



1044 Gibert St.
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BioMed Behavioral Health Services Corporate Compliance Plan 2024-2025

Corporate Compliance Oversight:

The Executive Board of Directors has the ultimate authority and responsibility for corporate compliance. The Compliance Officer will report any decision made that significantly impacts patient care to the applicable regional authority within 30 days following the date of such decision.

Employee Training:

The corporate compliance program will be fully integrated into the organization's education and training systems through the following processes:

Policy Review:

All newly hired staff members are required to review the following policies: Corporate Compliance; Code of Ethics.

Staff Meetings:

Clinical Supervisors and Coordinators will inform staff members of specific ongoing compliance issues that pertain to their job duties at regularly scheduled staff meetings.

Required Training:

All staff will participate in required training during initial orientation and at required intervals thereafter including but not limited necessary education for obtaining and/or maintaining licensure/certifications. These requirements will be monitored and completed monthly to ensure compliance via an employee training log by the designated responsible party. (Training Grid reviewed and updated to meet regulatory standards annually).

Monitoring and Auditing:

Business Practices

The corporate compliance officer will ensure that the agency conducts business in an ethical manner and will ensure that any questionable business practices are thoroughly investigated through the organization's written investigation procedures.

Internal Controls

Programs will implement internal controls including monitoring activities to ensure compliance with the organization's programs.

Self-Audits

Internal self-audits will include but not limited to fiscal services, marketing, contractual services, health and safety practices, use of agency resources, confidentiality, dual relationships and medical necessity.

Reports

Ongoing monitoring and auditing activities will be reported to the Recipient Rights Advisor or Director of Clinical Services for review and appropriate actions as necessary.

Reporting

The agency maintains a corporate compliance program and strives to educate staff on fraud and abuse laws, including the importance of submitting accurate claims



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and reports to the governmental entities.

Definitions

- Fraud - "Knowingly and willfully executing, or attempting to execute a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program (18 U.S.C. Section 1347) "
- Waste and Abuse - Requesting payment for items and services when there is no legal entitlement to payment. Unlike fraud, the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Liability may result from failure to control errors that result in improper payments.
- Kickback - A form of fraud, waste or abuse. To participate in a kickback scheme is to knowingly and willfully offer, pay, solicit or receive any remuneration to induce, or in return for, referrals of items or services reimbursable by Federal Health Care program. Kickbacks are illegal under federal and states laws and regulations

Reporting:

Duty to Report

To Assist the agency in meeting its legal and ethical obligations any staff who reasonably suspects or is aware of the preparation or submission of a false claim or report or any other potential fraud, waste, abuse related to Federally or State funded health care program is required to report such information to their direct supervisor or the Corporate Compliance Officer. Reports are reported to appropriate regional, state and federal entities.

Contact Information

Corporate Compliance Officer -The Corporate Compliance Officer can be reached at 586-783-4802 ext. 116

Centers of Medicare and Medicaid Services -Office of the Inspector General
1-800-323-8603

Macomb County Community Mental Health 586-469-5278

Region 10 PIHP Phone 810-966-3399

Failure to Report

Failure to report and disclose or assist in an investigation of fraud and abuse is a breach of the staff members duty and obligations to the agency and may result in disciplinary action.

Compliance Reporting Systems:

Notice

Regular publication of reporting mechanisms will occur throughout the organization's system, which include, but are not limited to,



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Methods

Email notification, internal memos and posting on bulletin boards and stuff in public areas; and

Exit Interviews

Employee Exit Interviews will include compliance related questions

Assistance

The agency provides mechanisms to assist staff in reporting suspected violations of possible criminal conduct or violations of the organizational code of ethics by persons within the organization without fear of retaliation

Feedback

Staff has access to suggestion boxed in each location; compliance reporting form may be used for submitting information to the corporate compliance office regarding possible violations

Investigative Procedures:

The corporate compliance officer will initiate and conduct investigations of all reported incidents as follows:

Investigation

The investigation of the reported incident will begin within 3 days of the corporate compliance officer being informed of the incident.

Notification

Upon receiving information of an alleged incident or violation, the corporate compliance officer will inform the Director of Clinical Services or recipient rights advisor of the allegation

Recusal

If a member of the executive team is directly connected to the alleged incident that is being investigated such manager or administrator shall be excused from the investigation until the final outcome and corrective plan has been completed.

Non-Retaliation:

Any staff who reports such information will have the right and opportunity to do so anonymously and will be protected against such retaliation for submitting any information regarding waste, fraud or abuse under agency policy as well as State and Federal laws. The agency retains the right to take appropriate action against any staff who has participated in a violation of applicable laws or regulations or agency policy.

Confidentiality and Anonymity:

All information concerning the alleged incident will be held in strict confidentiality by all parties involved in the process and will not be shared with any other staff member.

Anonymity

Reports may also be made anonymously by submitting a written complaint directly to the corporate compliance officer

Initial Investigation:

The corporate compliance officer will conduct an initial investigation through an interview process with



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staff members who are assigned to duties in areas related to the alleged violation.

Counsel:

The corporate compliance officer will determine from the initial investigation whether the situation would benefit from the involvement of the organizations legal counsel in the investigative process and recommend such action to the Administration, as appropriate. If the suspected violations of the code of conduct involves a member of executive management, the organization will enlist assistance from its legal counsel in the investigative process to serve the final approval of outcome and recommendation.

Suspension:

Staff will be notified that there is a complaint and if warranted by the initial information may be instructed not to continue providing direct services until the issue is resolved.

