Action Item A-6

Revision of Policy 47 – Corporate Compliance

Background:

CBH staff have reviewed the CBH Corporate Compliance (Policy #47) and are pleased to recommend revisions to the Board of Directors for review.

A primary theme of the recommended changes is the movement of several portions of the Policy to the level of procedure. These changes are made without compromising the intent or integrity of the Policy itself.

This policy and accompanying revisions have been reviewed and endorsed by the agency's lawyer, Pat McDermott.

Summary of Changes:

Current Confidentiality Policy	Proposed Changes to Policy
Not in current policy	Definitions added
His/her/their	Changed to "their"
Not in the policy	For position title added administrator until the transition is completed from coordinator to administrator. It will read "coordinator/administrator" or in some places "coordinators/administrators"

Motion from the CBH Executive Committee:

That the Board approve the revisions to the Corporate Compliance policy as presented.

COLONIAL BEHAVIORAL HEALTH

COUNSEL REVIEW OF BOARD POLICY

Name of Policy: Corporate Compliance Plan
Category: Administration and Operations
Policy No.: 47

Review Date: February 20, 2026

Name of Counsel: Patrick B. McDermott, Esq.

Comments of Counsel:

1. **Virginia Code Compliance: No violations**
2. **Federal Law Compliance: No violations**
3. **Grammer and Punctuation: Acceptable**
4. **Comments: This policy is 23 years old. It has been reviewed 10 times, and revised four times, most recently in 2022 during the challenges of the COVID era. At 26 pages, it appears to create a useful tool for corporate compliance.**

Patrick B. McDermott, Esq.

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Signature of Counsel

Policy and Procedures

Category: Administration and Operations

Title: Corporate Compliance Plan

Policy Number: 47

Primary Areas Affected: CBH Organization

Policy and Procedures

Category: Administration and Operations

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Policy Number: 47

Primary Areas Affected: CBH Organization

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Policy Statement

CBH will maintain a CCP that is reasonably effective in ensuring that quality services are rendered in accordance with applicable reimbursement, payment, funding, documentation, recordkeeping, privacy, security, and individual rights standards, requirements, regulations, and laws.

CBH will conduct its service design and delivery such that quality of care and compliance with applicable reimbursement, payment and funding, documentation, recordkeeping, privacy, security, and individual rights standards, requirements, regulations, and laws is a fundamental goal.

Consistent with the CCP, the Information Governance Committee will review, evaluate, and make recommendations on the professional services furnished by CBH, the efficiency of CBH services, the adequacy or quality of CBH services, the competency, and qualifications of CBH staff, and the appropriateness of CBH charges.

CBH will integrate the standards and procedures contained in its CCP into its Human Resource system to include staff training on compliance-related topics and inclusion of adherence to compliance standards and procedures in the staff disciplinary and periodic performance evaluation process.

CBH will name a CCO that is empowered to report directly to the Executive Director any evidence of failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, individual rights standards, requirements, regulations, and laws including quality of service with the CCP.

CBH will maintain a system by which employees may officially report any evidence of failure to comply with applicable laws or regulations or with the CCP without retribution.

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Source of Authorization

Board of Directors

Legal/Regulatory References

12VAC35-405-90 – DBHDS Compliance

42 U.S.C. 1395cc(j)(8) – Federal Law; participation in federal healthcare programs

42 CFR 438.608(a) – Medicaid (CMS) Regulatory Implementation

Definitions

Corporate Compliance Program - A structured system of policies, procedures, training, and oversight mechanisms designed to ensure adherence to applicable laws, regulations, and ethical standards.

Fraud - An intentional deception or misrepresentation made with knowledge that it could result in unauthorized benefit or payment.

Waste - Overutilization or misuse of services or resources resulting in unnecessary costs.

Abuse - Practices inconsistent with accepted medical, fiscal, or professional standards that result in unnecessary costs to healthcare programs.

Compliance Officer - The individual responsible for overseeing implementation and operation of the Corporate Compliance Program.

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Statement of Origin & Authority

These operating policies and procedures are established by management of Colonial Behavioral Health to comply with administrative policies established by its Board of Directors and with applicable statutory, administrative, and legal requirements. They are effective from the date of issue until rescinded or superseded and are to be followed by all employees of Colonial Behavioral Health. The Executive Director will provide final authority as to interpretation of these policies and procedures and may elect to suspend or waive them. All employees are responsible to obtain any clarification needed from their supervisor to implement these procedures.

