



COBB COUNTY COMMUNITY SERVICES BOARD

Policy # 6007	Ethics and Compliance Policy
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Related Policies	
Approved: <i>Foster Norman</i> _____ Foster Norman, Executive Director	

POLICY

It is the policy of the Board to establish a Compliance Plan to assure that the agency is meeting all applicable federal and state laws, rules and regulations and a system is in place to prevent and detect violations.

Cobb County Community Services Board



*A Provider of Mental Health, Addiction and
Developmental Disability Services*

Ethics and Compliance Plan

6007

APPROVED:

Foster Norman, Executive Director

Date

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Cobb County Community Services Board

Ethics and Compliance Plan

I. Introduction

The Cobb County Community Services Board (CCCSB) is committed to establishing and maintaining an effective compliance program in order to assure the agency is in compliance with all applicable federal and state laws; and all federal and state rules and regulations, to prevent and detect violations.

II. Statement of Ethics

The CSB holds its Executive Director (ED), senior management staff, and all supervisors responsible for ethical leadership in the agency and for assuring that systems are in place to facilitate ethical and legal conduct. The words and actions of the CSB leadership are a measure of the agency's commitment to high ethical standards. To assist and advise employees, the CSB has an Ethics and Compliance Program which provides clear guidelines to promote conduct that is ethical and in compliance with applicable state and federal laws, regulations, and standards. This program provides for the reporting by employees and others of questionable or inappropriate conduct.

The Ethics and Compliance committee in partnership with management ensures principles of proper conduct throughout the agency and identifies areas of regulatory risk. This partnership enhances management's ability to achieve organizational goals and objectives in a manner consistent with the mission, philosophy of care and goals of the CSB. Our goal is to offer services based on a well-publicized ethics and compliance policy that assures we are the accredited provider of choice among clients, their families and third party purchasers.

III. Written Standards and Procedures

ESTABLISHING RULES AND PROCEDURES THAT ARE REASONABLY CAPABLE OF REDUCING CRIMINAL/IMPROPER CONDUCT THAT MUST BE FOLLOWED BY ALL EMPLOYEES AND AGENTS OF THE ORGANIZATION.

The CSB has written standards of conduct and written policies and procedures that promote a commitment to compliance. These standards and policies and procedures are

1. Code of conduct
2. Confidentiality (clients and employees)
3. Disclosure Forms
4. Conflict of Interest
5. Private Practice (other employment)
6. Risk Area

7. Claims Development and Submission Process
8. Correct Coding
9. Current Balances
10. Closed in Audit Loop, (diagnoses, services, coding, billing)
11. Financial Relations with Physicians, Other Health Care Professionals, and vendors
12. HIPAA

IV. Compliance Officer

DELEGATION OF COMPLIANCE TO HIGH LEVEL PERSONNEL IN THE ORGANIZATION.

The CSB Compliance Officer (CO) is responsible for monitoring the Ethics and Compliance program, which involves independently acting on and investigating matters related to ethics and compliance. The CO is appointed and removed by the Executive Director. The CO meets regularly with the Ethics and Compliance Committee of the CSB. Other responsibilities include developing and implementing employee feedback loops and creating a plan of action to correct problems or violations.

V. Communications Training and Education

COMMUNICATE COMPLIANCE RULES AND PROCEDURES TO ALL EMPLOYEES AND AGENTS THROUGH TRAINING PROGRAMS, DISTRIBUTION OF MATERIALS, AND OTHER MEANS.

The Cobb/Douglas CSB has an Ethics and Compliance Training Program that is designed to communicate compliance rules and procedures to all employees and agents through formalized training modules, distribution of educational materials, and other means.

The goal is to introduce all agents and employees to the overall Ethics and Compliance plan and the role each is expected to play in ensuring compliance. Emphasis is given to their duty to report all violations of the Code of Ethics and any suspected illegal or inappropriate conduct.

Employees in complex or high-risk areas are targeted for specialized training at more frequent intervals. The training will include specific policies and procedures that should take into consideration the particular statutes, rules, and program instructions that apply to each function or department of the program in which they work. These policies and procedures are a collection of fundamental standards that staff in specific high-risk areas should follow.

VI. Employee Responsibility

TAKING REASONABLE STEPS TO MONITOR EMPLOYEES AND AGENTS THROUGH RANDOM AUDITS OR BY CREATING A REPORTING SYSTEM THAT IS CONFIDENTIAL AND PROTECTS THE REPORTER FROM RETALIATION.