Supervisory Staff:

The supervisor assisting with the investigation will take primary responsibility for helping affected patients with access to a clinician, or other staff member, as applicable, who is able to provide services during the investigation should a change in conditions be warranted.

Procedures:

The investigation may involve interviews with witnesses and patients, as well as reviewing other relevant information

Patient Rights:

Patient Rights will be respected at all times.

Patient Rights Violations:

If at any time during the investigation, it is determined that a patient's rights have been violated, the appropriate advocacy representative or entity will be immediately contacted to begin their investigative procedures, according to applicable laws, regulations and guidelines.

Attorney-Client Privilege:

If involved, the organization's legal counsel will ensure the confidentiality and attorney-patient privilege of any information, which may be compiled and assist in the investigation of critical issues and assist in the development of a strategy to effectively utilize the findings of the investigation.

Findings:

Following an investigation and depending on the nature of the allegations, the corporate compliance officer will file a report with the Recipient Rights Advisor or Director of Clinical Services which will include a summary of the allegations, results of the investigation and recommendations for corrective action.

Corrective Plan of Action:

The Recipient Rights Advisor, Director of Clinical Services and the supervisory staff members having knowledge of the incident will review the recommendations of the corporate compliance officer and develop a corrective plan of action.

Report of Regulatory Agency:

Should the investigation indicate a serious violation of policy, legal counsel will advise the Administration with regard to the need to report a violation to the appropriate government and regulatory agencies and will assist in the process should it be necessary.



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Timeline for Report:

A report will be compiled and submitted within 14 days from the notification of the complaint. The report will detail the following:

- The nature of the complaint
- Persons Involved
- Services Involved, and
- The person against whom the complaint is lodged

Recommendations:

The corporate compliance officer will make recommendation based on the results of personal interviews and the investigation of circumstances surrounding the incident

Type of Findings:

The corporate compliance officer will make one of three possible findings:

Founded

- Recipient Rights Violation: It is determined that the suspected violation is a recipient rights violation, then the investigation, notification and appeal procedure will follow established recipient rights procedure.
- Ethical Violation: When an investigation of an ethical complaint is determined to have merit, the incident will be reported to executive management as a critical incident and will be reviewed within the appropriate format to assist in quality improvement, risk management and corrective measures.
- Waste, Fraud and Abuse Violation: When an investigation of a waste, fraud and abuse complaint is determined to have merit, the incident will be forwarded to the appropriate regional authority and the state as required.

Unfounded

If the complaint was unfounded the paperwork of the compliant investigation will be destroyed.

Undetermined

If the finding was undetermined, the supervisor will adjust the supervision of the employee to a level necessary to ensure that the suspected behavior does not or is not occurring; the employee will be informed of the details and will be actively involved with the supervisor in this process.

Outcome:

Once approved by the Recipient Rights Advisor or Compliance Officer, the supervisor will inform the staff member who is the subject of the investigation of the outcome of the investigation.

Monitoring:

The corporate compliance officer will monitor and evaluate the corrective plan of action through consistent contact with a supervisor in charge and will reevaluate the actions and corrections on a monthly basis.



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Updates:

The corporate compliance officer will provide updates of the situation to the Director of Clinical Services until the situation has been resolved.

Corporate Compliance Report:

The incident investigation outcomes will be included in the annual corporate compliance report to the Director of Clinical Services.

Policy Revision:

The Director of Clinical Services will utilize all information consistent with an incident investigation and outcome to recommend revision and development of policy, procedures and guidelines in the area of corporate compliance.

Remedial Measures:

Nature

Remedial measures are taken to correct mistakes and enhance compliance with corporate compliance policy and applicable states and federal regulations. In most cases, remedial actions are designed to improve staff performance.

Notice

If remedial action is deemed necessary the affected staff member will be notified prior to the initiation of the action and informed of the concerns regarding his or her performance. If remedial action is deemed necessary the affected staff member will be notified prior to the initiation of the action and informed of the concerns regarding his or her performance.

Conduct

Examples of behavior that could require remedial action may include, but not limited to, failure of an individual to understand and follow established policies and procedures, inappropriate or improper implementation of specific corporate compliance policies and procedures; and ambiguous communications regarding job performance expectations or negligent behavior.

Remediation

Examples of remedial actions may include, but not limited to, referral to staff members to take part in an educational program focusing on the problem area; future money management handled in a specifically designated manner, and reassignment and change of staff member duties until remediation has successfully corrected the error.

Corrective and Disciplinary Measures:

Repeated Violations

In the case of repeated violations of intentional misconduct or after documented remedial actions have failed to correct the problem, the agency will take corrective or disciplinary measures where necessary to address wrongdoing or malfeasance.

Disciplinary Measures Cumulative

The initiation of corrective or disciplinary measures does not preclude or replace any administrative, civil or criminal proceedings that may be taken by legal authorities.

Applicable Policy

Should the organization initiate corrective or disciplinary actions it will do so in accordance with



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existing and applicable personnel policies.

Preventive Measures:

Education and Training will serve as the core of agency prevention efforts to ensure minimum violations of the law, ethical codes of conduct. Prevention efforts will include, but not limited to,

- New Staff Orientation
- Training related to the staff member specific position
- Documentation of Competency in required areas through performance appraisals and or competency-based exams
- Routine, targeted and random audits of systems and medical charts

Exclusion Monitoring:

Exclusionary monitoring for individuals and entities from federally funded healthcare programs will be conducted and addressed by the Human Resource Department according to regulatory required timelines. Any findings during this monitoring will be reported to the Executive Director for final determination of corrective actions required. A summary of these incidents will be reported to the Executive Board of Directors.

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