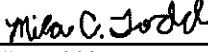




Section: <b>Compliance</b>	Policy Name: <b>Code of Conduct Distribution and Training</b>	Policy Number: <b>10.03</b>
Owner: <b>Chief Compliance Officer</b>	Reviewed By: <b>Mila C. Todd</b>	Total Pages: <b>4</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input type="checkbox"/> <b>NCQA</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Final Approval By:  Mila Todd (Mar 31, 2023 05:13 EDT)	Date Approved:  Mar 31, 2023
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input checked="" type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input checked="" type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> <input checked="" type="checkbox"/> <b>Healthy Michigan</b> <input checked="" type="checkbox"/> <b>SUD Block Grant</b> <input checked="" type="checkbox"/> <b>SUD Medicaid</b> <input checked="" type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>01/01/2014</b>

**Policy:** The Code of Conduct serves as a foundational document that details the fundamental principles, values and framework for action within Southwest Michigan Behavioral Health’s (SWMBH) compliance program. It articulates SWMBH’s commitment to comply with all applicable Federal and State standards, which address compliance with statutes and regulations and also set forth broad principles that guide employees in conducting business professionally and properly. The standards included in the Code of Conduct will promote integrity, support objectivity and foster trust. Furthermore, the SWMBH standards of conduct will reflect a commitment to high quality health care delivery, as evidenced by its conduct of on-going performance assessment, improved outcomes of care and respect for the rights of SWMBH’s customers. All SWMBH personnel will be provided with training on and a copy of the SWMBH Code of Conduct. Participant CMHSPs and subcontracted providers will comply with the SWMBH Code of Conduct or will develop a comparable Code of Conduct and provide it to SWMBH upon request.

**Purpose:** The purpose of this policy is to articulate:

1. How SWMBH’s Code of Conduct is distributed and the training that SWMBH personnel complete in accordance with the Code of Conduct; and
2. The expectation for Participant CMHSPs and subcontracted providers to comply with SWMBH’s Code of Conduct or develop their own, comparable Code of Conduct in accordance with the SWMBH Compliance Plan.

**Scope:** SWMBH Chief Compliance Officer; SWMBH Program Integrity & Compliance Department; SWMBH Senior Leaders; Participant CMHSPs; subcontracted providers.

**Responsibilities:**



SWMBH's Chief Compliance Officer through the Program Integrity & Compliance department is responsible for ensuring SWMBH personnel receive a copy of and training on the SWMBH Code of Conduct at hire and annually.

SWMBH Senior Leaders are responsible for ensuring personnel within their supervision are acting ethically and in compliance with SWMBH's Code of Conduct.

Participant CMHSPs and subcontracted providers are responsible for complying with SWMBH's Code of Conduct or developing and complying with their own, comparable Code of Conduct.

**Definitions:**None.

**Standards and Guidelines:**

**A. SWMBH Personnel**

1. It is the responsibility of each supervisor to ensure that the personnel within their supervision are aware of and are acting ethically and in compliance with applicable laws and the Code of Conduct. Accordingly, all personnel are required to familiarize themselves with the Code and to return a signed acknowledgment statement within thirty (30) days of employment.
2. Each new SWMBH employee will receive (1) a copy of the Code of Conduct and (2) general training materials regarding SWMBH's Regulatory Compliance Plan within 30 days of being hired. SWMBH's Chief Compliance Officer, or his/her designee, will communicate more detailed and specific policies and training, as needed.
3. Failure of any personnel to receive the SWMBH Code of Conduct within thirty days (30) days of the employee's hire date shall be reported to SWMBH's Chief Compliance Officer (CCO), with a signed and dated Code and Training acknowledgement statement, if completed, or by an action plan for immediate compliance.
4. All SWMBH personnel will receive updated training annually as arranged and administered by the CCO. Failure to attend or receive such scheduled training will be subject to disciplinary action and/or an action plan for immediate compliance.

**B. Participant CMHSPs and Subcontracted Providers**

1. Participant CMHSPs and subcontracted providers will comply with the SWMBH Code of Conduct, or provide evidence of a sufficient Code of Conduct of their own, upon request.
2. If complying with the SWMBH Code of Conduct, Participant CMHSPs and subcontracted providers will be provided with a copy upon initial contracting, and will certify in writing that they have received, read, and will abide by SWMBH's Code of Conduct.

