**CORPORATE COMPLIANCE PLAN**

**HAMILTON CENTER, INC.**

***Building Hope, Changing Lives***

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**HAMILTON CENTER, INC. CORPORATE COMPLIANCE PLAN**

1. **INTRODUCTION**

Hamilton Center, Inc. adheres to federal and/or state rules and regulations that address corporate compliance. Hamilton Center, Inc., in accordance with the Federal Sentencing Guidelines Manual, has implemented procedures to ensure that its activities comply.

The Corporate Compliance Plan is designed to be interactive so that the standards and procedures become second nature to Hamilton Center, Inc. employees. This is accomplished by providing all employees the compliance tools needed to perform their assigned functions, including training during new employee and program orientation, annual on-line training and/or compliance memorandums, discussions, and group meetings.

Additionally, promotion of the program is provided by the Quality and Compliance Department, which places resources and updates on the HCI Intranet. The Compliance Plan and related activities stress education, open lines of communication, and depend on the cooperation and efforts of all staff members.

1. **Scope of Program**

The Hamilton Center, Inc. Corporate Compliance Plan is comprised of seven elements to minimize fraud, waste, and abuse by complying with billing, collections, medical records documentation, and federal and state laws and regulations.

1. Seven Elements Incorporated:
2. Implementation of Standards and Procedures – Section I
3. Oversight – Section IX
4. Education and Training – Section IV
5. Auditing and Monitoring – Section VII
6. Reporting – Section V
7. Enforcement and Discipline – Section VI
8. Response and Prevention Section V
9. Primary Duties of the Quality and Compliance Department
10. Educate staff on the Corporate Compliance Plan.
11. Ensure adequate staff training is conducted as necessary on rules and regulations.
12. Assist the Corporate Investigator and Human Resources department regarding issues related to compliance.
13. Ensure the HCI Chief Executive Officer (CEO) is provided with adequate notifications in order for the Chief Executive Officer to communicate with appropriate parties and the HCI Board of Directors and/or funding programs.
14. Annually monitor the effectiveness of the Corporate Compliance Plan.
15. Conduct Corporate Compliance Risk Assessments.
16. Review and propose modifications to the Corporate Compliance Plan.
17. Provide avenues for staff to report complaints/concerns/questions.
18. Review and propose revisions to the Hamilton Center, Inc.’s Compliance Plan; ensure revisions are published and staff trainings initiated upon any significant changes or revisions.
19. Recommend to the CEO changes regarding policy and procedure
20. **Purpose**

The purpose of the Corporate Compliance Plan is to establish mechanisms to prevent, detect, and resolve instances of conduct which do not conform to federal and state law, regulations, standards, and/or Hamilton Center, Inc. policies and procedures.

Hamilton Center, Inc. seeks:

1. To demonstrate to staff, provider organizations, and the Federal Government our commitment to comply with billing, collection, and medical record documentation laws, rules and regulations;
2. To minimize the potential for fraud and abuse from occurring at Hamilton Center, Inc.;
3. To provide avenues and requirements for staff and provider organizations to report potential fraud abuse;
4. To provide input to the Human Resources department, who sets the appropriate standard of conduct for all staff and those working with HCI.
5. **Common Areas of Risk**

Failure to comply with any federal or state law, rule, or regulation creates a possible liability for Hamilton Center, Inc. and its employee(s). The most likely areas of risk are identified as follows:

