



## **LIFEPATH SYSTEMS 2019--2020 COMPLIANCE PROGRAM**

### **Overview**

It is Collin County Mental Health and Mental Retardation Center's (d/b/a LifePath Systems) intent to conduct all of its business and clinical practices in compliance with all applicable laws and regulations and to act ethically and with integrity at all times. LifePath Systems, its Board of Trustees and the workforce of LifePath Systems have a reputation in the community of being a quality organization, operating in an ethical manner, offering both respect and compassion to those we serve. LifePath Systems will protect this reputation and our integrity through the enforcement of its policies and procedures.

LifePath Systems 2019--2020 Compliance Program (the Program) encompasses all LifePath Systems operations including, but not limited to Early Childhood Services (ECS), Behavioral Health (BH) both Authority and Provider services as well as the LifePath Systems Crisis Center, and Intellectual and Developmental Disabilities (IDD) Services both Authority and Provider services. In addition, the Program applies to all LifePath Systems Facilities in which business is conducted or services are delivered or in which business will be conducted or services will be delivered during the 2019--2020 fiscal years.

The Program applies to all members who provide services on behalf of LifePath Systems whether paid or unpaid, and includes but is not limited to:

1. **Workforce Members:** Individuals performing work on behalf of LifePath Systems and under the direct control of LifePath Systems, whether or not employed by LifePath Systems. Examples include: full time and part time workers, temporary workers, interns and volunteers.
2. **Extended Community Members:** Individuals who are on LifePath Systems premises or accessing information resources at LifePath Systems for a specific treatment, payment, or health care purpose allowed under the Health Insurance Portability and Accountability Act (HIPAA) such as a third party payer representative, contractor, certain funding source representatives or vendor representatives.
3. **Business Associates:** A person or company that performs certain functions or activities on behalf of, or for, LifePath Systems that involve the creation, use or disclosure of LifePath Systems protected health information (PHI).

### **Purpose**

The purposes of the Program are to:

1. Describe the policies and procedures of LifePath Systems with respect to certain legal and ethical conduct;
2. Establish a mechanism to detect, correct and prevent errors that may result in violations of the laws and regulations governing health care and violations of LifePath Systems policies and procedures;



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3. Encourage the LifePath Systems workforce to report any incident that they, in good faith, believe:
  - i) could lead to fraud, waste or abuse of federal or State health care programs,
  - ii) could lead to LifePath Systems being in violation of the conditions of participation for inclusion in health care programs funded by the federal or State government,
  - iii) could expose LifePath Systems (or its workforce) to penalties for violation(s) of any federal or State health care program requirements, or
  - iv) are violations of LifePath Systems policies or procedures.
4. Promote self-auditing of LifePath Systems policies and procedures;
5. Promote disclosure of violations of laws and regulations; and
6. Monitor and enforce the LifePath Systems Code of Conduct and Confidentiality Attestation.

### LifePath Systems Compliance Program Elements

The LifePath Systems Board of Trustees directed the development and implementation of the Program which includes (but is not limited to) the following elements, many of which are recommended by the U.S. Department of Health and Human Services, Office of Inspector General:

1. Compliance Program Guidance for Hospitals (63 Fed. Reg. 8987; February 23, 1998)
2. Compliance Program Guidance for Home Health Agencies (63 Fed Reg. 42410, August 7, 1998)
3. Supplemental Compliance Program Guidance for Hospitals (70 Fed. Reg. 4858; January 31, 2005)
4. Federal Deficit Reduction Act (DRA) of 2005
5. Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under Health Information Technology for Economic and Clinical Health Act (HITECH) (45 Fed Reg. 5556; January 25, 2013)
6. HIPAA Omnibus Final Rule (45 CFR Parts 160 and 164, January 25, 2013)
7. Texas Medicaid Fraud Prevention Act (TMFPA)
8. Family Educational Rights and Privacy Act (20 USC 1232(g))
9. Civil Monetary Penalties Law (42 USC 1320a-7a)
10. Texas Human Resources Code, Chapter 36
11. Texas Medical Privacy Act as amended by HB 300 and 22 TAC §165
12. Texas Health and Safety Code Chapters 181, 534 and 611

### Policies and Procedures

LifePath Systems maintains a policy and procedure eBook that includes all policies approved by the Board of Trustees and procedures approved by the Chief Executive Office (and when applicable, the Medical Director). These policies and procedures are organized into nine sections. The policies and procedures which encompass the Program include compliance concepts embedded in the first eight sections of the eBook. Section IX of the eBook is devoted exclusively to compliance and compliance related topics.

