



YOUR MHMRTC
COMPLIANCE PLAN PACKET

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MHMR of Tarrant County

Compliance Program

Action Line (24 hours): 800-500-0333

Compliance Officer: Paul Duncan (817) 569-4429

Compliance Team: Marty Skinner (817) 569-4016, Tim Wells (817) 569-4458, Janelle Thurman (817) 569-4508

Email: Compliance.office@mhmrtc.org

What is Your Role with MHMR of Tarrant County's Compliance Program?

- Every employee/contractor has a responsibility to take compliance issues seriously.
- MHMR of Tarrant County has implemented a clear system for reporting incidents of suspected non-compliance.
 - Call the Action Line 1 800 500-0333
 - Inform the Compliance officer
 - Email your report to the Compliance.office@mhmrtc.org
- The agency depends on you to help the organization remain compliant.

Why Report?

- Reporting incidents of suspected non-compliance contributes to our organization's well being.
- Reporting helps maintain, or even improve, the quality of consumer care our organization provides the community.
- Reporting helps prevent incidents and conduct that can damage our organization's reputation, or puts consumer's health and safety at risk
- Reporting helps the agency avoid audits and other reviews by outside authorities.
- Everyone benefits from the reporting of suspected non-compliant activity.

It's YOUR Responsibility!

- Reporting suspected non-compliant activity is not the responsibility of "OTHER PEOPLE", but the responsibility of every employee/contractor.
- No matter how well intentioned someone's activity is, if you SUSPECT it's non-compliant it MUST be called to the Compliance Action Line.
- Although it can sometimes be uncomfortable, reporting suspected non-compliant activity is a required part of your job responsibilities and serves to protect everyone, including you.
- Failure to report non-compliance activity will result in disciplinary actions.
- There will be NO RETALIATION for any report made. Any threat of retaliation or retribution against the reporting employee or contractor may result in disciplinary action, including termination.

- **MHMR of Tarrant County provides an anonymous reporting Action Line.**

There IS a System!

- **MHMR of Tarrant County has established a system for reporting suspected non-compliant activity (Compliance Action Line and Compliance Team, or email to Compliance.office@mhmrtc.org).**
- **The Compliance Team is responsible for oversight of the Compliance Program for MHMRTC. Oversight includes periodic updates, training; implementation, operation and continuous monitoring of the compliance program.**
- **Non-compliant activity is EVERYONE'S business.**

Receiving a Report

- **It's every supervisor's responsibility to properly handle reports of suspected non-compliance.**
- **When a supervisor fails to take a report of non-compliant activity seriously, it sends a message to the reporting employee/contractor that the organization doesn't care about compliance. It also discourages the employee/contractor from reporting future incidents.**
- **If you receive a report of suspected non-compliant activity, you should immediately report it to the Compliance Action Line or the Compliance Team.**

CONCLUSION

- **The reporting of suspected non-compliant activity can contribute to the efficient operation of any healthcare setting.**
- **Every employee/contractor is responsible for reporting suspected non-compliant activity. IF YOU SUSPECT IT, REPORT IT!**
- **MHMRTC has a specific procedure for reporting suspected non-compliance activity. Become familiar with it ASAP.**
- **As a supervisor, you must treat all reports of suspected non-compliant activity you receive with the seriousness they deserve.**
- **Whenever you have a concern, or even a suggestion regarding organizational compliance, you can rest assured that the Compliance Team is interested to hear from you.**

COMPLIANCE ACTION LINE



CALL



1-800-500-0333

COMPLIANCE ACTION LINE



CALL



1-800-500-0333

MHMRTC is committed to providing our consumers with ethically sound, efficient and effective quality service. It is your duty as an employee/contractor of MHMRTC to assist in the prevention, detection and correction of any instances of noncompliance with applicable federal, state and private health care plans.

- ◆ Calls to report your compliance concerns are toll-free
- ◆ Calls may remain totally anonymous-identification is not required
- ◆ There will be no retaliation for reporting
- ◆ Professionally trained individuals will answer your call
- ◆ Staff answering the phone are not employees of MHMRTC
- ◆ Calls are answered 24 hours a day, every day of the year
- ◆ Calls can be made at your convenience
- ◆ Reports are sent to the compliance department of MHMRTC within one business day
- ◆ Your efforts help secure the integrity and future of our organization



Thank You!

MENTAL HEALTH MENTAL RETARDATION OF TARRANT COUNTY

Board Policy

Board Policy
Number A.1

Adopted:
November 27, 1990

CODE OF ETHICS POLICY

It is the policy of the Board of Trustees to conduct all the affairs of this organization by the highest standards of ethical, moral, and business practices. All decisions of the Board will be guided by what is in the best interest of Mental Health Mental Retardation of Tarrant County's (MHMRTC) consumers and the citizens of Tarrant County. Board and staff are prohibited from the following violation of laws related to his or her office: conflict of interest, conflict with professional practices, personal benefit by virtue of Board or staff membership, nepotism, improprieties or other irregularities involving fraud, collusion, violation of consumer rights or confidentiality, and conflicting Board responsibility.

I. Introduction:

It is the intent of the Board that this policy be used in conjunction with the Board's Fraud Policy and Compliance Code to initiate proactive practices that promote honest and open behavior on the part of the Board, the Center's staff and all those who conduct business with the Center. The following guidelines are intended to prevent actual or potential conflicts of interest or possible illegal or unethical activity on the part of Board members and staff. Where suggested policies have been developed from state law or Attorney General's Opinion, the source is cited.

II. Declaration of Policy:

MHMRTC Board members and staff hold positions of public trust and are responsible to the communities they serve. They must be willing not only to conduct MHMRTC's business conscientiously and openly, but also to subject their own activities to public scrutiny. As visible representatives whose conduct directly affects the public's perception of MHMRTC, they must adhere to high moral, ethical, and legal standards. As stewards of public funds, they must strive to obtain the highest quality services at the best value. Foremost, the Board's decision-making criteria must be in the best interest of MHMRTC's consumers.

No Board member or staff shall have any financial or other interest that conflicts with the interests of MHMRTC in violation of this policy. They are required to comply with all pertinent statutes and must understand that civil and/or criminal penalties may apply for violation of those provisions of this policy that are based on state law. Board members and staff must also be aware that administrative sanctions, up to and including recommendation for removal from office or termination of employment may apply for violation of these policies.

III. Definitions:

For the purpose of this Code of Ethics the following words and phrases shall have the meanings respectively ascribed to them by this section:

Affinity – Two individuals are related to each other by affinity if (1) they are married to each other; or (2) the spouse of one individual is related by consanguinity to the other individual. The ending of a marriage by divorce or the death of a spouse ends relationship by affinity created by marriage unless a

child of that marriage is living, in which case the marriage is considered to continue as long as a child of that marriage lives.¹

Benefit – means anything reasonably regarded as economic gain or economic advantage, including benefit to any other person in whose welfare the beneficiary is interested, but does not include a contribution or expenditure made and reported in accordance with law.²

Board of Trustees – shall mean the individuals who are appointed to serve on the Board of Trustees of MHMRTC by the Tarrant County Commissioners Court in conformance with provisions of the Texas Health and Safety Code.³ The Board of Trustees serves as the legislative or policy-making body responsible for the operation of MHMRTC. Under the provisions of the Texas Health and Safety Code Board members are local public officials and public servants pursuant to applicable Texas State Law.⁴

Business Entity – shall mean a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized by law whether established for profit or non-profit purposes.

Collusion – a secret agreement or cooperation for illegal or deceitful purpose.

