

❖ **COMMITMENT TO ACCESSIBILITY**

**Our Purpose:** Middle Flint Behavioral HealthCare is committed to conducting business efficiently, honestly and ethically. The agency is dedicated to preventing, detecting and correcting inappropriate behavior or practices and ensuring full compliance with all applicable laws, regulations and standards. In order to live up to this commitment, Middle Flint Behavioral HealthCare has established this

***Our Mission:*** Middle Flint Behavioral HealthCare provides cost effective, quality treatment, consultation, education, and support services to people with addictive, emotional, behavioral, and/or developmental issues. Individual and family needs will be met through professional, confidential, and therapeutic collaboration.

***Our Vision:*** To create an organization that is recognized by our community as a quality investment, dedicated to making a difference in the lives of individuals and families within our community, values employees and is well managed and solvent.

organized and comprehensive corporate compliance plan to set forth the principles and guide board members and employees.

A compliance program is a proactive and reactive system of internal center controls, operating procedures, and policies to ensure that the standards under which Middle Flint Behavioral HealthCare operate are consistently followed. This is designed to address and ensure compliance through the establishment and ongoing monitoring. All staff must adhere to best practices standards of professional practices, ethical standards and regulatory and statutory requirements.

In accordance with policy #4-CQA.003, Middle Flint BHC will have a designated Corporate Compliance Officer to have oversight of the agency's Corporate Compliance Plan. The Corporate Compliance Officer is responsible for the oversight of ethics violations, corporate compliance issues, client rights issues and complaints, as well as agency-wide health, safety and risk. The Corporate Compliance Officer reports to the Board, CEO and Senior Management to track and trend results and monitor corrective action plans.

## ❖ BUSINESS – A SYSTEM OF INTERNAL MONITORING

### **Operations:**

An incident reporting system is maintained as a vehicle for internal monitoring of all operations. The spectrum of incidents go from critical incidents such as neglect, death, or abuse of individual served, to less important incidents such as vehicle accidents with no injuries. Incidents are reviewed and trended and corrective actions, when appropriate, are tracked. Critical incidents are also reported to DBHDD, HFRD, and CARF when required.

### **Billing:**

Billing audits are conducted on a regular basis. The agency's internal auditor selects random services from various programs and disciplines. All payer sources are audited. Audits are conducted in accordance with Medicaid and Medicare standards, state department standards and payer source guidelines. All audits results are reviewed with unit supervisors and Executive Management Team.

### **Documentation:**

Middle Flint Behavioral HealthCare shall conduct internal audits and health record reviews in compliance with all governing laws, policies, standards and guidelines as a component of ongoing compliance monitoring. According to policy # 4-CQA.044, the following health record audits and reviews will be conducted:

- Compliance Audits
- Concurrent Review
- Program Manager Review
- Medical Peer Review
- Community Services Peer Review

Corrections of identified errors will be made only if legal, moral and ethical. A variety of actions are used to assist managers and direct service providers with corrective actions. Training is conducted based on needs identified from internal and external audits.

### **Accounting:**

State and Federal laws require Middle Flint Behavioral HealthCare to maintain accurate financial records in accordance with generally accepted accounting principles and standards. Middle Flint BHC is required to have an annual independent audit performed by Certified Public Accountants contracted by the agency. Although Middle Flint BHC relies on the integrity and honesty of its employees, the agency maintains a system of internal controls in handling of cash receipts, cash disbursements and management of personal client funds. Middle Flint BHC maintains a fraud prevention plan and policy as a part of overall Corporate Compliance.

**Regulatory/Accrediting Bodies:**

Middle Flint Behavioral HealthCare is currently accredited by Commission on Accreditation of Rehabilitation Facilities (CARF), is licensed by Healthcare Facilities Regulation Division (HFRD), and contracts for services through Georgia's Department of Behavioral Health and Developmental Disabilities (DBHDD). It is the policy of this agency to comply with the requirements of these agencies, to participate in any investigation or audit and to provide truthful, accurate and complete reports as requested.