Introduction

A fundamental goal of Colonial Behavioral Health (CBH) is to provide Mental Health, Developmental Disability, and Substance Use Disorder services in accordance with applicable standards, requirements, regulations, and laws. CBH will address this goal through a comprehensive Corporate Compliance Plan (CCP) that establishes, communicates, and enforces CBH policy that revenue maximization, while important, is secondary to legal and regulatory compliance. The CCP will name responsible individuals, compliance goals, and objectives, and methods of achieving, maintaining, and evaluating compliance.

The CCP will further this goal through:

1. A statement of operating policies.
2. Operating procedures for compliance oversight and establishment of a Corporate Compliance Officer (CCO) and the Information Governance Committee which is the Corporate Compliance Committee (CCC).
3. Operating standards and procedures to be followed by employees and other agents that will reasonably reduce the possibility of accidental or deliberate misconduct.

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4. Operating procedures that establish an effective program of auditing and monitoring adherence to compliance procedures.
5. Operating procedures that include identifying and reporting systems concerns, whereby employees and other agents may report suspected illegal conduct by others within CBH without retribution.
6. Remediation and disciplinary standards that are consistently enforced with respect to adherence to compliance procedures and standards.
7. Operating procedures that will reasonably prevent future recurrences if an offense has been discovered.
8. Operating procedures that establish an effective program to communicate and train employees and other agents in established compliance procedures and standards.

Corporate Compliance Officer

The Executive Director will appoint a CCO to provide leadership and oversight of the CCP. Currently, the individual in the position of Quality and Compliance Officer will serve on the Information Governance Committee. The CCO's duties shall include, but not be limited to:

1. Serve on the Information Governance Committee
2. Facilitate maintenance and ongoing monitoring of the CCP
3. Serve as CBH Privacy Officer with regard to privacy and security of protected health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
4. Serve as CBH internal and external point of contact for overall corporate compliance issues.
5. Provide communication to executive management concerning all areas of the CCP.
6. Monitor mechanisms for preventing, detecting, reporting, and resolving compliance.
7. Monitor CBH reporting mechanisms for evidence of active participation of all employees and provide confidentiality in the reporting process.
8. Monitor handling of all suspected violations and/or violations in accordance with documented policy; coordinate responses in a manner that ensures the integrity of CBH compliance with applicable guidelines and laws.

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9. Submit a compliance report to the Executive Director quarterly and as needed and Board of Directors annually.
10. Have direct and unimpeded access to the Executive Director and Board Chairperson for matters pertaining to corporate compliance.
11. Require a written corrective action plan from supervisors of programs or functions that fail to comply with this CCP to be forwarded to the appropriate Program Director and the Executive Director.
12. Recommend to the Executive Director, Program Director, Program Coordinator/Administrator and/or Program Manager remediation and disciplinary procedures for staff who fail to comply with this CCP and their supervisors, if appropriate.

Corporate Compliance Committee

To assist with ongoing compliance, the Executive Director will appoint a CCC made up of employees with significant compliance oversight responsibilities. The duties of the committee will include, but not be limited to:

1. Ongoing identification and assessment of compliance systems and issues.
2. Plan and provide guidelines for development of service specific compliance procedures through the development, revision, and ongoing monitoring of an organizational CCP.
3. Plan and provide support for educational training and programming as per CCP section, Prevention and Training Procedures.
4. Disseminate compliance information.

Currently, the members of the Information Governance Committee will also serve as the CCC.

Maintenance of Current Standards & Regulations

The CBH Intranet will contain a page with links to websites containing relevant laws, regulations, and requirements, including the Department of Behavioral Health and Developmental Services, Virginia Department

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of Medical Assistance, the federal Health and Human Services Office of the Inspector General, the Centers for Medicare and Medicaid Services, and others as needed.

The CCO is responsible to provide the website information via established procedures for intranet posting.

All staff that develop and maintain internal policies and procedures are responsible to do so in accordance with applicable laws, regulations, and requirements whether or not they are included on the intranet or available on the internet.

Requests for additions to the intranet list of web links must be made to and approved by a member of the Executive Leadership Team, CCC and/or CCO.