Consanguinity – Two individuals are related to each other by consanguinity if (1) one is the descendant of the other; or (2) they share a common ancestor. An adopted child is considered to be a child of the adoptive parent for this purpose.⁵

Department – shall mean the Texas Department of State Health Services (DSHS), the Texas Department of Aging and Disability Services (DADS), or the Texas Department of Assistive and Rehabilitative Services (DARS), as appropriate

Direct or Indirect Financial Interest – An officer or employee of MHMRTC has a financial interest in a contract with this organization or a group or business entity in which he has a substantial interest, directly or indirectly:

- a. Engages in the exchange, purchase or sale of any land, goods, materials, supplies, services or other thing of value with this organization, except on behalf of this organization as an officer or employee; or
- b. Receives any commission, royalty, premium or other payment from the exchange, purchase or sale of any land, goods, materials, supplies, services or other thing of value from this organization, except on behalf of this organization as an officer or employee; or

¹Texas Government Code, Section 573.024.

²Texas Penal Code, Section 36.01.

³Texas Health & Safety Code, Section 534.003.

⁴Id., Section 534.0065.

⁵Government Code, Section 573.022.

- c. Enters into any contract with this organization, except:
 - 1. Rendering services to this organization as an officer or employee; or
 - 2. Paying taxes to the county or paying this organization for any services received from this organization to include those for professional services or administrative acts such as copying or record reproduction.

Family Member – A person related to another person within the first degree of consanguinity or affinity.

Intent or Intentionally – The person acts intentionally or with intent, with respect to the nature of his/her conduct or to a result of his/her conduct when it is his/her conscious objective or desire to engage in the conduct or cause the result.

Knowingly – A person acts knowingly or with knowledge, with respect to the nature of his/her conduct or to circumstances surrounding his/her conduct when he/she is aware of the nature of his/her conduct or that the circumstances exist. A person acts knowingly, or with knowledge, with respect to a result of his/her conduct when he/she is aware that his/her conduct is reasonably certain to cause the result.

Official Information – means information to which a public servant has access in his/her official capacity and which has not been made public.¹

Officer – Shall mean any member of the Board of Trustees of MHMRTC.

Staff – shall mean any person employed by MHMRTC, including those individuals on a part-time basis, but such term shall not be extended to apply to any independent contractor.

Substantial Interest:

- A. A person has a substantial interest in a business entity if:
 - 1. The interest is ownership of ten percent (10%) or more of the voting stock or shares of the business entity, or ownership of either ten percent (10%) or more, or Five Thousand Dollars (\$5,000.00) or more, of the fair market value of the business entity²;
 - 2. Funds received by the person from the business entity exceed ten percent (10%) of the person's gross income for the previous year³;

¹Id., Section 39.06.

²Texas Local Government Code, Section 171.002.

³Id.

3. The person holds a position on the Board of Trustees or other governing body of the business entity;
 4. The person serves as elected officer of the business entity;
 5. The person is an employee of the business entity;
 6. The person is a creditor, debtor, or guarantor of any person, group or business entity in the amount of Five Thousand Dollars (\$5,000.00) or more; or
 7. The property of the person has been pledged to a person, group or business entity or is subject to a lien in favor of the person, group or business entity in the amount of Five Thousand Dollars (\$5,000.00) or more.
- B. A person does not have a substantial interest in a business entity as envisioned by this policy if:
1. The person holds a position on the Board of Trustees or other governing body of a business entity;
 2. The person has been designated by MHMRTC Board of Trustees or CEO/designee to serve on such additional Board;
 3. The person receives no remuneration, either directly or indirectly, for his/her service on such Board; and
 4. The primary nature of the business entity is charitable, non-profit or governmental.
- C. A person has a substantial interest in real property if the interest is an equitable or legal ownership interest with a fair market value of Two Thousand Five Hundred Dollars (\$2,500.00) or more.¹
- D. A person has a substantial interest under this article if the person's spouse or a person related to the officer or employee in the first degree by consanguinity or affinity has a substantial interest under this section.² A person is related in the first degree by consanguinity to his or her father, mother, brother, sister, son or daughter. A person is related in the first degree by affinity to his or her father-in-law, mother-in-law, brother's spouse, sister's spouse, son-in-law or daughter-in-law.

IV. Standards of Conduct:

- A. No officer or employee of MHMRTC or their spouses, shall knowingly:

¹Id.

²Id.

1. Accept or solicit any gift, favor, service or thing of value from any person, group or business entity that might reasonably tend to influence him/her in the discharge of his/her official duties;
2. Grant in the discharge of his/her official duties any improper favor, service or thing of value to any person, group or business entity;
3. Accept or solicit any gift, favor, service or thing of value including a promise of future employment, of sufficient economic value that it might reasonably tend to influence him/her, in the discharge of his/her official duties, from any person, group or business entity:
 - a. Who is engaged in any contractual or ongoing business relationship with MHMRTC; or
 - b. Who has a personal, financial interest in any proposed action or decision upon which the Officer or employee must act or make a recommendation;
4. Disclose any confidential information gained by reason of the position of the officer or employee concerning the property, operations, policies or affairs of this organization, or use such confidential information to advance any personal interest, financial or otherwise, of such officer or employee, or others. This sub-paragraph shall not preclude disclosure of such confidential information in connection with any investigation or proceeding regarding whether there has been a violation of the standards of conduct set forth in this article;
5. Use one's position or office of employment or this organization's facilities, personnel, equipment or supplies for the private gain of the officer or employee or for the private gain of his or her spouse;
6. Engage in any exchange, purchase or sale of property, goods or services with this organization, except:
 - a. Rendering services to this organization as an officer or employee;
 - b. Rendering services to this organization as an employee eligible to provide foster companion services; or
 - c. Obtaining appropriate taxes to the county which is the senior governmental entity under whose general authority MHMRTC exists and paying for routine administrative services such as copying and document reproduction costs from this organization;

7. Act as surety for a business entity that has work, business or a contract with this organization;
 8. Act as surety on any official bond required of an officer of this organization;
 9. Utilize official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information;
 10. Speculate or assist another person in speculating on the basis of official information;
 11. Hold any position outside this organization that could tend to impair his or her independence of judgment in the performance of his or her official duties with this organization;
 12. Receive any benefit for referral of consumers to this organization or to any other service providers.
- B. It shall be specifically against the policy of MHMRTC to permit officers, employees or their relatives to receive preferential services or consideration from this organization in the provision of its services.
- C. A Board member or staff member shall not violate any law relating to his or her office.

V. Conflicts of Interest:

- A. A Board member or staff member shall not hold any position outside MHMRTC that could tend to impair his or her independence of judgment as a member of the Board or staff.
- B. A Board member or staff member shall not knowingly serve on the Board for any for profit entity that contracts with MHMRTC.
- C. MHMRTC shall not knowingly contract with any for profit entity in which a Board/staff member or any person related in the first degree of consanguinity or affinity to a Board/staff member has a substantial interest, except for eligible employees who may be contracted with to provide foster companion services.
- D. A Board/staff member shall not act as surety for a business entity that has work, business, or a contract with MHMRTC.¹
- E. A Board/staff member shall not act as surety on any official bond required of an officer of MHMRTC.¹

¹Local Government Code, Section 171.003.

- F. A Board/staff member shall not rely on official information to acquire or assist another person in acquiring a financial interest in a transaction that may be affected by the information; a Board/staff member shall not speculate or assist another person in speculating on the basis of official information.²

VI. Conflicting Professional Practices:

- A. No officer or staff member shall be reimbursed for services to patients or consumers referred to his or her private practice by MHMRTC.
- B. No officer or staff member shall be allowed use of this organization's facilities free of charge for the purposes of conducting a private practice. Any agreement whereby an officer or staff member leases property from this organization shall be discussed and voted on by the Board in an open meeting subject to the Open Meetings Act and all public disclosure requirements.
- C. No officer or staff member shall use his or her unique access to this organization to recruit or build private practice clientele during the course and tenure of their employment or relationship with MHMRTC.

