

Fountain of Hope Family Services Inc.

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CORPORATE COMPLIANCE PLAN

Fountain of Hope Family Services, (FOHFS) is committed to providing optimal services as defined by the needs of service recipients and the program parameters. The goal is to ensure that services are provided according to local, state, and federal regulations.



Annual Report

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130.01:-Mission

Our mission at **Fountain of Hope Family Services** 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.

130.02:- Our Philosophy

FOHFS 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.

130.03:- Person Centered Philosophy

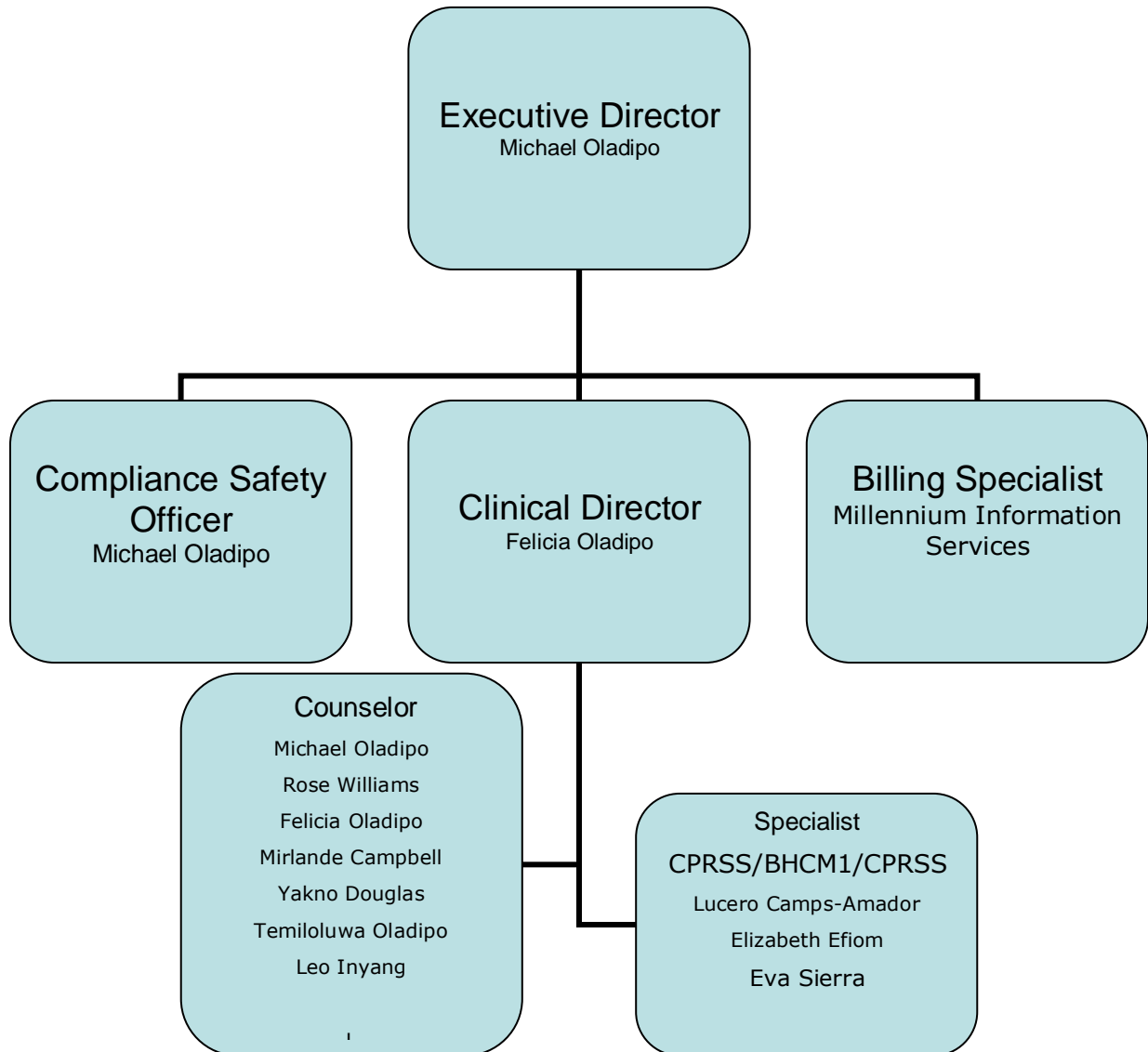
To develop and provide innovative, responsive, cost effective, and high quality behavioral healthcare services for Oklahoma’s **children**, **adolescents**, **adults**, seniors, families, and communities.

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.