1. Unauthorized disclosure of information and/or documents from clinical records of a consumer;
2. Undisclosed conflicts of interest;
3. Unauthorized disclosure of information regarding Hamilton Center, Inc. business or services to media, competitors, outside business persons, or unauthorized employees;
4. Providing services which are clinically or medically unnecessary;
5. Prescribing medications without proper authorization;
6. Failure to keep accurate and complete clinical records;
7. Making alterations to clinical records;
8. Using diagnoses or billing codes that provide a higher payment rate than the diagnosis or billing code allows;
9. Billing for services or items not rendered and/or properly documented and authenticated;
10. Seeking or retaining more than one payment for the same service;
11. Engaging in special billing procedures to evade price or profit controls, or in violation of other laws;
12. Failure to refund credit balances on a timely basis;
13. Failure to implement and enforce internal procedures and controls to assure accurate cost reporting;
14. Failure to follow applicable accounting standards or to otherwise properly document and record payments, transfers, and services rendered; and
15. Paying or receiving payment, unlawful kickbacks, incentives, and/or bribes, or other items of value to induce referrals or solicit business or reimbursements.
16. **RESPONSIBILITY**
17. **Program Responsibilities**

The Chief Executive Officer and the Board of Directors at Hamilton Center, Inc. have sole responsibility for the compliance of the organization and to perform due diligence to ensure ethical and lawful controls are enacted. The Chief Executive Officer will assign a Corporate Compliance Officer who will provide oversight of the Corporate Compliance Plan. The Chief Executive Officer will provide and authorize the Corporate Compliance Officer with necessary access to legal counsel. The Corporate Compliance Officer will make compliance reports to the Chief Executive Officer and periodically to the Board of Directors. The Corporate Compliance Officer, at the direction of the Chief Executive Officer, will collaborate with the Chief Financial Officer to receive access to necessary billing records. The Corporate Compliance Officer, at the direction of the Chief Executive Officer, will collaborate with the Human Resources Director to receive necessary documentation from personnel files.

1. **Program Accountabilities**

The Chief Executive Officer and the Board of Directors are ultimately responsible for the quality of care provided through all service locations of Hamilton Center, Inc. The Chief Executive Officer holds the Corporate Compliance Officer accountable for the dissemination and communication of the Corporate Compliance Plan.

1. **Responsible and Accountable Committees**
2. Board of Directors and Chief Executive Officer Meetings

The Chief Executive Officer appoints the Corporate Compliance Officer to ensure adherence to the Corporate Compliance Plan. Process improvement plans are presented to the Chief Executive Officer for review, approval, and presentation to the Board of Directors.

1. Compliance, Quality, Risk, and Improvement Committee

The Chief Executive Officer will assign a Committee Chairperson, which is currently chaired by the Corporate Compliance Officer. In partnership with all departments, this committee is charged with applying structure to the measurement and evaluation process for the ongoing performance, improvement, and compliance with regulatory bodies. This committee is comprised of an interdisciplinary team. The adopted Performance Improvement model for Hamilton Center, Inc. and the Quality and Compliance Department is PDCA (Plan, Do, Check, and Act). This model provides structure to the measurement and evaluation process for ongoing performance improvement in the organization.

1. Planning Involves:
2. Design of improved processes based on the prioritized needs established by leadership;
3. Research of the literature to establish benchmarks;
4. Developing methodology of measurement; and
5. Establishing a team of knowledgeable employees to lead the PDCA process.
6. Doing Includes:
7. Collecting comparative data;
8. Analyzing data compared to benchmarks established in the planning phase; and
9. Communicating results, teaching intended changes, and implementation of improvements.
10. Checking to assure effectiveness of the implementation:
11. Ongoing measurement of an implementation will show the efficacy of the change or new process; and
12. Assessment of these measures will result in further refinements and development of a process or program.
13. The Act phase involves formal implementation and continuous redesign and reassessment of the process.
14. Quality Management Committee

The Chief Executive Officer will assign the Committee chairperson. This committee is currently chaired by the Quality Improvement Manager and is comprised of Director and Supervisor level managers. The committee will report auditing results on a quarterly basis and discuss the most prominent trends that may require a process improvement plan. This committee assists in providing ideas to improve current processes based on the data presented and trended. Policy and procedure will be developed or augmented to prevent, detect, and detour misconduct, and unlawful activities.