VII. Disclosure of Interest:

- A. If any officer or staff member of MHMRTC has a substantial interest as defined in this policy, in any person, group or business entity or real property involved in any decision pending before such officer or staff member, such officer or staff member must disclose such interest (the manner for disclosing such interest is found below). Such officer shall not vote or otherwise participate in the consideration of the matter where such a substantial interest is involved unless the interest pertains to any of the following: 1) a decision concerning a bank or other financial institution in which the officer or staff member has a home mortgage, automobile loan, or other installment loan, if the loan is not currently in default, and was originally for a term of more than two years and cannot be accelerated except for failure to make payments according to the terms of the loan; 2) a decision concerning a bank or other financial institution in which the officer or staff member holds a savings account, checking account or certificate of deposit and which is fully insured by the U.S. Government or an agency thereof; 3) a decision concerning the business entity with which the officer or staff member has a retail or credit card account.
- B. An officer or staff member shall disclose the existence of any substantial interest in any person, business entity or real property involved in any decision pending before such officer or staff member by either filing an affidavit of disclosure as required by Section 171.004 of the Texas Local Government Code, or, in the event such an affidavit is not required, by publicly disclosing in the official records of MHMRTC or its official secretary the nature of the interest. In the event a staff member of MHMRTC has a substantial interest in a matter as defined in this policy, the staff member shall notify his or her superior in writing of the nature of any substantial interest he

¹Id.

²Penal Code, Section 39.03.

or she may have in a person, business entity or real property which would be affected by an exercise of his or her discretionary authority and then the superior shall assign the matter to another staff member.

- C. In addition to the requirements set forth above, all Officers and the Chief Executive Officer shall, in accordance with Chapter 176 of the Texas Local Government Code, complete a Conflicts of Interest Disclosure Statement disclosing:
1. Any employment or business relationship the Officer or CEO has with any person who:
 - a. Contracts or seeks to contract for the sale or purchase of property, goods or services with MHMRTC; or
 - b. Is an agent of a person described by subsection (C)(1)(a) in the person's business with MHMRTC; or
 2. An employment or business relationship with any person described in Section (C)(1) above or a Family Member's employment or business relationship with a person described in Section (C)(1) above that results in taxable income for the Officer or the CEO; or
 3. Any gifts, excluding gifts of food, lodging, transportation, or entertainment accepted as a guest, accepted by the Officer or the CEO and any Family Member of the Officer or the CEO from a person described in Section (C)(1) above during the preceding twelve month period if the aggregate value of the gifts from that person exceed \$250.
- D. The Officers and the CEO shall file a complete Conflicts of Interest Disclosure Statement with the Public Information Officer not later than 5:00 p.m. on the seventh business day after the date on which the Officer or CEO become aware of facts requiring disclosure. An updated Conflicts of Interest Disclosure Statement shall be filed at least once annually.

VIII. Nepotism:

- A. MHMRTC is fully aware and recognizes the dangers, which can be created by failing to fully honor the state law relative to nepotism in public employment and office. It is the intent of MHMRTC to fully comply with the nepotism provisions of the Texas Government Code.¹ No Board member shall appoint, vote for, or confirm the appointment of any person related to himself or herself, or to any other Board member, by affinity within the second degree, or by consanguinity within the third degree, to any office or position of employment with this organization paid for directly or indirectly from public funds. (See Attachment I)
- B. A consumer of this organization who is related to a Board member and is actively involved in an employment training program of this organization may be considered for employment by this organization upon completion of such training.
- C. A staff member of this organization who is related to a Board member or Chief Officer in the prohibited manner described above may continue to be employed if he or she was employed by this organization no later than the 31st day before the date on which the member was appointed.

¹Government Code, Chapter 573.

- D. The Chief Officer or staff member or the member of the Board of Trustees shall resign if the Chief Officer or staff member began the employment later than the 31st day before the date on which the member was appointed.
- E. When a relative of a Board member is allowed to obtain or continue employment within the provisions outlined above, the Board member must not participate in deliberation or voting on any issues specific to that staff member unless such issues affect an entire class or category of staff.
- F. No family member (as defined in section VIII A above) of a Chief Officer may be employed by MHMRTC.
- G. Cohabitation of persons on the same management team is prohibited.

IX. Rights of Consumers:

- A. Officers and staff of MHMRTC shall seek to ensure that all human and legal rights of consumers, including those outlined in the Texas Health & Safety Code, are upheld by the center and its employees.¹
- B. This organization shall maintain a policy of absolute confidentiality in the handling and management of all consumer records treating all such instruments as documents held in public trust pursuant to the provisions of applicable Federal and State laws, rules and regulations.

X. Board Procedure:

In order to ensure that the operation of the Board of Trustees of MHMRTC is undertaken in such a manner as to ensure not only full compliance with all ethical requirements of responsible local government but further to ensure that even the appearance of impropriety is avoided the following specific procedures shall be utilized by the Board.

- A. All meetings of the Board of MHMRTC shall be held in full conformance with the Open Meetings Act. Meetings of the Board shall be open to the public, agendas shall be posted and a regular meeting schedule shall be established in conformance with the provisions of the Open Meetings Act. Executive Sessions closed to public attendance shall be held only in strict conformance with the provisions of the Open Meetings Act.
- B. A record of all Board proceedings shall be kept, and all Board records shall be open to public inspection as provided by the provisions of the Public Information Act.
- C. A Board member who is also an officer or director of a banking institution shall file a conflict of interest affidavit and shall abstain from discussion or voting on issues concerning the selection of a depository of funds for MHMRTC.
- D. All real estate purchases of this organization shall be made in conformance with the dictates of reasonable business judgment. This organization shall not purchase real estate until an independent appraisal by a certified M.A.I. appraisal firm has been completed on the subject

¹Health & Safety Code, Chapter 576.

property. In the event that this organization decides to purchase the property for an amount greater than the appraised value, the Board shall render a statement of findings explaining the reason for exceeding the appraisal amount in the records of the Board's decision on the real estate item.

- E. The Board of Trustees shall establish in accordance with relevant Department rules competitive bidding procedures and practices for capital purchases, excluding the sale, acquisition and purchase of real property, and for purchases involving the Department funds or required local matching funds in accordance with the relevant sections of the Texas Health & Safety Code.
- F. Any Board member or staff who believes that there has been a violation of this policy shall report the violation or violations to the Board or Compliance Team. If appropriate, this report may be handled in closed, executive session. The person accused of the violation of this code shall be given all appropriate substantive and procedural due process including, but not limited to, the opportunity to explain his or her position on the issue. The Board shall investigate the complaint and take any action it deems necessary and appropriate to protect the interests of this organization, its consumers and the people of Tarrant County.
- G. The Board shall report all violations of this policy which involve civil or criminal penalties to the appropriate, legal authorities.

X. Compliance With State And Federal Law:

It is the official policy of MHMRTC that all officers and staff shall conduct the business of this organization in full conformance with all applicable state and federal laws, rules and regulations. Any suspected violations of law or any questions concerning the legal appropriateness of conduct within this organization should be directed to their immediate supervisor and the Chief Executive Officer's office. The Chief Executive Officer shall assign the allegation to the Internal Auditor, Compliance Office, the Chief Financial Officer and/or Legal Counsel to investigate depending on the nature of the allegation. If the conduct in question involves the Chief Executive Officer, Legal Counsel shall be contacted through the Board Chair. Complete cooperation will also be expected during investigation.

XII. Confidentiality:

- A. MHMRTC shall maintain confidentiality of consumer records in accordance with state and federal law.
- B. No Board member shall accept employment or engage in any business or professional activity that might reasonably be expected to induce him or her to disclose confidential information acquired by reason of official position on the Board.