Current Compliance Organization Chart



130.04:-Introduction

Fountain of Hope Family Services, (FOHFS) is dedicated to maintaining excellence and integrity in all aspects of its operations and its professional and business conduct. **Fountain of Hope Family Services** complies with all applicable laws and regulations of the Federal Government, the State of Oklahoma, and other applicable local laws and ordinances, as well as the ethical standards practices of the behavioral health field and **FOHFS**. This policy applies not only in the delivery of health care but in its business affairs and its dealings with employees, physicians, agents, payers and the communities it serves.

Fountain of Hope Family Services, (FOHFS) Corporate Compliance is a proactive, preventive approach to identifying, monitoring and controlling the risks associated with carrying out **FOHFS's** mission, obligations, rules, regulations, and requirements. Corporate Compliance extends to all aspects funded or managed by the organization. In order to live up to this commitment and implement its policy, the **FOHFS's** Advisory Board has approved a formal Corporate Compliance Plan to establish a framework for ethical responsibility and legal compliance for all healthcare, business and legal activities performed by **FOHFS** employees, interns, volunteers, consultants and contractors. It is the personal responsibility of all who are associated with **FOHFS** to honor this commitment in accordance with the terms of the **FOHFS's** Corporate Compliance Plan and all related policies, procedures and standards.

The Corporate Compliance Plan is a living document and is reviewed annually. **FOHFS** reserves the right to modify at any time, with revisions made to reflect changes in the regulatory and legal environment. The Corporate Compliance Plan is designed with the intention of reinforcing and supporting the corporate values of **FOHFS** and is an integral part of expressing **FOHFS's** corporate values and is an integral part of expressing **FOHFS's** corporate values. It is not intended to set forth all of the substantive programs and practices of the **FOHFS** that are designed to achieve compliance nor is it intended to replace the **FOHFS's** mission, moral commitments, or values. It is the expectation that **FOHFS** employees will also use their personal good judgment and common sense in executing the corporate values and culture of compliance. **FOHFS** maintains various corporate practices which are aimed at monitoring business practices and activities. If there is ever a question or concern on how to respond to a particular situation or whether conduct is appropriate, **FOHFS** employees should always seek guidance from a supervisor or the Corporate Compliance officer.

130.05:- Purpose of Corporate Compliance Plan

FOHFS requires that all **FOHFS** employees, interns, volunteers, consultants or contractors comply with the policies and procedures of the Corporate Compliance Plan. The agency is committed to fostering an environment of compliance that extends beyond the employees of **FOHFS** to also include members of the Advisory Board and anyone acting on behalf of the agency (the **FOHFS** community). **FOHFS** acknowledges and recognizes that the implementation of a Corporate Compliance Plan cannot guarantee that improper conduct will be entirely eliminated, but will help ensure that if it does occur, it will be promptly detected and responded to in a timely manner.

Fountain of Hope Family Services Corporate Compliance Program is intended to provide assurance that **FOHFS** Complies with all federal, state and local laws and regulations that are applicable to its operations. **Fountain of Hope Family Services** receives regular updated Regulatory information and all new information pertaining to agency Program Policy and Procedure manuals are updated by programs when necessary.

1. Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements.
2. Detects, prevents and deters known or suspected error and abuse or other forms of misconduct, whether intentional or unintentional, and helps ensure a prompt and appropriate response when misconduct occurs, particularly where client safety is at risk.
3. Promotes self-auditing and provides for voluntary disclosure of violations of laws and regulations.
4. Educates employees, contract providers, board members, and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations.
5. Establishes, monitors, and enforces high professional and ethical standards.
6. Ensures that employees have sufficient resources available to report concerns and seek guidance whenever a question arises or one is unsure how to act.

130.06:-Plan Overview

The plan consists of the following elements:

1. Designation of a Corporate Compliance Officer
2. Code of Conduct
3. Corporate Compliance Plan Training and Education Program
4. Internal Monitoring and Auditing System for Reporting Possible Violations
5. Billing and Coding
6. False Claims and Whistleblower Policy
7. Investigation and Corrective Action
8. Enforcement and Discipline

130.07:-Code of Conduct

This Code of Conduct sets forth standards for all **FOHFS** employees in carrying out daily activities within appropriate ethical and legal standards. These standards apply to relationships with client, third-party payers, vendors, consultants and one another.

The Code of Conduct is intended to augment, not limit or substitute specific policies and procedures of any other program or department of the **FOHFS**. It is the duty of each person to uphold the standards set forth in the Code of Conduct.

The Code is not intended to, nor can it, cover every situation. The principles in the Code are to be adhered to in addition to (not as a substitute for) the ethical guidelines of any and all applicable professions, law, licensing agencies and internal policies that apply to the respective programs of the **FOHFS**. Additionally, no set of standards can substitute for the personal integrity, good judgment and common sense required meeting the challenges of daily work.