1. **Management**

Managers provide instruction to their staff regarding applicable compliance policies, procedures, practices, and legal requirements concerning their specific job functions and duties. Managers are also tasked with exercising reasonable diligence to discover potential compliance problems or potential violations and immediately take corrective actions, including notifying the Quality and Compliance Department. Managers must maintain a work culture for all employees that encourages compliance, promotes open communication about compliance issues, requires reports of non-compliance and promptly responds to all questions raised by employees. Managers keep staff informed by distributing and discussing information from the Corporate Compliance Officer and/or Quality and Compliance Department.

1. **CODE OF ETHICS**

The integrity and reputation of Hamilton Center, Inc. is built upon the principles of putting the consumer first, open communication, accountability, and adhering to policies and procedures. Please see Appendix A in this manual to review the Code of Ethics Policy. This policy can also be found in the Operations Manual, OP.01.02.00.00. (Policies and procedures are posted on Hamilton Center, Inc.’s Intranet under Employee Resources).

1. **EDUCATION AND TRAINING**
2. **Initial Training**

The initial training during new employee orientation is mandatory for Hamilton Center, Inc. employees and other contracted staff, interns, and students. HCI employees shall receive an overview of the Corporate Compliance Plan Manual, which will be contained in his/her Employee Handbook. Employee Handbooks shall be received during new employee orientation. The initial training covers the substantive legal standards and the procedures, which are outlined in this Manual. Employees are encouraged to ask questions throughout the new employee orientation Compliance Plan training to ensure the staff understand the standards and the procedures of the Program.

During new employee orientation, after the Corporate Compliance Plan training, employees must sign and return the **Overview of Employee Responsibilities and Manual Receipt Statement** form, as found in Appendix B in the Corporate Compliance Plan. The form will then be given to the compliance trainer and filed in the Human Resource file. The employee’s signature on the **Manual Receipt Statement** verifies that the employee has received the Manual, agrees to read the manual in its entirety, and agrees to participate fully in the Program. Employee signature implies the employee will report any wrongdoings and potential compliance problems of which the employee is or becomes aware.

The Quality and Compliance Department will assist the Human Resources department to monitor the completion of the Compliance Plan training. In consultation with Human Resources, the department will recommend disciplinary action regarding non-compliance with compliance training.

1. **Other Continuing Education**

The Corporate Compliance Officer and Quality and Compliance Department will arrange and schedule training sessions for specific topics when necessary in collaboration with Human Resources. In collaboration with Human Resources, the Corporate Compliance Officer may advise that a particular employee, or group of employees attend a mandatory training session. The Quality and Compliance Department will consider training topic suggestions from staff.

1. Topics for the training sessions may include but are not limited to:
2. Reoccurring topics from questions and/or reports to the Compliance Hotline;
3. Health care fraud alerts issued by the Office of Inspector General or the Department of Health and Human Services;
4. New programmatic billing and/or coding guidelines issued by the Division of Mental Health and Addictions, IN Office of Medicaid Policy and Planning, Medicare or other third party funders;
5. The Joint Commission, CARF, and/or other accreditation/regulatory bodies;
6. Potential compliance issues identified by internal or external medical records or other types of audits; and/or
7. Privacy HIPAA regulations and confidentiality guidelines.
8. Training may be provided via but not limited to the following avenues:
9. E-mail memos;
10. Video/audio conferencing;
11. Relias Learning; or
12. Face-to-face meetings.

Participation will be documented.

The Human Resource Attendance Sign-In Sheet shall indicate the topic of the training session and shall be stored in the Human Resources training file. In collaboration with Human Resources, the Corporate Compliance Officer shall be available to assist Human Resources with monitoring the completion of compliance training. Human Resources will determine the appropriate disciplinary action regarding non-compliance with training.

