


Table of Contents Leadership

Section#	Policy#	Policy Description	Page#
1.a.1	ATE-100	Leadership	2
1.b.1	ATE-100	Mission and Philosophy	2
1.h.1	ATE-100	Agency Lines of Authority	3-4
1.a.5	ATE-101	Cultural Diversity Plan	5-8
1.a.3	ATE-102	Corporate Responsibility	9
1.6.a.2	ATE-102	Marketing	9
1.6.a.3	ATE-102	Contractual Relationship	9
1.6.a.4	ATE-102	Service Delivery	9-12
1.6.a.6	ATE-102	Human Resources	13
1.6.a.7	ATE-102	Fraud Waste and Abuse	13
1.6.b	ATE-102	Violation of Ethical Code	14
1.6.b.1/2/3	ATE-102	No Reprisals/Confidentiality	14
1.6.d/f/e	ATE-102	Advocacy efforts for the clients	15-30
1.a.10	ATE-103	Succession Plan	30-31
1.a.11	ATE-104	Certificate of Insurance	33
1.a.10	ATE-105	Display of Certificate of Accreditation	34
1.a.11	ATE-106	Services Area	35

 <p>Fountain (FOHFS)</p>	Fountain of Hope Family Services Inc.		Policy and Procedures
	Policy Type:-	Aspire to Excellence	Policy# ATE-100
	Subject:-	Leadership	Adopted:- 05/06/2014
	Section:-	1-A	Effective:- 06/11/2015
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020

► Summary

Fountain of Hope Family Services (FOHFS) Agency was incorporated to promote and emotionally healthy youth and child abuse through counseling and by providing community-based counseling for children and youth. **Fountain of Hope Family Services (FOHFS) Agency** was formed under the laws of the State of Oklahoma as a private for **Profit Company**. To develop and provide innovative, responsive, cost effective, and high quality behavioral healthcare services for Oklahoma's **children, adolescents, adults, seniors, families, and communities**. We are also committed to helping the **consumer** and the communities reach its **fullest potential**. Our primary service area is the grater **Oklahoma Metropolitan** statistical area.

Fountain of Hope Family Services (FOHFS) Agency will maintain national accreditation through **CARF**, a nationally recognized accreditation center, in accordance with their accepted Standards.

► (1.b.1) Mission and Philosophy

Our mission at **Fountain of Hope Family Services Inc.**, is to provide quality and excellent services to all at-risk youth in OJA, DHS custody, their families and other members of the community. In addition, our aim is to assist in reunification of families, reducing psychiatric impairment and assisting individuals with behavioral challenges to enhance the quality of their life. We are committed to serve the needs of each family with compassion, respect and dignity. Delivering of highest quality service to each client we have the privilege to serve is our goal.

Fountain of Hope Family Services (FOHFS) Agency works with your Primary Care Provider to evaluate the mind-body, behavior connection and provides solution-focused interventions. Together, our providers can determine a course of action that serves your needs holistically.

► **Our Philosophy:** - is to enhance self-sufficiency by providing tools and skills to Clients in need, to treat a whole person, **body, mind** and **spirit**, to function **socially, emotionally, psychologically** and **culturally**.

► C. Our Core Values

In order to best serve our Clients and remain true to our employees, **FOHFS** agency embraces the following **core values**:

Celebrating Diversity: - Respecting the rights, differences, and dignity of others.”

Recovery: - Achieving a high quality, self-directed, satisfying life integrated in the community.

Quality: - Commitment to Excellence.

Public Awareness: - Dedicated to increasing the understanding of mental illness and eliminating stigma.

Collaboration: - Partnering with Clients and stakeholders to create healthy communities.

Technology: - Embracing Technology to improve efficiency and quality of care.

▶ (D) Delegations of Authority

(FOHFS agency) is governed by the **Executive Director** and/or **Board of Advisory** comprised of citizens from the Oklahoma City areas, along with other state youth service agencies, from a network of helpful programs in Oklahoma. **FOHFS** agency is dedicated to serving **troubled youth** and their **families** at the local level. We believe Oklahoma youth deserve a chance to become responsible adults.

▶ (E) Person Centered Philosophy

To develop and provide innovative, responsive, cost effective, and high quality behavioral healthcare services for Oklahoma's **children, adolescents, adults, seniors, families,** and communities.

We are also committed to helping the consumer and the communities reach its fullest potential. Our primary service area is the **greater Oklahoma Metropolitan** statistical area.

(FOHFS agency) believes this philosophy to be the cornerstone for **planning, development,** and **coordination** of a quality service delivery system. Services will be based on a process of **prevention, education, counseling,** and **advocacy.**

▶ (F) Designated Authority

The Leadership Team of (FOHFS agency) is comprised of the **Executive Director, Clinical Director, HR/Office Manager** and **Compliance/Safety Officer**. The Leadership Team is the designated authorities that includes but are not limited to the following:

1. Provide leadership for implementation of the **goals, purpose,** and objectives for continual improvement of the agency.
2. Develop and implement service programs and projects for children, adolescents, adults, and families in need of assistance.
3. Identify and study trends and concerns of communities in **FOHFS** Family Services area.
4. Be involved in the rehabilitative and educational aspects of youth and family services with strong emphasis developing social skills and interacting with others positively as well as developmentally appropriate life skills.
5. Cooperate and promote relationships with organizations, agencies, and voluntary groups in carrying out these purposes and objectives.
6. Promote community and Agency funding of current and future programs.

▶ (G) Professional Personnel

The Leadership Team (LT) will employ professional personnel as needed to carry out the programs of **FOHFS Agency**.

The **Executive Director** is responsible for the operations of **FOHFS Agency** with respect to the policies established by the **Leadership Team**. Included in these responsibilities is the health and safety, as outlined in policies, of **FOHFS agency**, its staffs and those persons served. The **Executive Director** is responsible for a monthly review of **FOHFS Agency** operations and expenditures and discussed with leadership.

The **Executive Director** will have final decision on financial matters that are addressed in **Leadership Team** meetings.

The **Clinical Director** will oversee the duties of **Executive Director** if the **Executive Director** is unable to perform expected duties due to absences, such as but not limited to vacation, sick leave, etc.

The **Clinical Director** duties are to develop, structure, and oversee all programs for Agency, enforce all policies and procedures, enhance available resources for our consumers serviced, ensure proficiency in all the areas as it pertains to the management, oversight and compliance of all **Clinician** providing services on behalf of **FOHFS Agency**.

The **Clinical Director** will see that confidential records are securely maintained, and that consumer's information is released to professionals providing supplemental services to the consumer, with written permission of the consumer, parent(s) or guardian, or as provided by law.

The **Compliance/Safety Officer** will execute orientation for new providers, annual trainings and continual trainings as necessary during monthly personnel meetings to assure that office personnel and providers are achieving the goal of Agency. The **Clinical Director** is responsible for the milieu of services to be culturally relevant and carried out with a person centered approach.

The **HR/Office Manager** will train new hire office personnel with orientation and supervise their duties to include oversight of billing, case records, policies and procedures, reconciliation of claims, process business documentations and direct such activities to subordinate assistive personnel members.

The **HR/Office Manager** will train and assist providers with electronic records. Assist providers in gaining access to electronic records and be available to assist providers with general questions about the electronic records computer program web base (**EHR Software Application**). The **Office Manager** will assist **Clinical Director** with **reviewing Clinical** documentation before **billing** and has authority to conduct all aspects of the business as described by the **Executive Director** in his absence.

The **Office Personnel** will assist the **HR/Office Manager** with tasks connected with electronic records.

The **Office Personnel** will maintain logs for referrals, and input the data into the electronic records program.

The **Office Personnel** will greet visitors and consumers when they come to the office and make sure those consumers and visitors sign in at the front desk.


The Office Personnel will participate in any task requested by the **HR/Office Manager, Compliance/Safety Officer, Clinical Director** or **Executive Director**.