As notice of changes in laws, regulations, and requirements are received, the CCO will notify and disseminate to staff as appropriate.

Organization of Service Delivery

Program directors are responsible to ensure that Program Plans and Operating Procedures reflect:

1. Quality services.
2. Applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.
3. Accurate description of available services.
4. Required levels of staffing and credentials.
5. The responsibilities of staff in service delivery, to include providing quality services, complete documentation and compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.
6. Approved processes for changes and updates to program services.

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Positions in management, such as coordinators/administrators and managers, are responsible to ensure that all staff reporting to them receive orientation training on and are knowledgeable about and comply with applicable Program Plans, agency policies and procedures, and operating procedures in this CCP.

Management positions are responsible to complete an annual review and as necessary update the Program Plans and Operating Procedures for programs under their supervision, to obtain the Executive Director signature of the update and to alert CBH staff to relevant changes in these documents.

Program Staffing

CBH will follow laws and regulations that limit hiring of persons excluded from federal reimbursement programs. Applications for employment will require disclosure in this regard for all applicants.

The Human Resources Director is responsible to ensure that all candidates for employment are screened against the database of excluded persons by staff in the Human Resources Department. Exclusion from participation in federal programs may be grounds to preclude hiring an otherwise qualified candidate.

Should CBH hire an excluded person, the Human Resources Department will make full disclosure to the employee's supervisor and in the employee's personnel file of the exclusion and any limitations imposed on work assignment. The supervisor is responsible to ensure that the employee's work assignment is in compliance with applicable regulations and the employee is not given authority or discretion to engage in any proscribed activity.

Human Resources staff is responsible to screen every staff person against the database of excluded persons on an annual basis and to notify the Human Resources Director of any current employees named in the database.

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Upon discovery that an employee is excluded from federal programs by an annual review of the database, the Human Resources Director will review the employee's employment circumstances with the appropriate program coordinator/administrator, program manager and Program Director. Recommendation for resolution will be made to the Executive Director, and may include transfer, demotion, or dismissal of the employee.

Program Coordinators/ Administrator /Program Managers are responsible to ensure that staffing patterns (both numbers and credentials) in programs they supervise meet applicable standards, requirements, regulations, and laws and will conduct staffing reviews.

Program Coordinators/Administrator/Program Managers are responsible to maintain staff in sufficient numbers and with adequate credentials to meet applicable standards, requirements, regulations, and laws.

All candidates for employment in positions requiring academic degrees or professional licenses, certifications, or other credentials will provide original source verification of such qualifications at the time of hiring and at any renewal date to the Human Resources Director. Program Coordinators/Administrator are responsible to ensure that staff in programs under their supervision complies with all requests for information credentialing information.

Program Coordinators/Administrator/Program Managers are responsible to inform all licensed and/or certified professionals in programs they supervise of the requirement to notify immediately their supervisor of any sanction by any licensure or certification body or by any payment/funding organization. The supervisor is responsible to report any such sanction to the appropriate Program Coordinator/Administrator and/or Director in writing.

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Program Coordinators/Administrator/Administrator/Program Managers are responsible to inform all licensed and/or certified professionals in programs they supervise of the requirement to notify immediately their supervisor of the attainment of any professional degree, license, or certification.

Program Coordinators/Administrators/Program Managers and Human Resources/Administrative staff will work cooperatively to implement flexible, effective recruitment techniques to maintain program staff of adequate numbers and credentials.

Program Coordinators/Administrators/Program Managers are responsible to ensure that staff is adequately cross trained in multiple services and/or disabilities.

Supervision of Direct Care Staff

Program Coordinators/Administrators/Program Managers are responsible to provide staff supervision to ensure compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP as follows:

Provide clinical supervision of staff delivering direct service to ensure quality services.

Provide formal staff evaluation as required by CBH personnel policy.

Ensure staff compliance with documentation, recordkeeping, and human rights requirements.

Provide feedback and reinforcement and initiate disciplinary interventions, as appropriate, based on staff performance and compliance.

Maintain current knowledge of service and program requirements and disseminate at regularly scheduled staff meetings.

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Submit program staffing assignments to the appropriate Program Director for approval.