**Business Development:**

Middle Flint Behavioral HealthCare does not and will not participate in any forms of enterprise which carries the appearance of impropriety. Middle Flint BHC will not participate in any payment exchanges with anyone to induce the use of agency services. Furthermore, engagement into any business arrangements which is either unethical or illegal with any potential referral source, payer, competitor, contractor, person served or any other parties is prohibited.

**❖ CONTRACTUAL RELATIONSHIPS****Suppliers/Vendors:**

Middle Flint Behavioral HealthCare employees who deal with suppliers/vendors must do so in a reputable, professional and legal manner. To avoid even the appearance of impropriety, Middle Flint BHC employees, regardless of position, should decline any gifts, including discounts, the acceptance of which would raise even the slightest doubt of improper influence. Discounts that are available to all agency employees and employees of other organizations may be accepted. Staff are allowed to accept donations/gifts on behalf of individuals served provided those items are given directly to the individuals or will be used by the individuals on the units.

**Software Copyright Infringement:**

Middle Flint Behavioral HealthCare licenses the use of computer software through a contracted third party IT vendor. Unauthorized copying of software programs could expose employees and Middle Flint BHC to litigation and result in damage claims from software vendors. No Middle Flint BHC employee or board member shall make a copy of software for personal or business use if such reproduction is not permitted by a written license agreement.

## ❖ **SERVICE DELIVERY**

### Rights of the Individual Served:

Individuals served deserve to be treated at all times with respect and dignity. Middle Flint BHC does not tolerate any type of abuse, neglect or exploitation of individuals served. Any instances reported will be investigated and resolved according to policies # 4-CQA.022 and #4-CQA.031. Each individual receives a list of Rights and Responsibilities through the admission and service orientation process. All individuals have the right to file complaints or grievances if they feel their rights have been violated. The process to file complaints and/or grievances is provided during the orientation process through the review of the Guide to Services Handbook and posters are posted at each site with the process including names and phone numbers of appropriate staff.

### **Confidentiality:**

All Middle Flint BHC staff and board members will maintain the confidentiality of all information and records in accordance with Federal and State laws and policies. All staff receives training on HIPAA regulations and are required to abide by those tenets. Staff are expected to understand the nature of the information received during treatment and maintain confidentiality of that information within the agency as applicable and outside of the agency as described in law. Confidentiality also applies to electronic communication and electronic protected health information (PHI). Staff are expected to maintain security of electronic devices that hold PHI under the direction of the agency's Privacy and Security Officer.

### **Service Admission:**

Each individual served will receive an assessment for the purpose of determining whether there is clinical necessity for treatment and to recommend the most appropriate level of care to meet that need. An individual's inability to pay or lack of insurance coverage shall not affect whether the individual receives an assessment or appropriate services. Middle Flint BHC uses clinical admission criteria to determine whether or not to admit an individual into services.

### **Treatment:**

Each individual served deserves to be treated as an individual. Middle Flint BHC practices person-centered treatment and all individuals are encouraged to participate in the development and implementation of their treatment plan. Utilizing a multi-disciplinary approach, Middle Flint BHC staff develop individual treatment plans in conjunction with the attending physician and individual to meet the specific clinical needs. Services are provided in the least restrictive environment appropriate to individual needs. Middle Flint BHC is committed to creating a safe, compassionate treatment environment which helps each individual reach their maximum independent functioning level in the community. In some

cases, there may be instances when an individual's needs are better met at another facility or by another provider. Middle Flint BHC will work with the individual and the receiving facility to ensure a seamless transition in order to maintain continuity of care. The individual may also request a transfer of services and will be facilitated unless clinically inappropriate.