The Provider will maintain required **paper work** and **submit** said paper work in a timely manner following the guidelines of **Oklahoma Health Care Authority** regulations connected with documentation.

The Provider will maintain contact with the Provider on a regular basis to discuss the outcomes and progress of treatment for shared consumers.

(1.a.h) Agency Lines of Authority

It is the intent of **FOHFS agency** to maintain clear lines of authority and responsibility between its **Executive Director** and employees, and non-paid staff (volunteers). Therefore, it shall be the policy of **FOHFS agency** to maintain a **FOHFS organizational chart** setting forth the operational components of **FOHFS agency** and the relationship of each role and/or function to the other.

 <p style="text-align: center;">Fountain FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-101	
	Subject:-	Cultural Diversity Plan	Adopted: -05/06/2014	
	Section:-	1-A.3	Effective: -06/11/2015	
	Approval By:-	Michael Oladipo	Revised: -08/15/2020	

► **Policy:** **FOHFS agency** will have a diversity and cultural competency plan. The plan will be reviewed annually and updated as necessary. Cultural Competency shall be trained at new hire and annually to all employees and contractors.

► **Procedure**

Cultural Competence and Diversity Plan:

The plan for cultural competence and diversity at **FOHFS Agency** is to achieve mission success in an ever-changing environment through the strengths of our employees and community. These goals will be established to ensure a diverse pool of qualified candidates, to make the agency a desirable place to work, to promote agency values, and to practice cultural competence in Clinical program practices.

FOHFS agency is committed to creating an inclusive environment where diversity is valued so that individuals will be inspired to contribute fully to mission success. We will strive to be recognized by our employees and the community as an employer and service provider of choice.

► **The plan includes, at a minimum:**

- Recruitment of personnel who reflect the cultural diversity of the community
- Retention of personnel who reflect the cultural diversity of the community
- Provision for recruiting leadership that is representative of the specific cultures the agency serves
- Program practices, which promote consumers active involvement in treatment services and cultural sensitivity to support successful recovery

► **Procedure Plan:**

Recruiting Efforts

Goals

- Seek opportunities and methods to increase the available pool of qualified behavioral health professionals, direct care workers and skilled clerical staff, and focus recruiting efforts to attract qualified people minorities, veterans, and people with disabilities, and persons who reflect the community cultural diversity.
- Develop a high-performance workplace that values diversity, recognizes outstanding achievements, and promotes inclusion.
- Use internship programs as diversity recruiting tools by recruiting students from a diverse group of candidates.
- Explore changes in the agency benefits package that could help to attract and retain women, minorities, and the disabled.

► **Staff Development and Retention Goals**

- Promote more diversity of representation on work committees and management-level

- committees to ensure representation of diverse needs and points of view.
- For the unskilled category, explore an educational assistance program to encourage pursuit of specialized training.
- Establish upper management expectations toward managing diversity, and communicate to all **FOHFS** agency employees the definitions, purpose and key concepts related to valuing diversity.
- Identify and assess issues and situations that either enhance or degrade the level of employee job satisfaction and morale at **FOHFS agency**.
- Create an environment of equal opportunity that ensures that **FOHFS agency** employees with relevant skills, abilities, and experience can achieve their full potential through advancements, promotions, and career opportunities.
- Strive to maintain leadership that is representative of the cultures served at **FOHFS agency**.

► **Sensitivity and Competence Regarding Consumer Preferences and Culture Goals**

- **FOHFS agency** will promote awareness and services that value the welcoming of consumers, active participation and choices for treatment for individual consumers and their families or significant others, and sensitivity to the unique culture of each person served.
- Demonstration of cultural competency and diversity will be through program practices of assessment and active participation of consumers in the treatment planning process.
- The organization shall respond to diversity of persons served in the areas, and additional areas as awareness give evidence:
 - Culture, Age, Gender, Sexual orientation, Spiritual beliefs, Socioeconomic status, and Language
- Additional demonstration of this plan is to document and verify the training and support of employees and contractors in the skills of competent cultural sensitivity and knowledge in program practices.

► **Procedures**

A) **Leadership Positions**: As vacancies occur, qualified individuals of minority status will be encouraged to apply for openings on **FOHFS agency** staff. Leaders will be encouraged to participate in training on cultural diversity/competency, as they are available. Such training will be documented in the attendee's personnel file.

B) **Management Positions**: The management team consists of the **Executive Director, Clinical Director, HR/Office Manager and Compliance/Safety Officer**. It is the policy of **FOHFS** to base all hiring on merit and business need without regard to ethnicity, race, religion, age, gender, or sexual preferences.


C) **Direct Service Providers**: As vacancies occur, qualified individuals of minority status will be encouraged to apply for openings on **FOHFS** staff. **FOHFS** staff competency will include the sensitivity and knowledge to address the cultural needs of Clients. **FOHFS** will maintain a listing of individuals on staff who have specialized training and knowledge working with culturally diverse populations.

► **Respecting Diversity**

1. **Non-discrimination.** Direct Service Providers do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
2. **Respecting Differences.** Direct Service Providers will actively attempt to understand the diverse cultural backgrounds of the Clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process.
3. **Support Service Providers:** As vacancies occur, qualified individuals of minority status will be encouraged to apply for openings on the **FOHFS agency** staff. Support Service Providers will be encouraged to participate in training on cultural diversity/competency, as they are available. Such training will be documented in the attendee's personnel file.

→ **Respecting Diversity**

- a. **Non-discrimination.** Personnel do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
- b. **Respecting Differences.** Personnel will actively attempt to understand the diverse cultural backgrounds of the Clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process.

 <p style="text-align: center;">Fountain FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures
	Policy Type:-	Aspire to Excellence	Policy# ATE-102
	Subject:-	Corporate Responsibility	Adopted: -05/06/2014
	Section:-	1-A.5	Effective: -06/11/2015
	Approval By:-	Michael Oladipo	Revised: -08/15/2020

► **Business:** - Fiscal management will be conducted in a specific manner that will remain consistent with the purpose and vision of the agency. It will also demonstrate responsible practices and maintain legal requirements. A certified public accountant (CPA) will conduct an **independent examination** of **FOHFS** financial status annually. The CPA may not have a personal relationship with any funding source.

FOHFS will disclose its current tax status to all interested parties. This disclosure will be included on appropriate **FOHFS** agency brochures and other literature. **FOHFS agency** is a for profit corporation.

(1.6.a.2) Marketing

FOHFS agency will not falsely advertise any of its services. It will only report services it actually provides.

(1.6.a.3) Contractual Relationship

FOHFS agency practices services within the boundaries of The Oklahoma Health Care Authority, whereas, should two agencies be providing services to the same Client at the same time a letter of collaboration must be obtained with signatures of both participating agencies. **FOHFS** agency also has in place a form in the event two therapists within the Agency share services with the same Client. This is done to ensure the Client has freedom of choice, and all efforts are being made in the best interest of the Client,

(1.6.a.4) Service Delivery

FOHFS agency provides services to all age groups without regard to race, color, citizenship status, national origin, ancestry, religion, gender, age, physical or mental disability, physical handicap, marital status, or veteran status. Intake interviews are provided to all persons inquiring about services.

- **A. FOHFS agency** not provide counseling services to friends of anyone associated with **FOHFS agency**, this is done to avoid any conflict of interests.
- **B.** To comply with ethical codes and to avoid conflicts of interests, no persons employed by **FOHFS agency** are allowed participating in exchanges of gifts, money, or gratuities with any Client receiving services from **FOHFS agency**.
- **C. FOHFS agency** and/or its employees shall not participate in the solicitation of Clients to assist in any fund raising activities to benefit or provide gain for **FOHFS agency** or any individual associated with **FOHFS agency**.

▶ **D. FOHFS agency** practices respect for and safeguarding of the personal property of the persons served visitors, and personnel along with property owned by **FOHFS agency**.

