



Corporate Compliance

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CETPA Corporate Compliance

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I. CETPA CORPORATE COMPLIANCE PROGRAM

A. Purpose

To establish a policy and procedures that ensures that the Clinic for Education, Treatment and Prevention of Addiction, Inc. (CETPA) complies with all federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements. And to ensure that behavioral health services are provided in an environment that documents adherence to established standards of accountability for administration, business, clinical and financial management.

B. Policy

It is the policy of CETPA to ensure corporate integrity, compliance with law and regulation and to prevent fraud, abuse and waste through effective internal compliance practices that provide adequate controls, privacy and security. To further this commitment to compliance and to protect its employees and other affiliated parties, CETPA will implement a Corporate Compliance Program to establish a framework for legal and corporate compliance.

C. Corporate Compliance Program Goals

CETPA'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) Educate 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 Ethical Conduct.
- 6) Establish mechanisms for staff members to ensure that questions and concerns about compliance issues are appropriately addressed.

D. Procedure

i. Organizational Responsibilities:

- 1) By formal resolution, the Board of Directors has delegated overall responsibility for the Corporate Compliance Program to the Executive Director. The Executive Director will formally designate a Corporate Compliance Officer to monitor the organization's corporate compliance and provide periodic and regular reports to the Board of Directors on matters pertaining to the program.
- 2) Corporate Compliance Officer Duties: 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. Adequately carry forth duties of the Corporate Compliance Officer within a dual reporting role: reporting to the Executive Director as a member of the management team; reporting to the Board as the Compliance Officer.

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- 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 ensures the integrity of the organization's compliance with applicable guidelines and laws.
- h. Work with administrative and clinical leadership to implement remedial actions, and take appropriate corrective and disciplinary actions.
- 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.

ii. Team Member 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 Ethical Conduct as part of the new employee orientation process.
 - b. All staff members will review the organization's Code of Ethical 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. Employee exit interviews will include compliance-related questions.

iii. Monitoring and Auditing:

- 1) CETPA 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 Executive Director for review and appropriate actions, if necessary.

iv. Reporting System:

- 1) CETPA 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 concerning possible violations may be submitted to the corporate compliance officer via secured email or may be placed in a sealed envelope and placed in the CCO's employee box.
 - b. **Telephone:** The number of the CCO will be published and made available for staff to use in submitting concerns regarding possible violations.

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v. 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 Executive Director of the allegation.
- 3) 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.
- 4) 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.
- 5) 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 any appropriate regulating body, should it be appropriate.
- 6) 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.
- 7) If the suspected violation of the Code of Ethical 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.
- 8) 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.
- 9) 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.
- 10) 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.
- 11) If necessary, following an investigation, the CCO will file a report to any appropriate regulating body that will include a summary of all allegations, results of the investigation, and recommendations for corrective actions.
- 13) The Executive Director, CCO 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 in 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:
 - a. Founded: The suspected violation of the Code of Ethical Conduct was found to have occurred.
 - b. Unfounded: The suspected violation of the Code of Ethical Conduct was found not to have occurred.
 - c. Undetermined: It cannot be determined whether or not a violation of the Code of Ethical Conduct has occurred.

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- 17) 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 client right's violation, then the investigation, notification, and appeal procedure will follow the clients 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 Executive Director and Board of Directors until the situation has been resolved.
- 24) The incident, investigation, and outcome will be included in the annual corporate compliance report to the Board of Directors.
- 25) The Board of Directors 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.

vi. 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:

- a. If, upon conclusion of the investigation, it appears that there are genuine compliance concerns, the CCO shall immediately formulate and implement a corrective action plan. The corrective action plan shall be designed to ensure that the specific issue is addressed and, to the extent possible, that similar problems do not occur in other programs or areas.
- b. Examples of corrective actions include, but are not limited to, adopting new policies and procedures to prevent recurrence of the problem, imposing restrictions on certain individuals as to duties they are allowed to perform, discipline of the offending employee and disclosure to appropriate public authorities in case of criminal activity.

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vii. Prevention:

1) Education and training will serve as the core of CETPA's prevention efforts to ensure minimal violations of law, ethics, and Code of Ethical 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.