### **Treatment Planning:**

Treatment planning is based on the assessment and referral sources and it reflects needs, strengths, and abilities as well as the individual's preferences for making changes in their lives. Treatment Plans are ongoing documents that are reviewed and modified based on individual advances and barriers in the treatment process. Treatment planning reflects transition and discharging plans and supports the individual in achieving their recovery goals. Discharge planning begins at the time of admission and continues throughout the treatment process. Middle Flint BHC makes every effort to include multiple supports in the treatment planning process. Supports include the individual, their family, loved ones, community stakeholders, referral sources, other healthcare providers, and other team members. Middle Flint BHC offers to all clients' access to hold an interdisciplinary team meeting to support them in developing treatment goals. The interdisciplinary team is actively involved in the treatment planning and discharge process and makes recommendations based off of assessments, collateral information collected, and individual's desired outcomes for their recovery. The individual is discharged with a follow-up plan, including interaction with community organizations and support groups whenever possible.

### **Length of Stay:**

Length of stay varies pending individual needs and program placement. Average length of stay is individualized and discussed in the treatment planning process based on services recommended.

### **Quality of Care:**

Middle Flint BHC is dedicated to doing the right thing, at the right time, and in the right way to achieve the best possible results. Middle Flint BHC strives to obtain and offer the healthcare services needed by the population served. Efforts are made to deliver these services when individuals need them as well as monitor that all staff are using appropriate test/procedures that will produce results.

Middle Flint BHC monitors key performance indicators that provide agency with opportunities to improve. Middle Flint BHC is committed to high quality care. Middle Flint BHC provides treatment and services which are consistent with evidence of best practice guidelines, medical practice and professionally recognized standards in the behavioral health care field. Middle Flint BHC will also provide treatment and services which are consistent with applicable laws, regulations, policies, requirements and/or standards established by its payers.

### **Billing:**

Middle Flint BHC must maintain regulatory compliance with special billing requirements for government programs and other payers. All Middle Flint BHC staff must exercise the utmost care in any written or oral statements made to any government agency or other payer. Middle Flint BHC must bill for services using billing codes that accurately describe the services that were provided by Middle Flint BHC. Staff are provided initial and ongoing training for billing and coding procedures. Middle Flint BHC will not tolerate false statements made by any staff to a government agency or other payer. Deliberate or negligent misstatements to government agencies or other payers may expose the employee involved, regardless of position, to criminal penalties.

Middle Flint BHC's reporting systems, whether written or electronic, must contain accurate entries that reflect all Middle Flint BHC financial transactions. Middle Flint BHC staff, regardless of position, must not engage in any conduct that results in false, artificial or misleading entries being made in any written or electronic record open, maintained or closed by Middle Flint BHC.

## ❖ PROFESSIONAL RESPONSIBILITIES

### **Ethical Leadership:**

Leadership requires setting a personal example of high ethical standards in job performance. Management is expected to set the tone for Middle Flint Behavioral HealthCare. Managers must take responsibility for the actions of their staff. Managers will be accountable for making sure that their staff understand and apply the ethical standards set forth in this plan. The Chief Executive Officer will be held accountable for making sure that the persons he/she directly supervises understands and applies the ethical standards set forth in this plan. This is accomplished through adequate training, supervision, and vigilance. Management must also listen to staffs' questions and diligently act upon their concerns. Members of the Senior Management Team should be knowledgeable about the content and operation of the compliance program, perform their duties in compliance with that program, and promote an organizational culture that encourages ethical conduct and a commitment to compliance.

### **Employee Ethical Responsibility:**

Middle Flint Behavioral HealthCare provides all staff education and training designed to ensure understanding of laws, codes of ethics, conduct, and procedures in monitoring, evaluating, investigating, and correcting Corporate Compliance practices. Every staff of Middle Flint BHC has an obligation to be honest in all of their dealings with individuals served, vendors, third parties and fellow employees. Each employee must know and comply with all applicable laws and Middle Flint BHC policies and procedures. Claims of ignorance, good intentions or using poor judgment will not be accepted as an excuse of noncompliance. The maintenance of ethical standards is everyone's responsibility regardless of position. All staff should be knowledgeable about the content and operation of the compliance program, perform their duties in an ethical manner consistent with all policies, rules, and regulations, and must report behaviors and/or actions that they believe are not compliant with those policies, rules, or regulations that govern the center operations. If you know of a problem, you cannot remain quiet. You must step forward to report or solve it!