▶ **E. FOHFS agency** has in place policies to set boundaries for self and Clients. Counselors are aware of their influential positions with respect to Clients, and they avoid exploiting the trust and dependency of Clients. Counselors make every effort to avoid dual relationships with Clients that could impair professional judgment or increase the risk of harm to Clients. (Example of such relationships includes, but is not limited to familial, social, financial, business, or close relationships with Clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. Personnel dating within the office/**FOHFS** agency setting is prohibited and not allowed to ensure a comfortable and stress free environment for all.

▶ **F. FOHFS agency** and its representatives will serve as witness to any documentation as requested by the persons served, including but not limited to power of attorney, guardianship advance directives.

▶ **Professional Competence**

→ **Boundaries of Competence.** Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse Client population.

→ **New Specialty Areas of Practice.** Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm.

→ **Qualified for Employment.** Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, State and national professional credentials, and appropriate professional experience.

→ **Monitor Effectiveness.** Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary

→ **Ethical Issues Consultation.** Counselors take reasonable steps to consult with the Director when they have questions regarding their ethical obligations or professional practice.

→ **Continuing Education.** Counselors recognize the need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work. Counselors will attend all required in-services.

→ **Impairment.** Counselors refrain from offering or accepting professional services when their physical, mental, or emotional necessary, limit, suspend, or terminate their professional responsibilities.

► Advertising and Soliciting Clients

→ **Accurate Advertising:** - There are no restrictions on advertising by **FOHFS Agency** or counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the council on Post-secondary Accreditation.

→ **Testimonials:** - (**FOHFS Agency**) and/or counselors who use testimonials do not solicit them from Client or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

→ **Statements by Others:** - Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

→ **Recruiting Through Employment:** - Counselors do not use their places of employment or institutional affiliation to recruit or gain Client, supervisees, or consultant agreements for their private practices.

→ **Products and Training Advertisements:** - Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices. They will not use **FOHFS Agency** name for any reason without written approval from the **Clinical Director**.

→ **Promoting to Those Served:** - Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Counselors may adapt textbooks they have authored for instruction purposes.

→ **Professional Association Involvement:** - Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

► Credentials

→ **Credentials Claimed.** Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, professional memberships, or any other credential that might indicate to the public or to **FOHFS Agency** specialized knowledge or expertise in counseling.

→ **Credential Guidelines.** Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

→ **Misrepresentation of Credentials.** Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

→ **Doctoral Degrees from Other Fields.** Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

►Public Responsibility

→ **Nondiscrimination:** - Counselors do not discriminate against Client, students, or persons being supervised in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason.

→ **Sexual Harassment:** - Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature. Sexual harassment that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person; in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts. Counselors will adhere strictly to **FOHFS agency** Sexual Harassment Policy.

→ **Reports to Third Parties:** - Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of **FOHFS** reports, and others.

→ **Media Presentations:-** When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2) the statements are otherwise consistent with the **Code of Ethics** and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

→ **Unjustified Gains:** - Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods.

►Responsibility to other professionals

→ **Different Approaches:** - Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

→ **Personal Public Statements:** - When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of **FOHFS** and its other employees.

→ **Clients Served by Others.** When counselors learn that their Client are in professional relationship with another mental health professional, they request release from Client to inform the other professionals and strive to establish positive and collaborative professional relationships.

(1.6.a.6) Human Resources

→**Criminal Background Checks:** - (FOHFS Agency) requires an Oklahoma State Bureau of Investigation (OSBI) background check, including history of sexual offenses, prior to appointment to a position.

→**FOHFS Agency** will not tolerate any form of unlawful harassment against any **FOHFS** employee by anyone including other employees, vendors and individuals receiving services.

→**Verification of License/Certification/Credentials:** Copies of current licensure or certification must be on file at all times. Credentials will be verified either by phone, in writing, or via Internet with the appropriate licensing/ credentialing board, university, or school.

→**FOHFS Agency** may require a drug test before or at any time after employment. If an applicant tests positive for drugs prior to beginning employment, that person will not be hired. If an employee tests positive for drugs, that person will stop providing services.

→ As appropriate, **FOHFS agency** will recruit both inside and outside its work force to obtain qualified applicants.

(1.6.a.7) Fraud Waste and Abuse

→**Policy**

FOHFS places high priority on eliminating program fraud and abuse. **FOHFS** agency policy requires any employee, contractor, Client, or other associated party to report any suspected waste, fraud and abuse to the **Corporate Compliance Officer**.

→**Definitions**

To aid in the detection of fraud, program abuse, or criminal conduct, the following definitions are provided. These definitions are neither fully inclusive nor restrictive of all activities that may be included under each activity:

→**Fraud**

A dishonest and deliberate course of action which results in obtaining money, property, or advantage to which one would not normally be entitled. This category includes, but is not limited to, improper claims, billing for services not delivered, false statements in determining rights to benefits, bribery, forgery, extortion, embezzlement, theft of participant checks, kickbacks from participants, contractors or other professionals, intentional payments to a contractor without the expectation of receiving services, payments to ghost employees, misuse of appropriated funds, and misrepresentation or falsification of information in official reports.

→**Waste**

Expenditures or allocations of resources, in excess of need. **Waste** does not necessarily involve personal gain, but invariably indicates poor management. This could be a result of actions or situations arising out of management ineptitude or oversight, leading to major violations of the legislative requirements, regulations, or contract/grant provisions. Such actions or situations have the potential to hamper severely the accomplishment of program goals, waste resources, and jeopardize future funding.

→**Abuse**

Exploitation of loopholes to the limits of law for personal gain. These actions include, but are not limited to, conflict of interest or the appearance of conflict of interest involving outside employment; business and professional activities; the receipt or giving of gifts, fees, entertainment, and favors; misuse of **FOHFS agency** property; misuse of confidential information; and such other activities as might adversely affect the confidence of the public in

the integrity of **FOHFS agency**.

→ **Other Wrong Doings**

This would cover any instances within the Agency where it is felt that wrong has occurred, and has not been listed under the fraud, waste, or abuse section of the policy and procedures.

→ **Procedures**

Reports of fraud, waste, and abuse can be made either orally or in writing to the **Executive Director**. He will begin investigation of the complaint within 24 hours of the initial complaint. The **Executive Director** will follow the procedures set forth in the Operating Agreement concerning investigations of violations. The **Executive Director** will deliver a written report to the reporting party within two weeks of beginning the investigation. This report will include findings to date and state whether the investigation is completed or if more time is needed for the investigation. If more time is needed, the **Executive Director** will give an estimate of completion date in the written report.

(1.6.b) Violation of Ethical Code

FOHFS agency along with its legal counsel, where necessary, will promptly respond to and investigate all allegations of wrongdoing of **FOHFS agency** employees. The **Executive Director** will lead any investigation relating to **FOHFS agency** Responsibility Program.

→ **Investigation**

Upon the discovery that a material violation of the law or of the Policy has occurred, **FOHFS agency** shall take immediate action to rectify the violation, if possible; to report the violation to the appropriate regulatory body, if necessary; and to appropriately sanction the culpable employee(s) of **FOHFS agency**. Promptly after any discovered material violation is addressed, **FOHFS agency** shall, amend this Policy in any manner that **FOHFS agency** feels will prevent any similar violation(s) in the future.

If an investigation of an alleged violation is undertaken and **Executive Director** believes the integrity of the investigation may be at stake because of the presence of employees under investigation, the employee(s) allegedly involved in the misconduct will, at the discretion of the **Executive Director** is removed from his/her/their current work activity until the investigation is completed. In addition, **FOHFS agency** will take any steps necessary to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, the **Executive Director** will develop a plan of action to remedy or prevent re-occurrence.

(1.6.b.1.) No Reprisals/Confidentiality

No action will be taken against any employee, Client, stakeholder or contractor for disclosing information of criminal or improper activities or making a complaint to the proper authorities. The reporting party's identity will not be disclosed except where there is consent or it is determined that disclosure will be unavoidable during the course of an investigation.