XIII. Personal Benefit by Board/Staff Members:

- A. A Board/staff member shall not solicit, accept, nor agree to accept from another person:
 - 1. Any benefit in return for the Board/staff member's decision, opinion, recommendation, vote, or other exercise of discretion as a public servant; or

2. Any benefit in return for a violation of a duty imposed by law.¹
- B. A Board/staff member shall not solicit, accept, nor agree to accept any benefit from a person the Board/staff member knows is interested or is likely to become interested in any contract, purchase, payment, claim, or transaction involving the exercise of the Board/staff member's discretion.²
 - C. A Board/staff member shall not knowingly receive any benefit for referral of consumers to MHMRTC or to other service providers.
 - D. Neither Board/staff members nor their relatives shall knowingly receive any preferential services or considerations of MHMRTC.
 - E. A Board/staff member shall not misapply anything of value belonging to the government that has come into his or her possession by virtue of his or her office.³

XIV. Conflicting Board Responsibilities:

A Board member shall not hold multiple Board offices where one is subordinate or accountable to another, where the independence of the positions would be jeopardized, or where responsibilities of the offices conflict.

Last Amended: March 25, 2008

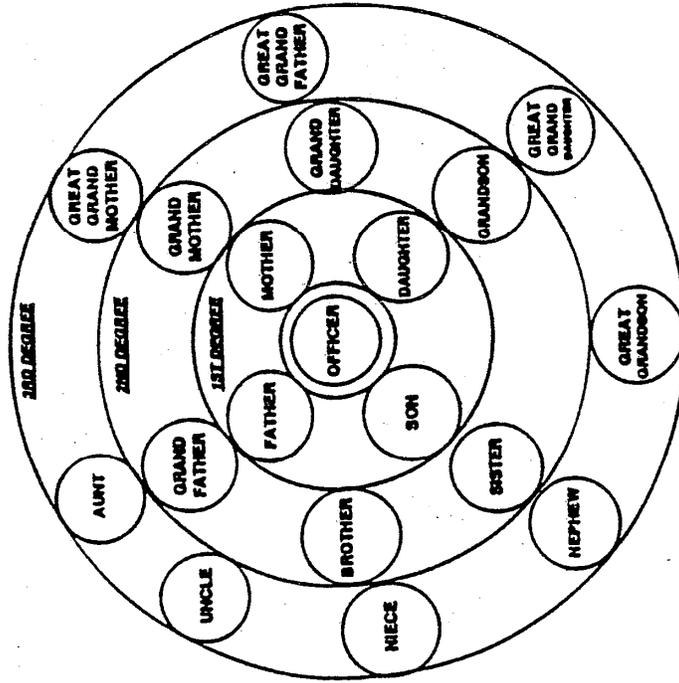
Last Reviewed: October 26, 2010

¹Penal Code, Section 36.02.

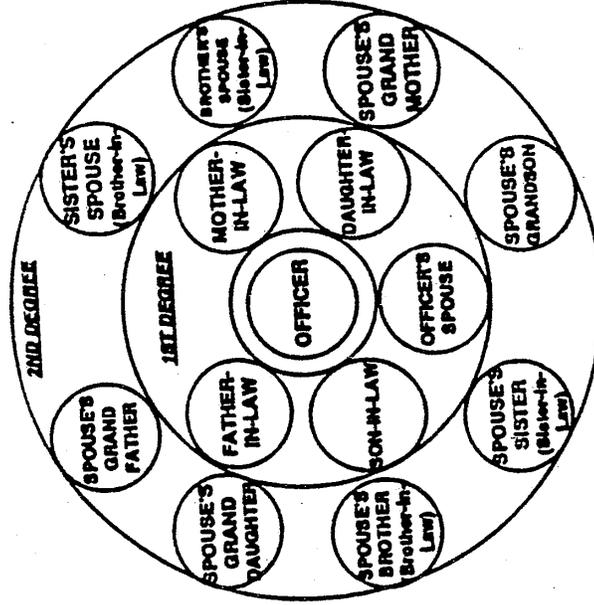
²Id., 36.08.

³Id., Section 39.01

NEPOTISM
Civil Law Method
Effective in Texas Since August, 1991



CONSANGUINITY KINSHIP CHART
(Blood)



AFFINITY KINSHIP CHART
(Marriage)

MENTAL HEALTH MENTAL RETARDATION OF TARRANT COUNTY

Board Policy

Board Policy
Number A.2.

Adopted:
November 30, 2004

FRAUD POLICY

I. Background

It is the policy of the Board of Trustees to facilitate the development of controls that will aid in the detection and prevention of fraud against the MHMR of Tarrant County (Center). It is the intent to promote consistent organizational behavior by providing guidelines and assigning responsibility for the development of controls and conduct of investigations.

II. Scope of Policy

This policy applies to any irregularity, or suspected irregularity, involving employees, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties with a business relationship with the Center.

Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship to the Center.

III. Policy

Management is responsible for the detection and prevention of fraud, misappropriations, and other irregularities. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. Each member of management should be familiar with the types of improprieties that might occur within his or her area of responsibility, and be alert for any indication of irregularity.

Any irregularity that is detected or suspected must be reported immediately to the Center's Internal Auditor, Compliance Office, Chief Executive Officer or Chief Financial Officer who coordinates all investigations with the appropriate authorities, both internal and external.

IV. Actions Constituting Fraud

Fraud – shall refer to any intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury, included, but not limited to, the following:

- Any dishonest or fraudulent act;
- Misappropriation of funds, securities, supplies or other assets;
- Impropriety in the handling or reporting of money or financial transactions;
- Profiteering as a result of insider knowledge of company activities;
- Disclosing confidential and proprietary information to outside parties;
- Disclosing to other persons securities activities engaged in or contemplated by the company;

- Accepting or seeking anything of material value from contractors, vendors or persons providing services/materials to the company;
- Destruction, removal or inappropriate use of records, furniture, fixtures and equipment; and/or
- Any similar or related irregularity.

V. Other Irregularities

Any question of whether an action constitutes fraud should be forwarded to the Chief Executive Officer, Internal Auditor, and/or Compliance Office for guidance.

VI. Investigation Responsibilities

The Chief Executive Officer has primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. Any investigation of fraudulent activities will be reported to the Chief Executive Officer and all confirmed allegations will be reported to the Board of Trustees. The Chief Executive Officer shall assign the allegation to the Internal Auditor, Compliance Office, the Chief Financial Officer and/or Legal Counsel to investigate depending on the nature of the allegation. If the conduct in question involves the Chief Executive Officer, Legal Counsel shall be contacted through the Board Chair.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be made in conjunction with legal counsel and the Chief Executive Officer, as will final decisions on the disposition of the case.

VII. Confidentiality

The Internal Auditor, Compliance Office, Chief Executive Officer and Chief Financial Officer will treat all information received confidentially. Any Board Member, contractor, employee or other compensated entity who suspects dishonest or fraudulent activity will notify either the Internal Auditor, Compliance Office, or Chief Executive Officer immediately, and should not attempt to personally conduct investigations or interviews/interrogations related to any suspected fraudulent act. (See **Reporting Procedure** section below).

Investigations results will not be disclosed or discussed with anyone other than those who have a legitimate need to know. This is important in order to avoid damaging the reputations of persons suspected but subsequently found innocent of wrongful conduct and to protect the Center from potential civil liability.

VIII. Authorization for Investigating Suspected Fraud

The Internal Auditor, Compliance Office, Chief Executive Officer and Chief Financial Officer will have:

- Free and unrestricted access to all company records and premises, whether owned or rented; and
- The authority to examine, copy, and/or remove all or any portion of the contents of files, desks, cabinets, and other storage facilities on the premises without prior knowledge of consent of any individual who might use or have custody of any such items or facilities when it is within the scope of their investigation.

IX. Reporting Procedures

Great care must be taken in the investigation of suspected improprieties or irregularities so as to avoid mistaken accusations or alerting suspected individuals that an investigation is under way.

An employee who discovers or suspects fraudulent activity will contact the Internal Auditor, Compliance Office, Chief Executive Officer or the Chief Financial Officer immediately. The employee or other complainant may remain anonymous. All inquiries (concerning the activity under investigation) from the suspected individual, his or her attorney or representative, or any other inquirer should be directed to the Chief Executive Officer. No information concerning the status of an investigation will be given out.