### **Conflicts of Interest:**

Each Middle Flint Behavioral HealthCare staff and Board Member has a duty of loyalty to Middle Flint BHC. The agency's staff and board members must avoid any actions that may involve or may appear to involve a conflict of interest with their obligations to Middle Flint BHC. Board members and Middle Flint staff, regardless of position, must disclose possible conflicts of interest involving themselves or their immediate families (spouse, parents, brothers, sisters, and children). This reporting may be done in a number of ways, including contacting the immediate supervisor, unit director, Corporate Compliance Officer or Chief Executive Officer. The Corporate Compliance Officer will investigate and report possible conflicts, in writing, to the Chief Executive Officer. The Chief Executive Officer is responsible for reporting possible conflicts to the Community Service Board. However, the Corporate Compliance Officer may report problems directly to the Board if appropriate.

### **Personal Use of Middle Flint BHC Resources:**

Staff are expected to limit the use of any center resources to business use only. No staff is allowed to use time, materials, supplies, equipment, or information for personal use. Any use of center resources for financial gain is prohibited and will result in termination of employment. Staff should not assume that any personal communication using agency communications systems (email, internet, cell phones, etc.) is private. Staff are prohibited from using these resources to distribute threatening information, obscene materials, or anything inappropriate up to and including anything that would constitute a criminal offense. Any staff found to be participating in this kind of activity will face disciplinary action up to and including termination of employment.

### **Lobbying:**

The State of Georgia has regulations concerning contacts between government officials (employees), the media and the public. Any time an employee or board member is unsure of the laws governing the particular contact that is desired, they should contact the Chief Executive Officer and Corporate Compliance Officer of Middle Flint BHC. The agency is prohibited by law from participation in political activities other than for advocacy of individuals served. Staff are prohibited from using agency resources to contribute to or show support of any political party, campaign, or organization. Staff should never give the impression that his/her political views are representative of the agency itself.

## **❖ HUMAN RESOURCES**

### **Human Resources/Personnel:**

Before staff begins work at the Middle Flint Behavioral HealthCare, they must go through a series of requirements. Each staff must complete a background check to be approved for employment by the Department of Behavioral Health and Developmental Disabilities (DBHDD). They must also pass a drug screen. An employment history is taken and references are verified. Any staff that may drive a center vehicle must also submit to a Motor Vehicle Report. Staff that require specific qualifications must submit paperwork necessary to verify the credentials for the position. The purpose of the credentialing process

is to assure that only fully qualified staff persons are permitted to provide treatment and/or services to any person served. Middle Flint BHC has established and will follow its policies on credentialing. Staff who are credentialed or who hold a license are expected to abide by the requirements for either the credentials or license in order to maintain employment.

### **Drugs, Narcotics, Alcohol and Weapons:**

Middle Flint BHC prohibits the use, sale, dispensing or possession of illegal drugs and narcotics by its employees, whether on or off agency premises. Middle Flint BHC also prohibits the consumption of alcoholic beverages on Phoenix Health Center premises. The Phoenix Health Center prohibits the possession of weapons at its facilities, except law enforcement officers conducting official duties. Middle Flint BHC will immediately discipline or discharge employees who violate this policy.

Any staff reporting to work or discovered at work in a condition that suggests that he or she is under the influence of narcotics, drugs or alcohol will not be permitted to begin or remain on his or her job. The supervisor will escort the employee to the HR Department for consultation and possible testing. Incidents occurring outside normal business hours will result in the employee being sent home and further investigation of the situation.

### **Equal Opportunity:**

In determining suitability for employment, promotions, transfers, demotions and wages, Middle Flint BHC looks only at the individual's ability to perform the essential functions of the job. Middle Flint BHC extends equal employment opportunities and freedom from harassment to all individuals, regardless of sex, race, age, color, religious beliefs, marital status, sexual preference, national origin or physical/mental disabilities.