▶ **(1.6.b.2 (3))**

Should a violation of Ethical Codes occur within the Agency, the **Executive Director** will begin investigation immediately, and hope to have the issue resolved within **11** business days?

▶ **6c Education of personnel and other stakeholders on ethical codes of conduct.**

All employees of **FOHFS agency** are required to read the ethical code of conduct. All Mental Health Therapist are required to submit evidence of 3 hours of ethics training.

Stakeholders are encouraged to read the ethical code of conduct. All Stakeholders are responsible to ahead to ethical code of conducts within their various fields.

► Policy

FOHFS agency requires all staff members to be trained in certain mandatory subjects prior to delivering services. These areas of training are to be kept current each year and proof of training maintained in personnel records. These areas include:

- Code of Ethics
- Resolving Ethical Issues
- Confidentiality
- Confidentiality Requirements
- Professional Responsibility of Providers
- Rights of Clients
- Cultural Diversity
- Prevention of Violence in Work Place
- Home Bound Safety Training
- Reporting of Abuse and Neglect
- Suicidal Intervention
- Critical Incident Reporting
- Professional Conducting
- Training in Paperwork

Other areas of training are addressed throughout this Policy and Procedure Manual. Employees are required to complete all training required of their position at the first opportunity the training is provided, but not less than one year of their start date.

An abbreviated **Code of Ethics** is given to each Client at the time of the initial assessment. In addition, the Code of Ethics is to be kept in the office at all times and provided to any person so requesting.

6d Advocacy efforts for the clients

FOHFS provides individual, couples; family, case management and group counseling, referrals are made for all other services. Other services include but are not limited to:

- Mediation
- Spiritual services
- Food banks

6f Contractual Relationships

Therapists may contract with **FOHFS agency** to provide services on a contractual basis.

Contract employees are paid per unit rate for actual face-to-face services provided and are not eligible for benefits.

6e Demonstrate Agency Citizenship:-

FOHFS agency provides employment opportunities for contract clinician.

FOHFS agency accepts referrals from a psychiatrist and psychologist.

FOHFS agency participates in the distribution of food and accepts referrals from a food bank.

FOHFS agency provides home based services to address the mental health needs of person who are homebound or unable to access transportation to a mental health facility.

Regulatory Agency Compliance Officer:-

The Agency Compliance/Safety Officer: - In an effort to ensure Agency Responsibility with this Policy, the executive director of **FOHFS** have adopted a formal Agency Responsibility Program. The agency **Compliance/Safety Officer** will oversee and implement this program. He will provide for education and training programs for personnel and respond to inquiries from any personnel regarding appropriate billing, documentation, coding, and business practices and investigate any allegations of possible impropriety.

1. Duties and Responsibilities of the Agency **Compliance/Safety Officer**

a) Working with **FOHFS agency** personnel, and attorneys in preparing, developing, and overseeing the implementation of, written procedures and guidelines on federal, state, and local regulatory issues involving ethical and legal practices. These issues and practices cross treatment and administrative boundaries are described in this Manual. They include the following: Clinical records documentation; coding and billing practices with respect to requests for payments and/or reimbursements from Medicare/Medicaid or any other federally funded health care program; the giving and receiving of remuneration to induce referrals; engagement in certain business affiliations or pricing arrangements that may affect competition, and other issues described in this Manual.

b) Developing and implementing an educational program for **FOHFS agency** personnel to ensure understanding of regulations involving ethical and legal business and treatment practices. **FOHFS agency** will provide initial training on the Agency Responsibility Program to all personnel, training to new personnel during orientation. Training relating to regulatory Agency Responsibility issues will be incorporated into existing training plans.

c) Handling inquiries and allegations by personnel regarding any aspect of compliance.

d) Investigating any information or allegation concerning possible unethical or improper business or treatment practices.

e) Providing guidance and interpretation to the **FOHFS agency**, on matters related to the Agency Responsibility Program.

f) Planning and overseeing regular, periodic audits of **FOHFS** agency operations in order to identify and rectify any barriers to the efficacy of the Program.

g) Preparing at least annually a report to **FOHFS agency Executive Director** concerning the Agency Responsibility activities and actions undertaken during the previous or current year, the proposed Agency Responsibility program for the next year, and any recommendations for changes in the Agency Responsibility Program.

h) Ensuring that independent contractors and other agents who furnish services to **FOHFS agency** are aware of **FOHFS Agency Responsibility Program** including, without limitation, its policies with respect to the specific areas of documentation, coding, billing and competitive practices.

i) Performing such other duties and responsibilities as the Agency may need.

▶ **Agency Responsibility Committee**

FOHFS agency will create one or more committees as needed, possibly within its Quality Improvement Structure, to advise the **Executive Director** and assist with the development and implementation of the Agency Responsibility Program. Membership on future committees does not have to be restricted to personnel. The purpose of the committee is to allow **FOHFS agency** and the **Executive Director** to benefit from the combined experiences and perspectives of individuals with varying responsibilities in **FOHFS agency** such as, direct service, finance, billing, and human resources.

▶ **Special Reporting by Executive Director**

In general, recommendations from the **Executive Director** regarding Agency Responsibility matters will be directed to the **Executive Director** where an agreed solution will be enforced.

1) Personnel Inquiries and Reports of Potential Misconduct and Establishment of a Hotline

→¹ The **Executive Director** shall have an “open door” policy with respect to receiving inquiries and reports of violations, or suspected violations, of the law or of the Program and with respect to answering personnel questions concerning adherence to the law and to the Program.

→¹ All personnel and Clients will be provided with the telephone number of the **Executive Director**. All information reported to the **Executive Director** by any personnel in accordance with the Agency Responsibility Policy would be kept confidential by **FOHFS** to the extent that confidentiality is possible throughout any resulting investigation. Under no circumstances shall the reporting of any such information or possible impropriety serve as a basis for any retaliatory actions to be taken against any personnel, Client, or other person making a good-faith report to the **Executive Director**.

→¹ The telephone number for the **Executive Director** shall be posted in a conspicuous location at **FOHFS Agency office**.

▶ **Regulatory Agency Responsibility Education Program**

1) **Purpose of Educational Program**

The Agency Responsibility Program promotes **FOHFS** policy of adherence to the highest level of professional and ethical standards, as well as applicable laws and regulations. **FOHFS** will make available appropriate educational and training programs and resources to ensure that all personnel are familiar with those areas of law that apply to and impact upon the conduct, documentation, and coding, billing and competitive practices of **FOHFS**

2) **Responsibility for Educational Program**

The **Executive Director** is responsible for implementation of the Agency Responsibility educational program. The program is intended to supplement existing personnel training and to

provide each personnel of **FOHFS** with an appropriate level of information and instruction regarding ethical and legal documentation, coding, billing and competitive practices, and with the appropriate procedures to carry out the Policy. Education and training of all personnel shall be conducted at least annually. Each educational program presented shall allow for a question and answer period at the end of such program.

3) **Subject Matter of Educational Program**

The educational program shall explain the applicability of pertinent laws, including, without limitation, applicable provisions of the False Claims Act (31 U.S.C. 3729), the civil and criminal provisions of the Social Security Act (42 U.S.C. 1320a-7a and 1320a-7b, respectively), criminal offenses concerning false statements relating to health care matters (18 U.S.C. 1035), the criminal offenses of health care fraud (18 U.S.C. 1347), the Federal Anti-Referral Laws (42 U.S.C. 395nn), the Anti-Kickback Laws (42 U.S.C. 1320a-7b(b)), and the Sherman Antitrust Act (15 U.S.C. 1, 2, and 18). As additional legal issues and matters become known, they will be included in the educational program. Each education and/or training program conducted hereunder shall reinforce the fact that strict Agency Responsibility with the law and with **FOHFS** Policy is a condition of employment with **FOHFS**.

