



Corporate Compliance

Policy Type:	Administrative	Policy Number:	131
Original Issue:	03/15/2011	Effective Date:	8/13/2023
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Policy Statement:

South Central Louisiana Human Services Authority (SCLHSA) shall promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the fulfillment of the agency mission and vision.

Rationale:

To conduct SCLHSA business in accordance with all applicable laws and regulations in an effort to prevent, detect, and address errors, omissions, fraud and abuse in the agency daily operations and to educate employees on corresponding standards in order to foster an ethical environment.

Procedure:

A. THE SEVEN FUNDAMENTAL ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM:

1. Implementing written policies, procedures and standards of conduct. The foundation of the SCLHSA Corporate Compliance Policy is the network of internal controls, policies and procedures in place within the agency. The success of the plan is dependent upon the regular monitoring of policies, procedures and practices, revision of those documents and assuring that they facilitate and encourage clear and complete adherence to effective managerial systems and investigation and correction of real and potential problems. Updates to policy and procedure shall be communicated to employees to keep them informed regarding the practices of the agency. New employees are made aware through the hiring process and part of orientation to the agency.

2. SCLHSA shall designate an employee to serve as the Compliance Officer. The Compliance Officer is responsible for overseeing the implementation and day to day operation of the Compliance Program. Other internal reviewers will be utilized if the Compliance Officer has a conflict of interest with the compliance function. A Compliance Committee composed of the Executive Director and senior members of human resources, billing, clinical, operations, and fiscal services assists in the compliance process by assessing functions within each agency

setting and department by conducting audits and reporting on specific compliance related activities.

3. Conducting effective training and education. All employees and covered entities receive training on how to perform their jobs in compliance with the standards of the agency and all applicable laws. All employees and covered entities understand compliance is a condition of continued employment. Compliance education begins at orientation and continues with structured education and activities on an annual basis. A review of The Code of Ethics and Code of Conduct are annual requirements and conditions of participation with insurance providers, federal programs and for continued employment with the agency.
4. Developing effective, meaningful lines of communication. A basic tenet of the corporate compliance program is prevention of problems and the mechanism that prevention is having an open door process for communication. The system for meaningful communication includes the following:
 - a. Employees will report conduct that a reasonable person would, in good faith, believe to be erroneous or fraudulent;
 - b. The establishment of a simple process to contact the Compliance Officer anonymously to report erroneous or fraudulent conduct;
 - c. Policy and code of ethics and conduct that state a failure to report erroneous or fraudulent conduct is a violation of the Compliance Program;
 - d. A simple and readily accessible procedure to process reports of erroneous or fraudulent conduct;
 - e. Maintaining the anonymity of the persons involved in the reported possible erroneous or fraudulent conduct and the person reporting the concern to the extent possible when it may need to be revealed in certain circumstances; and
 - f. Providing no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be erroneous or fraudulent.
 - g. All employees are required by this policy to discuss potential errors or irregularities with their chain of command and/or directly with the SCLHSA Compliance Officer. **Under no circumstances will retaliation be permitted against employees who voice legitimate concerns to management.**
5. Conducting internal monitoring and auditing. It is advisable that patient bills and medical records be reviewed for compliance with applicable coding, billing and documentation requirements. These audits are conducted by and include persons responsible for billing and clinical activities within the agency. Audits involving the Human Resources processes will be reported by that department to the Executive Director and the Compliance Department shall perform monthly checks of the Office of the Inspector General Exclusion from Participation List.
6. Responding promptly to detected offenses and undertaking corrective action including voluntary self-reporting. The Corporate Compliance Plan shall follow the established guidelines for (see attachments):
 - a. Compliance Information and Reporting Contact Document
 - b. Procedure for Investigating Possible Violations
 - c. Compliance Incident Report
7. Implementing a Corrective Action Plan for Confirmed Violations with Follow-Up.

B. ADMINISTRATION OF THE CORPORATE COMPLIANCE PROGRAM:

1. The Compliance Officer, in conjunction with the SCLHSA Executive Director, will coordinate system wide compliance initiatives and be responsible for the following tasks:
 - a. Reviewing and updating the SCLHSA Compliance Program on a regular basis.