Middle Flint BHC expects that everyone associated with the agency treats coworkers and persons served with respect and courtesy. Middle Flint BHC enforces a strict "No Solicitation" policy at all sites and participation in any staff related fund-raiser is strictly voluntary.

Discrimination or harassment will not be tolerated and violators will be disciplined or discharged regardless of position. Freedom from harassment specifically includes freedom.

### **Workplace Safety and Health:**

Middle Flint BHC is committed to providing a safe and healthy work place for all individuals, employees and visitors to our premises. Signs are posted at the outpatient sites stating no alcohol, illegal drugs, or weapons are allowed on the premises. Harassment of any kind is strictly prohibited, and any staff who observes or experiences harassment or any other form of workplace violence should report the incident immediately to a supervisor.

Middle Flint BHC also complies with all environmental laws and regulations as related to its operations. It is Middle Flint BHC's policy that all staff report any condition that could create a hazard in their workplace. Each site will have a staff designated that will be responsible for maintaining the health and safety for that building including conducting emergency drills and ensuring all inspections and permits are completed as applicable. Middle Flint's safety and risk management unit staff oversees safety and health for the agency.



## ❖ EDUCATION AND TRAINING

Corporate Compliance training will be provided at orientation by the Corporate Compliance Officer. Each year, all staff including Board members, will receive follow-up training. The CCO will provide additional training as needed.

Orientation requirements are specified for all staff and are ***provided prior to direct contact*** with individuals and are as follows:

- The purpose, scope of services, supports, and treatment offered including related policies and procedures;
- HIPAA and Confidentiality of individual information, both written and spoken;
- Rights and Responsibilities of individuals;
- Requirements for recognizing and reporting suspected abuse, neglect, or exploitation of any individual:
  - To DBHDD;
  - Within the organization;
  - To appropriate regulatory or licensing agencies; and
  - To law enforcement agencies.

Within the first sixty (60) days from the date of hire, all staff having direct contact with individuals shall receive the following training including, but not limited to:

- Person centered values, principles and approaches;
- A holistic approach to treatment of the individual;
- Behavioral health 101
- QPR - AIM
- Recovery Oriented Systems of Care
- Team Communication
- Behavioral Health Revenue Cycle
- Mental Health First Aid
- Medical, physical, behavioral and social needs and characteristics of the persons served;
- Human rights and responsibilities (\*);
- Promoting positive, appropriate and responsive relationships with persons served, their families/stakeholders;
- The utilization of:
  - Communication skills (\*);
  - Crisis intervention techniques for safe utilization of emergency interventions of last resort –
- Ethics, cultural preferences and awareness;
- Fire Safety (\*);
- Emergency and disaster plans and procedures (\*);
- Techniques of Standard Precautions, including:
  - Prevention measures to minimized risk of HIV;
  - Current information as published by the Centers for Disease Control (CDC); and

- Approaches to individual education
- Current CPR/AED through the American Heart Association, Health & Safety Institute, or American Red Cross. All medically licensed staff (nurses, physicians, psychiatrists, dentists, and CNAs) are required to have the Professional Rescuers level of training (Basic Life Support for Healthcare Providers and AED or CPR/AED for the Professional Rescuer). All other staff must have the Lay Rescuers level of training (Heartsaver CPR and AED or CPR/AED). Staff working in CLS must have professional rescuers level of training. All CPR/AED training, regardless of level, includes both written and hands-on competency training.
- First aid and safety training is required for all staff as indicated above with the exception of medically licensed staff (i.e. nurses, physicians, psychiatrists, dentists, and CNAs);
- Specific individual medications and their side effects (\*) ;
- Services, support, and treatment specific topics appropriate persons served, such as but not limited to:  
Symptom management;  
Principles of recovery relative to individuals with mental illness;  
Principles of recovery relative to individuals with addictive disease;  
Principles of recovery and resiliency relative to children and youth; and  
Relapse prevention.

A minimum of 16 hours of training must be completed annually to include the trainings noted by an asterisk (\*) above.