The Code is a critical component of the agency's Compliance Program. The policies set forth in this Code are mandatory and must be followed.

1. Compliance with all applicable laws and regulations

FOHFS is subject to governance by numerous statutes and regulation, including but not limited to OHCA, ODHASAS. **FOHFS** employees will be provided with training on relevant federal, state and local laws and regulations applicable to the performance of their job and duties. It is the responsibility of the Corporate Compliance officer and the Compliance

Committee to enforce adherence with the Corporate Compliance Program. It is also their responsibility to investigate possible violations of regulations, laws, or the Code of

Conduct. The Corporate Compliance officer and the Compliance Committee will act as resources to employees seeking clarification regarding the Code of Conduct.

3. Ethical Conduct

All **FOHFS** employees shall conduct themselves in their work in the highest ethical manner in accordance with professional standards.

4. Integrity with payers and documentation

The **FOHFS** shall submit accurate and complete requests for payment of services that are reasonable and appropriate. The **FOHFS** shall maintain accurate and appropriate documentation to support requests.

5. Conflicts of Interest

All **FOHFS** employees shall avoid situations where their personal interest could conflict or appear to conflict with their responsibilities, obligations or duties to **FOHFS**. No **FOHFS** employee shall use their position and affiliation with the **FOHFS** for personal benefit apart from the normal compensations provided through employment or affiliation with **FOHFS**. **FOHFS** employees are required to contact the Corporate Compliance officer or **HR/Office Manager** with any questions or conflicts regarding personal interest.

All employees are required to disclose any financial interest that they or any immediate family member may have in any establishment that does business with the **FOHFS to the HR/Office Manager**.

6. Confidentiality

All **FOHFS** employees shall maintain the confidentiality of information and documents in accordance with Health Insurance Portability and Accountability (**HIPAA**) and related statutes. Medical, clinical or business information shall be released only to persons authorized by law or by the client's written consent.

7. Gifts

FOHFS employees shall not accept gifts, services, entertainment, or other things of value to the extent that decision-making or actions affecting the organization might or might appear to be influenced. **FOHFS** employees shall not accept gifts from **FOHFS** clients. However, an item made by a client may be accepted by staff as long as acceptance of the gift is determined to be in the best interest of the client. Such determination is made by staff in consultation with his/her supervisor. Employees may retain gifts from vendors, which have a nominal value of **\$25** or less with a yearly maximum of **\$130**. Gifts provided by client family members must be shared among entire department. Vendor gifts must be disclosed to supervisors. No person associated in any way with **FOHFS** will solicit nor receive any payment, in cash or in kind, for the referral of clients.

8. Quality of Care

FOHFS is dedicated to provide care of the highest quality to our clients, their families, and the community. In accordance with this principle, the **FOHFS**:

1. Takes all reasonable steps to ensure clients are properly served by licensed, credentialed and/or skilled professional with employees and independent contractors.
1. Respects the dignity and individuality of every person. Services are provided without regard to race, gender, religion, age, disability, national origin or sexual orientation.
1. Shall have a grievance process for clients to report when service principles are not followed.

9. Safety

FOHFS employees shall be provided with a workplace that conforms to regulations regarding occupational health and safety. Employers are to ensure that facilities, offices, residences and buildings are well maintained and provide a high level of safety for staff and clients. Any safety concerns should be reported to a **supervisor** or **Executive Director**.

130.08:- Responsibilities of FOHFS

- 1.To hire and retain qualified individuals without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, military status, or disability.

2. To employ individuals with the experience and provide supervision necessary to perform their duties.
3. To screen all prospective and current employees to ensure that they have not been excluded by any regulatory agency and are eligible to perform their designated responsibilities.
4. To train and continually educate staff responsible for coding and billing functions.
5. To train every **FOHFS** employee on the Code of Conduct, Compliance Policies, and procedures relevant to each employee's duties and document said trainings.
6. To encourage each **FOHFS** supervisor to create a work environment in which ethical concerns can be raised and addressed.
7. To show proper respect and consideration to our employees regardless of position, and not to tolerate discriminatory treatment, sexual harassment, and unlawful harassment of any kind.
8. To respect the privacy of our employees and treat salary, benefits, payroll, personnel, and information on disciplinary matters as confidential information.
9. To monitor the effectiveness of the Corporate Compliance Program and to modify the Program as changes occur to laws, rules, and regulations.
10. To establish internal controls to ensure the accuracy of financial statements and all other record reports.
11. To submit accurate and complete claims for all services provided and maintain appropriate documentation to support the claims.
12. To bill for services according to medical necessity guidelines established by the various payers.
13. To notify payers of payment errors, correct error, and process refunds promptly and accurately.
14. To discipline those who commit violations or who would encourage, direct, facilitate or permit either actively or passively non-compliant behavior of any aspect of the Corporate Compliance Program up to and including termination.