- b. Maintaining all records and documentation of compliance related activities.
 - c. Serving as a member of the subcommittees performing monitoring and auditing, assisting in developing processes for audit based on risk assessment and/or areas known to be identified by the Office of Inspector General Work Plan.
 - d. Reporting on compliance matters to the Executive Director immediately and/or Board of Directors annually.
 - e. Conducting ad hoc training on compliance related issues and helping to develop compliance elements for the standard orientation and in-servicing program.
 - f. Serving as the point of contact for employees with questions or concerns about potential compliance problems within SCLHSA. Agency training and literature will reinforce this option for employees and stress that their inquiries will be kept confidential to the extent possible and that they will be protected from retaliation.
 - g. Reviewing all monitoring and auditing functions within the various internal control systems of SCLHSA to ensure the potential problems are identified and dealt with in a timely manner and for developing and implementing new systems as needed.
 - h. Working with the Executive Director and the Human Resources Director to ensure that employees who have compliance related violations are appropriately disciplined according to the standards contained in the SCLHSA Policy Manual and for monitoring compliance issues with independent contractors and vendors.
 - i. Conducting and/or coordinating internal investigations into potential compliance issues and working with the Executive Director and the Human Resources Director on developing appropriate courses of action.
2. All staff members are required to read and abide by the policies contained in the SCLHSA Policy and Procedure Manual. All SCLHSA staff, whether directly employed or through any type of contractual arrangement (otherwise known as a covered entity) are required to read and execute an annual Code of Ethics Statement as part of policy and requirement for participation in insurance and federal programs. Violations of the terms and conditions stated in these documents expose the individual to disciplinary actions up to and including dismissal and removal.
 3. All vendors and independent contractors will be held to the same standard of compliance as SCLHSA employees. Contracts will be reviewed by the CFO for potential issues, and any instances of noncompliance will be considered grounds for severing the business relationship. A report of all audit activity is submitted as part of the overall compliance plan to the Executive Director for review.
 4. The SCLHSA Administrative Staff and all Clinic Managers are responsible for continually reviewing and updating the policies, procedures and systems of internal controls within their areas of responsibility. It is contingent upon them to remain current and informed on all changes and modifications to the regulatory environment in which they operate. To this end, SCLHSA is committed to supporting continuing professional education through seminars, industry publications and online research.
 5. The SCLHSA Executive Management Team and Senior Management Staff are responsible for enforcing adherence to the policies, procedures, and systems of internal controls within their areas of responsibility. Training staff members, monitoring their work directly or through managerial systems, and timely correction of problems that come to light are critical to the prevention and detection of errors, omissions, fraud and abuse.

C. ENSURING QUALITY OF CARE COMPLIANCE:

1. It is the policy of the SCLHSA to provide the highest quality of care to all of its clients. Each provider is specifically responsible for properly documenting the services he provides. The

provider must ensure that the documentation supports the medical necessity of the service, using the appropriate and recommended format for documenting notes and assuring that the billing code assigned to the delivered service is accurate.

2. The Executive and Senior Management Staff shall conduct monitoring and evaluation activities relating to the quality and appropriateness of patient care on an ongoing basis.
3. The SCLHSA Quality Committee shall assemble, review, and draw conclusions about the quality and appropriateness of patient care in conjunction with the Medical Director and Executive Director as appropriate.
4. An ad-hoc Medical Review Committee will be formed to perform focused reviews of known or suspected problems. Focused Reviews may be based on diagnosis, physician/providers, diagnosis related group (DRG), delay of services, medical necessity of services, unusually high costs or excessive services, third party denials and questionable patterns of care. These focused reviews can occur at the request from fiscal intermediary, physicians, a finding from a performance improvement activity, a managed care organization, the Executive Director, Medical Director, or the SCLHSA Board.

D. ENSURING PATIENT RIGHTS' COMPLIANCE:

1. It is the policy of SCLHSA not to discriminate against any client or staff member in respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, mental or physical disability, sponsorship, or source of payment.
2. The Board of Directors, Executive Director, Executive and Senior Management Staff monitor adherence to all federal and state guidelines and address all patient and family complaints and concerns.

E. ENSURING BILLING AND FINANCIAL/REGULATORY REPORTING COMPLIANCE:

1. SCLHSA has an obligation to its patients, third-party payers, and state and federal government to exercise diligence, care and integrity when submitting claims for payment or statutory reports.
2. The SCLHSA Policy and Procedure Manual, as well as the standing system of internal controls and software controls, are incorporated by reference into this Compliance Plan. Additionally, the CFO will continuously monitor compliance with the fiscal systems, making modifications and corrections as needed.
3. Financial statements will be prepared and presented by the CFO to the Executive Director and Board on a monthly basis. Utilization of services, cash position and operational performance compared to the approved budget will be reviewed and discussed.
4. An independent accountant possessing significant healthcare expertise may be retained to audit the year-end financial statements. SCLHSA currently undergoes a compliance audit performed by the Louisiana State Legislators Office semi-annually.
5. Periodically, outside entities may review a sample of billing claims to ensure the following:
 - a. Eligibility of patient for benefits
 - b. The presence of all necessary physician orders
 - c. Appropriate care plans and clinical notes
 - d. Descriptions of procedures/treatments performed