The reporting individual should be informed of the following:

- Do not contact the suspected individual in an effort to determine facts or demand restitution.
- Do not discuss the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Chief Executive Officer.

X. Discipline

Violations of this policy shall be dealt with in accordance with the Agency's Progressive Disciplinary Procedure.

XI. Administration

The Internal Auditor, Compliance Office, Chief Executive Officer and the Chief Financial Officer are responsible for the administration, revision, interpretation, and application of this policy. The policy will be reviewed annually and revised as needed.

Last Amended: January 30, 2007

Last Reviewed: October 26, 2010

MENTAL HEALTH MENTAL RETARDATION OF TARRANT COUNTY

Board Policy

Board Policy
Number A.3

Adopted:
July 31, 2001

COMPLIANCE PLAN

OVERVIEW

As adopted by the Board of Trustees on July 31, 2001

The Board of Trustees formally adopted the following Compliance Plan and related documents on July 31, 2001. These documents represent the commitment of Mental Health Mental Retardation of Tarrant County (MHMRTC) to compliance with applicable federal and state laws and the program requirements of federal, state, and private health care plans. MHMRTC Board of Trustees, Executive Management Team (EMT), managers and staff, affiliated physicians, contractors, and other agents, where appropriate, are expected to read, understand, and agree to abide by this Compliance Plan and any related policies and procedures.

The Compliance Plan of MHMRTC is designed to prevent, detect and correct any instances of noncompliance with applicable federal and state law and program requirements of federal, state, and private health care plans. Every employee at MHMRTC has important responsibilities identified in this Compliance Plan, including a duty to report any compliance concerns as explained in this Plan.

This Compliance Plan is also designed to be consistent with the Department of Health and Human Services Office of Inspector General Compliance Program Guidelines. MHMRTC intends this Compliance Plan to be an “effective program to present and detect violations of law” as this term is defined in comment 3. (k) to section 8.A1 of the Federal Sentencing Guidelines applicable to organizations. As regulatory guidance and applicable laws change in the future, this Compliance Plan will be modified as necessary to incorporate these changes. The Compliance Plan is to be reviewed on an annual basis by the Compliance Committee. The outcome of said review will be forwarded to the Chief Executive Officer (CEO). Amendments will be submitted to the MHMRTC Board of Trustees for approval.

This Compliance Plan includes seven major elements:

1) Written Compliance Standards, Policies and Procedures

This element documents general expectations of compliance as defined by three broad compliance principles. The element also outlines the general standards of conduct for employees and establishes that compliance procedures will be developed.

2) Compliance Team, Compliance Committee and Legal Counsel

This element authorizes the designation of a Compliance Team and the Compliance Committee. This element also defines the roles and responsibilities of the Compliance Team and the Compliance Committee, as well as that of Legal Counsel.

3) Education and Training

This element identifies the procedure by which MHMRTC will provide the necessary training to employees and contractors in order to meet the requirements of this Compliance Plan.

4) Communication

This element describes the methods employees may use to communicate their compliance concerns. Reporting is encouraged. There will be no retaliatory action.

5) Auditing and Monitoring

This element describes the action to be taken to monitor the effectiveness of the Compliance Plan. Implementation and effectiveness of the Plan will be reported to appropriate management staff.

6) Investigations and Corrective Action

This element describes the investigative and corrective procedures for all noncompliance with the Plan. The element also describes the methods of reporting noncompliance and modification of the organization's practices subsequent to evidence of noncompliance.

7) Disciplinary Actions

This element documents the disciplinary actions that may be taken for non-compliance. These actions are consistent with MHMRTC's personnel policies.

I. COMPLIANCE STANDARDS, POLICIES AND PROCEDURES

A. Principles of Compliance

MHMRTC adopts these principles of compliance as the foundation of the compliance policy of the organization:

- 1) MHMRTC and its Trustees, employees and contractors will comply with all applicable federal, state, and local laws and regulations.
- 2) At all times, MHMRTC, its Trustees, employees and contractors will conduct themselves in a manner that is consistent with the provisions of the organization's enabling legislation, bylaws, Board resolutions, and policies, including this Compliance Plan. Specific reference is made to Board Policy A.1 entitled, "Code of Ethics Policy" and Board Policy A.2 entitled "Fraud Policy", which describes MHMRTC's emphasis on ethical behavior and proper business dealings for a governmental entity and the zero-tolerance for fraud in any form.
- 3) MHMRTC, its employees and contractors will endeavor to properly bill all clients, third party payors, and government health care programs for services provided by the organization.

B. Standards of Conduct

- 1) Every employee and contractor shall adhere to and support MHMRTC's Principles of Compliance (see I. A.).
- 2) A MHMRTC Compliance Policy Manual shall be developed to include the organization's enabling legislation, bylaws, selected Board resolutions and policies and the Compliance Plan and all related information. The manual will be kept current by the Compliance Team and shall be made available for all employees and contractors to review.
- 3) Compliance procedures shall be developed and kept current with all applicable state and federal laws and regulations. Compliance procedures shall be designed to assist employees and contractors in the performance of their jobs and contractual responsibilities in full compliance with MHMRTC's Principles of Compliance (see I. A.) and Compliance Plan. The Chief in each division is responsible for the oversight and performance of MHMRTC's Principles of Compliance, Compliance Plan and related policies and procedures.

C. Employment of/or Contracting with Sanctioned/Excluded Individuals/Businesses

MHMRTC will neither knowingly employ nor contract with individuals or businesses that have been convicted of a criminal offense related to health care or that are listed by a federal or state agency as debarred, excluded, or ineligible for participation in federally or state funded health care programs. If any MHMRTC employee or contractor is charged with criminal offenses related to health care or is being evaluated for debarment or exclusion, such individuals or businesses will be removed from direct responsibility for any federally or state funded health care program. Upon conviction, debarment or exclusion action, MHMRTC will terminate the employment or contractual relationship with such individuals or businesses. MHMRTC Human Resources and Contracts personnel will coordinate with the Compliance Team to develop appropriate screening procedures for job applicants, employees and contractors.

D. As required by Section 6032 of the Deficit Reduction Act (“DRA”) of 2005 (now codified as Section 1902(a)(68) of the Social Security Act) all employees of MHMRTC and its contractors must acknowledge in writing that they have been provided detailed information about the following statutes and rules:

1. The False Claims Act, 31 U.S.C. §§3729-3733 (“FCA”) provides for penalties against any person who knowingly submits or causes to be submitted a false claim, record or statement seeking a payment for Medicaid, Medicare or other federal payments from the United States Government.

The act defines “knows” to mean that the person:

- Has actual knowledge of the information
- Acts in deliberate ignorance of the truth or falsity of the information; or
- Acts in reckless disregard of the truth or falsity of the information and no proof or specific intent to defraud is required

Some examples of false claims may be:

- A provider who submits a bill for services she knows she has not provided
- A provider submitting records that he knows (or should know) are falsely indicating compliance with billing or service requirements
- A provider obtained money from the federal government to which he may not be entitled – he then makes false statements to retain the money rather than refunding it as is required.

The FCA also specifically protects employees who report violations of its provision from retaliation by their employer.

2. The Civil Monetary Penalties Law, 42 U.S.C. 1320a-7a, (“CMPL”) provides for penalties against any person or entity, including MHMRTC, that presents or causes to be presented to the United States or its agents an improper claim for payment when that person or entity knows among other things that:
 - a) an improper payment code has been used;

- b) the medical item or service is false;
- c) the physician presenting the service was not properly licensed or certified;
- d) the patient was excluded from the program under which the payment was sought;
- e) the payment was for a medical item or service that was not medically necessary or;
- f) the payment was otherwise prohibited under state or federal law governing the payment program.

The purpose of the CMPL is to fully reimburse the government for monies paid for fraudulent submissions and to cover the costs of investigating such fraudulent submissions.