The Cobb/Douglas CSB has a process in place that can receive complaints confidentially to protect callers from retaliation. Employees are made aware that feedback loops exist and how to use them.

We are committed to the following: (with the initiation of the hotline)

- ◆ Employees or agents who call or report concerns are taken seriously.
- ◆ The confidentiality of the caller is protected for as long as possible.
- ◆ The option of a code number is given to each caller or reporter. This code is issued, rather than using names, in conducting the investigation and reporting to the Ethics and Compliance Committee.
- ◆ All reports are acted on by the agency. The agency's position against retaliation is very clear to all managers and supervisors.

The visibility of audits plays an important role in reminding employees that the organization does verify compliance. Problems that are uncovered are incorporated into the training curriculum in a timely manner in order to change employee practices in these areas.

VII. Misconduct or Offenses

TAKING THE STEPS NECESSARY TO REASONABLY RESPOND TO UNCOVERED MISCONDUCT OR OFFENSES, AND TO PREVENT REOCCURRENCE.

The prevention component of the Cobb/Douglas CSB ethics and compliance program is designed to ensure that reasonable steps are taken to respond appropriately to an offense and to prevent similar offenses from occurring. This component ensures that necessary modifications to the compliance program are made in order to prevent and detect violations of law.

VIII. Disciplinary Policies

DISCIPLINE OF INDIVIDUALS WHO BOTH ENGAGE IN MISCONDUCT OR WHO FAIL TO DETECT MISCONDUCT.

The Cobb/Douglas CSB have policies for employees who violate the standards, policies and procedures of the ethics and compliance plan. The disciplinary consequences of noncompliance will be visible and consistent in all levels of the organization. These policies cover individuals responsible for an offense, and individuals that fail to detect an offense. These policies ensure that discipline will be applied uniformly. Employees understand the consequences of activities that violate the ethics and compliance policies.

Levels of discipline include:

- ◆ Warning (oral);
- ◆ Reprimand (written);
- ◆ Temporary Suspension (without pay);

- ◆ Salary Reduction;
- ◆ Loss of Privileges;
- ◆ Discharge or Termination for Serious and/or Repeat Offenses;
- ◆ Restitution and Criminal or Civil Action.

Disciplinary actions resulting from fraud and abuse, or other serious malfeasance committed by an employee, raise a number of issues that may require advice of legal counsel as well. Disciplinary action is discussed at all compliance training and referenced on all written compliance policies and procedures. These disciplinary actions are applied equally regardless of position or tenure.

All employees are expected to adhere to the Ethics and Compliance Policy. Noncompliance will be addressed as a part of the employee's annual performance management process. Managers will be evaluated on the compliance of their subordinates and the effectiveness of their leadership in the compliance effort.

IX. Due Diligence

PREVENT INAPPROPRIATE ASSIGNMENTS OF DISCRETIONARY AUTHORITY TO PERSONS WHO HAVE THE PROPENSITY TO VIOLATE THE LAW

The CSB does primary source verification of all educational degrees and licenses of its medical and professional clinical staff. The National Practitioner Data Bank for physicians and professional clinical staff is queried to determine if there are adverse actions reported concerning candidates for employment. As covered employees of the Georgia Merit System, employees are subjected to a criminal records check as a condition of employment. These actions are designed to prevent delegation of substantial discretionary authority to individuals who have a propensity to engage in illegal activities.

X. Compliance Oversight

The CSB Compliance Officer (CO) is responsible for implementing and overseeing the Ethics and Compliance program. The CO is appointed and removed by the Executive Director with the approval of a majority of the board members serving. The CO meets regularly with the Ethics and Compliance Committee of the Cobb/Douglas CSB. The duties of the CO are as follows:

1. Monitor the Ethics and Compliance programs which involve independently acting on and investigating matters related to ethics and compliance such as hotline reports, client or payor complaints. The CO designs and coordinates internal investigations.
2. Update the Ethics and Compliance plan based on agency needs, the law, policies and procedures of government and private payor plans.
3. Reports on a regular basis to the Ethics and Compliance Committee and Senior Management. These reports are both oral and written.

4. Develop, coordinate, and participate in a multifaceted employee orientation, education and training program that focus on the elements of the ethics and compliance program. In addition, provides training to other staff, employees, board members, and agents as necessary.
5. Coordinate with Human Resources to insure that the:
 - a. National Practitioner Data Bank has been checked with respect to all medical and licensed staff (as appropriate);
 - b. The List of Excluded Individuals/Entities has been checked with respect to all employees, board members, and agents as necessary.
6. Assist Human Resources with efforts on employee issues related to compliance.
7. Coordinate internal audits and conduct periodic compliance audits.
8. Assist the Cobb/Douglas CSB's financial management in coordinating internal compliance review and monitoring activities, including annual or periodic reviews of departments and/or programs.
9. Has the authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, client medical records, billing records, etc.
10. Develop and implement employee feedback loops.
11. Receive reports of problems or violations.
12. Correct problems or violations.
13. Monitor compliance.
14. Ensure the integrity of clinical decision making which is based on individuals identified treatment needs within reason.

