reporting, following up with investigations, including recommendations for corrective action.

Director of Finance – works closely with the Executive Director and Director of Corporate Compliance in assuring that the Plan addresses and is consistent with laws, regulations and standards pertaining to fiscal matters of the agency.

Director of Human Resources - works closely with the Executive Director and Director of Corporate Compliance in assuring that the Plan addresses and is consistent with laws, regulations and standards which bind the agency. The Director of Human Resources also plays a primary role regarding the personnel issues which arise relative to compliance. This would include (but not necessarily be limited to) issues relating to employee discipline as a result of compliance investigations.

Associate Executive Director, Division Director & Managing Director - are responsible for assuring that the Plan is implemented in each program area they oversee and have the day to day responsibility assuring that the Agency Plan is followed.

Agency Managers – are responsible for assuring that the Agency Plan is followed and implemented in their respective program area they supervise.

Direct Service Personnel - have the responsibility to assure that all documentation and billing is completed according to the standards and processes established in the Agency's Corporate Compliance Plan and individual program policy and procedures.

Administrative Personnel – have the responsibility to assure that the Agency Plan is followed and any misconduct is reported immediately.

REGULATORY ACCESS

MHA will obtain timely and relevant regulations pertaining to those programs which are governed by regulations. Currently, those regulations pertain to the New York State Office of Mental Health (OMH), the Office for People With Developmental Disabilities (OPWDD), Department of Health (DOH), Housing and Urban Development (HUD), Department of Criminal Justice System (DCJS), Office of Victim Services (OVS), Office of Alcoholism and Substance Abuse Services (OASAS). This library of regulations will be kept and maintained by the Corporate Compliance Officer, appropriate Division Directors and/or Director of Finance/Human Resources.

As new information enters the agency, all information pertaining to OMH, OPWDD and Medicaid regulations will be directed to the Director of Corporate Compliance. The Director of Corporate Compliance will distribute relevant information to Associate Executive Director, Director of Social Programs, Director of Crisis Programs, Director of Community Based Programs, Director of Finance and Director of Human Resources as necessary. Associate Executive and Director of Corporate Compliance will in turn distribute information, as relevant to Program Managers. The Corporate Compliance Committee may also review new regulatory information, as necessary.

Retention of Outdated Versions: Outdated versions of regulations will be maintained as long as there are records available which are governed by those outdated regulations. For example, if the regulations of a program changes, but we are required to maintain individual medical records for seven years, regulations which pertain to those records relative to the time frame involved will be kept until no such records exist. The Director of Corporate Compliance will be responsible for storage of outdated records.

Licensure Rules

Licensure/Credentialing Rules are governed by DOH Regulations, OASAS Regulations OMH Regulations, OPWDD Regulations, Medicaid regulations, the New York State Office of Professional Licensing, and standards governed by the specific Profession. MHA will monitor licensure rules as governed by OMH and Medicaid Regulations by following the procedures as outlined in the section covering the Regulatory Documents Library. Information from the New York State Education Department, Office of Professional Licensing will be obtained and maintained in the same library.

All Licensed Professionals will be responsible for obtaining and maintaining their licenses and certifications, providing documentation of theses licenses and certifications, and maintaining the validity of these licenses and certifications. Copies of most recent licenses and certifications will be maintained by the Human Resource Department, in each individual Personnel Folder.

Labor and Human Resource Regulations

The Director of Human Resources will maintain a library relating to labor regulations that are relevant to our agency.

The Director of Human Resources will be responsible for maintaining the most current information and updated rules and regulations regarding wage and hour standards. This includes necessary Federal and State Regulations as they pertain to wage and hour standards, as well as other regulations pertinent to the operation of the Human Resources Department.

A separate file for all codes, bulletins and correspondence relative to the operations of Human Resources and payroll will be maintained by the Director of Finance and Director of Human Resources.

The Director of Corporate Compliance will monitor all sites to ensure that they are in compliance with Federal and State posting requirements. The Director of Corporate Compliance will also be responsible for ensuring that appropriate management personnel are apprised of new information regarding labor laws, as it becomes available.

The Director of Human Resources and the Director of Corporate Compliance will also be responsible for ensuring compliance with Federal Occupational Safety and Health Administration (OSHA) regulations. As well, each work site is responsible for maintaining their own Exposure Control Plan. However, materials relating to complying with OSHA regulations will be maintained in the Corporate Compliance Library.

Background checks are required for all employees hired by the Mental Health Association in Orange County, Inc. The Director of Human Resources and the Director of the Program doing the hiring are jointly responsible for ensuring that all personnel files are maintained in accordance with federal, state, licensure, and accreditation regulations and standards.