Supervision of Administrative Staff

Program Coordinators/Administrators/Program Managers are responsible to provide staff supervision to ensure compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP as follows:

1. Provide technical training and supervision to appropriate staff.
2. Provide formal staff evaluation as required by CBH personnel policy.
3. Ensure staff compliance with documentation.
4. Ensure Individual rights requirements.
5. Provide feedback and reinforcement and initiate disciplinary interventions, as appropriate, based on staff performance and compliance.
6. Maintain current knowledge of service and program requirements and disseminate at regularly scheduled staff meetings.
7. Submit program staffing assignments to the appropriate Program Director for approval.

Design of Service Documentation

The Quality and Compliance Department is responsible to oversee development of individual service documentation formats, policies, and procedures that comply with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Quality and Compliance Officer or designee is responsible to develop individual service documentation formats, policies, and procedures and present to appropriate standing committees, including the CCC, for input

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on compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Quality and Compliance Officer or designee is responsible to review individual service documentation formats, policies, and procedures for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, review to determine quality services and individual rights standards, requirements, regulations, and laws and with the CCP. Reviews may include health records department review, Program Coordinator/Administrator review, and Peer Review.

The Quality and Compliance Officer or designee is responsible to ensure that all individual service documentation formats, policies, and procedures allow and support demonstration of medical or clinical necessity.

All individual service documentation formats, policies and procedures will be uniform within and between similar programs and will be clear, concise and contain only pertinent information.

Maintenance of Service Documentation

Program Coordinators/Administrators/Program Managers are responsible to ensure that clinical providers under their supervision are trained to document individual assessment and services in compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, providing quality services and individual rights standards, requirements, regulations, and laws and with the CCP.

Program Coordinators/Administrators/Managers and the Quality and Compliance Officer or designee will work cooperatively to provide orientation and clinical staff training in individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

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The Quality and Compliance Officer and Program Coordinators/Administrator/Program Managers is responsible to develop or oversee reporting processes to document performance, corrective actions, and trends with regard to individual service documentation. Reports, such as health records review reports, will be issued to clinical providers, Information Governance (CCC), and the Leadership as appropriate.

Program Coordinators/Administrator/Program Managers are responsible to ensure that any report detailing failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of care and individual rights standards, requirements, regulations, and laws and with the CCP is given immediate follow-up and preparation and implementation of a corrective action plan given high priority.

The Quality and Compliance Officer or designee will be responsible for distribution, retention, storage, retrieval, and destruction of documents in compliance with applicable standards, requirements, regulations, and laws and with the CCP.

Review of Service Documentation

The Quality and Compliance Department is responsible for the implementation and/or provide oversight review of individual service documentation for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, to include quality services documentation and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

The Quality and Compliance Officer or designee will provide results of the reviews of individual service documentation to the CCC and to Leadership on a regular basis.

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The Quality and Compliance Officer or designee will review a representative sample of billed services against individual service documentation for compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of care and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements.

The Quality and Compliance Officer or designee will train Program Coordinators/Administrators/Program Managers and staff in individual service documentation requirements and assist in establishing management review of documentation quality. Program Coordinators/Administrators /Program Managers are responsible to perform a management review of documentation, as appropriate, to evaluate the performance of clinical staff in their service program.

The Quality and Compliance Officer or designee will provide or arrange staff training in documentation procedures that address deficit trends identified in individual service documentation reviews.

Design of Reimbursement Systems

The Director of Finance or designee is responsible to oversee set-up of data collection and entry process to collect the following information: date of service, service code, service provider & supervisor, service location, service start-stop times/units, provider credentials, number of persons served, individual diagnosis, and individual pay sources.

Service information is collected via service reporting documents or EHR completed by the provider: service code, service provider/supervisor, service location, service start-stop times/units, status of documentation, and individuals served.

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The Reimbursement Coordinator/Administrator, or designee, is responsible to configure automated billing logic to convert the above information into appropriate billing codes and units in compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP. In some cases, units are calculated by provider e.g., day support and residential.

The Reimbursement Coordinator/Administrator, or designee, is responsible to ensure that all billing and reimbursement activities of CBH meet applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

Review of Billing Submission

The Reimbursement Coordinator/Administrator, or designee, is responsible to forward preliminary billing reports to Program Coordinators/Administrators/Program Managers for review against appropriate program service and attendance records. Program Coordinators/Administrators/Program Managers are responsible to make corrections and return to reimbursement within five (5) workdays.