4) **Training Methods**

Different methods may be utilized to communicate information about applicable laws and regulations to **FOHFS** personnel, as determined by the **Executive Director**. **FOHFS** may conduct training sessions regarding compliance, which may be mandatory for selected personnel. These training sessions may be incorporated into a monthly staff meeting. **FOHFS** orientation for new personnel will include discussions of the Agency Responsibility Program and a personnel obligation to maintain the highest level of ethical and legal conduct.

► **Personnel Policies**

The personnel policies and related matters in the Agency Responsibility Program are not intended to replace **FOHFS** Personnel Policies. The personnel issues and requirements in the Agency Responsibility Program should be viewed as additive to those in the Personnel Manual.

(1). Personnel Responsibilities, Personnel Performance, and Sanctions

1. **Personnel Obligations**

a. **Reporting Obligations.**

Personnel must immediately report to the **Executive Director** any suspected or actual violations (whether or not based on personal knowledge) of applicable laws or regulations by **FOHFS** Agency or any of its personnel. Any personnel making a report may do so anonymously if he/she so chooses. Once personnel have made a report, the personnel have a continuing obligation to update the report as new information comes into his/her possession. All information reported to the **Executive Director** by any personnel in accordance with the Agency Responsibility Policy will be kept confidential by **FOHFS** to the extent that confidentiality is possible throughout any resulting investigation.

- b. **Non-Retaliation Policy.**
Under no circumstances shall the reporting of any such information or possible impropriety, made in good faith, serve as a basis for any retaliatory actions to be taken against any personnel making the report.

1. **Acknowledgment Statement.**

Each personnel must complete and sign from time to time an Acknowledgment Statement to the effect that the personnel fully understands the Agency Responsibility Program, and acknowledges his/her commitment to comply with the Program as personnel of **FOHFS**. Each acknowledgment statement shall form a part of the personnel file of each personnel. It shall be the responsibility of each director to ensure that all personnel under his/her supervision who are materially involved in any of **FOHFS** documentation, coding, billing, and competitive practices have executed such an acknowledgment.

2. Assessment of Personnel Performance under Agency Responsibility Program

a. **Violation of Applicable law or Regulation.**

If a member of personnel violates any law or regulation in the course of his/her employment, the personnel will be subject to sanctions. **FOHFS** Personnel Policies fully describe performance evaluations and sanctions relating to disciplinary issues. The possible sanctions include, but are not limited to, termination, suspension, demotion, and reduction in pay, reprimand, and/or re-training.

b. **Other Violations of the Agency Responsibility Program.**

In addition to direct participation in an illegal act, personnel will be subject to disciplinary actions by **FOHFS** for failure to adhere to the principles and policies set forth in this Agency Responsibility Program. Examples of actions or omissions that will subject personnel to discipline on this basis include, but are not limited to the following:

- (1) A breach of Agency Responsibility Program policies
- (2) Failure to report a suspected or actual violation of law or a breach of the Program
- (3) Failure to make, or falsification of, any certification required under the Agency Responsibility Program
- (4) Lack of attention or diligence on the part of supervisory personnel that directly or indirectly leads to a violation of law
- (5) Direct or indirect retaliation against personnel who reports a violation of the Agency Responsibility Program or a breach of the Program.

3. **Personnel Evaluations**

Personnel participation in, and adherence to, the Agency Responsibility Program and related activities will be an element of his/her performance evaluations. As such, it will affect decisions concerning compensation, promotion, and retention.

G. Response to and Investigation of Reports of Violations

FOHFS along with its legal counsel, where necessary, will promptly respond to and investigate all allegations of wrongdoing of **FOHFS** personnel. The **Executive Director** in consultation with the **Executive Director** and others, as appropriate, will lead any investigation relating to **FOHFS** Agency Responsibility Program.

1. Investigation

Upon the discovery that a material violation of the law or of the Policy has occurred, **FOHFS** shall take immediate action to rectify the violation, if possible; to report the violation to the appropriate regulatory body, if necessary; and to appropriately sanction the culpable personnel(s) of **FOHFS**. Promptly after any discovered material violation is addressed, **FOHFS** shall, amend this Policy in any manner that **FOHFS** think will prevent any similar violation(s) in the future.

If an investigation of an alleged violation is undertaken and the **Executive Director** or believes the integrity of the investigation may be at stake because of the presence of personnel under investigation, the personnel(s) allegedly involved in the misconduct will, at the discretion of the **Executive Director**, be removed from his/her/their current work activity until the investigation is completed. In addition, **FOHFS** will take any steps necessary to prevent the destruction of documents or other evidence relevant to the investigation. Once an investigation is completed, the **Executive Director** will develop a plan of action to remedy or prevent re-occurrence.

2. Documentation of Reports and Investigation

The **Executive Director** will maintain a Complaint and Inquiry Log and files on all investigations. The log and files will contain sufficient information to reasonably understand the specifics of each inquiry, allegation and investigation. Agency Responsibility Reports summarizing the contents of log and investigations will be prepared at least annually and presented to the Management Team.

3. Disclosure of Violations to Governmental Authorities

FOHFS is obligated to report certain violations directly to the appropriate government authority. The **Executive Director**, in consultation with **FOHFS** attorney, should report certain violations within thirty to sixty days of their discovery. **FOHFS** personnel will be notified immediately.

Formal disclosure is not necessarily required for certain minor findings. For example, if a service was legitimately provided on one day, but accidentally billed on a different day, **FOHFS** can continue its current practice of repaying the fee for the incorrect date and submitting a separate bill for the correct date. However, if the bill were submitted fraudulently, disclosure would be required.

H. Auditing and Monitoring

1. Importance of Auditing and Monitoring

It is critical to **FOHFS** adherence to the Agency Responsibility Program that there will be regular auditing and monitoring of the activities of **FOHFS** operations in order to identify and to promptly rectify any potential barriers or problems related to such compliance. The auditing and monitoring practices shown below are more thoroughly described in Part II of the Agency Responsibility Program and in other sections of the Policies and Procedures Manual. They are a supplement to existing practices.

2. Regular Audits

The **Executive Director** and his designates will conduct regular, periodic audits. If indicated, he will consult with **FOHFS** attorneys, and a CPA firm. Such audits will complement existing practices, evaluate conformance to the Agency Responsibility Policy, and determine what, if any, Agency Responsibility issues exist. Such audits shall be designed and implemented to ensure adherence to **FOHFS** Agency Responsibility Policy and applicable federal, state, and local laws.

Agency Responsibility audits shall be conducted in accordance with the comprehensive audit procedures established by the **Executive Director**, as described herein and in Part II.

Agency Responsibility audit procedures and all investigations and the results thereof, are confidential to the extent allowed by law. **FOHFS** where indicated, may ask its attorney to lead an audit, monitoring, or investigation procedure.

3. Other Monitoring Activities

- a. The **Executive Director** will conduct, or arrange to be conducted, Client interviews to determine that services were actually provided as reported.
- b. The **Executive Director** will conduct, or arrange to be conducted, personnel interviews. The purpose of the interviews is to collect information regarding **FOHFS** Agency Responsibility with regulatory matters. **FOHFS** may also utilize personnel surveys that focus on regulatory issues.
- c. The **Executive Director** will maintain a log of inquiries and allegations from personnel. The log, in combination with other information, will be used to improve **FOHFS** operations.

4. Formal Audit Reports

Formal audit reports shall be prepared by the **CPA**, and if indicated, with the assistance of **FOHFS** legal counsel. These reports will be submitted to the **Executive Director** to ensure that he is aware of the results and can take whatever steps necessary to correct past problems and deter them from recurring. The audit or other analytical reports will specifically identify areas where corrective actions are needed and should identify in which cases, if any; subsequent audits or studies would be advisable to ensure that the recommended corrective actions have been

implemented and are successful.

