

	<b>POLICY &amp; PROCEDURE MANUAL</b>  <b>COMPLIANCE</b>	Effective Date: 9/22/2008
		Review Date: 10/29/2025
		Supersedes issue of: 10/30/2024
<b>Subject:</b> Compliance Program Policy		
<b>Distribution:</b> All employees, contractors, vendors, and Board Members.		
<b>Responsible Department:</b> Quality Improvement & Compliance		
<b>Approved by:</b> Agency Compliance Committee, Agency Policy Committee		
<b>Review Frequency:</b> Annually		

- I. **Background:** As a Medicaid provider, Maryhaven plays a vital role in detecting and correcting payment and billing errors and identifying potential fraud. As such, Maryhaven is required to adopt, implement, and maintain an effective compliance program.
  
- II. **Purpose:**  
The Compliance Program Policy describes how Maryhaven shall conduct compliance activities and maintain the Compliance program. This policy describes the seven elements of the program as set forth in Part 521-1 regulations; requires Maryhaven to provide both general and specific compliance training upon hire, annually and as needed; requires Maryhaven to conduct monitoring and auditing activities; and to establish a protocol for investigating potential violations and develop corrective actions.
  
- III. **Applicability/ Affected Individuals:** All employees, contractors, vendors, and Board Members.
  
- IV. **Record Retention:**  
All Compliance-related documents, inclusive but not limited to quarterly reports, investigations, auditing, and monitoring activities, shall be retained for a period of seven (7) years.
  
- V. **Policy:**

**Required Elements of an Effective Compliance Program:**

1. **Written Policies and Procedures,**
  - a. The Compliance Officer is responsible for ensuring that all necessary policies and procedures are created, and approved by the Compliance Committee, and reviewed annually.
  - b. Policies will reflect Maryhaven’s commitment and obligation to comply with all federal and state standards.
  - c. Policies will reflect the expectations of the Compliance Program.
  - d. Policies will include guidance for dealing with compliance issues, investigational protocol, policy of non-intimidation and non-retaliation, policy on reporting potential fraud, waste, and abuse to the appropriate state or federal entities, and policies on disciplinary standards.

## **2. The Compliance Officer and Compliance Committee**

- a. A Compliance Officer will be appointed by the Kinexion Board of Directors. Appointment of the Compliance Officer will be evidenced within the governing body resolution/minutes.
- b. The Compliance Officer is responsible for overseeing and monitoring the development and implementation of the Compliance Program and Compliance Work Plan.
- c. The Executive Director shall appoint qualified persons to serve on the Maryhaven Compliance Committee. The Compliance Officer will make recommendations to the Executive Director regarding the skills needed by the committee and who should be appointed to the committee. The Executive Director will appoint a chairperson of the committee, who shall not be the Compliance Officer.
- d. The Compliance Officer is responsible for drafting a Compliance Charter which will be reviewed and approved by the Compliance Committee. The Compliance Charter will describe the duties and responsibilities of committee members, the membership, the designation of a Chairperson, and the frequency of meetings. Approval of the Compliance Charter will be reflected in the meeting minutes. The Compliance Charter will be reviewed annually.
- e. The Compliance Committee will meet quarterly. The Committee is responsible for advising the Compliance Officer and assisting in the implementation and update of the Compliance Plan. The Compliance Committee is responsible for reviewing and approving all compliance-related policies and the Compliance Work Plan annually. Meeting minutes will be prepared to reflect the committee activities and materials reviewed at the quarterly meeting. Meeting minutes will be provided to the Governing Body, Executive Director, and Compliance Committee.
- f. The Compliance Officer will submit and present the quarterly compliance report to the Maryhaven Compliance Committee, and through the Kinexion Network Compliance Officer, to the Board of Directors. The quarterly report will summarize the status and progress of the Compliance Work Plan, any reports of potential violations that have been received since the prior quarterly report, any investigative efforts and corrective actions recommended for approval, and the status of approved corrective actions.
- g. The Compliance Officer will ensure attendance records and any other necessary records necessary to document the implementation of the compliance program are created and maintained.
- h. The Compliance Officer will periodically evaluate the effectiveness of the Compliance Program.

## **3. Compliance Program Training and Education**

- a. The Compliance Officer is responsible for creating the annual training plan which will outline the required topics, timing, and frequency, which affected individuals are required to attend, how attendance is tracked, and how the effectiveness of the training is periodically evaluated.
- b. Agency employees will receive training upon hire as part of the new employee orientation and annually thereafter. Annual training may be held in person at their worksite or via the HealthStream system.
- c. Accommodations will be made for those for whom English is not their primary language or those who have a disability that requires alternate training methods.
- d. Employees will be tested after compliance training to ascertain their knowledge and the effectiveness of the training. A score of 80% or better is considered a passing grade. Those who are unable to attain a passing grade will receive extra instruction from the trainer until they understand the material and are able to pass the test.

- e. Board Members will be trained annually by the Kinexion Network Compliance Officer. Evidence that training occurred will be included in the minutes.
- f. All other affected individuals will receive self-study programs. The vendor or contractor will attest that they have received the appropriate training materials and have provided the necessary information to their staff/contractors etc. Training materials will be attached to each contract and identified as an appendix to the contract. This may also be accomplished via a training distribution letter to contractors. The contractors must provide documentation to acknowledge receipt and agree to provide the training materials to their employees and agents. All contracts will contain the Compliance Officer's name, contact information and instructions to report any potential violations of law.
- g. The Compliance Officer is responsible for providing the Compliance Committee with training annually in the role of the committee. This is in addition to the training they receive annually as employees of Maryhaven.