All employees are presented with an Employee Handbook. The Handbook outlines all employment regulations and standards, as well as the agency's Code of Conduct. All employees are required to sign an acknowledgement of receipt of the Handbook. The means of reporting any infractions is outlined in the handbook.

All new employees are required to attend an orientation. The Program will include an overview of the agency and its programs, selected trainings, and a brief discussion regarding the Employee Handbook and the Agency Code of Conduct.

The Community Relations Manager develops a calendar of training events on an annual basis. This training schedule incorporates the various mandatory training events as well as training events that are pertinent (although not necessarily mandatory) to the various programs.

The Director of Human Resources conduct an exit interview with each employee voluntarily terminating employment with MHA. Each employee is provided with an exit interview questionnaire. The employee is given the opportunity to address any areas of concern s/he may have regarding the agency at this interview. All exit interviews are kept confidential.

PROCESSING OF SUBPOENAS, COURT ORDERS, AND WARRANTS

When a staff member receives a subpoena, they should review the subpoena with their supervisor. Subpoenas should be brought to Quality Assurance Administrator/Manager or the Associate Executive Director.

If the subpoena is not signed by a judge, it is simply a subpoena being issued by an attorney. Mental Hygiene Law as it relates to confidentiality supercedes these subpoenas. The issuing attorney should be called and advised that we will not be responding to the subpoena. The staff member should confer with the program participant in question, even though the staff member does not have to respond. The program participant may determine that appearing in court may be in his or her best interest and may choose to cooperate. Consent to Release Information forms covering any information to be discussed must be signed by the program participant, if it is decided to respond to the subpoena.

If the subpoena is signed by a judge, this is now a judicial order, sometimes referred to as a judicial subpoena. This subpoena supercedes New York State Mental Hygiene Law as it relates to confidentiality and must be responded to. The staff member must appear in court, with records being subpoenaed. Staff member must confer with program participant in question. However, refusal on the part of program participant to consent to information being released does not absolve the staff member from appearing in court with ordered records. Information released by staff member must be confined to least amount of information required by the judicial order. The program participant must be informed of information which was disclosed.

For a subpoena to be valid, it must contain the following information:

- Name of Case.
- Identification of Court or agency in which case is pending.
- Must show date, time and location for appearance.
- Must identify that which is sought.
- Must be signed by a judge.
- Must be properly served.
- Court must have jurisdiction over the information and individual.

In the event that it appears a staff member will need to appear in court, legal counsel will be contacted for further legal advice.

ACCESS TO RECORDS BY PROGRAM PARTICIPANTS AND OTHER QUALIFIED PERSONS

This policy applies to all programs operated by the Mental Health Association in Orange County, Inc. (MHA) which are funded, regulated, or otherwise governed by the New York State Office of Mental Health (OMH), the Office for People With Developmental Disabilities (OPWDD), Department of Health (DOH), Housing and Urban Development (HUD), Department of Criminal Justice System (DCJS), Office of Victim Services (OVS), Office of Alcoholism and Substance Abuse Services (OASAS) where Medical, Clinical, Rehabilitation generated by a third party or other programmatic records are maintained.

"Qualified Persons" is defined as any adult program participant, parent or guardian of a child, parent, spouse or adult child of an adult program participant where parent, spouse or adult child is authorized pursuant to law, rule or regulation to provide consent and has consented.

Such Qualified Persons may request access to their records. This request must be in writing, addressed to the Program Director of the Program in question and needs to be forwarded to the agency and the Director of Corporate Compliance/HIPAA Privacy Officer. The request may be for a review of the record, or parts of the record. Any inspection of a record shall be limited to that information which is relevant in light of the reason for such inspection. The Agency must respond within ten days.

The Record in question will be reviewed by the Director of Corporate Compliance/HIPAA Privacy Officer. Request for review may be denied based on the determination that such access would cause substantial or identifiable harm to the program participant, and/or have a detrimental effect on the practitioner's professional relationship with the program participant, or on the care and treatment of program participant or on the relationship of program participant with parent, child, or spouse.

In determining that access to records would cause harm, or have a detrimental effect, the Director of Corporate Compliance/HIPAA Privacy Officer may consider the following: (i) the need for and the fact of continuing care and treatment; (ii) the extent to which the knowledge of the information contained in the record may be harmful to the health and safety of the program participant or others, (iii) the extent to which the record contains sensitive information disclosed in confidence to the practitioner or staff members by family members, friends, or others persons, (iv) the extent to which the record contains sensitive information disclosed to the practitioner or staff member by the program participant which would be injurious to the program participant's relationships with other persons except where the program participant is requesting information concerning him or herself.