15. To encourage employees to report actual or suspected improper conduct and provide means for them to do so anonymously if desired.
16. To encourage employees to seek guidance whenever they have a question or are unsure how to act.
17. To forbid any acts of retaliation or retribution against an employee who makes a “good faith” report of a potential violation of any law, regulation, standard, policy, or code.
18. To periodically assess whether employees understand the Corporate Compliance Plan and the ethical standards it requires.

130.09:- Responsibilities of Supervisors and Managers

1. To set the tone and maintain a work environment that encourages ethical and responsible behavior and to establish an environment in which employees feel comfortable addressing compliance issues without fear of reprisal.
1. To discuss the Corporate Compliance Program regularly at staff meetings, and to encourage questions from employees.
1. To evaluate an employee’s adherence to the Corporate Compliance Program as part of the annual performance review.

130.10:- Responsibility of the FOHFS Employee

1. To abide by the Compliance Program and to know and follow all the rules and regulations that govern your job.
1. To be honest and trustworthy in all relationships relative to your employment.
1. To be reliable and efficient in carrying assignments and responsibilities given to you.
1. To devote your full time and ability during working hours and those times where your actions are expected to match the standards put forth in the Plan.
1. To tell the truth and cooperate with any investigation of a potential compliance violation, violation of **FOHFS** procedure or policy, or other legal matter, whether investigated by **FOHFS** representatives or

government authorities and regulatory agencies. Failure to cooperate will be regarded as insubordination and will result in disciplinary action.

1. To treat your fellow employees and each recipient of **FOHFS** services with respect, dignity, patience and kindness and to never discriminate against or harass anyone on the basis of race, religion, gender, age, national origin, sexual orientation or affectation, or disability.
1. To conduct themselves in a professional business manner. Any conduct that is considered to be hostile, verbally offensive, and disruptive to the work environment or is perceived to be intimidating, undermining to the management, or is considered blatant insubordination, will not be tolerated.
1. To refrain from making misrepresentations (internally or externally, including social media), dishonest statements (internally or externally), or statements intended to mislead or misinform others (employees or non-employees) about the quality of **FOHFS's** services or those of a competitor or other agency in similar work provisions.
1. To respect the privacy of our clients of services, families, fellow employees and the public.
1. To maintain the confidentiality of recipient information and information related to **FOHFS** business operations at all times, including off-duty. This responsibility also extends past the end of your employment with **FOHFS**.
1. No person associated in any way with **FOHFS** will solicit nor receive any payment, in cash or in kind, for the referral of clients.
1. To refrain from providing a client, a former client, and/or a client's family member our personal contact information which may include, but not be limited to, cellular phone number, home or personal e-mail address and any other telephone numbers or means of access unrelated to **FOHFS** programs.
1. To not make promises to clients about not sharing information a client provides to an employee within **FOHFS** programs. However, we maintain formal confidentiality in accordance with agency policy and procedures and comply with all applicable privacy and **HIPAA** laws.
1. To maintain professional relationships with clients at all times.

1. No sexual or other inappropriate relationship may exist between a staff member and another staff member who directly or indirectly oversees, supervises, manages, and/or directs said staff member. The only exemption is pre-existing and pre-employment relationships which include but are limited to couples engagement, in marriage, in civil unions, and/or in other established relationships.
1. To not loan or give their own money or any personal items to a client, a former client, and/or a client's family member.
1. To report any actual or potential violations of the law, this Compliance Program, or **FOHFS** policies and procedures. To comply with the investigation mechanisms set in place to follow up on suspected violations, issues, or discrepancies.
1. To submit accurate, complete, and truthful records of your work, including but not limited to any written documentation needed to support the services you provided to the client or staff or any documentation within the agency.
1. To submit accurate, complete and contemporaneous claims and records for all of your work related functions including but not limited to documentation of services provided, work documentation, time records, training records, educational records and to maintain appropriate and truthful documentation to support claims, services provided, and your work as an employee. Submitting inaccurate, dishonest or other fraudulent claims for billing and documentation purposes will be construed as a violation of the False Claims Act and of this Compliance Program.
1. To comply with local, state, and federal regulations regarding government contracts and programs in which **FOHFS** participates.
1. To use **FOHFS** equipment appropriately and to take measures to prevent unexpected loss of equipment, corruption of equipment or technology, supplies, materials or services.
1. Employees are prohibited from responding to any requests from the media relating to their employment with or information about **FOHFS** without prior approval from the **Executive Director** or his/her designee.