Some references to key compliance concepts in the policies and procedures include:



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1. Section IX, Compliance, LifePath Systems Policy and Procedure eBook
2. Compliance and Quality Assurance Committee, policy statement 1.02, Sec I, Board Operations
3. Code of Conduct, procedure statement 3.01.18, Sec III, Human Resources
4. Prohibition of False Claims, and Compliance with the Stark and Anti-Kickback Physician Referral Laws, policy statement 2.01, Sec II, Asset Management.
5. A program for investigating, resolving and refunding, in accordance with federal and State requirements, procedure statement 2.01.11, Sec II, Asset Management.
6. Education and Training Program development, implementation and tracking, policy statement 3.04, Sec III, Human Resources.
7. Ongoing audit and monitoring of activities, policy statement 1.02, Sec I, Board Operations

The policies and procedures outlining LifePath Systems Compliance Program are available online or by contacting the Director of Human Resources or the Director, Compliance, Planning and Quality Initiatives.

The workforce of LifePath Systems is not expected to have expert knowledge of all legal and regulatory requirements that may apply to their work. However, it is expected that they are sensitive to legal and ethical issues, have an ongoing awareness of key compliance issues, know how to access the LifePath Systems Policy and Procedure eBook and understand their responsibility to report fraud, waste or abuse to LifePath Systems management.

### **Chief Compliance Officer and Committees**

The Chief Compliance Officer for LifePath Systems is Rik Lindahl, Director, Compliance, Planning and Quality Initiatives. He is located at 1515 Heritage Dr., McKinney TX 75069. The main phone number is: 972-562-0190. The Chief Compliance Officer is responsible for the coordination of the LifePath Systems Compliance Program.

The Chief Compliance Officer has the responsibility to:

1. Guide the development of information privacy and security objectives and policies
2. Develop implementation plans and budgets to support objectives and policies
3. Support the implementation of information privacy and security objectives and policies
4. Determine the methodology and procedures for accomplishing the goals of the information privacy and security functions
5. Manage privacy and security incidents
6. Conduct on-going privacy and security monitoring processes
7. Research and understand privacy and security related regulatory requirements to include HIPAA, HITECH and State privacy regulations
8. Serve as chairman of the Executive Compliance and Quality Assurance Committee and provide the committee with information regarding privacy and security issues
9. Review applicable privacy and security policies and procedures on an annual basis



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The Chief Compliance Officer and the Chief Executive Officer coordinate the delivery of periodic reports to the Compliance and Quality Assurance Committee of the LifePath Systems Board of Trustees.

The Executive Compliance and Quality Assurance Committee has been designated to assist with the LifePath Systems compliance and quality assurance initiatives, the prevention and detection of possible fraud and abuse, and the implementation and ongoing management of the LifePath Systems Compliance Program. This Committee meets as needed, but no less frequent than quarterly. It is comprised of the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, Director, Compliance Planning and Quality Initiatives, Director, Human Resources, and operations directors, including the ECS Director, BH Director and IDD Director. The Committee plays an active role in recommending best practices, monitoring and developing internal systems and controls to ensure adherence to Center policies and procedures and memoranda, including acting as the oversight committee for privacy and security compliance with HIPAA and HITECH as well as Texas laws and regulations regarding health care compliance.

### **Education and Training**

New workforce members of LifePath Systems receive a copy of the LifePath Systems Compliance Program, the LifePath Systems Code of Conduct, guidance on the Prohibition of False Claims, and are asked annually (on or before August 31, of each year) to attest to receipt, understanding and agreement regarding LifePath Systems' Code of Conduct and rules on confidentiality. When applicable, they receive compliance training consistent with their job description and experience. They will receive additional training in the event substantive changes are made to any of the foregoing documents.

All LifePath Systems workforce members are required to attend fraud, waste and abuse compliance training upon joining LifePath Systems and annually thereafter. Additional information is provided on an ad hoc basis to achieve increased awareness concerning compliance issues. Training at LifePath Systems is provided in a variety of ways, including but not limited to New Employee Orientation (NEO), participation in the LifePath Experience program, written materials, e-learning modules, staff meetings, one on one training with supervisors and in some instances through formal education. Some members of the LifePath Systems workforce receive specialized training through alternative sources such as professional conferences and seminars.