3. Texas Human Resource Code, Chapter 32, Section 32039 and 32.0391 establishes civil and criminal penalties for a person who presents or causes to be presented to the Texas Department of Human Services a claim that contains a statement or representation the person knows or should know to be false. Chapter 32 prohibits a person from:
 - a) soliciting or receiving either directly or indirectly any cash, remuneration or payment of any kind for the purpose of referring an individual for any item or service under the state medical assistance programs, including Medicare or Medicaid;
 - b) soliciting or receiving either directly or indirectly any cash, remuneration or payment of any kind for the purpose of purchasing, leasing or ordering, or arranging for or recommending any good, facility, service or items for which payment may be made under Medicaid or Medicare;
 - c) offers or pays either directly or indirectly to induce a person to commit the acts described in either a) or b) above.
4. Texas Human Resources Code Chapter 36 allows an individual employee of MHMRTC to bring an action of their own behalf and on behalf of the State of Texas for violations of the state's Medicaid program. Chapter 36 makes it unlawful for a person to:
 - a) knowingly makes or causes to be made a false statement or misrepresentation of a material fact to permit a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that is authorized;
 - b) knowingly conceals or fails to disclose information that permits a person to receive a benefit or payment under the Medicaid program that is not authorized or that is greater than the benefit or payment that it authorized;

- c) knowingly applies for and receives a benefit or payment on behalf of another person under the Medicaid program and converts any part of the benefit or payment to a use other than for the benefit of the person on whose behalf it was received;
- d) knowingly makes, causes to be made, induces, or seeks to induce the making of a false statement or misrepresentation of material fact concerning:
 - (i) the conditions or operation of a facility in order that the facility may qualify for certification or re-certification required by the Medicaid program, including certification or recertification as:
 - (1) an intermediate care facility for the mentally retarded;
 - (2) an assisted living facility; or
 - (3) a home health agency; or
 - (ii) information required to be provided by a federal or state law, rule, regulation, or provider agreement pertaining to the Medicaid program;
- e) except as authorized under the Medicaid program, knowingly pays, charges, solicits, accepts, or receives, in addition to an amount paid under the Medicaid program, a gift, money, a donation, or other consideration as a condition to the provision of a service or product or the continued provision of a service or product if the cost of the service or product is paid for, in whole or in part, under the Medicaid program;
- f) knowingly presents or causes to be presented a claim for payment under the Medicaid program for a product provided or a service rendered by a person who:
 - (i) is not licensed to provide the product or render the service, if a license is required; or
 - (ii) is not licensed in the manner claimed;
- g) knowingly makes a claim under the Medicaid program for:
 - (i) a service or product that has not been approved or acquiesced in by a treating physician or health care practitioner;
 - (ii) a service or product that is substantially inadequate or inappropriate when compared to generally recognized standards within the particular discipline or within the health care industry; or
 - (iii) a product that has been adulterated, debased, mislabeled, or that is otherwise inappropriate;
- h) makes a claim under the Medicaid program and knowingly fails to indicate the type of license and the identification number of the licensed health care provider who actually provided the service;

- i) knowingly enters into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another person in obtaining an unauthorized payment or benefit from the Medicaid program or a fiscal agent;
 - j) is a managed care organization that contracts with the Health and Human Services Commission or other state agency to provide or arrange to provide health care benefits or services to individuals eligible under the Medicaid program and knowingly;
 - (i) fails to provide to an individual a health care benefit or service that the organization is required to provide under the contract;
 - (ii) fails to provide the commission or appropriate state agency information required to be provided by law, commission or agency rule, or contractual provision; or
 - (iii) engages in a fraudulent activity in connection with the enrollment of an individual eligible under the Medicaid program in the organization's managed care plan or in connection with marketing the organization's services to an individual eligible under the Medicaid program;
 - (k) knowingly obstructs an investigation by the attorney general of an alleged unlawful act under this section;
 - (l) knowingly makes, uses, or causes the making or use of a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to this state under the Medicaid program; or
 - (m) knowingly engages in conduct that constitutes a violation under Section 32.039(b).
5. Texas Government Code Chapter 531, Subchapter C allows the state Health and Human Services Commission to make a monetary award to an individual who reports activity that constitutes fraud or abuse of funds in the state Medicaid program or reports overcharges in the program if the commission determines such report results in the recovery of penalties under Chapter 32 of the Texas Human Resources Code.
 6. The Texas Whistleblower Act, Government Code Chapter 554 prohibits MHMRTC from suspending, terminating or taking any other adverse employment action against one of its employees who in good faith reports a violation of law by MHMRTC or one of MHMRTC's employees to an appropriate law enforcement authority. This would include protecting MHMRTC employees from employment retaliation for reporting Medicaid fraud or abuse to an appropriate law enforcement authority like the office of the Texas Attorney General.
 7. Texas Administrative Code, Title 1, Part 15, Chapter 371. The Office of Inspector General within the Health and Human Services Commission is responsible for the investigation of fraud and abuse in the provision of health and human services and Medicaid and other HHS programs. As part of its authority, the Inspector General

may impose sanctions upon a finding by the Inspector General of fraud and abuse in Medicaid. The Inspector General administers program integrity, enforces program violations to the extent of applicable law governing Medicaid. This includes pursuing Medicaid and other Health and Human services fraud, abuse, overpayment and waste. The Inspector General may grant an award to a person who reports activity that constitutes fraud or abuse of funds in the Medicaid program or reports overcharges in the program. Any MHMRTC employee may contact the office of Inspector General to report waste, abuse or fraud by contacting the OIG's office online or using their toll free number, 800-436-6184.

II. COMPLIANCE TEAM, COMPLIANCE COMMITTEE, AND LEGAL COUNSEL

A. Compliance Team

The MHMRTC Board of Trustees has authorized the Chief Executive Officer (CEO) to designate a Compliance Team who shall be responsible for the implementation, operation and continuous monitoring of the MHMRTC compliance program. MHMRTC's Compliance Team shall report to the Chief Executive Officer, but is ultimately responsible to the Board of Trustees and is authorized to communicate to the Board of Trustees, the Board Chair and/or its Legal Counsel and shall be free to conduct such investigations as they deem necessary and appropriate to ensure the continuing implementation of this Compliance Plan. MHMRTC's Compliance Team will report to senior management staff on a regular basis and to the Compliance Committee and the full Board as appropriate, regarding this Compliance Plan and its effectiveness, including status of or necessity for investigative work, corrective measures and/or Plan modifications. Complaints regarding the conduct of the Compliance Team should be directed to the CEO.

The Compliance Team's duties and responsibilities include the following:

- 1) Update the organization's Compliance Plan on a periodic basis to reflect any changes in MHMRTC's risk profile and applicable laws and regulations.
- 2) Develop and review all compliance policies and procedures, principles of compliance, standards of conduct, and employee compliance handbook.
- 3) Ensure the effectiveness of the organization's compliance effort.
- 4) Participate in employee new hire orientation and on-going training programs on compliance and ensure training is documented.
- 5) Implement employee communication mechanisms that encourage employees to report potential compliance problems without fear of retaliation.
- 6) Perform appropriate audits, provide timely verbal and written feedback of audit findings, and monitor progress toward corrective action plan requirements to eliminate identified problems and prevent recurrences.
- 7) Conduct investigations to resolve compliance issues and maintain all records and documentation of investigations. Respond appropriately if a violation is identified.
- 8) Ensure the organization's compliance program and its expectations are conveyed to all outside contractors.
- 9) Coordinate with other organizational departments regarding appropriate verification activity for employee backgrounds, credentialing, exclusion from federal or state programs and disciplinary policy related to compliance.
- 10) Develop and implement specific controls and productivity measurements for an effective compliance program.