130.11:- Corporate Compliance Officer

FOHFS Corporate Compliance officer serves as the focal point for the agency's compliance activities. The Corporate Compliance officer has primary responsibility for overseeing the development, implementation and daily operation of the compliance program. The Corporate Compliance reports to the Executive Director (PM) and the Executive Compliance Committee. The Corporate Compliance officer facilitates the Executive Compliance Committee comprised of; at least three (3) Advisory Board members, and the Corporate Compliance staff. The Committee will meet at least quarterly or more frequently if necessary. The Committee will provide oversight for the Compliance program. Meetings will include reports from re-licensing audits as well as ongoing audits from various programs and recommend a plan of corrective action as necessary. Agenda items can include billing issues,

Hotline calls, Policy and Procedure updates, Regulatory changes etc. Minutes from each meeting will be provided to the Executive Director. The Corporate Compliance officer will report on all compliance efforts and identified issues directly to the Executive Director and Compliance Committee. In the event a Compliance issue is identified, the Executive Director and the Advisory Board Chair will be notified and expected to attend the Executive Compliance Committee meeting.

The Compliance Committee staff meets monthly with an agenda that could include but is not limited to training, regulatory changes, new/emerging risks. The mission of the committee is to assure adherence to the Compliance Plan and provide regular updates on compliance issues.

The meeting is also used to provide training opportunities for Executive Director. Minutes from Compliance Committee meetings will be maintained and distributed to the Executive Director and the members of the Executive Compliance Committee. In conjunction with the Executive Director, the Corporate Compliance officer will prepare an annual report for the Advisory Board.

The Corporate Compliance officer performs the duties listed below with oversight provided by the **Executive Director** and **Executive Compliance Committee**.

1. Oversees overall Corporate Compliance Plan development, implementation and monitoring throughout the organization.
2. Coordinates internal compliance review and monitoring activities.
3. With the assistance of the Compliance Associate, develops, coordinates, conducts, and participates in an ongoing compliance educational and training program for **FOHFS** employees to promote

- the understanding of compliance issues, laws and regulations, and consequences of non-compliance.
4. With the assistance of the Compliance Associate, develops and conducts risk assessments to identify potential compliance issues.
 5. Corporate Compliance Officer or Associate conducts orientation trainings for new staff relative to Corporate Compliance.
 6. Reviews the Compliance Plan and recommends revisions as necessary to meet changes in the needs of the agency and the regulatory environment.
 7. Assists management in the review, revision and formulation of appropriate policies and procedures to improve efficiency and quality of service to reduce vulnerability to fraud, waste and abuse.
 8. Administers and monitors **FOHFS** systems for reporting compliance issues to ensure persons can report without fear of retribution.
 9. Receives and reviews reports of suspected non-compliance. In conjunction with senior **FOHFS** staff, investigates such reports of alleged non-compliance, as necessary, to final resolution.
1. Recommends and oversees corrective action plans as necessary to address non-compliance.
 2. Coordinates personnel issues with Human Resources to ensure that the Federal and

130.12:- Access to the Corporate Compliance Officer

Open lines of communication between the Corporate Compliance officer and the **FOHFS** employees are essential to staffs' knowledge and awareness of compliance issues. The successful implementation of the Compliance Plan is vital to minimize non-compliance.

To that end, **FOHFS** has an "Open Door Access" Policy with respect to the Corporate Compliance officer. There shall be access to the Corporate Compliance Officer, in person, via telephone or email for employees seeking clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day to-day basis. Questions and responses will be documented, dated, and may be shared with all employees, as appropriate, to increase awareness/understanding. In the event a significant incident is reported, the Corporate Compliance Officer will immediately inform the **Executive Director**, and the members of the Executive Compliance Committee.

130.13:- False Claims & Whistleblower Policy

FOHFS is committed to the highest possible standards of trustworthy conduct while ensuring a workplace environment that promotes openness, fairness, productivity and teamwork. It is the policy of the **FOHFS** to consistently and fully comply with all laws and regulations pertaining to the billing for services under Medicaid, Medicare and other Oklahoma and federal government programs. This policy: 1) **ensures compliance with the Federal False Claims Act and relevant Oklahoma laws regarding false claims and statements and 2) provides assurance that the employee will be protected from retaliation, reprisals or victimization for conveying such information appropriately and in good faith.**

This policy is intended to supplement, not replace, Human Resources policies or routine operational procedures. **FOHFS** requires that all personnel comply with applicable federal and state laws and regulations. Personnel shall receive training on these laws, which are summarized below, and should consult with the **CORPORATE COMPLIANCE OFFICER** (who may confer with legal counsel, as needed) if they have questions about the application of these laws to their job.