5. **Agency Responsibility with Applicable Fraud Alerts**

The **Executive Director** shall regularly and periodically monitor the issuance of fraud alerts by Office of the Inspector General of the Department of Health and Human Services. Any and all fraud alerts so issued shall be carefully considered by the **Executive Director** and, if requested, by **FOHFS** legal counsel. **FOHFS** shall revise and amend this Agency Responsibility Policy, as necessary, in accordance with such fraud alerts. In addition, **FOHFS** shall immediately cease and correct any conduct applicable to **FOHFS** and criticized in any such a fraud alert.

6. **External Audits**

FOHFS may request individuals outside of the organization to conduct audits of practices relating to the Agency Responsibility Program. This may include asking the independent **CPA** firm, in its annual audit, to focus specific efforts on one or more aspects of **FOHFS** operations, such as a **billing** practice. It could also include asking an outside professional to review records.

7. **Retention of Records and Reports**

All records and reports created in conjunction with **FOHFS** adherence to the Agency Responsibility Policy are confidential to the extent allowed by law. These records/reports shall be maintained by **FOHFS** through the Agency Compliance Officer, in a secure location until such time as the Agency Compliance Officer, in consultation with the **Executive Director** and legal counsel, determines that the destruction of such documentation is appropriate.

8. **Investigation by Policy Regarding Federal, State and Local Entities**

FOHFS will comply with relevant laws and regulations regarding formal investigations by governmental authorities. **FOHFS** policy, which is described in Part II of the Agency Responsibility Program, is for its staff to seek legal advice as soon as it is aware of an investigation and to fully cooperate with the investigation to the extent required by law. Personnel are not to destroy relevant materials, delay providing information or otherwise inhibit the investigation. Personnel have the right to ask **FOHFS** for legal advice prior to being interviewed during such an investigation.

(Part II) Agency Responsibility Program

A. Overview

It is the intent of **FOHFS** to operate in conformance with applicable legal and regulatory requirements. **FOHFS** will develop and implement procedures for demonstrating conformance with this policy. Part II of the Compliance Program provides a guide for

ensuring the conformance to regulatory issues to the **FOHFS** personnel. It provides strategies for addressing additional regulations than those shown in Part I.

FOHFS operates under similar legal and regulatory requirements as other corporations in Oklahoma. In addition, due to the nature of therapeutic and mental health services, and its related contracts with federal, state and local governments, **FOHFS** is required to conform to a significant number of unique regulations.

For purposes of identifying those regulations, major areas are shown below. This part of the Agency Responsibility Program lists major legal areas in which the **FOHFS** needs to be in conformance. Please note that many legal issues cross major categorical areas. This list should not be considered as a complete listing of all laws and regulations relevant to **FOHFS** operations.

Additional procedures for Part II of the Program are shown following the lists and are designed to provide reasonable assurances that **FOHFS** will operate in conformance to applicable rules and regulations.

B. Additional Laws, Regulations and Rules

1. Human Resources

- a. HIPAA - Health Insurance Portability & Accountability Act
- b. Non-Discrimination
- c. Equal Employment Opportunity and Discrimination
- d. Americans with Disabilities Act
- e. Wage and Hour Certificates
- f. OBRA - Omnibus Budget Reconciliation Act
- g. COBRA - Consolidate Omnibus Budget Reconciliation Act
- h. ERISA - Personnel Retirement Income Security Act
- i. OSHA - Occupational Safety and Health Administration
- j. Workers Compensation
- k. Unemployment Compensation
- l. Licensure, Educational, Background Verification
- m. Fair Labor Standards Act - Exempt v. Non-Exempt, Minimum Wage
- n. Drug Free Workplace
- o. Family Medical Leave Act

2. Contractual, Legal, Licensure and Regulatory Requirements of Governmental Agencies

- a. State of Oklahoma (See Rules/Laws below for list of applicable State regulations).
- b. IRS & other Federal - Annual compliance audit as required by the single audit act and circular OMB A-133. Findings also utilized by state and county governmental agencies.
- c. Licenses. - Occupation Licenses displayed with Facility Administration.
- d. Property and Real Estate Transactions.
- e. Licenses of professional staff.
- f. Oklahoma Laws and Rules Relating to the Provision of Mental Health Services

3. **Health and Safety**

- a. OSHA
- b. Universal Precautions/Infection Control
- c. Inspections
- d. Storage of Medicine
- e. ADA
- f. Adverse Incidents
- g. Life Safety Code & Fire Safety Codes
- h. Others covered in **FOHFS** Health and Safety Policy

4. **Service and Treatment Practices**

- a. Professional Codes of Ethics
- b. Confidentiality in Treatment and Regarding Medical Records
- c. Quality Assurance and Program Evaluation
- d. Consultation and Education
- e. Intake/Referral, Discharge and Treatment Planning
- f. Subpoenas - Acceptance, Responses and Representation
- g. Abuse Reporting

c. **Additional Procedures and Responsibilities**

1. The **FOHFS Executive Director** will develop, implement, monitor and revise procedures that relate to the areas shown above. In practice, the **Executive Director** because of his planning role will complete much of the development activity. The **FOHFS** attorneys, **CPA's** and other consultants may be asked to assist.
2. Members of the **FOHFS** will review and discuss all contracts between the **FOHFS** and government agencies and other payers. Individual Program Directors will educate their personnel about contract issues. The **Executive Director** will ensure that **FOHFS** is in compliance with contract requirements.
3. **FOHFS** will distribute notebooks containing copies of Oklahoma laws and rules that most directly relate to the **FOHFS** operations, including those shown below.
4. The **Executive Director** will review regulatory issues, including **OHCA** regulatory statements and rulings. The **Executive Director** will present a report for the Agency's documentation at least quarterly. Issues requiring the advice of an attorney will be addressed. Issues requiring action will be included in the report.
5. Details of allegations and investigation procedures are shown in a separate section of this Manual. This paragraph describes the process in summary form. Should any personnel note any area in which **FOHFS**, its personnel, or agents may not be in compliance with any regulations, he or she will immediately notify the **Executive Director**. He then, will respond to the alleged violation in a timely manner and begin an investigation, if necessary. The **Executive Director** will use his reasonable judgment regarding the investigation process, corrective actions and notification of the personnel and authorities. If the allegation involves personnel,

the **Executive Director** and the personnel will be included in the process.

6. Should the **Executive Director** recommend disciplinary action, he will follow rules for disciplinary actions as stated in the Human Resources section of the policies and procedures.
7. The **Executive Director** prepares an Annual Training Plan, usually prior to the beginning of a fiscal year. The Training Plan will include regulatory items. New personnel orientation will also include regulatory items. At a minimum, annual training and orientation will include the some of the items shown in the Training Section of this Manual.
8. **FOHFS**, as described in the Financial and Administrative Policies, will retain a CPA firm to conduct an annual independent audit. The audit will meet all current requirements for corporations of federal, state and local governments. Audits relating to regulatory compliance matters are more fully described in a separate section of this Manual.
9. **FOHFS** will comply with site visits and audits conducted by governmental authorities. **FOHFS** will develop and implement procedures for such audits.
10. **FOHFS** will hire or assign at least one personnel who will perform internal audits of records. The person will utilize existing protocols and policies for the audits and will prepare a report of findings for **Executive Director** If any corrective action, such as payer recoupment of fees or other items covered in the **FOHFS** Records Policies, is indicated, the person will prepare and submit a report in a timely manner.
11. **FOHFS** has extensive Human Resources and Finance and Accounting Policies, which are incorporated by reference into this Program.

Auditing and Monitoring Policies

1. Overview

FOHFS has historically monitored and audited its internal Clinical and administrative operations. Monitoring and auditing functions are described below, and more fully in **FOHFS** policies. Monitoring of compliance issues will occur within the organization on a regular basis and results reported to the **Executive Director**.

The compliance program includes internal audits relating to services, medical records and billings by the **Executive Director**. **FOHFS** has procedures to internally monitor billing and Clinical documentation on a regular and consistent basis. The reviews focus on comparisons of submitted billings and the Clinical record, and are designed to detect and prevent mistakes and violations. The reviews also include a review of quality of care, outcomes and length of treatment. The results of the audit are regularly reported to the **Executive Director**.