The Reimbursement Coordinator/Administrator, or designee, will send additional billing reports, as necessary, to appropriate staff for the purpose of review in regard to compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws and with the CCP.

The Reimbursement Coordinator/Administrator is responsible to notify the Program Coordinator/Administrator/Program Manager, CCO of any instances of failure to comply with applicable

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reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws.

The Reimbursement Coordinator/Administrator and/or CCO will report any instances of failure to comply with applicable reimbursement, payment, funding, documentation, recordkeeping, and individual rights standards, requirements, regulations, and laws to the Information Governance Committee (CCC) and the Director Finance.

The Reimbursement Coordinator/Administrator and/or CCO is authorized and responsible to make any needed billing suspension or correction and to consult with the Director of Finance regarding any future procedure changes.

The CCO will recommend remediation or disciplinary procedures as appropriate.

Compliance Monitoring & Reporting

The CCO will submit a Corporate Compliance report to the Executive Director and Board that includes a summary of all reports of compliance violations for the preceding twelve months.

Reporting of Suspected Compliance Violations

CBH will provide means for employees to report without retribution suspected compliance violations to the CCO or to the Board of Directors. Methods include:

1. Hard copy via internal or external postal delivery

Employees may make allegations without retribution. CBH will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against an employee or individual who exercises his, her or their right to file an allegation or complaint or who opposes any unlawful act or practice, provided the individual acted in

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good faith, believing the matter was a violation. Disciplinary action or sanctions will not apply to employees who are whistleblowers or crime victims who, acting in good faith, report allegations of violations to state or federal oversight agencies, an appropriate accrediting organization, or an attorney retained by the employee in accordance with state and federal law.

Allegations which are found to have been deliberately fraudulent, wasteful, abuse, false, or misleading are unethical.

Reports of suspected violations should contain sufficient specific information to allow proper investigation. The information needed is indicated on the CCP allegation template which is available online and in hard copy. This information will normally include the following items:

1. The identity of the person committing the suspected violation.
2. The details, including approximate dates, of the suspected violation.
3. The details of what rule, standard, regulation, or law is suspected to have been violated.

In order that any investigation of a suspected compliance violation is completely objective, CBH may use an independent external investigator to perform certain investigative functions. Upon receipt of an allegation and an assessment of the information, the CCO

will conduct an investigation or may engage the external investigator. For purposes of communicating with the reporting employee, the external investigator may know the employee's identity. However, it will be stipulated that the external investigator not reveal the identity of any employee reporting a suspected compliance violation to any member of CBH staff, except as required by law.

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Any report of a suspected violation by the CCO will be reported by the employee to the Executive Director via methods above. The CCO will interact with the board chairperson in place of the Executive Director for any allegation of violation by the Executive Director.

Individuals served reports of suspected violations are reported according to CBH Policy 3 – Human Rights. Individuals served may also make complaints to the U.S. Department of Health and Human Services.

Suspected Violation Investigation Procedures

The CCO will coordinate investigations of all reports of suspected violations that meet reporting criteria.

Employees are directed to contact the CCO directly with any report of a suspected compliance violation. Upon receiving information of a suspected violation, the CCO will inform the Executive Director of the allegation and determine whether to refer the suspected violation to an external investigator.

All information concerning the suspected violation will be held in strict confidence, not be shared with any employee outside the official investigatory process and will be considered privileged for legal purposes.

The CCO or external investigator, where appropriate, will conduct and document an initial investigation through an interview process with employees who are assigned to duties and areas related to the suspected violation.

The CCO or external investigator, where appropriate, will determine from the initial investigation whether the situation would benefit from CBH legal counsel involvement in the investigation process, and recommend such action to the Executive Director, should it be appropriate.

The Executive Director will determine whether any conflict of interest exists given the nature of the suspected violation and to what degree to involve the CCO and the CCC in the investigation.

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The external investigator will report to the CCO and the Executive Director findings that will include a summary of all allegations, results of the investigation, and recommendations for corrective actions.

The CCO, Executive Director, and the program supervisor of the employee or employees involved in the incident will review the recommendations and develop a corrective plan of action.