In the event of a denial of access, the Qualified Person shall be notified of the denial, as well of their right to obtain without cost, a review of the denial by a review committee. If

such a request is made, the Agency shall begin a review within ten days of receipt of written request. An ad hoc committee shall be composed, which would include at minimum the Associate Executive Director, the Managing Director and the Director of Corporate Compliance/HIPAA Privacy Officer of the Program in question. This ad hoc committee shall consist of at least three members, and no more than five.

In the event that no such reason for denial exists, the Agency shall provide opportunity for the Qualified Person to review the record within ten days of request.

The Agency may make available for in-house inspection the original record, or a copy.

Subject to the above provisions, the agency may furnish upon written request of a Qualified Person within a reasonable time a copy of the record which the Qualified Person is authorized to inspect. The Agency may impose a reasonable charge for costs associated with copying, however not to exceed seventy five cents per copy. Inability to pay shall not be reason to deny access to copies of records.

Health Insurance Portability and Accountability Act (HIPAA)

Under the Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) a program participant of MHA services has the right to review his/her case record for the purpose of requesting amendment or correction to the case record.

The above procedures apply in making a request to view a case record. The individual making a request for amendment or correction should likewise make such request in writing. The HIPAA Privacy Officer will review the Case Record in light of the request and will make such correction or amendment if that is determined to be the appropriate response, or will notify the requestor in writing as to why the request is denied, should that be determined to be the appropriate course of action.

The person making the request will be notified of the decision within ten (10) working days of the original request.

When the decision regarding a request for amendment or correction of a case record has to be made by a third party, the primary staff member will assist the program participant in making the request to the appropriate party.

Under the Privacy Regulations of HIPAA, a program participant of services has the right to request an accounting of whom the Mental Health Association in Orange County, Inc. has shared their confidential information with. This does not include programs within the Agency, or other agencies identified in MHA's General Consent Form as information being shared within the context of services provided. However, this does pertain to any information shared for which an Authorization Form was completed and signed by the program participant.

The Mental Health Association in Orange County, Inc. has the right to charge reasonable fees for reproduction costs associated with multiple requests for such information within one year.

CASE RECORD RETENTION, STORAGE AND DISPOSAL POLICY

The Mental Health Association in Orange County, Inc. (MHA) will retain Case Records and dispose of records in accordance with policies as set forth by the New York State Office of Mental Health (OMH), OPWDD, Medicaid Rules and GAAP (General Accepted Accounting Practices).

As per New York State OMH policy, full case records will be kept for ten years after last contact. Discharge Summaries and Face Sheets will be kept for 25 years after last contact.

Case Records on individuals actively receiving services will be stored in file cabinets, which will be kept locked. Standards of confidentiality will be maintained as per Program Policies and Procedures. When individuals are discharged, records will be closed out and stored in locked filing cabinets and/or in MHA's storage locker reserved for closed out case records. Referral information on individuals not accepted will be stored in similar fashion.

Records which are under audit, investigation or litigation will be kept separately under lock and key and under the management of the Quality Assurance Administrator/Manager.

Records will be maintained centrally in the storage locker as designated by the Agency. Annually, through record retention efforts files ready to be shredded will be determined and destroyed according to the Storage Policy.

CONTRACTING

MHA will enter into contracts in accordance with its Mission Statement and Purpose under its Articles of Incorporation.

Contracts will be renegotiated, renewed, and/or terminated under the terms of each specific contract. Each contract will define the parameters of the above mentioned and will follow the agency Consultant Agreement Policy and Procedures.

Requests for Proposals will be responded to according to the following logic: MHA will respond to Requests for Proposals for programs and/or services which meet the Agency's mission statement and Purpose under the Articles of Incorporation.

Staff involved in a contracted program or service will receive training and briefings as to their responsibilities under each contract. Staff will be retrained as appropriate.

A review of each contract will be conducted to ensure regulatory compliance.

Contracts are reviewed by executive staff and senior program staff. These reviews are conducted to review the following:

- Excessive compensation is not paid, or provided for services not performed;
- That there are no direct or indirect payments made for referrals;
- Fee splitting does not occur;
- Free or discounted services are not provided to professionals, independent contractors, employees, board members, agents or referral sources;
- Country club fees, gifts or payments for other personal expenses are prohibited;
- Travel payments are made in accordance with the agency's personnel policies;
- Extraordinary employee benefits or benefit payments are not made.

All Board members and staff must disclose any ownership interests they may have which will have any impact on the provision of services by MHA. A fiscal schedule reports all payments made within these arrangements. MHA will take all steps to avoid engaging in business arrangements in which any board member or staff member has an ownership interest.

Contracts are renewed in accordance with the terms and conditions within said contract. Provisions governing contract renewal, renegotiation, or termination will be incorporated within each contract.