In addition to the internal reviews, external reviewers audit Clinical and administrative operations on an annual basis, and in some cases, more frequently. The external audits and reviews are conducted by those organizations listed below.

Medicaid, normally by its **FOHFS** agency
Fire Marshall/ Health Department - Health and Safety
Commission on Accreditation of Rehabilitation Facilities (**CARF**)

With the implementation of the Agency Responsibility Program, **FOHFS** will add three additional monitoring and auditing processes, shown below.

- (a) The **Executive Director** will conduct, or arrange to be conducted, Client interviews to determine that services were actually provided as reported.
- (b) The **Executive Director** will conduct, or arrange to be conducted, personnel interviews. The purpose of the interviews is to collect information regarding the **FOHFS** compliance with regulatory matters. **FOHFS** may also utilize personnel surveys that focus on regulatory issues.
- (c) The **Executive Director** will maintain a log of inquiries and allegations from personnel. The log, in combination with other information, will be used to improve the **FOHFS** operations.

2. **Auditing and Monitoring Requirements**

The items shown below represent the **FOHFS** primary monitoring and auditing practices.

(a) **Financial & Administrative**

Annual review conducted by independent **CPA** firm. The **CPA** firm performs all tests required by federal, state and local governments and of **FOHFS** payers. The **CPA** firm tests the **FOHFS** practices relating to billing, accounting, payables, receivables, internal controls, inventory controls, compliance to contract requirements and others as recommended by the accounting company.

- (b) **FOHFS** has policies relating to internal controls. The policies are described in the **FOHFS** Policies and Procedures Manual and include those shown below.

Cash Management
Check Controls
Investment Policies
Computer Security
Deposit Controls

External Audit Reports are reviewed by the **Executive Director**

E. Human Resources (Workforce (Development Management))

- 1. **FOHFS** has a Policy and Procedure Manual that includes Human Resources

policies and procedures to ensure that **FOHFS** is handling its personnel functions in conformance to applicable regulations. The Manual is incorporated into the Compliance Program by reference, and includes the procedures shown below.

- (a) Background screening and primary source verification of credentials at time of hire
- (b) EEO policies and monitoring
- (c) Staff Training and New Personnel Orientation
- (d) Annual Driver License Checks
- (e) Background Screening
- (f) Supervisory Training and Consultation
- (g) Confidentiality of Personnel Records

F. Health and Safety

FOHFS has Health and Safety policies and procedures, including monitoring requirements. They are shown in the Health and Safety Section of the **FOHFS** policy and procedure manual.

G. Clinical and Related Client Issues

1. The **FOHFS** existing Quality Improvement Policies and Practices are described in that section of the policy and procedures manual. **FOHFS** maintains a Quality Assurance structure that includes several monitoring functions.
 - (a) Cases will be reviewed for compliance to administrative requirements of **FOHFS** and of payers. Reports are presented to the **Executive Director**. Corrective action is taken if necessary.
 - (b) Cases will also be reviewed for quality of care, outcomes, length of treatment and diagnostic eligibility.
2. Cases will be routinely reviewed at least four times per year for administrative compliance and quality. If problems are found, corrective action, including paybacks and training, are implemented.
3. Quality Improvement reports will be given to the **Executive Director**. Information will be used in planning and to improve services and accountability.
 - (a) The **Executive Director** will review cases on a monthly basis. Again, this review will include both treatment and accountability issues.
 - (b) Office personnel, as part of their billing responsibilities, will view records to ensure that the appropriate documentation is included. If it is not, they will return the file to the staff professional for correction.
 - (c) The **Executive Director** will review billings and receipts for 3rd party payers on a weekly basis. If specific errors are found they will take corrective action. In addition, fees are returned to 3rd party payers when errors are found in billings.
 - (d) The **Executive Director** will also compare staff time sheets with corresponding 3rd party billings. If discrepancies are discovered, the appropriate steps will be taken to correct the discrepancy.

H. Role of the Agency Compliance Officer

Much of the person's role relating to health care fraud and abuse is described in Part I of this Manual. As stated in Part I the **Executive Director** will handle inquiries and allegations from personnel, calls, and prepare and present reports for the agencies documentation.

Other specific duties of the **Executive Director** include the tasks shown below.

1. The **Executive Director** will conduct, or arrange to be conducted, Client interviews to determine that services were actually provided as reported.
2. The **Executive Director** will conduct, or arrange to be conducted, personnel interviews. The purpose of the interviews is to collect information regarding **FOHFS** compliance with regulatory matters. **FOHFS** may also utilize personnel surveys that focus on regulatory issues.
3. The **Executive Director** will maintain a log of allegations from personnel. The log, in combination with other information, will be used to improve the **FOHFS** operations.
4. Conduct interviews with staff concerning regulatory compliance issues.
5. Review audit reports completed by **FOHFS**.
6. Handle investigations regarding inquiries and allegations received from personnel.

7.: Code of Ethics; Resolving Ethical Issues; Confidentiality; Professional Responsibility of Providers; Rights of Clients; Health/Safety (Pamphlet); Cultural Competency; Person/Family Centered Services (Brochure); Prevention of Violence in Workplace; Home Based Safety Training; Reporting Abuse/Neglect; Suicide Intervention; Critical Incident Reporting; Professional Conduct; Clinical Paperwork and Record Keeping.

- a. **FOHFS** requires Mental Health Therapist/Contract Therapist to complete 20 hours of continuing educational units as required renewing their LPC each year.

Social Media

Policy: This policy provides guidance for employee use of social media, which should be broadly understood for purposes of this policy to include facebook, blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner.

Definitions

Social Media: A website that allows users to create profiles and connections with other users on the same site who access their profile. Social networking sites provide a means for users to form communities, share thoughts, ideas and content such as video. These can also enable chat, discussion forums and online collaboration. Examples of Social

Networking websites are: Facebook, LinkedIn, Misplace, and Twitter

- **Web 2.0:** Advanced Internet technologies that allow participants to engage in social interactions in the form of blogs, microblogs, wiki's, etc.
 - **Wiki:** A website that allows a community of users to collaborate in adding and editing content on the site.
 - **Electronic Communication:** Any kind of communications, created by, represented by, sent to, or stored by any user using any electronic communications system, including all information, data, and attachments to the communication.
 - **Blog:** (a contraction of the term “weblog”) is a type of website, usually maintained by an individual with regular entries of commentary, descriptions of events, or other material such as graphics or video. Entries are commonly displayed in reverse –chronological order.
- “Blog” can also be used as a verb, meaning to maintain or add content to a blog.
- **Microblog:** is another type of blogging, featuring very short posts, such as 110 characters or less (example: twitter.com) staying connected in real time. Followers of a microblog typically “subscribe” to the microblog of another and automatically receive newly posted information.
 - **Personal Information:** Any type of information that might lead to the identification of any individual. Examples may include social security numbers, dates of birth, addresses, phone numbers, email addresses, driver’s license or other state identification numbers.
 - **Electronic Media:** Digital photos, audio recordings, videos or digital information.

- **PROCEDURES:** The following principles apply to professional use of social media on behalf of **FOHFS** as well as personal use of social media when referencing **FOHFS**.
- Employees need to know and adhere to the **FOHFS’s** Code of Conduct, Employee Handbook, and other **FOHFS** policies when using social media in reference to **FOHFS**.
- Employees should be aware of the effect their actions may have on their images, as well as **FOHFS’s** image. The information that employees post or publish may be public information for a long time.
- Employees should be aware that **FOHFS** may observe content and information made available by employees through social media. Employees should use their best judgment in posting material that is neither inappropriate nor harmful to **FOHFS**, its employees, or customers.
- Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.
- Employees are not to publish post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the **Human Resources Office** and/or supervisor.
- Social media networks, blogs and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to authorized **FOHFS** spokespersons.
- If employees find encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of a supervisor.


