CORPORATE COMPLIANCE
&
RISK MANAGEMENT PROGRAM

2019/2020

-PROGRAM DESCRIPTION-
-ASSESSMENT-
-AUDITING, MONITORING AND EDUCATION PLAN-

As adopted by
The Right Door for Hope, Recovery and Wellness' Board of Directors
On
THE RIGHT DOOR FOR HOPE, RECOVERY AND WELLNESS
CORPORATE COMPLIANCE & RISK MANAGEMENT PROGRAM

I. PROGRAM STATEMENT

The Right Door for Hope, Recovery and Wellness (The Right Door) is committed to using good faith efforts to comply with applicable health care laws, regulations and third-party payor requirements. The Right Door's main focus is on good faith efforts towards compliance with the requirements of the State and Federal government programs as its services are primarily to Medicaid consumers. The Right Door fully intends for its staff to use this Compliance Program as a guide in furtherance of its continuing good faith efforts in complying with applicable billing, documentation, and related laws, rules, regulations and policies. The Right Door recognizes that complete perfection in the area of compliance may not be truly attainable in practice; however, it is The Right Door's goal to strive for excellence and use good faith efforts in its compliance activities.

The Standards of Conduct set forth below in this Compliance Program contain the principles and standards to which The Right Door staff are expected to adhere. The purpose of the Standards of Conduct is to articulate the ethical and legal framework within which The Right Door operates and to advise staff that they are required to abide by these Standards. The Standards of Conduct define the scope of conduct that this Compliance Program covers. The policies of The Right Door (which may be continually developed, implemented, and revised, when necessary) further delineate the special focus areas set forth below in this document. These evolving policies are hereby incorporated by reference as part of The Right Door's Compliance Program.

The failure of staff to observe the provisions of the Compliance Program can result in serious consequences for The Right Door including criminal prosecution, substantial criminal and civil monetary fines, damage to its professional reputation, and exclusion from the Medicaid and Medicare Programs. Likewise, the failure of staff to observe the provisions of the Compliance Program, including reporting perceived violations of the program, may result in serious consequences for staff, including various levels of corrective action, or other adverse actions.

II. STANDARDS OF CONDUCT

A. Integrity of Business Practices

1. Ethical Practices:

The Right Door expects its staff to conduct business in an ethical, legal, and competent manner and in compliance with the agency code of ethics (Procedure HR 511.1). Staff shall adhere to the spirit and language of the Compliance Program and strive for excellence in performing all duties. Staff must maintain a high level of integrity and honesty in business dealings with consumers, physicians, third party payors, and all other staff and officers and avoid any conduct that could reasonably be expected to reflect adversely on the integrity of The Right Door, its officers, or staff. Staff are required to perform all duties in good faith, and with the due care that a reasonably prudent person in the same position would use under similar circumstances.

2. Staff Conduct:

All staff are responsible for using good faith efforts to comply with applicable laws, regulations, and third-party payor requirements, including those which they have been made aware of through The Right Door's programs and its educational activities. No staff shall act in performance of his/her duties in any manner which s/he believes to be in violation of any statute, rule, regulation or policy. In

case of doubt, the staff should consult his/her direct supervisor or the Compliance Officer before taking action. Staff should be open and honest in his/her business relationships with other staff, The Right Door leadership, The Right Door counsel, and The Right Door consultants. It is unacceptable to provide information which a staff knows or has reason to know is inaccurate, misleading, or incomplete.

3. Improper Payments and Fraud and Abuse:

No staff shall engage, either directly or indirectly, in any corrupt or inappropriate business practice including kickbacks or payoffs intended to influence, induce or reward favorable decisions of any government representative, consumer, physician, vendor, contracted facility, or any person or facility in a position to benefit The Right Door in any way. No staff shall offer or make any payment or provide any other thing of value to another person with the understanding or intention that such payment will be used for an unlawful or improper purpose.

The Right Door fully expects its staff to refrain from conduct that may violate the fraud and abuse laws. These laws prohibit (1) direct, indirect or disguised payments in exchange for the referral of consumers; (2) the submission of false, fraudulent or misleading information to any governmental entity or third-party payor; and (3) making false representations to any person or entity in order to obtain payment for a service or to justify the provision of services in connection with cost reporting.