The Director of Corporate Compliance will maintain all documents relating to contracts entered into by the Agency. The Director of Corporate Compliance will obtain and maintain original copies of contracts, all revisions, amendments and updates, and will retain outdated versions as per agency policy and in accordance with General Accounting Principles. These documents will be located within the Office of the Director of Corporate Compliance.

Annual Audits are conducted by our outside Auditing Firm which includes auditing contracts, as well as other required documents. Audit of these documents include audits for regulatory compliance.

Audit results are reviewed by the Management Team, Board Audit Committee, which includes the Director of Corporate Compliance and the Board of Directors.

Monitoring of contract negotiations and the dissemination of contractual requirements within the agency are done by management and senior program staff, in accordance with time frames as per each individual contract.

BILLING AND CODING

Billing occurs according to procedures developed by the particular funding sources. Procedure Manuals are maintained by the Accounting Department. Medicaid billing occurs according to the procedures outlined in the Medicaid Procedure Manual. The Medicaid Manual includes all federal and state regulatory requirements. Other billing procedures will

be incorporated in the finance procedure manual that is maintained by the Director of Finance/Human Resources.

Fiscal staff is oriented to billing and coding procedures upon hire. Retraining occurs as necessary. Care Coordinator/Case Management staff and per diem workers are oriented and trained/retrained as to necessary elements in proper documentation required to bill.

Timing and process of determining enrollment, eligibility and benefits is determined by the Policies and Procedures delineated in the Medicaid Provider Manual.

Determination of whether a program participant has met benefit limits is determined by each program's Utilization Review Protocols. These protocols are described earlier in this document and are further defined by each program's Policy and Procedures Manual.

The Medicaid Provider Manual clearly states rules pertaining to concurrent multiple services for the same or different providers, either ongoing or on day of transfer. MHA follows all allowable billing practices relating to billing for different services on the same day.

The coding system for charges is also predetermined by Medicaid. MHA uses the DSM 5 diagnostic codes.

Medicaid rules determine which services can be provided by staff and MHA bills for services accordingly.

The finance procedure manual will have procedures for monthly spend downs. Copays and deductibles are not used. There will never be financial incentives to program participants who receive our services.

Procedures for processing all denied and pending claims are delineated in the Agency's Finance Procedure Manual. This includes review of charges, verification of documentation correction protocols, and appeals process.

Procedures for identifying and refunding overpayments are delineated in the Agency's Finance Procedure Manual. This includes the audit procedures utilized to verify the agency's billing for services rendered.

BUSINESS OPERATIONS RECORD SAFEKEEPING

As an agency operating several Mental Health Programs, and operating within current practice standards and guidelines, MHA maintains policies and procedures governing a broad array of practice areas. MHA maintains polices and procedures governing Confidentiality and Releasing of Information, Program Participant Access to Records, Storage and Retention of Records, Case Management Procedures, Responding to Subpoenas, handling records under audit, Grievance Procedures, General Rules of Conduct, Protocols for Reporting Suspected Criminal Activity, and Reporting of Child

Abuse and Neglect are among the areas covered under either Program Policy and Procedure Manuals, the Agency Employee Handbook, or the Agency Code of Conduct.

Quality Assurance Policies and Procedures are found in the Agency's Quality Assurance Policy and Procedures Manual. The Agency's Quality Assurance Program is guided by a Quality Assurance (QA) Committee. This committee meets on a regular basis, and minutes are kept in a file labeled "Quality Assurance" in the "Quality Assurance" file. The Quality Assurance Manual addresses such areas as Incident Management, Utilization Management, administration of Program Participant Satisfaction Surveys, Education and Training, as well as other areas traditionally considered under the umbrella of Quality Assurance.

Incident reports and Incident Management are governed by OMH Rules and Regulations Part 524 which govern all OMH Programs, OPWDD Rules and Regulations Part 624 and 625 which govern all OPWDD Programs and DOH which govern Care Management/Care Coordination Programs.

Policies and Procedures governing training and education records, and personnel records can be found within the Agency's Personnel Policies.

Procedures detailing the following Fiscal functions are found in the Agency's Human Resources and Accounting Policy and Procedures Manual: Financial Report and Tax Returns; Billing Records; Accounts Payable Records; and Banking Accounts.

Requests from third party payors and auditors, as well as financial records under audit are maintained by the Director of Finance.

DOCUMENT HISTORY AND VERSION CONTROL

Version Number	Date Approved	Approved By	Description of Changes
1.0	Adopted January 2008	Board of Directors & Nadia Allen, Executive Director	Corporate Compliance Plan was created by Angela Jo Henze, Directory of Quality Assurance
2.0	November 2020	Nadia Allen, Executive Director	Updated to include Lighthouse Services, LLC for anonymous reporting hotline option for employees under whistleblower section.