1. **REPORTING, RESPONSE, AND PREVENTION**
   1. **Questions Regarding the Compliance Plan and Related Standards**

The legal standards covered by the Corporate Compliance Plan are complex. Even after the completion of initial training, questions will arise concerning the substantive standards of the Corporate Compliance Plan. To provide constant educational access to all employees, the Corporate Compliance Officer and the Quality and Compliance Department encourages all staff to contact the Quality and Compliance Department with any questions regarding the Corporate Compliance Plan, or any questions related to achieving and maintaining compliance. The telephone numbers for Quality and Compliance staff are listed in the Hamilton Center, Inc. department phone listings and alphabetical directories. Access to email addresses are listed in the Outlook directories.

The Corporate Compliance Officer and Quality and Compliance Department staff will answer the questions or confer with other staff to answer any questions. Quality and Compliance staff may also obtain and request guidance for answers from sources that possess expertise in the subject area or topic pertaining to the questions posed. If legal counsel is required, the Corporate Compliance Officer will notify the Chief Executive Officer for direction prior to seeking legal advice.

* 1. **Compliance Reporting**

When staff become aware of potential wrongdoing or misconduct whether committed by employee or someone else, he/she must make a report to the Corporate Compliance Officer through one of the methods described below. For all methods of reporting, Hamilton Center, Inc. will make every effort to keep reports confidential, but cannot guarantee complete confidentiality even when reports are anonymously given. Hamilton Center, Inc. has designated a Lead Corporate Investigator to probe serious allegations and situations. In order for the Lead Corporate Investigator to complete an accurate and thorough investigation, the Investigator may seek additional information from the staff person who reported the wrongdoing. Hamilton Center, Inc. will not retaliate against any staff or other entity covered under this program for reporting what he/she reasonably believes to be a violation of standards under this Corporate Compliance Plan. Please see Section E, RETRIBUTION page 11.

1. Face-to-face:

An employee may report compliance issues/concerns directly to the Corporate Compliance Officer or to assigned designees in the Quality and Compliance Department. The Corporate Compliance Officer and designees are located in the Quality and Compliance Department at 500 Eighth Avenue, Terre Haute, Indiana 47804. Reports will be recorded and assigned a 4-digit identification number. A separate file will be maintained with the name of the staff member making the report and their assigned 4-digit identification number. The staff making the report will be reminded that he/she may need to be contacted again by the Lead Corporate Investigator to provide additional information.

1. Email:

An employee may report compliance issues/concerns to the Corporate Compliance Officer’s email address at [mbaker@hamiltoncenter.org](mailto:mbaker@hamiltoncenter.org) or to the designee, [dguthrie@hamiltoncenter.org](mailto:dguthrie@hamiltoncenter.org).

Email reports will be assigned a 4-digit identification code, printed, and sent to and retained by the Corporate Compliance Officer. The name of the reporting staff will be maintained in a separate file along with his/her identification number.

1. Written:

Staff may at any time provide a written report to disclose potential wrongdoings. Information regarding the complaint should be as complete and detailed as possible and submitted to the Corporate Compliance Officer and/or designee. The written communication can be sent via inner-office or US mail.

Staff are encouraged to disclose their identity, but they may choose to remain anonymous.

1. Hotline:

A toll-free Reporting Hotline shall be available 24 hours a day to report compliance issues/concerns. The Reporting Hotline will ring directly into voicemail. The Reporting Hotline number is 1-877-884-0568. The reporting employee may reveal his/her identity or remain anonymous when making the report.