#### **4. Lines of Communication**

- a. Maryhaven's Compliance Officer is available to receive reports of compliance issues in multiple ways.
  - i. Confidential Helpline
  - ii. Compliance Officer e-mail
  - iii. Compliance Officer direct extension
  - iv. Compliance officer office/in person
  - v. Anonymous reporting link on the Maryhaven website
- b. The Compliance Helpline is provided to all Maryhaven locations via a poster to be displayed and accessible to all. The Compliance poster is also available on the employee portal, in the QI/Compliance widget under the Compliance section.
- c. The identity of all those reporting compliance concerns will be maintained confidentially by the Compliance Officer.
- d. Anonymity from reports received on the website will remain anonymous.
- e. The Compliance Officer contact information will be provided to all families/advocates and service recipients upon admission.
- f. The Compliance Officer's contact information is located on the Maryhaven website.
- g. The Compliance Officer's contact information is included in every contract with outside vendors, contractors, etc.

#### **5. Standards of Conduct / Disciplinary Standards**

- a. Obey the law when conducting business on behalf of Maryhaven, including checking with a supervisor before undertaking any action that an employee or agent feels may not be lawful.
- b. Be honest and truthful in all of their dealings with one another and with people or organizations that conduct business with Maryhaven; and
- c. Participate in Maryhaven's Compliance Program, including reporting actual or suspected misconduct and working to correct any improper practices that are identified.
- d. Participate in all Maryhaven Programs and Quality Improvement and Compliance Investigations.
- e. Conduct that is disruptive, unproductive, immoral, or illegal will not be tolerated. Employees are required to create and maintain an environment for the promotion of compliance with regulations and legal standards.
- f. Employees are responsible for notifying their supervisor prior to scheduled shift if they have received a field ticket or been charged or arrested for violation of the law, including

- potential violation of the law such as but not limited to domestic violence, assault, suspended driver's license, DWI, or any action that results in a police report.
- g. Employees are responsible for notifying their supervisor that they are being investigated as a subject of abuse or maltreatment; including but not limited to Child Protective Services, Adult Protective Services, Justice Center, etc.
  - h. Employees are responsible for maintaining specific certifications and licensures as required by job title.
  - i. Employees are responsible for following and adhering to Maryhaven policies.
  - j. Employees are responsible for following and adhering to program-specific policies and procedures.
  - k. Disciplinary action will be taken for non-compliance with laws, regulations, **Kinexion's or Maryhaven's** policies and procedures, Standards of Conduct, Compliance Program, and service provision and billing requirements.
  - l. Disciplinary action will be taken for failing to report actual or suspected non-compliance.
  - m. Discipline may include oral warning, written warning, suspension, or termination. May be escalated based on the non-compliance.
  - n. More significant level of discipline will be taken for intentional or reckless behavior.

## **6. Auditing and Monitoring**

- a. Maryhaven will conduct auditing and monitoring to assess the effectiveness of the Compliance Plan.
- b. The Compliance Plan includes routine auditing and monitoring activities. It is reviewed and approved each year by the Compliance Committee.
- c. The annual risk assessment process is conducted with senior leadership. Risk areas are identified and prioritized. This comprises the basis for the Compliance Plan. The risk assessment document summarizes each risk area and identifies it as low, moderate, or high. Auditing and Monitoring activities to be conducted by compliance are prioritized based on the level of risk.
- d. Monitoring activities are identified in the Compliance Plan and describes how these areas are monitored. A status report is provided via the quarterly report presented to the Compliance Committee by the Compliance Officer. Meeting minutes will be taken.
- e. The Quality Improvement internal audit schedule is presented to the committee annually for approval. Results of internal audits are included in the quarterly report.
- f. Exclusion screening is included in the Compliance Plan as monitoring activities and status updates are provided quarterly to the Compliance Committee.
- g. The Compliance Officer is responsible for conducting a review of the Compliance Program annually, and the results are presented to the Compliance Committee, described in the quarterly report, reflected in the meeting minutes, and the full report is provided to senior management, the Executive Director, the Kinexion Compliance Officer, and Board Members.
- h. All compliance reviews include recommendations for corrective action as appropriate. Once corrective actions have been completed, the Compliance Officer will update the committee on the status at the time of the quarterly meeting and within the quarterly report until all corrective actions have been deemed satisfactorily met.

## **7. Responding to Compliance Issues**

- a. Maryhaven's Compliance Officer is responsible for promptly initiating and completing investigations into reported or discovered compliance issues.
- b. Issues may be reported via the Confidential Helpline, direct contact with the Compliance Officer, or discovered in the course of an internal or external audit.

- c. Corrective actions in response to investigative findings will be identified as appropriate.
- d. The Compliance Officer will present findings, conclusions, and recommendations for corrective action to the Compliance Committee.
- e. Any identified overpayments to the Medicaid system will be reported and returned in accordance with the Medicaid self-disclosure program requirements.
- f. The Compliance Quarterly Report will summarize investigative findings, conclusions, corrective actions and provide status updates to the Compliance Committee until all corrective actions are completed and the investigation is closed.
- g. Please see the compliance investigation policy for details.