## ❖ PROHIBITION OF FRAUD, WASTE, ABUSE

### **Open Lines of Communication:**

Middle Flint BHC encourages all staff and other stakeholders to report problems as they are discovered. The Corporate Compliance Officer maintains an “open door” policy for anyone to discuss concerns or issues. Posters with the name of the CCO and phone number are posted at each site. Staff are encouraged to discuss issues with their supervisor, the HR Director, the CCO, the CEO, or a combination of any of these resources. Staff can even send a letter to any of these individuals. The objective of this policy is to answer questions and provide direction before there is a problem. No staff shall face retribution for reporting alleged violations in good faith.

### **Responding to Detected Problems:**

The Corporate Compliance Officer is responsible for investigations of complaints. Upon receiving an oral or written report of an alleged wrongdoing under the Compliance Plan, the CCO will initiate a review of report or complaint within a timely manner. If an investigation is warranted, the Chief Executive Officer will formally notify the CCO who will develop a plan and timeframe for completing the investigation. The CCO will begin an investigation within twenty-four (24) hours or assign a designee when appropriate. The CCO in consultation with legal counsel, if necessary, shall determine whether the alleged wrongdoing is a violation of

the agency's Compliance Plan, is a violation of federal or state law, or otherwise puts the agency at risk of economic injury or injury to reputation. Thereafter, the CEO shall take action commensurate with the gravity of the allegation to determine if the allegation has a basis in fact; what internal disciplinary and/or remedial action, if any is warranted; whether the alleged violation must by law, or should by discretion, be reported to the appropriate governmental authorities; and what modifications in the program might help prevent similar future conduct.

If the CCO conclude reporting to governmental authorities is or may be appropriate, they shall so inform the Chief Executive Officer immediately. The Chief Executive Officer, in consultation with the Community Service Board and counsel, if appropriate, shall then be responsible for determining whether and how a timely and thorough report should be made to appropriate governmental authorities on behalf Middle Flint BHC.

For all methods of reporting, Middle Flint BHC will make every effort to keep reports as confidential as possible, but it cannot and does not guarantee complete confidentiality, even for anonymously given reports.

#### **Investigations:**

It is Middle Flint BHC's policy to comply with the law and to cooperate completely with any reasonable government investigation. In doing so, however, it is important that the legal rights of Middle Flint BHC and of the staff involved be protected. If any staff receives any inquiry, a subpoena, search warrant, or other legal documentation regarding Middle Flint BHC's business, whether at home or in the workplace, from any governmental agency, Middle Flint requires that the staff notify his or her Supervisor and the CCO. If the CCO is not available, the staff must notify the Chief Executive Officer. Once the CCO is notified, he/she will review the case with the Chief Executive Officer to determine any potential liability, conflict of interest, or other potential problems.

#### **Risk Assessments:**

Middle Flint BHC is committed to preventing fraud, waste and abuse of all resources. The agency has developed a Risk Management Plan and a Fraud Prevention Plan that are reviewed annually along with policies and procedures for allocating and accounting for all resources. Resources can be defined as staff time, financial resources or tangible resources (supplies, vehicles, etc.). Motor Vehicle Reports are obtained at hire and all vehicles are equipped with Global Positioning Systems (GPS) monitoring to monitor risk or abuse of agency vehicles.

Middle Flint BHC is also committed to assessing and identifying risks continuously. The CCO, Executive Management Team and the Board reviews risks at each meeting to include incident reports, complaints, deaths, audits, etc. This team discusses trending patterns or issues, corrective action plans, and resolutions.

#### **Summary**

The above is a summary of standards that all staff are required to adhere to. The Corporate Compliance Plan is not all inclusive or an exhaustive description of agency standards. Policies can be found in the Middle Flint Behavioral HealthCare policies and procedures manual. All staff must adhere to all agency policies and procedures as well as the standards of any regulatory bodies and licensing boards, as applicable.

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Angela S. Holt, Corporate Compliance Officer