***4. Staff Screening*:**

It is the policy of The Right Door that it makes a good faith inquiry into the background of prospective staff or consultants whose job duties include provision of services or billing and related services to the Medicare, Medicaid and other federal health care programs. To this end, The Right Door shall not knowingly employ or consult with, with or without pay, individuals who have been listed by a federal agency as debarred, suspended, or otherwise ineligible for federal programs or who have been convicted of a criminal offense related to healthcare.

In screening prospective staff or consultants, when applicable, The Right Door reviews the following. Ongoing screening processes will occur at the time of employment or contract, as well as during employment/contract:

- Sources for State or local background checks (annually for staff; every 2 years for contracted providers); and
- Medicaid Program bulletins, sanctioned provider lists, and related online searches (monthly for staff & contracted providers).

5. Contractual Arrangements with Subcontractors:

In order to effectively enhance compliance, The Right Door recognizes that it is essential to coordinate certain compliance responsibilities with its subcontractors. To this end and to the extent reasonably feasible, The Right Door will educate its subcontractors on their responsibilities and obligations.

- Accuracy of Information: Subcontractors shall be responsible, and held accountable, to provide accurate and truthful information to The Right Door in connection with the subcontractors' treatment of The Right Door's consumers, documentation of services and subcontractors' preparing of and submission of claims to The Right Door. This includes, but is not limited to, accurately reporting services rendered, time involved in a service, and accurately representing that documentation supports the service/procedure rendered or level of service reported.

- Knowledge of Payer Requirements: Subcontractors shall be responsible for keeping apprised of Medicaid rules and other applicable third payer documentation and billing requirements so that information can be accurately provided to The Right Door in the performance of its functions.

B. Compliance with Billing and Related Statutes, Regulations and Policies

The Right Door places importance on compliance with the billing, (e.g., cost reporting) documentation and eligibility requirements of the federal government, state government, and other payors, as applicable and understands that there are federal and state laws governing health care matters.

1. Statutory Prohibitions:

The term "fraud and abuse laws" generally describes a number of federal and state laws that contain penalties for violations of laws that regulate both the provision of health care services as well as the methods and requirements for submitting claims for services to third party payors including the state and federal government. These laws apply to claims submitted directly for payment as well as claims based on a cost reporting basis.

a. False Claims/Records

The submission of false claims is prohibited by several different statutes. A violation of the false claims statutes includes submitting or causing to be submitted a claim for payment to the federal or state government (or using a false record to get the claim approved) when the claim is false or fraudulent. The submission of a false claim may result in civil or even criminal penalties. The false claims act applies to cost reporting matters as well as fee for service claims. For cost reporting entities, claims for items or services for the purposes of the statute include entries or omissions in cost reports, books of account, or other documents supporting the claims.

For example, the Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid. Violation of the False Claims Act may result in substantial civil monetary penalties.

The Federal Criminal False Claims Act prohibits knowingly and willingly making or causing to be made any false statement or representation or material fact in any claim or application for benefits under Medicare or Medicaid. Violations are felonies and are punishable by imprisonment and/or fines. The Medicare/Medicaid Civil Monetary Penalties law prohibits submission of claims to Medicare or Medicaid that a provider knows or should know are false or fraudulent and provides for the imposition of sizable penalties.

The Health Insurance Portability and Accountability Act of 1996 amended the Federal penal code to criminalize federal health care offenses. These offenses include, for example, health care fraud that covers fraud against any public or private health care benefit program or obtaining money by false pretenses in connection with the delivery or payment of healthcare benefits. The offenses also include false statements relating to matters concerning any public or private healthcare benefit program. These offenses are punishable by fine and imprisonment.

Other federal criminal laws may be used to prosecute the submission of false claims, including prohibitions on making false statements to the government and engaging in mail fraud. Felony convictions will result in exclusion from Medicare and Medicaid and other federal programs for a minimum of five years.