**References:**

42 CFR §438.608

Federal Register Volume 64, No. 219



**Attachments:** SWMBH 10.03A Code of Conduct



# 10.03 Code of Conduct Distribution and Training

Final Audit Report

2023-03-31

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## "10.03 Code of Conduct Distribution and Training" History

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## Code of Conduct

### Important Phone Numbers

Compliance Hotline: (800) 783-0914

Mila C. Todd, Chief Compliance & Privacy Officer: (269) 488-6794

### Southwest Michigan Behavioral Health Vision, Mission, Values and Behavioral Standards

#### SOUTHWEST MICHIGAN BEHAVIORAL HEALTH VISION

To ensure persons with specialty care needs reside in their own community, have a quality and healthy lifestyle and are fully accepted.

#### SOUTHWEST MICHIGAN BEHAVIORAL HEALTH MISSION

To provide a community-based, integrated specialty care system for individuals and families with mental health, developmental disabilities and substance abuse needs that empowers people to succeed. To ensure all persons receiving our services have access to the highest quality care available.

#### SOUTHWEST MICHIGAN BEHAVIORAL HEALTH VALUES

Customer Driven  
Person-Centered  
Recovery Oriented  
Evidenced-Based  
Integrated Care  
Trust  
Integrity

Transparency  
Inclusive  
Accessibility  
Acceptability  
Impact  
Value  
Culturally Competent & Diverse Workforce  
High Quality Services  
Regulatory Compliance

The Code of Conduct serves to function as a foundational document that details the fundamental principles, values and framework for action within Southwest Michigan Behavioral Health's (SWMBH) compliance program. The Code of Conduct articulates SWMBH's commitment to comply with all applicable Federal and State standards. The standards not only address compliance with statutes and regulations, but also set forth broad principles that guide employees in conducting business professionally and properly. The standards included in the Code of Conduct will promote integrity, support objectivity, and foster trust. Furthermore, the SWMBH standards of conduct will reflect a commitment to high quality health care delivery as evidenced by its conduct, of on-going performance assessment, improved outcomes of care, and respect for the rights of SWMBH's consumers.

SWMBH is committed to conducting its business in a manner that facilitates quality, efficiency, honesty, integrity, confidentiality, respect and full compliance with applicable laws and regulations. In order to achieve this goal, SWMBH recognizes that it must require its staff to maintain a standard of behavior that is both lawful and ethical. Accordingly,

- SWMBH will advise and train its staff about the applicable laws and requirements.
- SWMBH board members, administration, staff, participating CMHSP's and providers are expected to assume personal responsibility and accountability for understanding relevant laws, regulations and contract and grant requirements and for ensuring compliance.
- SWMBH management is committed to informing those under their supervision that they should comply with the applicable standards and, if they do not comply, appropriate disciplinary action will be taken.

### **Definitions**

- Abuse: means provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.



- Fraud (per CMS): means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act.
- Fraud (per Michigan Medicaid): Michigan law permits a finding of Medicaid fraud based upon “constructive knowledge.” This means that if the course of conduct “reflects a systematic or persistent tendency to cause inaccuracies” then it may be fraud, rather than simply a good faith error or mistake.
- Waste: means overutilization of services, or other practices that result in unnecessary costs. Generally not considered caused by criminally negligent actions but rather the misuse of resources.

### **Reporting Violations**

All staff or agents of the organization have the responsibility not only to comply with the laws and regulations but to ensure that others do as well. Any staff or agent who has firsthand knowledge of activities or omissions that may violate applicable laws and regulations is required to report such wrongdoing. Reporting suspected violations is mandatory, not optional. Staff will be informed that in some instances, failure to report a suspected violation may be the basis for disciplinary action against the staff. Corporate Compliance violations may be reported to the Chief Compliance Officer through either the hotline **(800) 783-0914**, e-mail, in person or in writing. All reports of wrongdoing shall be investigated to the extent necessary to determine their validity. No staff, provider or agent making such a report in good faith shall be retaliated against by SWMBH, staff, or agents and will be protected by the Michigan Whistleblower’s Protection Act. Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, or discipline for any other performance-related reason unconnected to reporting potential violations is not retaliation.

### **Resources for Guidance**

Staff or agents may seek clarification from the Compliance Program, organizational policies, or may direct questions to the Chief Compliance Officer through either the hotline, e-mail, in person or in writing.

### **Confidentiality**

All staff or agents making reports are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigation. Nonetheless, anonymous reports are better than no report at all, and no report shall be refused or treated less seriously because the

reporter wishes to remain anonymous. Confidentiality and anonymity of the reporter/complainant and the content of the report will be preserved to the extent permitted by law and by the circumstances. Information about reports, investigations, or follow-up actions shall not be disclosed to anyone other than those individuals charged with responsibility in investigation and remedial action as well as legal counsel.