1. The employee must be aware that although he/she does not have to identify his/herself, the telephone number from which the telephone call was made might appear on Hamilton Center, Inc.’s telephone system.
2. The name (if given) and the 4-digit identification number, and the caller’s contact information will be recorded in a separate file.
   1. **Internal Response to Compliance Reporting**

Upon receipt of a report of wrongdoing under the Corporate Compliance Plan, the Corporate Compliance Officer/Quality and Compliance Department shall take the following steps as appropriate:

1. Record initial report of issue or concern;
2. Notify the Chief Executive Officer of the report for direction to determine if there is to be an investigation. Appropriate staff will be asked to assist the Lead Corporate Investigator if the Chief Executive Officer deems an investigation is needed;
3. Ensure that preliminary report and any subsequent information that the Quality and Compliance Department receives is forwarded to the Lead Corporate Investigator.
4. The Chief Executive Officer and Lead Corporate Investigator may consult with legal counsel;
5. The Chief Executive Officer and Human Resources Director will determine any disciplinary action or remedial action that may be warranted. The Chief Executive Officer may consult with the Corporate Compliance Officer and legal counsel regarding reporting requirements;
6. If report to governmental/regulatory authorities is required, the Chief Executive Officer, in consultation with legal counsel when necessary, shall be responsible for determining the content and the schedule for making required reports;
7. Modifications to the Corporate Compliance Plan shall be recommended to the Chief Executive Officer by the Corporate Compliance Officer.
   1. **Reports to Board**

The Chief Executive Officer will ensure that the board is advised about the Compliance Plan. Modifications to the Compliance Plan is provided to the Board of Directors by the CEO.

* 1. **Retribution**

Hamilton Center, Inc. will not take disciplinary action against staff or other entity covered under this program for reporting what he/she reasonably believes to be a violation of standards under this Corporate Compliance Plan. The Chief Executive Officer and Human Resources Director may determine that further action is necessary for the reporting employee. Disciplinary action may include termination of employment on the basis of his/her report when the following occur:

1. If Hamilton Center, Inc. reasonably concludes that the employee knowingly fabricated, distorted, exaggerated, or minimized a report of wrongdoing to either injure someone else or to protect him/herself or others; or
2. If the staff member report contains personal admission of wrongdoing, he/she will not be guaranteed protection of disciplinary action. However, in imposing any discipline as a result of a self-confessed wrongdoing, Hamilton Center, Inc. will consider several factors including that the employee/entity self-confessed.

**VI. ENFORCEMENT**

Adherence to and promotion of the Corporate Compliance Plan will be used in performance evaluations for all Hamilton Center, Inc. employees and contracted staff. Such evaluation will include, a consideration of a failure to reasonably detect wrongdoing.

Imposition of disciplinary measures is determined by the Chief Executive Officer who may consult with Human Resources, the Corporate Compliance Officer, the Lead Corporate Investigator, and legal counsel, as appropriate. All disciplinary measures will be implemented in accordance with applicable laws, rules, regulations, and procedures established by the Hamilton Center, Inc. policies and procedures.

**VII. AUDITING, MONITORING, AND IMPROVEMENT**

1. **Internal Auditing**

The Quality and Compliance Department will perform regular internal audits to assist in early detection and identification of real and potential risks. Internal regular self-audits and monitoring activities will focus on, but not be limited to, compliance with internal policies and procedures, payor requirements, identification of possible billing issues, and Federal and State guidelines.

At any time during the audit and monitoring process, if a real or potential risk is discovered, the CEO will be notified.

Upon completion of internal auditing and monitoring activities, the findings and a written summary will be presented to the Corporate Compliance Officer to give to the Chief Executive Officer. Management of sites reviewed will then be contacted and will address the identified deficiencies and assist in providing suggestions for improvement.

The Quality Manager and/or designee will present trends from the regular internal auditing and monitoring activities quarterly to management and Quality Committees. B. **Internal Auditing of Corporate Compliance Plan**

The Corporate Compliance Officer shall conduct annual audits of the Corporate Compliance Plan to report to the Chief Executive Officer, including (but not limited to) tests to determine whether:

1. Employees are complying with the substantive standards described in training;
2. Reports given by employees are handled appropriately;
3. Education and training for employees is sufficient in compliance with HR standards.

At any time, the Chief Executive Officer and/or the Board of Directors may require the Corporate Compliance Officer to conduct an audit of the Corporate Compliance Plan. The Chief Executive Officer may instruct that the audit be conducted in coordination with legal counsel.

