

Charleston Dorchester Mental Health Center

CORPORATE COMPLIANCE POLICY – revised 12/29/08

Policy:

The Center will maintain a system of monitoring that adheres fully to the SCDMH Directive #873-06 (5-100) and Compliance Plan (effective 7/01/01; latest revision 7/18/07). The State fraud line was replaced with the DMH Office of Quality Management Compliance Hotline, 803-898-9920, or toll free 866-443-0125.

Persons Responsible:

The Executive Director, the Compliance Officer (CO), and the Compliance Committee are responsible for the compliance of the organization. The Compliance Officer for the Center is also the Quality Improvement Director.

The Compliance Committee is composed of the Executive Director, the Chief of Staff, the Medical Director, the West Ashley Clinic Director, the West Ashley Assistant Clinic Director, the Dorchester Clinic Director, and the CCO.

Procedures:

1. All employees and any other person credentialed to provide clinical services (including volunteers, resident, temporary and permanent employees) are required to participate in initial training, which covers the general principles of compliance and the major components of this Plan. Employees shall be afforded an opportunity to ask questions to ensure understanding of the material. Upon successful completion of the basic/initial training with video and handouts, participants shall sign an *Acknowledgment (of training) Form and Conflict of Interest Form*.
2. Employees are required to receive annual training in the field of compliance and in the identification of areas of potential risk resulting from compliance reports and audits at DMH. The Office of Compliance, in coordination with ETR, will design annual and specific training updates via Pathlore.
4. The Corporate Compliance Officer serves as Chair and conducts a quarterly meeting on corporate compliance matters particular to the Center or statewide. Any reports and responses made during that quarter are reviewed.
5. The Corporate Compliance Officer reports at least yearly to the Center's Board and distributes and discusses the Center's Annual Corporate Compliance Report.
6. The Credentialing Committee, chaired by a staff member of the Quality Improvement/Corporate Compliance department, conducts quarterly audits of the credentials files to ensure compliance with DHHS and DMH/Corporate Compliance

standards.

7. DMH's "Individual Medical Record and Utilization Management Audit Tool" is used to audit all medical records quarterly, by percentage stated in the contract and contains the necessary potential corporate compliance items. The quarterly report is compiled and sent to DMH/Quality Management & Corporate Compliance and DHHS. Disallowances/paybacks are made to all payor sources within 90 days of report.

8. When the CO is notified of a potential corporate compliance violation, it is reviewed first with the Executive Director and then other pertinent administrative personnel to determine the course of action. A Corporate Compliance Reporting form is then sent to DMH/Quality Management & Corporate Compliance. When the CO has finished his/her review and audit of the potential problem, the Summary Report and Response form is sent to DMH/Quality Management & Corporate Compliance.

9. All employees have corporate compliance on their EPMSs.

<u>Deborah S Blalock</u>	<u>12/29/08</u>	<u>Susan T. Monogan</u>	<u>12/29/08</u>
Deborah S. Blalock	Date	Susan T. Monogan	Date
Executive Director		Compliance Officer	