### Examples of Fraud, Waste and Abuse That Should Be Reported

Examples of fraud, waste and abuse activities that should be reported include, but are not limited to, the following;

- Financial
  - Forgery or alteration of documents related to SWMBH services and/or expenditures (checks, contracts, purchase orders, invoices, etc.);
  - Misrepresentation of information on documents (financial records and medical records);
  - Theft, unauthorized removal, or willful destruction of SWMBH records or property;
  - Misappropriation of SWMBH funds or equipment, supplies or other assets purchased with Medicaid or Medicare funds; and
  - Embezzlement or theft
- Beneficiaries/Consumers:
  - Changing, forging or altering medical records;
  - Changing referral forms;
  - Letting someone else use their Medicaid or Medicare card to obtain SWMBH covered services;
  - Misrepresentation of eligibility status;
  - Identity theft;
  - Prescription diversion and inappropriate use;
  - Resale of medications on the black market;
  - Prescription stockpiling;
- Provider
  - Lying about credentials such as a college degree;
  - Billing for services that were not provided;
  - Billing a balance that is not allowed;
  - Double billing or upcoding;
  - Underutilization – not ordering or providing services that are medically necessary;
  - Overutilization – ordering or providing services in excess of what is medically necessary;

- Falsifying information (not consistent with the consumer's condition or medical record) submitted through a prior authorization or other service utilization oversight mechanism in order to justify coverage;
- Forging a signature on a contract or other document;
- Pre- or post-dating a contract or other document;
- Intentionally submitting a false claim;
- Changing, forging or altering medical records;
- Kickbacks, inducements and/or other illegal remunerations; and
- Illegal use of drug samples

### **Internal Investigation**

All reports of wrongdoing, however received, shall be investigated and documented according to the Corporate Compliance Investigation Procedure. No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within SWMBH who is not involved in the investigatory process or to anyone outside SWMBH without the prior approval of the Chief Compliance Officer. All staff and agents are expected to cooperate fully with investigation efforts.

### **Disciplinary Accountability and Consequences**

SWMBH has formulated guidelines regarding the consequences and disciplinary action for staff who have failed to comply with SWMBH policies and procedures, Federal and State laws or the Corporate Compliance Plan. The disciplinary measures will vary depending upon the severity of the transgression. Sanctions could range from an oral warning to suspension, termination or financial penalties as appropriate.

Disciplinary actions will be taken in a fair, equitable, appropriate and consistent manner. All staff will be subject to the same disciplinary action for the commission of similar offenses.

### **Conflicts of Interest**

In order to safeguard SWMBH's commitment to ethical and legal standards of conduct, Board Members, all officers, all senior management members, medical staff, and individuals with Board-designated powers and/or authority shall avoid any action that conflicts with the interests of the organization and refrain from being influenced by personal considerations in the performance of their duties. Unless properly disclosed and approved by SWMBH, it could be a conflict of interest to, but is not limited to:

- Have an interest in a publicly held company, vendor, customer or competitor of SWMBH;
- Work for, consult with or provide services to a competitor; and/or
- Use confidential information obtained for any person's personal gain or benefit.

Accordingly, staff/agents, officers, senior managers, and medical staff must disclose the existence and nature of any actual or potential conflict of interest on their Conflict of Interest Form or to the Chief Compliance Officer at the time of interview, orientation and annually thereafter and/or when a conflicting interest arises. All actual or potential conflicts of interest

disclosed shall be reviewed by the Chief Compliance Officer, according to previously identified criteria, to determine whether there is a conflict of interest.

### **Substance Abuse**

To protect staff/agents and consumers, SWMBH is committed to an alcohol and drug-free environment. All staffs/agents must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drugs or alcohol, having an illegal drug in one's system, or using, possessing, or distributing/selling illegal drugs while on SWMBH's work time or property may result in immediate termination.

### **Harassment**

Mutual respect among all staff members in the way we treat each other is expected. Each SWMBH staff/agent has the right to work in an environment free of harassment. Therefore, harassment of staff/agents in the work place by any person or in any form is prohibited by SWMBH. This includes sexual harassment; harassment based on sex, race, color, religion, national origin, citizenship, disability, age, sexual orientation, or any other protected category; or conduct such as ridicule or degrading comments to others which severely and adversely affect their work environment or interferes with their ability to perform their job. Alleged harassment should be reported to a member of the senior management team or to the Human Resources Director.

### **Confidentiality**

SWMBH is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any consumer information to anyone other than a staff/agent or staff member involved in the care and treatment of that consumer. Any staff/agent who engages in the unauthorized disclosure of any information concerning a consumer may be subject to immediate termination. Staff/agents shall comply with the SWMBH Confidentiality Policy, the Michigan Mental Health Code, HIPAA Privacy requirements, and all other applicable laws and regulations.