B. Compliance Committee

The CEO shall appoint appropriate staff members to a Compliance Committee to assist the Compliance Team in the operation and monitoring of the Compliance Plan. In addition, the Board Chair shall appoint one board member and one alternate to be non-voting members of the Compliance Committee. The Chairperson of the Compliance Committee shall be elected by the members on an annual basis. Members of the Compliance Committee shall include representatives from key functional areas instrumental to the success of an effective Compliance Plan. Ad hoc members shall be appointed to the Compliance Committee as needed from various functional areas or departments to deal with specific compliance issues. Legal Counsel shall be made available to the Compliance Committee at the discretion of the Committee Chair.

Members of the Board of Trustees who are not appointed members of the Compliance Committee shall be entitled to attend meetings of the Compliance Committee as long as the meeting is held in accordance with the requirements of the Open Meetings Act. Members of the Board of Trustees shall at all times be entitled to inquire of committee members, management, or physicians as to compliance issues.

The Compliance Committee's responsibilities and duties include the following:

- 1) Provide input regarding development of compliance standards and policies and procedures to promote compliance.
- 2) Analyze the organization's industry environment and the legal requirements with which MHMRTC must comply in specific areas.
- 3) Determine the appropriate strategy or approach that the organization should use to promote compliance and detect any potential violations of regulation and law.
- 4) Recommend and monitor, in conjunction with MHMRTC Operational Divisions, the development of internal systems and controls to carry out this Compliance Plan.
- 5) Develop and maintain a system to solicit, evaluate and respond to complaints and potential problems.
- 6) Review compliance reports and make continuous improvement recommendations.
- 7) Act to resolve all internal disputes between clinical/operations staff and Compliance Team and auditors regarding specific compliance with rules and regulations. Solicit input from the Medical Director, Nursing Director, and/or Legal Counsel, as appropriate, in resolving disputes.
- 8) Ensure final MHMRTC decisions in compliance matters are documented in writing.
- 9) Facilitate communication regarding the Compliance Plan to MHMRTC departments, personnel and contractors.
- 10) Identify resources necessary to implement compliance activities.
- 11) Hold its members responsible for attendance at regularly scheduled Compliance Committee meetings, as well as specially called meetings.
- 12) Regularly report the Compliance Committee's findings and activities to the MHMRTC Board of Trustees.
- 13) Holding itself accountable to the MHMRTC's CEO and Board of Trustees in carrying out its responsibilities and duties.

C. Legal Counsel

The Board of Trustees will utilize current Legal Counsel to advise MHMRTC regarding compliance legal issues. Legal Counsel will work regularly with the Compliance Team and Compliance Committee. Legal Counsel may be authorized by the Board of Trustees from time to time; to investigate with the Compliance Team on behalf of MHMRTC reported instances of noncompliance and to obtain pertinent information for the purpose of developing and providing legal advice to MHMRTC. Also, Legal Counsel may be authorized by the Board of Trustees to arrange for such investigation by others, if appropriate.

Nothing in this Compliance Plan shall constitute a waiver of applicable legal privileges, including without limitation, medical review committee privilege, the attorney-client privilege and the attorney work product protection. Any such privileges and protections as are available for MHMRTC's benefit may only be waived by affirmative vote of the Board of Trustees.

EDUCATION AND TRAINING

A. Policy

Formal compliance education and training programs shall be provided to employees and contractors associated with MHMRTC, as appropriate to ensure material compliance with the Compliance Plan and applicable laws.

B. Scope of Education and Training

Education and training shall consist of the following:

- 1) Employees:
 - (a) All new MHMRTC employees shall receive appropriate compliance training as a part of new employee orientation training.
 - (b) Compliance Plan training shall be conducted to inform MHMRTC employees of the Plan, its purpose and its requirements. Employees shall be specifically trained and counseled regarding their responsibility to report misconduct and the consequences of failing to comply with the Plan.
 - (c) All employees must acknowledge in writing that they have read, understood, and agreed to abide by the MHMRTC Compliance Plan. This documentation will be maintained in the employee's Personnel file.
 - (d) Employee compliance training shall be conducted as appropriate, but at least on an annual basis. Various levels of personnel and teaching methods should be utilized for this specific training.
 - (e) Written educational materials regarding the Compliance Plan and related compliance subjects shall be distributed periodically to employees as deemed appropriate.
 - (f) Employees shall attend periodic educational courses as required to maintain proficiency in the employees' areas of responsibility.

(2) Contractors:

- (a) All contractors shall be offered appropriate compliance training as a part of new contractor orientation. Contractors shall complete initial compliance training no later than ninety (90) days after commencement of the contract term.
- (b) Training regarding the Compliance Plan shall be conducted for the benefit of all contractors to inform all contractors of the Plan, its purpose and its requirements. The training shall advise each contractor of its responsibility to report misconduct and the consequences of failing to comply with the Plan.
- (c) All contractors must acknowledge in writing that they have read, understood, and agreed to abide by the MHMRTC Compliance Plan and the applicable principles of compliance and standards of conduct. This documentation will be maintained in the central contract files.
- (d) All contractors shall undergo compliance training as appropriate, at least on an annual basis, upon renewal of any contract term. Levels of personnel and teaching methods, appropriate to the contractor, shall be utilized for contractor training.
- (e) Written educational materials regarding the Compliance Plan and related compliance subjects shall be distributed periodically to contractors, as deemed appropriate to the contractor.
- (f) All contractors, or representatives thereof, shall attend periodic educational courses as may be required in order to remain as a contractor of MHMRTC.

C. Attendance and Documentation

Employee attendance and participation in mandatory educational opportunities shall be a condition of continued employment. The MHMRTC Training Department will be responsible for maintaining the documentation of Compliance Plan training and providing documentation of non-compliance to the Compliance Team. The Compliance Team will periodically review Training Department documentation of Compliance Plan Training which shall include the name and position of the employee, the date and duration of the educational activity and a brief description of the subject matter of the education.

IV. COMMUNICATION

A. Policy

The elements of the MHMRTC's Compliance Plan shall be communicated to employees and contractors, as appropriate. Also, the organization shall have an internal reporting system in place for employees and others to report issues and concerns regarding violations and noncompliance within MHMRTC anonymously, and without fear of retaliation or retribution. This internal reporting system shall establish a method of communication between the reporting person and the

Compliance Team to encourage reporting of incidents, potential violations, and compliance issues.

B. Scope of Communication

Communication of the Compliance Plan shall consist of the following:

- 1) The Compliance Plan shall be distributed to all employees and other affected parties as deemed appropriate.
- 2) All personnel shall acknowledge in writing that they have read, understood, and agreed to abide by the Compliance Plan and all appropriate compliance standards, policies and procedures.
- 3) Information regarding the Compliance Plan shall be distributed and made available to employees and contractors through various media to communicate the existence of the plan and each individual's responsibility to follow the guidelines of the plan. This communication shall include publishing compliance related information and articles periodically in MHMRTC publications and/or via the Intranet, which are distributed to employees and other affected parties.
- 4) Inclusion of standard compliance provisions in contracts with contractors.
- 5) A communication schedule shall be developed by the Compliance Team, and shall include, but not be limited to: formal presentations, newsletters and other publications, electronic communications, notices in common work areas, and other communication media as deemed appropriate.

C. Employee and Contractor Responsibility and Internal Reporting System

All employees and contractors are required to promptly report to the Compliance Team any instances of noncompliance with the requirements of this Compliance Plan. An employee or contractor who fails to report instances of noncompliance or who knowingly falsifies a report of noncompliance shall be subject to disciplinary action as described in the Disciplinary Actions section.