Michigan's Medicaid False Claim Act and Michigan's Health Care False Claims Act provide that it is unlawful to solicit, offer, pay, or receive a kickback or bribe in connection with the furnishing of goods or services for which payment is or may be made in whole or in part by the Medicaid program or a health care corporation or insurer. A person who makes or receives the payment, or who receives the rebate of a fee or charge for referring an individual to another furnishing goods or services is guilty of a felony. It is also unlawful under these Michigan Acts to make or present or cause to be made or presented a claim knowing the claim to be false. Violations are punishable as a felony.

b. Breach Notification

As of August 24, 2009, the Department of Health and Human Services (HHS) began enforcing the new regulations requiring healthcare providers, health plans and other entities covered under HIPAA to notify individuals when their health information is breached. These breach notification regulations implement provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, passed as part of the American Recovery & Reinvestment Act of 2009 (ARRA), and as modified by the Final Rule of 2013. Breach notification provisions apply to HIPAA-covered entities and the business associates that access, maintain, retain, modify, store, destroy or otherwise hold, use, or disclose unsecured Protected Health Information (PHI). Individuals affected by a breach are to be promptly notified of a breach of confidentiality as well as the HHS Secretary and the media in cases where the breach affects more than 500 individuals. The HITECH Act also applies to all business associates of The Right Door and their subcontractors and requires them to notify The Right Door of any known or suspected breaches of confidentiality.

c. Kickbacks and Other Improper Inducements

The Federal Anti-kickback statute is a criminal statute that bars the knowing and willful solicitation or receipt of any remuneration (broadly defined to encompass anything of value) "in return for" (1) referring a consumer, or (2) purchasing or otherwise arranging for an item or service, for which payment may be made under Medicare, other federal health plans, or Medicaid. The statute also prohibits the offer or payment of remuneration to induce a person to refer consumers. Unless the activity is protected by one of the exceptions to the Anti-kickback statute or by a safe harbor published to protect certain activities, violations can result in imprisonment and civil monetary penalties.

d. The Stark Law

The Stark self-referral ban prohibits a physician from making a referral to an entity for the furnishing of designated health services to Medicare or Medicaid beneficiaries, if the physician (or a member of the physician's immediate family) has a financial relationship with that entity. It also prohibits entities from presenting or causing to be presented a claim or bill to any individual, third party payor, or other entity for designated health services furnished pursuant to a prohibited referral. Unless the activity is protected by one of the exceptions, violations can result in recoupment, civil monetary penalties, and exclusion from the Medicare and Medicaid programs.

2. The Right Door Special Focus Compliance Areas:

The Right Door, through its implementation of policies and procedures has given special attention to the following compliance focus areas which are set forth in policy:

- Clinical Documentation (Procedure F281.1)
  - Guidelines for progress notes
  - Guidelines for a clinical summary
- Medical Necessity (C310.1)
  - CLS Provision, ensuring measurable goals and objectives are identifying medically necessity
  - Medicaid Benefits, ensuring staff understand medical necessity and how services are applicable.
  - Authorizing services accurately according to need and individual need.
    - Potential ways to help staff improve
      - Additional Training
      - Providing guidelines for supervisors
- Cost Reporting (F200.1)
  - Potential changes in FY20, draft is coming in January.
- Contracting (F 240.1)
  - Credentialing process updates
  - Site visit process

III. COMPLIANCE PROGRAM ASSIGNMENT AND DUTIES

The Right Door has appointed a Compliance Officer (Appendix A). This individual shall serve as a focal point for The Right Door's compliance. The Compliance Officer is accountable to the Executive Director. The Compliance Officer may recommend to the Executive Director and the direct supervisor that disciplinary action be taken regarding a staff. However, the Executive Director and the direct supervisor will maintain authority over staff discipline issues. The Compliance Officer is responsible for overseeing implementation of the Compliance Program, making recommendations to the Executive Director regarding changes in The Right Door practice to enhance compliance, and updating the Compliance Program. This includes monitoring and reporting on matters pertaining to corporate compliance, identifying regulatory requirements and assuring agency compliance, and conducting compliance risk assessments. The Compliance Officer may also delegate certain tasks/functions to a designee (e.g., to address an issue outside the expertise of the Compliance Officer). In such cases, the designee shall report to the Compliance Officer.