- e. Other payer claims will be reviewed by this entity during the engagement on an as-needed basis.
6. All audit reports and focused medical reviews may be reviewed by a Clinic Manager, Developmental Disabilities Supervisor, Clinical Director, Developmental Disabilities Director, Deputy Director, Compliance Officer, CFO and/or Executive Director depending on the findings and response required for compliance with regulations.
7. Legitimate complaints and concerns of patients will be reviewed by the SCLHSA Quality Committee.

F. ENSURING EMPLOYEE SCREENING COMPLIANCE:

1. It is the policy of the SCLHSA to exercise due diligence in the recruitment and hiring of all employees.
2. All supervisors and Human Resources Personnel share joint responsibility for the screening and processing of new employees.
3. Any new hire or rehire is required to complete the Civil Service employment application and certify its accuracy. Any disclosure of criminal offense or healthcare related noncompliance will be reviewed and may serve as grounds for refusal to hire. Falsification of the employment application will serve as grounds for immediate termination.
4. All prospective employees are checked against the U.S. Office of the Inspector General's Exclusion Database and the Louisiana Department of Health Adverse Actions Database to detect anyone not able to participate in government programs. Such checks will continue on a monthly basis throughout the employment of employees. Any exclusions are reported to Executive Leadership immediately.
5. The Human Resources Department and all Senior Management Staff are responsible for conducting and/or coordinating all new employee orientation, pre-employment screening, certification classes and mandatory in-servicing in conjunction with other SCLHSA staff. Pre-employment screening includes verification on the OIG Exclusions and the Louisiana Department of Health Adverse Actions Databases by the Compliance Officer. Specific training for individual risk areas will be organized or outsourced as needed.
6. SCLHSA Administration is responsible for verifying credentials of all Medical Staff, Advanced Practice Nurses, Psychologists and Medical Psychologists before the Billing Department begins the credentialing process with insurance and federal government programs.
7. SCLHSA Human Resources Department is responsible for verification of all licensure and certification credentialing on employees in pre-hire procedures and annually in recertification for those employees to include Nurses, Social Workers (LCSW, LMSW, RSW), Counselors (LPC, PLPC), Addiction Counselors (LAC, CAC, SAP), Pharmacists, Dieticians, etc.
8. References will be checked for all new hires.
9. Periodically, the Human Resources Department has the option to review a sample of new hire employee files to ensure compliance with the above standards.
10. Disclosure of Outside Employment and Possible Conflict of Interest is an annual reporting requirement for all SCLHSA employees.

G. DETECTING KICKBACKS, INDUCEMENTS AND SELF-REFERRALS:

1. Federal and state laws prohibit SCLHSA and its employees from offering or accepting anything of value in exchange for patient referrals or orders for goods and services that involve payments.
2. All new contracts will be reviewed by the CFO for potential conflicts with federal and state statutes and regulations. Existing contracts that come under question will also be subject to review and possible termination or renegotiation.
3. SCLHSA abides by Louisiana Unfair Trade Practices and Consumer Protection Law Section 51:1401 *et seq*, provided under Title 51, Chapter 13 of Louisiana Revised Statutes. According to Section 51:1405, an unfair method of competition and unfair or deceptive acts or practices in the conduct of any trade or commerce are prohibited and declared unlawful according to the Fair Business Trade Act.

H. DETECTING FRAUD, WASTE AND ABUSE

1. SCLHSA has a well-established process for preventing incidents and investigating when issues occur and for educating staff on prevention, reporting and mitigating losses. Policies are reviewed regularly and revised as needed. Education is provided upon hire and through quarterly safety meetings.
2. SCLHSA also has an established Code of Conduct that is given to employees upon hire and reviewed annually during the employee evaluation process.
3. In addition to reporting compliance concerns to the Compliance Officer, staff may contact the Louisiana Legislative Auditor (LLA) Hotline for any suspicion of misappropriation (theft), fraud, waste or abuse of public funds by anyone. Misappropriation also refers to the theft of ANY state property, moveable property and funds as well as the misuse of any of these items.
4. The Louisiana Legislative Auditor (LLA) Hotline 1-844-50 FRAUD (503-7283) may be accessed with anonymity and confidentiality.
5. The Fraud, Waste and Abuse Hotline is posted prominently at each SCLHSA location.
6. The SCLHSA policies on Bonds and Crimes Loss Prevention and Incident/Accident Investigation also detail information on safeguarding property and the reporting processes when incidents occur.