XI. Ethics and Compliance Committee

The CSB's Ethics and Compliance Committee is responsible for the ongoing evaluation of the compliance program, recommending to the members of the board and the ED modifications to the compliance plan, and supplementing the work of the CO.

The Ethics and Compliance Committee's functions are as follows:

- Analyze the legal requirements with which it must comply, and specific risk areas;
- Assess existing policies and procedures that address these risk areas for possible incorporation into the compliance program;
- Work with appropriate departments and programs to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements;
- Recommend and monitor the development of an internal system and controls to carry out the agency's standards, policies, and procedures as part of its daily operation;
- Determine the appropriate strategy/approach to promote compliance with the program and detection of potential violations;
- Develop a system to encourage, evaluate, and respond to complaints and problems;

- Insure and monitor internal and external audits and investigations for the purpose of identifying problem issues and deficient areas experienced and implement corrective and preventive actions.

XII. Marketing and Advertising

We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services, and to recruit colleagues. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements. All marketing materials will reflect services available and the level of licensure and certification. The inclusion of clients in marketing and advertising must be closely managed and limited to activities which respect their rights to privacy by prohibiting their exploitation.

XIII. Auditing and Monitoring Compliance

Reports of suspected noncompliance will be maintained by the Compliance Officer and shared with senior management and the Ethics and Compliance Committee. The CO will audit our actual practice. The visibility of audits plays an important role in reminding employees that the organization does verify compliance. Problems that are uncovered are incorporated into the training curriculum in a timely manner in order to change employee practices in these areas.

When monitoring discloses that deviations were not detected in a timely manner due to program deficiencies modifications must be made. A full outline of all auditing and monitoring techniques will be addressed in policy and procedure.

Our auditing and monitoring systems will be designed to detect criminal or inappropriate conduct by employees and agents. We will have a well-publicized reporting system whereby anyone can report inappropriate or criminal conduct by others within the organization without fear of retribution.

The Ethics and Compliance Committee and the CO conduct both retrospective (examining past behavior) and prospective (looking at current behavior) audits to evaluate the effectiveness of the compliance program. They are conducted through documentation reviews, interviews of key employees, questionnaires, or observing actual practice. Such audits will include reviews of medical/clinical records, claim denials, diagnostic coding, service billing, and related activities; definition of credit balances; and review of personnel actions to determine if the Human Resource Department is checking the debarred and excluded lists.

XIV. Dedicated Hot-line

The Cobb/Douglas CSB maintains a dedicated, 24-hour hotline to receive employee feedback concerning questionable or illegal conduct. Such feedback is treated as confidential. The reporting employee has the option of identifying him or herself or may choose to remain anonymous. A script will be used to answer all hotline calls so that initial information received is consistent, thorough, and can be used to determine follow-up of action. Employees may elect to meet directly with the CO to report such conduct. In addition, employees may elect to bypass

the CO altogether and report directly to the ED any such conduct. Appointments with the CO or ED will be scheduled promptly.

Regardless of the method chosen to report questionable or illegal conduct; the employee is assured that no retaliation will occur for such reporting. Any employee engaging in any act of reprisal for any good faith reporting of suspected violations shall be subject to discipline and/or discharge. To afford additional protection, each reporting employee may be provided a code number to be used in any reports resulting from the investigation of the complaint. The reporting employee may also use the code number when communicating with the CO. It is the intent of the Cobb/Douglas CSB to keep employees who report suspected violations apprised of stages in the investigation of the complaint.

XV. Medical Necessity

The Social Security Act requires the Cobb/Douglas CSB, as a provider of Medicare and Medicaid reimbursed services, to ensure that services are reasonable and necessary for the diagnosis and treatment of a medical condition. The service provided must be:

- Consistent with the client's symptoms and diagnosis;
- Safe and effective;
- Necessary to treat and diagnose the illness;
- Generally considered an accepted medical practice;
- Furnished for an appropriate duration and frequency;
- Not primary for the convenience of the client or others.

XVI. Other Resources

- False Claims Act
- Whistleblower's Protection Act