Employees are encouraged to make suggestions for improvement to the Corporate Compliance Plan. All suggestions received by supervisors and training instructors shall be forwarded to the Corporate Compliance Officer for review and consideration. The Chief Executive Officer may also ask for this data. The Corporate Compliance Officer shall review this Manual annually and make recommendation to the Chief Executive Officer for any revisions he/she deems appropriate in response to changes in legal requirements, past experience with violations, results produced through internal or external audits, the annual Office of Attorney General Reports or suggestions from employees.

The Corporate Compliance Plan shall be available to all employees electronically. Each employee shall be required to verify that they have reviewed the plan and updates.

Upon the termination (for any reason) of any Hamilton Center, Inc. employee, that employee shall be requested to sign an Exit Statement by Human Resources certifying that he/ she has reported any wrongdoings and potential compliance problems of which he/she is aware.

1. **RECORDS**

Hamilton Center, Inc. will retain records in accordance with applicable law and Hamilton Center, Inc. policy. Hamilton Center, Inc. is dedicated to compliance with state and federal law regulating requests for information by outside entities. However, records related to the Corporate Compliance Plan, including patient medical records, are required by law to be confidentially maintained. Moreover, by adopting this Corporate Compliance Plan, Hamilton Center, Inc. is encouraging and requiring the reporting of any wrongdoing.

Hamilton Center, Inc. uses due diligence in protection of consumer protected health information. Hamilton Center, Inc. requires a current Release of Information signed by the consumer prior to information being released when applicable.

1. **COMPLIANCE OVERSIGHT OF HAMILTON CENTER, INC. DEPARTMENTS**

Policies that expand on the ethical practices of conducting Hamilton Center, Inc. business are contained in the Operations Manual. The Marketing and Business Development sections address Hamilton Center, Inc.’s public image, media relations, financial development, grants, and gifts to the organization.

The Fiscal section of the Operations Manual describes billing, collections, cost allocations, budgeting, and annual auditing practices. Additionally, detailed procedures on Charity Care provisions and eligibility are outlined.

The Hamilton Center, Inc.’s section of the Operations Manual includes policies related to Conflict of Interest, Political Intervention and Joint Ventures. Specifically, a Conflict of Interest Statement is obtained at time of hire and annually from each staff. The members of the Board of Directors complete/sign a Conflict of Interest Statement at the beginning of a term and then annually. The Conflict of Interest Statement covers such topics including, but not limited to, receiving and accepting gifts, employment outside of Hamilton Center, Inc., and financial involvement in and with other entities that might compete or influence Hamilton Center, Inc. business endeavors.

**APPENDIX A**

**Code of Ethics Policy**

**Purpose:**

To ensure Hamilton Center, Inc. (HCI) business is conducted in an ethical manner, protecting the rights and well-being of consumers served.

**Policy:**

Hamilton Center, Inc.’s vision is to advance excellence in behavioral health services through compassion, customer responsiveness, innovation, and flexibility. The organization values the worth of all people and treats individuals with dignity and respect. Recognizing the vulnerability of consumers, HCI is committed to the highest standards of professional, ethical, and moral conduct.