A Compliance Committee has also been designated (Appendix A) to work directly with the Compliance Officer in overseeing the implementation of the Compliance Program, evaluating the program and making recommendations regarding changes in The Right Door practice to enhance compliance. The Compliance Committee composition has been established for the purpose of being small enough to function effectively. However, "ad-hoc" committees may be formed, at times deemed necessary, to address and deal with specific substantive compliance issues. Internal staff who have not been named to the Compliance may be appointed to these "ad-hoc" committees for purposes of obtaining their expertise in a particular area.

The Right Door Compliance Program also includes the Compliance Officer's participation in regional compliance activities. The Compliance Officer consults with other regional Compliance Officers for the purpose of education on changes in federal and/or state laws and regulations affecting corporate compliance as well as participates in ongoing activities of sharing methods for policy and procedure review and comparison of local processes. Regionally, efforts will be made to share in costs of obtaining legal opinions that are of mutual benefit and agreed upon in advance.

IV. EDUCATION

The Right Door determines how best to educate its staff regarding their responsibilities in all aspects of the Compliance Program including billing and documentation of claims, providing quality care, and engaging in marketing, public relations and contracting activities. As part of the educational process, The Right Door has developed a Monitoring and Education Plan (Appendix B). On an annual basis, or as changes occur, The Right Door will educate its staff on compliance topics relevant to job responsibilities.

Staff with billing, documentation or other compliance related questions should seek clarification from their direct supervisor or the Compliance Officer. If an answer to the question is not obtainable from sources within The Right Door, the Compliance Officer must be notified and will be responsible to take appropriate action, which may include obtaining opinions from other regional Compliance Officers, national associations, and appropriate government authorities. Appropriate steps will be taken to ensure that requests for clarification (particularly when directed to Medicare or Medicaid) are made in an appropriate manner.

V. INTERNAL AUDITING AND MONITORING OF THE PROGRAM

The Right Door is committed to submitting claims and accounting for costs accurately and in compliance with applicable laws, regulations, and third-party payor requirements including Medicaid and federal government requirements. As part of its compliance efforts, The Right Door has developed an Internal Auditing, Monitoring and Education plan in order to maintain the effectiveness of its Compliance Program (Appendix B).

The Right Door is also committed to conducting necessary monitoring in response to specific complaints or reports related to compliance issues.

The Right Door has also developed a Risk Assessment & Management Plan (Appendix C) to promote quality services and manage risk effectively. The Right Door strives to protect itself against accidental loss that would significantly affect agency personnel, property, its budget, or its ability to continue to fulfill its missions and responsibilities. It is the policy of The Right Door for every staff to act to reduce the risk of accidental loss or injury to the greatest extend feasible, consistent with carrying out The Right Door's mission to provide a comprehensive array of services and supports that promotes the mental health and wellness of individuals in Ionia County. The plan outlines a Risk Assessment & Management Controls System that has been established to identify and analyze loss exposure and safety hazards, control mechanisms, responsibility and scheduling of reporting and monitoring the results produced or achievement of changes.

VI. The Right Door INTERNAL REPORTING AND DISCIPLINE

As part of each staff's duty under the Compliance Program, each is obligated to internally report any violations of the program, incorporated policies or law pursuant to The Right Door's Internal Compliance Reporting policy (G 800.1). The Right Door will treat all reports confidentially to the extent reasonably possible. It is the policy of The Right Door to take all reports of wrongdoing seriously. It is also the policy of The Right Door that no one who makes a report will be subject to reprisal, discipline or discrimination based on having made the report (whistleblower protection). The Right Door has developed a Non-Retaliation and Discipline policy (HR 570.1 and HR 580.1) to address compliance related discipline. As set forth in this policy, however, The Right Door remains an at will employer who can discharge any staff with or without notice and with or without cause.

The Right Door Compliance investigations shall include the collection of information about the nature of fraud and abuse complaints, the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number and Medicaid identification number and/or any other identifying information, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred.

The Right Door compliance investigations are followed by prompt response to detected offenses. The Right Door Compliance Program shall complete any such investigation within ninety (90) business days whenever possible, including a report of findings and recommendations.

