

VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY POLICIES & PROCEDURES

Title: Reporting of Potential Compliance Violations
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Approved By: Executive Team

DIRECTIVE:

This procedure is established for reporting, investigating and resolving potential violations of the law at Van Buren Community Mental Health Authority (VBCMHA).

PROCEDURES:

- 1. Reporting of Potential Violations:** VBCMHA personnel suspecting or discovering a potential violation or receiving a report of a violation from another party have an affirmative duty to report such violation in writing, in person, or by telephone to a supervisor, the Chief Executive Officer (CEO), the Corporate Compliance Officer (CCO), or anonymously, through VBCMHA's compliance hotline.
 - A.** Substantive requirements that may give rise to a violation are described in VBCMHA's Corporate Compliance Plan.
 - B.** VBCMHA personnel reporting a violation should discuss the situation only with supervisors, the CEO, or the CCO in order to maintain the confidentiality of the effected parties.
- 2. Reports to a Supervisor:** If a supervisor receives a report of a potential violation, the supervisor will notify the Corporate Compliance office within twenty-four (24) hours. The supervisor should not document or discuss the situation with other parties.
- 3. Reports to the Compliance Hotline:** If the compliance hotline receives a report of a potential violation, the person monitoring the compliance hotline will document its discussion by completing a Confidential Corporate Compliance Investigation Log and the Investigation Form. The Report will be provided to the CCO within twenty-four (24) hours of receiving notification of a potential violation.
- 4. Reports to the Corporate Compliance Officer:** As soon as the CCO is notified, he/she will prepare a Confidential Corporate Compliance Investigation Log and the Investigation Form if one has not been completed. Within seven (7) working days of receiving the notification the CCO will conduct an initial investigation based on the report and coordinate with legal counsel if necessary. The reporting party, supervisor (if applicable), and others involved or interviewed, will be instructed to discuss the matter only with the CCO, VBCMHA's legal counsel and members of the Corporate Compliance Committee, as requested, in order to maintain the confidentiality of all effected parties.

5. **Assessment of Reported Violations:** The CCO (potentially in consultation with legal counsel) will make an initial determination as to whether the situation documented in the Confidential Corporate Compliance Investigation Case Log and Investigation Form represents a serious or a potentially serious violation. Serious violations are those that could result in significant civil liability, criminal prosecution, and exclusion from Medicare or Medicaid programs or other major sanctions. Violations that have been substantiated to be fraud, abuse or waste shall be reported to Southwest Michigan Behavioral Health, within three (3) business days, per SWMBH Policy 10.08 and/or the State agency, and/or the State licensing agency as appropriate and indicated by State/Federal law.

The handling of responses to inquiries from government investigators or their contractors (related to Medicaid programs and services) including but not limited to Medicaid Integrity Program and Payment Error Rate Measurement Program activity will be handled in collaboration with Southwest Michigan Behavioral Health.

6. **Violations Deemed Non-Serious in Nature:** If a potential violation is determined not to be potentially serious, any further investigation or necessary action will be coordinated by the CCO.

A. Upon investigation, the CCO may determine that a Corrective Action Plan is necessary. Specific steps in the Corrective Action Plan may involve recommending disciplinary action against employees who have violated internal compliance policy/procedure, applicable statutes, regulations or requirements of federal, state or private plans. Other steps recommended under a Corrective Action Plan may include revising a policy and/or procedure, recommending additional education and training for an identified risk and/or other action deemed necessary by the CCO.

B. If the CCO determines, upon investigation, that no action is necessary, he/she will indicate in the Confidential Corporate Compliance Investigation Case Log and Investigation Form the manner in which the matter was resolved and place the report in a confidential file.

7. **Violations Deemed Serious in Nature:** If a violation is deemed serious or potentially serious, the CCO must notify the CEO. At any time after a report is filed, or during the investigation, the CEO will take appropriate action up to the removal of an employee by means of suspension until the matter is resolved. If the violation has occurred by a contract provider, the CCO will recommend to the CEO appropriate action up to and including termination of the contract. The CCO will give the CEO notice of the recommendation and action taken against a contract provider.

A. The CCO will engage legal counsel as necessary. The CCO will consider whether it is necessary and appropriate to retain an outside consultant to perform an audit. In the event an outside audit is deemed necessary, legal counsel will engage the auditor in order to keep the investigation under the attorney-client privilege, to the extent possible. The CCO will provide the terms of engagement including maximum cost, to the CEO. The CCO may notify the governing Board as appropriate. If deemed appropriate and necessary the CCO may go directly to the Board Chairperson.

- B.** The CCO, with the assistance of legal counsel (if counsel is retained), will perform a risk assessment and develop an action plan for investigating the violation. Factors to be considered in assessing risk and developing an action plan include the following: the nature and scope of the potential violation, the length of time the situation has existed, additional resources necessary to complete the investigation, and an estimate of the potential financial impact on VBCMHA.
 - C.** At the conclusion of the investigation or self-audit, the CCO will discuss with legal counsel whether a voluntary self-disclosure obligation exists. If such an obligation is deemed to exist, legal counsel, in consultation with the CCO and CEO, will determine the nature and content of the disclosure.
 - D.** Based on the findings of the investigation, a detailed Corrective Action Plan will be developed. The Corrective Action Plan will include issues identification, a description of findings, recommendations, identification of those responsible for follow-up and a target date for completion. Investigations involving identified systemic problems may involve the development of procedures. The CCO will approve all Corrective Action Plans for serious violations.
- 8. Compliance Monitoring:** VBCMHA will use audits and other evaluative techniques to monitor its compliance efforts and assist in the reduction of identified problem areas.
- A.** The CCO will provide periodic statistical reports to the Corporate Compliance Committee on the number of violations received from VBCMHA personnel, the number of confirmed and the number requiring a Corrective Action Plan.
 - B.** The CCO will be responsible for monitoring the implementation and effectiveness of all Corrective Action Plans and for providing summary reports with such information to the Corporate Compliance Committee and CEO.