130.14:- Whistleblower's Protection Act

The **Whistleblower Protection Act (WBPA)** prohibits agencies from taking adverse personnel actions against employees who engage in whistle-blowing activities. If an employee chooses to make a whistleblower claim, the **FOHFS** is obligated to investigate the allegations and make a decision as to whether there are reasonable grounds to believe that a prohibited personnel practice took place. An employee participates in protected activity by disclosing information that evidences: fraud, gross mismanagement, gross waste of funds, an abuse of authority, a violation of a law, rule or regulation conducted by the government, or a substantial and specific danger to public health or safety. The **WBPA** prohibits any action taken by an employer that has a negative or adverse impact on an employee's terms, conditions, or privileges of employment.

This includes blacklisting, demotion, denial of benefits, denial of overtime or promotion, failure to hire or to promote, termination, intimidation, and reduction in pay.

130.15:- Federal False Claims Act 31 USC §§3729-3733

The Federal False Claims Act provides for penalties and damages for anyone who knowingly submits or causes the submission of false or fraudulent claims to the United States for government funds. The Act defines

knowingly to mean that a person, with respect to information: (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Examples include:

1. Knowingly presenting a false or fraudulent claim for payment or approval;
2. Knowingly making or using a false record or statement to get a false or fraudulent claim paid or approved;
3. Conspiring with another to get a false or fraudulent claim paid or allowed;
4. Knowingly making or using a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.

With regard to Medicaid, specific examples of false claims include:

1. Submitting claims to Medicaid for services not actually rendered;
2. Submitting inaccurate or incomplete cost reports to Medicaid;
3. Double-billing for services;
4. Documenting for services not rendered.

There is no requirement that there be intent to defraud.

Under the False Claims Act, an individual, (referred to as a “Reporter”) who has actual knowledge of allegedly false claims may file a civil action (qui tam lawsuit) on behalf of the

United States. If the action results in a recovery for the government, the Reporter may be entitled to a percentage of funds recovered. **FOHFS** will not seek to impede any person from filing a qui tam lawsuit, through threats of retaliation or otherwise.

At this time, the potential penalties for violating the Federal False Claims Act include treble damages plus a civil penalty of **\$5,000 – \$10,000**, as well as exclusion from federal health care programs.

Administrative Remedies for False Claims 31 UAX Chapter 38. §§ 3801 - 3812

This statute allows for administrative recoveries by federal agencies, such as the Department of Health and Human Service. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a

penalty of up to \$5,000 for each claim. The agency may also recover twice the amount of the claim.

130.16:- Oklahoma False Claims Act (state Finance Law, § 187-194) (2011)

The Oklahoma False Claims Act closely tracks the Federal False Claims Act. It imposes penalties on parties that file false and fraudulent claims for payment from any state or local government, including Medicaid. Penalties are \$6,000 – \$12,000 per claim and the recoverable damages are three times the value of the amount falsely received including consequential damages sustained by state or local government.

The law also allows for qui tam lawsuits by individuals.

130.17:- Social Services Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social

Services district may recover three times the amount incorrectly paid. In addition, the

Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty up to \$7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

There are additional civil, administrative and criminal laws that apply to the submission of a false claim. Additional information on these laws is available by contacting the Corporate Compliance Officer.

130.18:- Billing and Coding

All claims submitted for payment to Medicaid, Medicare, third party or clients are to be accurate and appropriate to services provided. The Accounting office will maintain Procedure Manuals for each entity program. These manuals also include information relating to federal and state regulatory requirements. **FOHFS** will strive to ensure truth, accuracy, and conformity to all pertinent Federal and State Laws and Regulations. **FOHFS**

prohibits any employee from presenting or causing to be presented claims for payment or approval which are false, fictitious, or fraudulent whether knowingly or recklessly. It is the policy of the **FOHFS** to:

- Use diagnosis-related information listed on the billing form that accurately reflect the client's condition;
- Bill only for services provided, as documented in the client's case record or other supporting documentation;
- Use billing codes that accurately reflect the level and type of service provided; Seek payment for only those services that are medically necessary; and conform to generally accepted methods of practice;
- Prepare and maintain all claims according to generally accepted accounting principles and regulations established by Medicaid, Medicare and other payers.

Finance staff are oriented and trained as needed in proper billing and coding procedures.

Clinical staff are oriented and trained in clinical medical record keeping duties as per the Policy and Procedures manual for each respective program.