VII. The Right Door EXTERNAL REPORTING

The Right Door shall inform the CEO of the Mid-State Health Network (MSHN), in writing, of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient with Medicaid.

The Right Door shall also immediately report suspected compliance violations to MSHN, as well as provide a semi-annual summary report of investigation to MSHN, in accordance with MSHN policy. The Right Door shall also report to the Office of Health Services Inspector General (OHSIG), and the Michigan Department of Health & Human Services (MDHHS) as required by law and/or MSHN/The Right Door or MDHHS/The Right Door contract.

VIII. DOCUMENT RETENTION

The Right Door understands that certain documents must be retained as a requirement of its contractual obligations and as a requirement of Medicaid, Medicare and other payors. Accordingly, as part of its compliance efforts, The Right Door has developed a Document Retention Compliance policy (F 280).

IX. GOVERNMENT INVESTIGATIONS

It is The Right Door's policy to comply with the law and to cooperate in any reasonable demand made in a government investigation (G 800.1). In so doing, however, it is essential that The Right Door's legal rights, and those of its staff, are fully protected to the extent of the law. If any staff receives an inquiry, subpoena, or other legal document regarding The Right Door business, whether at home or in the workplace, from

any governmental agency, The Right Door requests that the staff notify the Executive Director and the Compliance Officer immediately. If a staff is visited at home by a governmental agent concerning The Right Door business, the staff is legally entitled to ask the agent to return, at his or her option, and should immediately contact the Executive Director and Compliance Officer to discuss the matter. The Right Door may arrange for The Right Door's legal counsel to accompany any staff to any interview by a government person.

The Right Door expects that its staffs will notify the Compliance Officer if the staff believes that the government has initiated an investigation with regard to The Right Door or any party affiliated with The Right Door. In the event that the staff is unsure as to whether an investigation has been undertaken, the staff shall consult with the Compliance Officer or a member of the Administrative team. Any Administrative team member who receives such a report shall in turn immediately notify the Compliance Officer.

APPENDIX A

COMPLIANCE OFFICER AND COMMITTEE PARTICIPATION

As part of its Compliance Program, The Right Door has appointed the following individual to serve as the Compliance Officer:

- Susan Richards, Director of Quality Improvement and Compliance

The Right Door has also designated the following individuals to serve as the Compliance Committee:

- Kerry Possehn, Chief Executive Director and HR Director
- Julie Dowling, OPT, Access, Special Programs and SUD Program Manager
- Nathan Derusha, CFO
- Linda McNett, Contracts Manager
- Jill Carter, Senior Data Analyst
- Dr. Joel Sanchez, Medical Director: Consultant
- Other Designees as appropriate

Responsibilities of the Compliance Committee include but are not limited to the following:

- Review compliance issues, investigations, and corrective actions.
- Review and recommend changes or revisions to the compliance plan and related policies and procedures, as necessary.
- Evaluate the effectiveness of the compliance program.
- Determine appropriate strategies to detect potential compliance violations and areas of risk.
- Recommend the development of internal systems and controls to carry out the compliance program.
- Identify topics for compliance education.
- Share information on changes in regulations, payer requirements, etc. that affect The Right Door.

APPENDIX B

The Right Door INTERNAL AUDITING, MONITORING AND EDUCATION PLAN

General:

In furtherance of the effectiveness of the Compliance Program, The Right Door will use good faith efforts to undertake internal auditing practices, monitoring and educational measures as set forth in this plan. The Right Door recognizes that compliance is an ongoing process and thus entails auditing, monitoring and educational activities occurring over time. The Right Door has identified certain compliance focus areas in its Compliance Program and incorporated policies. In order to enhance compliance in these areas, it is the goal of The Right Door to use this plan as a general guide to oversee that The Right Door is compliant, and maintains such compliance, in the focus areas that are identified and that its staff and subcontractors are appropriately educated in these areas.

The Right Door has decided to focus on the following areas:

(1) Documentation of services
(2) Verification of the delivery of billed services

In order to assist The Right Door in the monitoring and education process, there may be times when The Right Door retains the services of experienced mental health service consultants to perform attorney/client privileged reviews and assist with implementation of recommendations and staff and subcontractor education.