LifePath Systems' HR Department maintains a training database documenting online training and continuing education credits associated with the workforce members' duties and responsibilities.

In accordance with Texas law and regulations, all workforce members are required to receive additional training related to State privacy laws and regulations annually. Failure to participate in compliance education and re-education will result in disciplinary action, up to and including termination. All compliance education and training records for active and terminated employees are maintained on file in the HR Department in accordance with LPS file retention policies and procedures.<sup>2</sup>



## Compliance Surveys

Semi-annually, the Compliance and Quality Assurance Department coordinates a center-wide Compliance Awareness Survey. The survey contains on average fifteen questions about various issues related to compliance. Surveys also encourage workforce members to provide feedback and recommendations. Our goal is to better understand the role compliance plays in the day to day delivery of our services and to identify where we need to enhance compliance awareness through improved communication and training. The confidential surveys also allow us to track and document overall workforce awareness.

## Responsibility to Report

LifePath Systems workforce members are required to report any information regarding a known or suspected violation of any applicable laws, regulations, ethical standards, Code of Conduct violations or LifePath Systems policies or procedures as soon as they become aware of such. If a member of the workforce has difficulty interpreting a policy or procedure, he or she should consult with his or her supervisor to determine whether consultation with the Director of Human Resources or the Chief Compliance Officer is appropriate. A member of the workforce may report any suspected violations to:

- Immediate Supervisor,
- Division Director,
- Director of Human Resources,
- Chief Compliance Officer,
- Chief Executive Officer, or
- The LifePath Systems Workforce Compliance Hotline

## Compliance Hotline

The Compliance Hotline is a key element of the LifePath Systems Compliance Program. Calls coming into the Compliance Hotline are held in strict confidence. The Hotline is a confidential resource that can be called anonymously to allow any member of the LifePath Systems workforce to voice concerns over any situation that may conflict with LifePath Systems' commitment to a culture of compliance and ensuring the reputation and integrity of LifePath Systems. Hotline calls are recorded in the same manner that voice mail messages are recorded. The phone resides with the Chief Compliance Officer, but is not answered live. The incoming phone number, even if displayed is not recorded in the Hotline Log, or in the Chief Compliance Officer's files or database which may be generated as an investigation proceeds.

**LIFEPATH SYSTEMS WORKFORCE  
COMPLIANCE HOTLINE:**

**972.330.4301**

All calls are confidential and reporting may  
be on an anonymous basis.  
Retaliation for reporting is prohibited.



## **Disciplinary Action**

Intentional actions by any member of the LifePath Systems workforce which result in violations of the federal or State regulations governing health care, cause LifePath Systems to submit a false claim for payment to any payer, or violate LifePath Systems policies or procedures will result in disciplinary action according to the appropriate policies, (e.g., LifePath Systems Policy and Procedure eBook, Board of Trustees Bylaws, etc.). Additionally, actions will be reported to the appropriate authorities as necessary.

## **No Retaliation**

No member of the LifePath Systems workforce who reports a compliance issue in good faith will be subject to disciplinary action or punished in any way for making a report. Any member of the LifePath Systems workforce who attempts to retaliate against another whom in good faith reported a compliance issue will be subject to disciplinary action, including possible termination. Failure to report a known compliance issue is a violation of policy and may subject a member of the LifePath Systems workforce to disciplinary action, including termination, when appropriate.

## **Monitoring and Auditing**

The Director, Compliance, Planning and Quality Initiatives is responsible to initiate and supervise internal audits (Administrative Performance Reviews, or APRs) and to supervise external regulatory and vendor audits intended to evaluate LifePath Systems performance and quality measurement. This includes monitoring processes and practices to identify possible areas of concern regarding compliance.

The LifePath Systems risk assessment is updated annually and based on the findings of the risk assessment a corrective action plan is prepared and monitored with findings reported to the Executive Compliance and Quality Assurance Committee.