1. Staff is hired with credentials, expertise, and experience relevant to modality and/or job requirements. Employee orientation, staff development programs, and educational reimbursement policies reflect the commitment to professional excellence and professional development through internal and external training. All employees sign a conflict of interest statement upon hire and annually thereafter.
2. Staff is expected to adhere to the code of ethics of their profession and/or Hamilton Center, Inc.’s policy and procedures and the standards prescribed by licensing, accrediting, and/or regulatory bodies. Expectations regarding ethical conduct are provided in writing to staff during employee orientation. As appropriate, employee violations of ethical or professional standards of the Indiana Licensing Board will be reported to the National Practitioner Data Bank (NPDB) and the Medical Licensing Board of Indiana.
3. All individuals receive services based on medical necessity and client choice without regard to race, ethnicity, religion, national origin, culture, age, gender, sexual orientation or gender identity and/or expression, socioeconomic status, and/or physical or mental abilities.
4. Payment for services is based on an individual’s third party payor coverage and benefits.
5. All programs and services have admission and discharge criteria. When clinical outcomes are achieved, a consumer is transferred to a less intensive service or discharge with a referral for continuing care.
6. Services are designed to foster the highest level of functioning, autonomy and self-determination possible and to reduce the level of behavioral health care needed, to the least restrictive level.
7. The Corporate Compliance Plan is reviewed periodically and updated annually. Policies and procedures are implemented to protect consumer confidentiality and privacy, inform consumers of their rights and provide a mechanism for consumers to process grievances or appeals (of decisions) concerning treatment, services, and/or billing.
8. Marketing and business development activities honestly and accurately represent the corporation.
9. Billing practices are ethical, accurate, and follow all state and federal regulations. Internal controls monitor billing practices and are assessed annually by an independent audit.
10. The organization maintains a current list of the names and addresses of all Directors on the governing board. This information is available to internal and external consumers. Directors and all members of the governing board sign a conflict of interest statement when elected to the Board of Directors and annually thereafter.
11. Contractual relationships with other providers and/or individuals are reviewed by HCI management and/or the Board of Directors to ensure that no real or perceived conflict of interest exists and that the organization’s mission would not be compromised.
12. In response to changing or emerging community behavioral health care needs, current services are evaluated and redesigned and/or new services are developed as resources allow. The organization facilitates stakeholder access to planning processes and conducts satisfaction surveys of internal/external consumers on a regular basis.
13. This policy is available for review by internal and/or external stakeholders.

**APPENDIX B**

**Overview of Employee’s Responsibilities and Manual Receipt Statement Form**

1. Read the Corporate Compliance Plan Manual in its entirety. The overview you have received in new employee orientation cannot convey the full extent of each employee’s responsibilities under the Corporate Compliance Plan; therefore, you have been provided access to the complete Corporate Compliance Plan via the HCI net.
2. If revision and/or updates are incurred within the manual, you will be sent notification through interoffice mail and/or email, or other communications. You will then need to Acknowledge Receipt of the Corporate Compliance Plan Manual Updates, Revisions, and/or Instructions Statements.
3. Attend any required continuing education training sponsored by the Corporate Compliance Officer or the Quality and Compliance Department and sign attendance sheets documenting your participation in the required training.
4. Contact the Quality and Compliance Department with any questions you may have regarding the Corporate Compliance Plan Manual and/or with any questions you have related to regulatory, accreditation or payor requirements.
5. Report any compliance concerns through one of the methods listed in the Corporate Compliance Plan Manual. If you are aware of any violation of the Program’s substantive standards or procedures (whether it is you or someone else who has committed the violation), report it immediately. Failure to report reasonably detectable violations is itself a violation of the Corporate Compliance Plan and may make you subject to disciplinary action.
6. Cooperate with all compliance-related efforts.
7. Submit to your supervisor or the Corporate Compliance Officer, any suggestions you have for improvement to the Corporate Compliance Plan.
8. Review periodically any written materials from training sessions you have attended.
9. Refer outside inquiries for information about Hamilton Center, Inc.’s Corporate Compliance Plan to the Corporate Compliance Officer.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature** **Date**

**APPENDIX C**

**Corporate Compliance Plan Employee Exit Statement**

Upon the termination of my employment with Hamilton Center, Inc. and pursuant to the terms of Hamilton Center, Inc.’s Corporate Compliance Plan, I hereby swear that I have reported to the Center any wrongdoings and potential compliance problems to which I am aware.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Corporate Compliance Plan Employee Exit Statement to be retained in employee’s file.)***