I. CONFIDENTIALITY, DOCUMENTATION AND RECORDS' RETENTION:

1. It is the policy of the SCLHSA to properly safeguard and manage all sensitive and privileged information pertaining to patients, clients, and employees. This philosophy pertains to agency operations in general and compliance related tasks in particular.
2. All pertinent federal and state guidelines for confidentiality and record retention, as well as SCLHSA policies and procedures are incorporated by reference into the Compliance Plan.
3. All potential compliance issues noted by staff and management will be documented in writing and submitted to the Compliance Officer, who will maintain the central files on compliance issues.

4. Privacy and confidentiality of patient and employee data will be ensured, to the extent possible, by all parties to compliance investigations. Information on patients and staff may have to be provided to federal and state authorities in the course of their investigations.

J. EVALUATING EMPLOYEE PERFORMANCE RELATING TO COMPLIANCE:

1. SCLHSA is committed to training all staff in regulatory issues and keeping them current with developing trends. Compliance with all applicable laws, regulations, ethical standards and policies is an expectation for all staff, and violations of the same will not be tolerated.
2. Training records will be maintained along with other mandated orientation and in-service records and will be incorporated as part of the employee's annual appraisal.
3. Failure to follow SCLHSA policies and procedures or report instances of misconduct will be cause for an unfavorable performance appraisal and/or progressive discipline.
4. Gross misconduct, fraudulent or abusive behavior uncovered as part of a compliance investigation will result in immediate termination and potential legal ramifications.
5. Management and supervisory personnel will be evaluated in part based on their department's adherence to compliance related policies and procedures. Failure to train and monitor staff or to detect obvious compliance issues within the scope of their authority will result in disciplinary action against the manager or supervisor.

K. ENSURING RISK MANAGEMENT AND EMPLOYEE INCIDENT COMPLIANCE:

1. SCLHSA shall promote the safest environment possible for patients, staff, and visitors.
2. The management, supervisory, and field staff monitor patient, visitor, and employee incidents for trends and causes and develop corrective actions. The records, internal controls, policies and procedures of the team are incorporated by reference into the Compliance Plan.
3. The Executive and Senior Management Staff review all pertinent federal and state regulations and coordinate systemic changes, building modifications and staff training as necessary.
4. The Executive Director, CFO, Deputy Director and Compliance Officer will monitor all reporting to and from insurance companies, government agencies, the Louisiana Legislative Auditor and will coordinate involvement of legal counsel where warranted.
5. SCLHSA shall investigate errors and correct them, cooperate with government entities with any inquiries or investigations and will self-report, if after investigation it determines a bonafide suspicion of fraud exists, and will do so in a timely manner so as to correct the concern so that future practices and processes may be modified to prevent such occurrences in the future.

L. MARKETING AND SOCIAL MEDIA INVOLVEMENT:

1. SCLHSA shall utilize Social Media Platforms as a method for the distribution of health information, alerts, news, event updates and general inquiries to include agency website (SCLHSA.Org.), Facebook, Twitter, Instagram, LinkedIn, You Tube, etc.
2. SCLHSA shall provide guidelines for all SCLHSA staff and contract employees to participate in social media, both professionally and personally when acting on behalf of the agency.

3. Marketing strategies will be focused on the elimination of stigma surrounding diagnosis and treatment and in generating awareness about recovery, resilience, prevention and community supports.
4. SCLHSA marketing strategies attempts to connect with individuals in order to positively influence their choices and behavior in regards to treatment, care coordination, and recovery.

Compliance Requirement:

- OIG Exclusions and the Louisiana Department of Health Adverse Actions Databases
- Louisiana Unfair Trade Practices and Consumer Protection Law Section 51:1401 *et seq*, provided under Title 51, Chapter 13 of Louisiana Revised Statutes. According to Section 51:1405
- Fair Business Trade Act

Attachments:

- Compliance Information and Reporting Contact Document
- Procedure for Investigating Possible Violations
- Compliance Incident Report
- Louisiana Legislature Auditor Hotline Flyer

Linkages:

- Bonds and Crimes Loss Prevention – Policy 301
- Incident/Accident Investigation – Policy 1104
- Marketing Strategies – Policy 133
- Social Media Platforms – Policy 141