To ensure that all consumer information remains confidential, staff/agents are required to comply with the following guidelines:

- Staff/agents shall not discuss any consumer in an external or internal environment where such information could be heard by unauthorized personnel or other consumer/visitors.
- If asked about a consumer by anyone other than staff/agents involved in the care or treatment of the consumer, staff/agents will disclose no information unless first obtaining the written consent of the consumer or the consumer's representative/legal guardian.
- Medical staff members and staff/agents may not have access to the records of any consumer unless they are involved in the care and treatment of the consumer, or if a legal or administrative reason exists requiring them to have access to those documents.

### **Political Activities and Contributions**

SWMBH funds or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations. SWMBH resources include financial and non-financial donations of funds, products, or services to any political cause.

Staff/agents may make voluntary contributions provided they do not communicate that their contributions are from SWMBH.

At times, SWMBH may ask staff/agents to make personal contact with government officials or to write letters to present the organization's position on specific issues. In addition, it is part of the role of some SWMBH management to interface on a regular basis with government officials. Such activity is permissible provided that funds and resources are not contributed.

### **Marketing Practices**

There are times when SWMBH directly markets services to potential consumers; however, the federal Anti-Kickback Statute of the Social Security Act makes it a felony, punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by the Medicaid or Medicare programs.

Under no circumstances will SWMBH offer free items or services that are not related to medical or health care. Moreover, any free items offered must have no monetary value.

SWMBH staff/agents will not engage in any prohibitive marketing activities. These activities include: the giving of gifts or payments to induce enrollments, discrimination of any kind, unsolicited door-to-door marketing, and contracting outreach efforts to individuals or organizations whose sole responsibility involves direct contact with the elderly to solicit enrollment.

### **Charitable Contributions**

All charitable contributions must be made for the benefit of SWMBH and for the purpose of advancing SWMBH's mission. The Executive Officer will oversee all charitable contributions to ensure that they are administered in accordance with the donor's intent. All checks and other documents must be made payable to SWMBH and given to the Finance Department to deposit into the appropriate account.

### **Contractual/Financial Arrangements with Health Care Professionals**

SWMBH is committed to ensuring that all contractual and financial arrangements with health care professionals are structured in accordance with Federal and State laws and other regulations and are in the best interests of the organization and the consumers it serves. In order to ethically and legally meet all standards regarding referrals and enrollments, SWMBH will strictly adhere to the following:

- SWMBH does not pay for referrals. Consumer referrals and enrollments will be accepted based solely on the consumer's clinical needs and our ability to render the needed services. SWMBH does not pay or offer to pay anyone for referrals or consumers. Violation of this policy may have grave consequences for the organization and the individuals involved, including civil and criminal penalties, and possible exclusion from participation in federally funded healthcare programs.

- SWMBH does not accept payments for referrals. No SWMBH staff/agent or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers.
- SWMBH does not use financial incentives to encourage barriers to care and services and/or decisions the result in underutilization. SWMBH does not reward practitioners, or other individuals conducting utilization review, for issuing denials of coverage or service. All utilization management decision-making is based only on the existence of coverage and appropriateness of care and service. Clinical decisions are based on the clinical features of the individual case and the medical necessity criteria.

### **Receiving Business Courtesies and Gifts**

No staff/agent or officer shall accept or solicit any gifts, gratuities, loans (in nature of a gratuity), or favors of any kind from any individual, firm, or corporation doing business with or seeking to do business with SWMBH or any of its affiliates, if the gift is offered or appears to be offered in exchange for any type of favorable treatment or advantage. Specifically, no gifts or favors shall be accepted if valued in excess of \$25, with a maximum of \$300 per year, or intended to affect the recipient's business decisions with SWMBH. Perishable or consumable gifts, except for items of minimal value such as flowers, cookies or candy from consumers and/or family members given to a department or group are not subject to any specific limitation. Under no circumstances shall a direct care staff receive monetary gifts from consumers and/or family members. Consumers wishing to make a gift must follow the protocol for charitable contributions. If there are concerns regarding any staff's acceptance of gifts, the Chief Compliance Officer, in coordination with the SWMBH Compliance Committee, shall make the final decision.

There are some circumstances where staff are invited to an event at a vendor's expense to receive information about new products or services. Prior to accepting any such invitation, approval must be received from the Executive Officer. Accepting personal gifts and/or entertainment can sometimes be construed as an attempt to influence judgment concerning patient care or performance of other duties at SWMBH. It may also violate the anti-kickback statute or conflict of interest policy. To that end, no staff may accept any cash amount, or any single gift of more than \$25 value with the total not to exceed \$300 per year.