130.19:- Medicaid Exclusions

The Corporate Compliance Office checks employees and vendors for individuals who have been excluded from the Medicaid Program.

130.20:- Record Maintenance/Preservation

FOHFS is responsible to maintain and preserve its documents/records in order to assure legal compliance. **FOHFS** is subject to governance by numerous statutes and regulations that dictate current records' management and retention time frames.

130.21:- Internal Monitoring and Auditing

Monitoring and auditing the agency's operations are key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional training is required.

The **Corporate Compliance Officer** will work with **Executive Director** and Administrative Staff to implement the current Compliance Work Plan,

which includes an annual identification of areas and policies which require updating. Progress reports of the ongoing monitoring activities including identification of suspected noncompliance, will be maintained by the Corporate Compliance Officer and shared when necessary with **Executive Director**.

In any instance where it is found that billing is not supported by documentation, billing will be withheld for that service. The Billing Office will void any claim and instances where unsupported billing has occurred, monies will be returned adhering to protocols and process for self-disclosure.

130.22:- Government Inspections

In cases of government inspections, staff is expressly prohibited from concealing, destroying, or altering any documents and prohibited from deceiving or making misleading statements to the government representative. Staff may not take any action resulting in a fellow staff member failing to provide accurate information or obstructing, misleading, or delaying the communication of information or records relating to a potential violation of law. Staff should contact their supervisor and the Compliance Officer with any questions regarding such issues.

130.23:- Reporting Violations

Employees are responsible for ensuring that they do not engage in conduct that violates State and Federal False Claims Act, related laws and **FOHFS** policies and procedures.

All employees and Advisory Board members have a responsibility to make a good faith report of violations or suspected violations in accordance with this policy. Reports of violations or suspected violations will be kept confidential to the extent possible and consistent with the need to conduct an adequate investigation.

Anyone filing a complaint concerning violations or suspected violations must be acting in good faith and have reasonable grounds for believing the information disclosed in the report. Any allegations made maliciously or knowingly to be false will be viewed as a serious offense and will result in disciplinary action up to and including termination in accordance with governing personnel policies. The Advisory Board recognizes that intentionally false, malicious or deliberately harassing allegations would be damaging to the mission, image, and integrity of **FOHFS** as well as to the

reputations and morale of its employees, board members, volunteers, contractors and/or other agents.

NOTE: Employees are encouraged to identify themselves when they report a concern or complaint. This enables **FOHFS** to obtain as much information as possible in order to effectively investigate the report. There are situations where an investigation into a report may not be possible unless the source of the information is identified. **FOHFS** understands also that there may be situations where a Reporter may choose not to identify him/herself. In that situation, Reporters are requested to put an identifier or indicate a mechanism or scenario where the Reporter can contact **FOHFS** or vice versa. Concerns expressed anonymously will be investigated to the best of **FOHFS's** ability.

To the extent possible, the employee who makes the complaint is expected to provide as much relevant information as possible to better enable **FOHFS** to conduct an investigation into the complaint. The report should describe as clearly as possible information as to the specific activity thought to be improper, dates on which the activity occurred, if known, other individuals known to be involved, and any other information that would be useful to an investigation of the allegation(s).

130.24-Chain of Command:

FOHFS encourages employees to report suspected violations to their immediate supervisor when appropriate. If it is not appropriate because the supervisor was involved in the matter of concern, or the issue cannot be resolved at this level, the employee can contact the **Executive Director**, the **Clinical Director**, **HR/Office Manager** and of **Corporate Compliance officer** or use any of the other reporting mechanisms mentioned in this section.

130.25:- Corporate Compliance Officer

The Corporate Compliance Officer has an “open door” policy with respect to receiving reports of violations and suspected violations. Reports can be made in person, in writing, or via phone at **10326 Greenbriar Parkway Oklahoma City, Ok 73159 (405)-759-3860**. The Corporate Compliance Officer will make every effort to maintain the confidentiality of the identity of any individual who reports possible misconduct.

130.26:- HR/Office Manager:

The HR/Office Manager works in conjunction with the Corporate Compliance officer to ensure that the Corporate Compliance Plan is aligned with binding policies, regulations, and laws. The HR/Office Manager also plays a key role regarding issues relating to compliance and personnel.

130.27:- General Voice Mail:

FOHFS has established a dedicated voice mailbox hotline to report possible violations. Messages can be left twenty-four hours a day, seven days a week. All reports will be logged. The number is **(405)-735-3683**

130.28:- FOHFS Advisory Board:

All Advisory Board members are available to staff when there is a complaint or concern, contact information is available on request. Board members are expected, in the normal course of business, to bring any pertinent information to the attention of the Executive Director.