(1) Clinical Record Documentation - Monitoring and Education:

The Right Door recognizes that complete and legible clinical documentation meeting the requirements of the Medicaid program is important from both a billing and quality of care perspective. Also, because there are many mental health professionals (employees and subcontractors) rendering services to consumers of The Right Door, it is also important for The Right Door to monitor the compliance of these individuals to oversee that The Right Door documentation and related compliance policies are being followed. To this end, The Right Door will conduct ongoing Clinical Record Reviews. These reviews may focus on general documentation practices, PCP documentation, and medical necessity documentation to support the levels of services being provided. It may also include issues specific to a program as identified by external audits, Performance Improvement Indicators, and/or The Right Door Administrators or Program Managers.

In order to effectively conduct this monitoring process, it is the goal of The Right Door that its Compliance Officer, with the assistance of other internal staff as needed, will be responsible for conducting this monitoring process. The Compliance Officer may seek consultation from regional Compliance Officers with regard to auditing tools which have been developed in the area of clinical documentation review. Final reports from the Clinical Record Documentation are monitored by The Right Door Leadership Committee.

As a result of this monitoring review, The Right Door may conduct educational sessions for those The Right Door staff and other applicable individuals (e.g., subcontractors) whose job duties involve clinical duties. These educational sessions may occur over time, depending on the

issues involved and number of staff to educate. The Right Door Compliance Officer may also seek assistance from the regional Compliance Officers on effective educational methods and recommendations regarding same. The Right Door will maintain training records to document the education of staff. Moreover, as a result of the monitoring process, The Right Door may implement additional procedures/ policies that will be incorporated into the Compliance Program.

(2) <u>Verification of the Delivery of Billed Services - Monitoring and Education:</u>

With the implementation of a fully functioning Electronic Health Record, there are many validations that can, and have been, put into place to include a number of assurances, including, but not limited to: completion of documentation prior to billing of services; permissions of staff to bill for services only within their scope of expertise and credentials; disallowance of duplicate overlapping billed time; and that services billed are authorized within the consumer's plan of service. Review of reports obtained from the EHR will help identify areas in need of additional validations, workflow practice improvements, and topics for further staff training.

Additionally, MDHHS has mandated that Medicaid Event Verification be a process that is required of the PIHP, not to be delegated to the CMHSP. The Right Door shall work closely with MSHN, providing them with the information and access it requires to fully conduct its biannual verification audits. The Right Door shall also address recommendations or findings as a result of these audits to assure process and system improvements whenever possible.

The Right Door also conducts its own monthly event verification audits on contracted providers and self-determination arrangements. Utilizing a similar procedure as the MSHN audit, The Right Door reviews a sample of billed services to ensure appropriate billing and documentation is in place.

The Compliance Officer, with the assistance of other internal staff as needed and in consultation with regional Compliance Officers, will be responsible for analyzing the data from these monitoring processes and ensuring appropriate corrective or improvement actions are taken as indicated.

As a result of these monitoring reviews, The Right Door may conduct educational sessions for those staff and other applicable individuals (e.g., subcontractors) whose job duties involve clinical and billing activities. These educational sessions may occur over time, depending on the issues involved and number of staff to educate. The Right Door Compliance Officer may also seek assistance from regional Compliance Officers on effective educational methods and recommendations regarding same. The Right Door will maintain training records to document the education of staff. Moreover, as a result of the monitoring process, The Right Door may implement certain procedures/ policies that will be incorporated into the Compliance Program.

Appendix C: The Right Door Risk Assessment & Management Controls System

I. LOCAL STRUCTURE

It is required that compliance & risk management efforts will occur outside of this structure on an informal basis within and across teams and in individual roles and functions as staff continually strive to provide accessible, quality, efficient and effective services.

A. Authority: Authority is vested by The Right Door for Hope, Recovery and Wellness' (The Right Door) Board of Directors to the CEO for the overall implementation and oversight of the Compliance/Risk Management Plan. The CEO designates a Compliance Officer and, as needed, an ad hoc Compliance Committee (CC). The Compliance Officer has the authority to review all documents and other information relevant to the compliance and risk management activities, including, but not limited to, consumer records, billing records, employee records, and contracts and obligations of The Right Door. The Compliance Officer oversees implementation of the compliance and risk management plan, identifies staff training needs in regard to compliance and risk issues, and ensures overall effectiveness of the plan.