An Administrative Performance Review schedule is provided annually to the Executive Compliance and Quality Assurance Committee. The schedule identifies areas in which the Compliance and Quality Assurance Department intends to conduct internal audits during the next twelve month period. Audits are performed in those areas within LifePath Systems that have been identified in the annual risk assessment and audit plan. Additionally, ongoing billing compliance monitoring and reviews will be made using available benchmarking data and directives and alerts, e.g., OIG Advisory Opinions, Fraud Alerts, Medicare Alerts, Texas Administrative Code and correspondence from Medicaid to ensure compliance.

Additional monitoring will be undertaken in areas as issues are identified as deemed appropriate by the Chief Executive Officer, Chief Operating Officer, Director, Compliance, Planning and Quality Initiatives or other members of the Executive Compliance and Quality Assurance Committee.



## **Investigations and Resolutions**

The Chief Compliance Officer reviews incident reports of possible compliance violations to determine the appropriate action to be recommended to the Executive Compliance and Quality Assurance Committee. The action taken is designed to ensure that the specific issue is addressed and, to the extent practicable, steps are taken to ensure similar problems do not occur in other departments or division or re-occur in the original department or division.

If a reported issue is received in a method other than personal communication directly with the Chief Compliance Officer or by anonymous call or fax, the person filing the concern shall be contacted within forty-eight (48) hours to let them know that the reported issue has been received. An internal investigation will be undertaken within ten (10) business days and shall be completed within ninety (90) days if at all possible. All investigations will be documented and findings reported as appropriate to the Chief Executive Officer and Executive Compliance and Quality Assurance Committee. Files will be retained by the Chief Compliance Officer, in a confidential manner for the duration indicated in the Center's file retention requirements. In the situation in which a member of the LifePath Systems workforce is making the report and has identified him/herself, they will be notified of the investigation's disposition as soon as practicable.

If an investigation reveals improper funds were received by LifePath Systems, the appropriate payer will be notified and reimbursement will be made in accordance with LifePath Systems billing and reimbursement, procedure statement 2.01.11, Sec II, Asset Management. Disclosure to federal or State regulatory officials or law enforcement will also be made if appropriate.

Throughout the course of investigations, the Chief Compliance Officer has authority with the Chief Executive Officer to engage the assistance of outside counsel when he or she deems necessary. Further, any report made to payer, government agencies or law enforcement is to be done by the Chief Executive Officer, Chief Compliance Officer or party authorized in writing by the Chief Executive Officer or Chief Compliance Officer to make the report. All documentation related to the investigation, including any corrective action plan (CAP), shall be maintained, in a confidential manner for the duration indicated in the Center's file retention requirements.

## **Miscellaneous**

If a member of the LifePath Systems workforce is contacted by a representative of a government agency, judicial or legislative authority, or a third party legitimately acting on behalf of the government conducting an investigation or performance assessment of LifePath Systems or other information regarding the activities of LifePath Systems, that member of the workforce should immediately consult with his or her supervisor for guidance to ensure full cooperation in a timely manner while ensuring the interests of LifePath Systems are protected. The supervisor should immediately contact the Chief Compliance Officer and the appropriate division director. It is imperative that we maintain the integrity of our compliance program by not allowing access to protected health information (PHI) without appropriate authorization or consent.



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All members of the LifePath Systems workforce have the duty and obligation to cooperate fully with the Executive Compliance and Quality Assurance Committee, the Chief Compliance Officer and his or her designee(s) in their investigations and in conducting Administrative Performance Reviews.

In reporting a potential non-compliance incident the member of LifePath Systems workforce may identify himself or herself or remain anonymous. Every attempt will be made to keep their identity confidential unless he or she gives permission or requests that his or her identify be revealed through the process of investigation. It is recognized that there may be situations where the direction of the investigation inevitably leads to identification of the reporter.

In the event of any conflict between the LifePath Systems Compliance Program and the LifePath Systems Policy and Procedure eBook, the policy and procedure language shall prevail. It is intended that the LifePath Systems policies and procedures are the final authority at all times.

**LifePath Systems is committed to compliance and acting in an ethical manner with integrity in all of its business dealings. LifePath Systems, and its workforce members, Extended Community members, Business Associates and Board of Trustees have a reputation in the community for being a quality organization; an organization that operates in an honest manner; an organization that conducts business ethically and has both respect and compassion for those we serve.**

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<sup>1</sup>HHS Regulations §160.103 as Amended January 2013

<sup>2</sup>Tex. Admin. Code §181.101 as Amended June 2013