Complaints, which are not appropriate for normal administrative channels, should be reported, with or without the identity of the Reporter, to the advisory Board Chairperson, any member of the Executive Committee.

130.29:- Investigation and Corrective Action

Upon the receipt of any complaint, the receiver of the complaint shall notify the Corporate Compliance Officer giving all pertinent information within 48 hours. Complaints involving client safety will be immediately reported as per the Justice Center requirements.

Upon learning of a possible compliance concern, the **Corporate Compliance officer** shall log the complaint and initiate an investigation within 48 hours of receipt of the complaint to determine if a violation has occurred. All employees, board members, volunteers, contractors and other agents are required to cooperate in any investigation that may occur.

1. The **Corporate Compliance Officer** will conduct the investigation or refer the complaint to other **FOHFS** personnel as appropriate.
2. The Corporate Compliance Officer will be responsible for tracking each complaint until its conclusion. Legal counsel may be requested when necessary.
3. A report of each investigation will be prepared, which will include documentation of the issue and, as appropriate, a description of the

investigative process, interview notes, and witnesses interviewed, documents reviewed, the results of the investigation, and disciplinary action and plans for correction action to prevent recurrence. Reports will be completed within **7 days** of the conclusion of a case.

4. Reports will be presented to the **Executive Director** and the **Executive Compliance Committee** quarterly or as needed. Persons suspected of involvement in the issue under investigation may be temporarily removed from their work site and relieved of their responsibilities if it is felt that their ongoing presence could jeopardize the satisfactory completion of the investigation. This includes any member of the investigative team, including but not limited to the Corporate Compliance Officer, **Executive Director** and the **Advisory Board**.

Whenever a compliance issue or violation has been identified, a **Corrective Action Plan** will be developed to ensure, to the extent possible, that the specific issue is addressed and similar problems do not re-occur. As appropriate, the **Corrective Action Plan** will include issuing prompt restitution of overpayment, notification of appropriate governmental agencies, and instituting disciplinary action. The corrective action process will include implementing changes necessary for prevention of future similar violations at any **FOHFS** facility. **Action plans** may require provision of training, amendment of agency policy or procedures, personnel action, terminating contractual relationships, repayment, or external disclosure by advice of legal counsel.

The Corporate Compliance officer will monitor implementation of corrective actions to ensure compliance.

130.30:- Enforcement and Discipline

All **FOHFS** employees are responsible for complying with the standards articulated in **FOHFS's** Corporate Compliance Plan, Code of Conduct, HR Policy and related policies and procedures. Standards of conduct are conveyed through orientation and regular trainings, agency communications, staff meetings and performance evaluations. Persons may be subject to the disciplinary process for not meeting these standards by:

- Failing to perform any obligation required of them relating to compliance within this plan or applicable laws or regulations;
- Failing to report suspected violations of compliance plan, applicable laws or regulations;

- The failure on the part of a supervisory or managerial person to implement, and maintain policies and procedures reasonably necessary to ensure compliance with the terms of the program or applicable laws and regulations.

FOHFS shall not accord any weight to an individual's claim that improper conduct or undertaking was for the benefit of **FOHFS**.

Standards established in the Compliance Plan shall be consistently enforced with disciplinary proceedings and sanctions. This includes informal reprimands, formal reprimands, demotions, financial penalties, suspension and termination. In determining the appropriate disciplinary action for any violation of the Compliance Plan, **FOHFS** shall not take into consideration the individual's economic benefit to the agency.

FOHFS shall not knowingly hire or enter into contracts with individuals or entities who have been convicted of health care related violations or who are listed as debarred, excluded, or otherwise ineligible to participate in federal health care programs. **FOHFS** shall conduct due diligence as part of the decision-making process in hiring and retaining individuals and entities and in engaging in business relationships with individuals and entities.

The due diligence process includes:

- Staff Exclusion List (**SEL**) check
- Criminal Background Check (**CBC**)

130.31:- Plan Education & Training

FOHFS recognizes the importance of a work force that is informed and knowledgeable. The goal of the Corporate Compliance Plan Education and Training is to inform and enhance employees' knowledge-base as well as to reinforce the need for strict compliance with the law. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

Training is conducted through the office of the Corporate Compliance and includes but is not limited to: distribution of this policy to all **FOHFS** employees, board members, volunteers, contractors and agents; education in the areas of **False Claims and Whistleblower** protections and agency procedures for detecting and reporting suspected fraud, waste, and abuse; education in the area of steps needed to ensure Medicaid and Medicare billing compliance.

Training methods include both formal and informal mechanisms and are provided on an ongoing basis. Training will be provided for all new staff and **Board Members** and thereafter conducted annually.