Internal reporting guidelines shall consist of the following:

- 1) A toll free “Action Line” telephone number shall be maintained and made available to be used by employees and others to anonymously report concerns regarding violations of compliance.
- 2) The Action Line number shall be posted in common work areas.
- 3) Specific information regarding the confidentiality and non-retaliatory aspects of the Plan shall be communicated to employees to encourage reporting noncompliance.
- 4) Email communication shall be completed by Action Line operators for each call received.
- 5) A log shall be maintained by the Compliance Team documenting incoming calls and all other forms of communication regarding compliance issues, the nature of the concern, investigations and the results of the investigation.
- 6) There shall be no retaliation for any report. Any threat of retaliation or retribution against the reporting employee or contractor shall result in disciplinary action, as provided in section VII.
- 7) Employees and others using the Action Line shall be informed that MHMRTC shall strive to maintain employee confidentiality (when requested). **However, there may be a point where the employee’s identity may become known or may have to be revealed due to legal or regulatory requirements.**
- 8) Steps shall be followed to assure confidentiality of all call logs, reports and other documentation maintained by the Compliance Team.
- 9) All employees and others shall have access to report directly to the Compliance Team rather than through supervisors or other intermediaries.
- 10) Employees and others shall be encouraged to ask for clarification if they have a question regarding the compliance standards, policies or procedures.
- 11) Supervisors/Managers and/or Administrators may be disciplined for failing to detect compliance violations in their departments, facilities or areas of responsibility if reasonable diligence on their part would have led to the discovery of the problem and given MHMRTC the opportunity to address the issues at the earliest possible time.

V. AUDITING AND MONITORING

Audits will be performed to ensure adherence to the Compliance Plan. Client Accounting’s internal audit staff will work closely with the Compliance Team to keep audit tools current and focused on areas where the greatest risk of noncompliance may exist. Contract providers’ billings also will be included in the audit procedure. Audit procedures are designed to determine the accuracy and validity of coding and billing submitted to all payors and to detect instances of noncompliance. During an audit process, if it is discovered that there appear to be weaknesses in the compliance system, the Compliance Team will perform follow-up procedures, such as focused audits, re-training, procedural changes, work-flow studies, etc. to remedy any weaknesses identified. Such reporting units will be monitored on a monthly basis by the Compliance Team to ensure subsequent compliance.

Upon completion of each audit, the audit results and written comments regarding deficiencies noted during the audit will be delivered to the management personnel of the reporting unit as well as the Chief Officer responsible for the unit. Management personnel will be required to submit a written Management Response and plan of correction to the audit supervisor in a timely manner. Upon receipt of these documents, copies will be sent to the Chief responsible for that reporting unit, the Compliance Team and the Chief Executive Officer.

VI. INVESTIGATIONS AND CORRECTIVE ACTION

A. Investigation Obligation and Approach

The Compliance Team shall promptly investigate or cause the investigation of any allegations or reports of noncompliance with MHMRTC's Principles of Compliance or other aspects of the Compliance Plan. The Compliance Team shall consult with Legal Counsel to determine what investigations are warranted depending upon the nature of the alleged violation. Also, some investigations may be conducted under the direction of Legal Counsel if preservation of the attorney/client privilege is warranted.

Investigations shall be undertaken promptly and in a manner to determine whether a material violation has in fact occurred so MHMRTC can take immediate corrective action and fulfill any applicable reporting requirements. The investigation shall use techniques consistent with applicable laws and which support a rapid resolution of the situation. Due respect shall be shown for the rights of individuals who may be involved, either as sources of information or as possible violators. Management shall cooperate in all investigations related to compliance. If the Compliance Team, with the advice of Legal Counsel, determines the integrity of an investigation may be compromised because of the presence of employees or contractors under investigation, management shall remove such employees or contractors from their responsibilities pending completion of the investigation.

B. Documentation

Documentation of the alleged violation, interview and other notes, a description of the investigation process, and any documents reviewed shall be maintained for seven years. A report of the investigation results and of management's corrective action plan shall be maintained for seven years.

C. Corrective Action

The Compliance Team shall report the results of investigations to the Compliance Committee, the Chief Executive Officer, the Executive Management Team, and the Board of Trustees in a timely manner. In situations where an investigation confirms a violation occurred, a corrective action plan shall be developed and immediate action shall be taken to correct the problem with the advice of Legal Counsel. MHMRTC shall report any violations to payors, or government or law enforcement agencies, as required by law. If the investigation determines the issue in question is consistent with applicable laws then corrective action is not necessary.

VII. DISCIPLINARY ACTIONS

A. Policy

Appropriate disciplinary action shall be taken against any employee or contractor who fails to comply with MHMRTC's Compliance Plan. In view of the fact that MHMRTC guarantees an anonymous and non-retaliatory reporting system through which an employee may communicate a compliance concern, **any failure, on the part of an employee, to communicate a known compliance violation or suspected violation, will be considered a failure to comply with the Compliance Plan.**

- 1) Contracts and agreements with MHMRTC contractors shall contain compliance requirements and provisions for appropriate sanctions should violations occur.
- 2) Supervisors shall be responsible for implementation of the Plan with respect to employees under their supervision.
- 3) Disciplinary sanctions for failure to comply with the Compliance Plan, standards, laws and procedures shall apply to all employees of MHMRTC.
- 4) Employees and others affiliated with MHMRTC (as appropriate) shall be informed of the disciplinary standards for noncompliance and that certain actions prohibited by these guidelines may also violate criminal laws which may result in personal criminal prosecution and fines and/or imprisonment upon conviction.
- 5) Every disciplinary action related to the Compliance Plan **must** be reported to the Compliance Team by the Chief of Human Resources.
- 6) MHMRTC will neither knowingly employ nor contract with individuals or businesses that have been convicted of a criminal offense related to health care or that are listed by a federal or state agency as debarred, excluded, or ineligible for participation in federally or state funded health care programs.

B. Disciplinary Actions and Sanctions

The following actions and sanctions may be applied:

- 1) Employees involved in a violation of this Plan shall be subject to significant sanctions, up to and including termination, if appropriate. Such disciplinary actions shall be in accordance with MHMRTC's personnel policies and procedures and shall be consistent with the degree of severity of the improper conduct and may include remedial training, oral warnings, written reprimands, probation, suspension, or immediate termination, depending upon the nature of the violation.
- 2) Intentional, reckless or repetitive noncompliance will subject employees to significant disciplinary action up to and including termination.
- 3) Contractors involved in a confirmed violation shall be subject to significant sanctions in accordance with contract terms and conditions, including termination of the contract when warranted.
- 4) If any MHMRTC employee or contractor is charged with criminal offenses related to health care or is being evaluated for debarment or exclusion, such individuals or businesses will be removed from direct responsibility for any federally or state funded health care program.

VIII. Annual Compliance Review and Reporting

On or before the end of each fiscal year, the Compliance Team will conduct a review of MHMRTC's current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of MHMRTC are within the standards of the Compliance Plan. A written report describing the results of the review shall be prepared on or before December 1 describing the compliance efforts during the preceding fiscal year and a proposed work plan for the next fiscal year. The report should include the following elements:

1. A summary of the general compliance activities undertaken during the preceding fiscal year, including any changes made to the Compliance Plan;
2. A copy of the Hotline log for the preceding fiscal year;
3. A description of actions taken to ensure the effectiveness of the training and education efforts;

4. A summary of actions to ensure compliance with MHMRTC's policy on dealing with excluded persons;
5. Recommendations and results of recommendations for changes in the Plan that might improve the effectiveness of MHMRTC's compliance effort; and
6. A copy of the proposed work plan for the next fiscal year.
7. Any other information specifically requested by the CEO and Board of Trustees.

Last Reviewed: October 26, 2010

Last Amended: March 25, 2008



Compliance: Statement of Understanding

Contractor

I, _____, understand that the Mental Health Mental Retardation of Tarrant County Compliance Program clearly states that all employees and contractors have a responsibility and obligation under the law to help maintain the highest level of ethical behavior and compliance. As such, I agree to the following:

(Initials beside each item indicate the undersigned understands and agrees fully to the conditions of that item.)

_____ I acknowledge that I have reviewed, read, understand and agree to abide by the MHMRTC Compliance Plan.

_____ I understand the importance of my role in supporting the Compliance Plan.

_____ I understand that any failure, on my part as a Contractor, to communicate a suspected or known compliance violation, will be considered a failure to comply with the Compliance Plan and may result in termination of the contract.

PRINT NAME

SIGNATURE

DATE