Employees should get appropriate permission before you refer to or post images of current or former employees, members, vendors or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.

Social media use shouldn't interfere with employee's responsibilities at **FOHFS**. **FOHFS's** computer systems are to be used for business purposes only. When using **FOHFS's** computer systems, use of social media for business purposes is allowed (ex: Facebook, Twitter, **FOHFS** blogs and LinkedIn, but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.

Subject to applicable law, after hour's online activity that violates the **FOHFS's** Code of Conduct or any other **FOHFS** policy may subject an employee to disciplinary action or termination.

If employees publish content after hours that involves work or subjects associated with **FOHFS**, a disclaimer should be used, such as this: "The postings on this site are my own and may not represent **FOHFS's** positions, strategies or opinions."

It is highly recommended that employees keep **FOHFS** related social media accounts separate from personal accounts, if practical.

 <p>Fountain FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-103	
	Subject:-	Succession Planning	Adopted:- 05/06/2014	
	Section:-	1-A.7.(m)	Effective:- 06/11/2015	
	Approval By:-	Michael Oladipo	Revised:- 08/15/2020	

POLICY: A change in executive leadership is inevitable for all organizations and can be a very challenging time. Therefore, it is the policy of the **FOHFS agency** to be prepared for an eventual permanent change in leadership – either planned or unplanned – to insure the stability and accountability of the organization until such time as new permanent leadership is identified. The **Compliance Officer** shall be responsible for implementing this policy and its related procedures.

It is also the **policy** of the **Leadership terms** to assess the permanent leadership needs of the agency to help ensure the selection of a qualified and capable leader who is a good fit for the agency’s **mission, vision, values, goals, and objectives**; who has the necessary skills for the organization’s leadership; and who has the qualifications needed to lead a **FOHFS** agency that has to meet the agency requirements.

To ensure that the agency’s operations are not interrupted while the leadership terms look and recruit a permanent executive director. The interim executive director shall ensure that the agency continues to operate without disruption and that all agency commitments previously made are adequately executed, including but not limited to, approved of new clients applications, contracts, licenses, certifications.

It is also the policy of **FOHFS** agency to develop a diverse pool of candidates and consider at least five (5) finalist candidates for its permanent executive director position. **FOHFS** agency shall implement an **external** recruitment and selection process, while at the same time encouraging the professional development and advancement of current employees. The interim executive director and any other interested candidates are encouraged to submit their qualifications for review and consideration by the search committee according to the guidelines established for the search and recruitment process.


PROCEDURES:

1. For a temporary change in executive leadership (i.e., illness or leave of absence for **30** days or less), the **Compliance Officer** shall temporarily be in the charge of the daily operations and essential duties of **Executive Director**.
2. In the event the executive director of **FOHFS** agency is no longer able to serve in this position (i.e. leaves the position permanently), the Executive Committee shall appoint an interim executive director or acting executive director.
3. In the event that a permanent change in leadership is required, the Leadership terms shall appoint an Executive Transition Committee within fifteen (15) business days. This Committee shall be comprised of at least two members of the Executive Committee, and two members of the

Personnel Committee. It shall be the responsibility of this committee to implement the following preliminary transition plan:

- Review the agency's business plan and conduct a brief assessment of agency strengths, weaknesses, opportunities, and threats to identify priority issues that may need to be addressed during the transition process and to identify attributes and characteristics that are important to consider in the selection of the next permanent leader.
- Establish a timeframe and plan for recruitment and selection process.
- Refer to the **Executive Director** Job Description for sample of job description and qualifications.

4. In the event that an executive transition simultaneously involves the executive director and other key management staff, the Leadership Team may also consider temporarily subcontracting some of the agency functions from a trained consultant or other organizations.

 <p style="text-align: center;">Fountain</p> <p style="text-align: center;">FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-104	
	Subject:-	Certificate of Insurance	Adopted: -05/06/2014	
	Section:-	(1-A-11)	Effective: -06/11/2015	
	Approval By:-	Michael Oladipo	Revised: -08/15/2020	


PURPOSE: To ensure that **FOHFS Agency** is adequately covered against liabilities resulting from claims incurred in the operation of its business.

POLICY:

FOHFS Agency carries at least the minimum levels of all required liability insurance protection.

PROCEDURES:

1. The types and amounts of insurance obtained shall be consistent with industry standards and/or regulations.
2. Copies of insurance certificates/policies shall be kept in the **FOHFS Agency** business office located at **10326 Greenbriar Parkway, Oklahoma City, Ok 73159**
3. Insurance certificates/policies shall be reviewed annually.
4. **FOHFS Agency** shall obtain insurance coverage as follows:
 - a. Comprehensive General Liability Insurance shall be carried for all employees, as a protection to them and clients from losses due to negligence and/or carelessness.
 - b. Property Insurance shall be carried on all **FOHFS Agency** buildings and contents, if applicable.
 - c. Professional Liability/Malpractice Insurance shall be carried for all licensed personnel, as required.
 - d. Workers Compensation Insurance shall be carried for all employees, while on duty, whether they work in the **FOHFS Agency** office or in clients' homes.
 - e. Automobile liability shall be carried on all agency vehicles and shall provide coverage against under-insured/uninsured motorists.
5. All contract personnel, who provide hands-on care, shall carry their own Professional Liability Insurance, Worker's Compensation Insurance, and auto insurance.


 <p style="text-align: center;">Fountain</p> <p style="text-align: center;">FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-105	
	Subject:-	Certificate of Accreditation	Adopted: -05/06/2014	
	Section:-	(1-A-10)	Effective: -06/11/2015	
Approval By:-	Michael Oladipo	Revised: -08/15/2020		

► **PURPOSE:** To identify the accreditation of the **FOHFS Agency** and to comply with established regulations.

POLICY: **FOHFS Agency** displays its Certificate of Accreditation prominently at the business office located at **10326 Greenbriar Parkway, Oklahoma City, Ok 73159**

PROCEDURES

1. The certificate(s) shall be displayed in a conspicuous place.
2. Certificate(s) shall be kept current.
3. Certificate(s) shall be maintained and updated by the **Executive Director**, required.

 <p style="text-align: center;">Fountain</p> <p style="text-align: center;">FOHFS</p>	Fountain of Hope Family Services Inc.		Policy and Procedures	
	Policy Type:-	Aspire to Excellence	Policy# ATE-106	
	Subject:-	Services Area	Adopted: -05/06/2014	
	Section:-	(1-A-12)	Effective: -06/11/2015	
	Approval By:-	Michael Oladipo	Revised: -08/15/2020	

PURPOSE: To identify the service area(s) in which **FOHFS Agency** delivers services and/or is licensed to operate.

POLICY

1. **FOHFS Agency** provides services in the following areas:
Greater Oklahoma City metropolitan area and its immediate surrounding areas to include the communities of **Bethany, Warr Acres, Midwest City, Del City, Spencer, Edmond, Moore and Norman.**
2. Only those patients who are within **FOHFS Agency** service area will be accepted for service.

DEFINITIONS

1. Service Area

Service area refers to the geographic area within which an agency/company provides service and/or is licensed to provide services.

PROCEDURES

1. Requests for service, service cancellations and/or changes to service schedules can be made by accessing one or more of the following contacts:
 - a. **FOHFS Agency** business office @ **405-759-3860**
 - b. **FOHFS Agency** fax @ **405-378-2486**
 - c. Web Site address: **www.fohfsok.com**
 - d. mailing address: **10326 Greenbriar Parkway, Oklahoma City, Ok 73159**
2. Adequate staff shall be maintained, within the **FOHFS Agency** service area(s), to:
 - a. perform home based counseling service activities;
 - b. perform home based rehabilitation service activities;
 - c. supervise the effectiveness and efficiency of services delivered and,
 - d. Conduct administrative functions.