Should the investigation indicate a serious violation of policy, the Executive Director will consult with CBH legal counsel with regard to the need to self-report the violation to the appropriate government regulatory agency. As stipulated in CBH Policy 3 – Human Rights, with regard to individual allegations, an investigation report will be forwarded to the Office of Human Rights.

The CCO will monitor and evaluate the corrective plan interventions through contact with the supervisor in charge and will reevaluate the actions/corrections. The CCO will provide updates of the situation to the Executive Director and with their permission, the CCC, until the situation has been resolved.

The incident, investigation, and outcome will be included in the corporate compliance report to the Executive Director and Board of Directors.

When necessary, the CCC, under the direction of the CCO, will recommend to Leadership revision and development of policy, procedures, and training in the area of corporate compliance based on suspected or actual compliance violations, with the aim of preventing recurrences.

The external investigator will report to the CCO for any administrative purposes, such as access to records and submission of time sheets.

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Remediation and Disciplinary Procedures

Remediation procedures are not disciplinary and are intended to correct mistakes, and enhance compliance with applicable reimbursement, payment, funding, documentation, recordkeeping, quality of services and individual rights standards, requirements, regulations, and laws and with the CCP and individual service documentation maintenance policies, procedures, and formats, including specific program requirements. In most cases, remediation procedures are designed to improve performance of employees. Upon investigating what appears to be behavior requiring remediation procedures, the CCO, Quality and Compliance Department and the Information Governance Committee will clarify policies, and will review, and revise, if necessary, administrative procedures to prevent future incidents.

The affected employee's supervisor will be notified by the CCO if remediation action is deemed necessary and informed of the concerns regarding performance. The supervisor will then review the concerns with the employee and implement the remediation.

Examples of behaviors that require remediation action include, but are not limited to, failure of an employee to carry out required compliance procedures and policies, improper implementation of specific corporate compliance policies and procedures, failure to supervise properly subordinate staff in compliance matters, or failure to follow other established procedures or supervisory instruction resulting in an actual or potential compliance violation.

Examples of remediation procedures include, but are not limited to, requirements to successfully complete a remediation education program in the problem area, scrutiny of future billings (third party review, sample quality review prior to distribution of bills to third party), or reassignment or change in duty until the violation is corrected.

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In cases of intentional misconduct, repeated violations, or after documented remediation procedures have failed to correct the problem, the supervisor will initiate disciplinary actions to address compliance violations. In such cases where a supervisor fails properly to initiate disciplinary actions, the CCO is empowered to recommend to the Executive Director disciplinary action against the violator and their supervisor, in accordance with CBH personnel policies.

Disciplinary action will be in accordance with this CCP and applicable personnel policies.

Failure to report known violations or failure to detect violations as a result of negligent or reckless conduct could be grounds for disciplinary action.

Prevention and Training Procedures

Education and training will serve as the core of CBH prevention efforts to ensure minimal violations of law, ethics, and code(s) of conduct. The Human Resources Director and when appropriate the Quality and Compliance Department and/or Program Coordinator/Administrator/Manager is responsible to coordinate compliance training. Prevention and Training efforts may include:

1. New employee orientation training on the CCP, corporate compliance, fraud, waste, abuse, ethics and reporting suspected violations.
2. Compliance training related to the employee's specific position.
3. Annual training on corporate compliance, fraud, waste, abuse, and ethics.
4. Documentation of competency in required areas through performance appraisals and/or competency-based exams.
5. Training to address specific violations with the goal of preventing recurrence.
6. A compliance section on CBH intranet.

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7. Information posted on these boards is updated regularly and will include clear instructions on reporting of suspected violations. The CCO is responsible to provide content via established procedures for intranet posting.
8. The Human Resources Director will schedule refreshment training for all employees as he/she/they deem(s) appropriate.

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Diary of Changes

Date of Origin

04/13/2003

Dates of Review

03/09/2026 09/12/2022 08/26/2022 12/15/2021

10/14/2020 – COVID 19 Protocol 10/30/2019 10/31/2018 12/04/2015

03/05/2013 10/01/2010 09/30/2008 09/19/2007

Dates of Revision

03/09/2026 09/12/2022 08/26/2022 10/31/2018 03/05/2013

10/01/2010

Approved By

_____ 04/07/2026

Signature Effective Date

Ryan Ashe _____ CBH Board Chair

Printed Name Title