B. Compliance Committee: Is an ad hoc committee, as designated by the CEO, to address specific compliance or risk matters as needed. Membership is determined based on the nature of the issue to be addressed.

C. Quality Council (QC): The Leadership Team functions as the QC, and can review the compliance/risk management plan, consult and make recommendations on various compliance or risk-related matters, provides general agency direction related to issues of compliance and risk, and makes plan revision recommendations to the CEO and Board of Directors.

II. **AREAS OF RISK: LOCAL INDICATIONS AND PLANS**

The Right Door abides by and adopts the Mid-State Health Network Compliance Plan, including addressing the nine (9) general areas of risk shared by all affiliate members.

The Right Door's Local Compliance/Risk Management Plan expands to identify specific conditions or potential areas of risk that are unique to The Right Door and explains how each of these shall be addressed to control these threats and risks. Risks may include such things as changes in funding, new or growing populations, problems with facilities, newly identified security issues or internal procedures. The following table identifies some key additional risk areas, and the means by which The Right Door plans to address each of these areas. This plan is applicable to all The Right Door staff, contractors, and Board members.

A. Identification & Analysis of Loss Exposures, and Plan to Rectify/Reduce Exposure, 2019/2020:
The following areas of risk or loss have been identified based on new legislation, the most recent needs assessment and stakeholder feedback activities conducted by The Right Door.

GENERAL AREAS of RISK/EXPOSURE	ANALYSIS of EXPOSURE	PLAN TO RECTIFY/REDUCE EXPOSURE	Review
1. Regulatory-State & Federal	A. Affordable Care Act Status B. System re-design proposal for Specialty Integrated Plans C. 1115i Waiver D. HCBS Waiver Transition E. Change in leadership at MDHHS F. PIHP Dissolution	A. Monitor Healthy Michigan plan enrollees and advocate for appropriate funding to serve population. B. System Re-Design a. Proposed Mental Health Code Changes – stay aware of and advocate for local provision of services as a CMH. b. Waiver Changes – be aware of proposed changes and impact of provision of services as a local CMH. c. Join applicable committees or workgroups and provide feedback/assist in designing SIPs. C. Accommodate changes to waivers and continue to stay abreast of changes. Monitor. D. Supporting providers through CAPs and changes in regulations. E. CEOs advocating for documented change or direction from MDHHS	

		when there is policy confusion. F. Advocating for a coordinated effort for compliance.	
2. Funding	A. Cost Allocation Standardization – Milliman/MDHHS (Behavioral Health Fee Screen) B. Need for competitive case cost and utilization while maintaining values of person-centered care. C. Healthy Michigan Plan change in enrollees. D. Increase in inpatient hospitalization costs. E. CCBHC Grant application	A. Maintaining presence and feedback in the workgroup. B. Monitor new cost reports and compare ourselves to others. C. Monitor cost. D. HUG group and monitoring utilization. E. Prepare for changes in reporting and funding if grant is approved	
3. Services/Programs	A. Workforce Development --will see demands for clinicians and medical personnel. Recognize risk of potential recruitment of staff away from The Right Door by other organizations, the need to increase workforce in these areas to meet programmatic needs, and the sometimes-detrimental impact of staff turnover/staff changes on persons and families served. B. Secondary Trauma of Service Providers	A. Maintain competitive benefits, great supervision and listening to staff. B. Continued responsiveness and training on self-care	
4. OTHER RISK	A. Community Reputation and Perception of Responsiveness	A. Maintain community representation on the board. Maintain representation on	

		the community collaborative. Be responsive to community needs.	

F. Implementation of Actions to Reduce Risk, Monitoring, Reporting, and Performance Improvement:

Actions to reduce risk shall be as assigned by the CEO or QC/Leadership Team. The Quality Improvement/Compliance Director shall monitor implementation and ensure minimally annual reporting to the QC/Leadership Team for performance improvement review and for implementation of revisions of the plan.