

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

APPLICABLE LAWS, REGULATIONS AND/OR STANDARDS:

Federal Laws:

- [42 C.F.R. §438.608 – Program integrity requirements](#)
- [42 C.F.R. § 438.610 – Prohibited affiliations with individuals debarred from Federal agencies](#)
- [42 C.F.R. § 455.2 – Definitions](#)
- [42 C.F.R. § 455 – Subpart A – Medicaid Agency Fraud Detection and Investigation Program](#)
- [42 C.F.R. § 1001.1901 – Scope and effect of exclusion](#)
- [P.L. 109-171 § 6032 \(Chapter 3\) – Eliminating Fraud, Waste and Abuse in Medicaid](#)
- [31 U.S.C. §§ 3729-3733 – False Claims](#)

State Laws:

- [A.R.S. § 13-1802 - Theft](#)
- [A.R.S. § 13-2002 – Forgery](#)
- [A.R.S. § 13-2310 – Fraudulent schemes and artifices](#)
- [A.R.S. § 13-2311 – Fraudulent schemes and practices; willful concealment](#)
- [A.R.S. § 36-2918 – Prohibited acts](#)
- [A.R.S. § 36-2918.01 – Duty to report fraud or abuse; immunity](#)

Regulations:

- [A.A.C. R9-10-~~909~~101. Patient Rights Definitions](#)
- [A.A.C. R9-10-1001. Definitions](#)
- [A.A.C. R9-10-1003. Administration](#)
- [A.A.C. R9-10-1008. Patient Rights](#)
- [A.A.C. R21-6-203. Conflicts of Interest](#)
- [A.A.C. R21-6-218. Routine Monitoring and Verification of Ongoing Compliance](#)
- [A.A.C. R21-6-219. Corrective Action Plan](#)
- [A.A.C. R9-21-201-211. Rights of Persons with Serious Mental Illness](#)
- [A.A.C. R9-34-201-225. Appeal, Grievance, and Hearing for an Enrolled Person](#)

Formatted: No underline, Font color: Auto

COA Standards:

- [ETH 1 – Open, Transparent Operations](#)
- [ETH 2 – Conflict of Interest](#)
- [ETH 4 – Protection of Reporters of Suspected Misconduct](#)
- [ETH 5 – Professional Conduct](#)
- [RPM 1 – Legal and Regulatory Compliance](#)

POLICY:

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

~~It is the policy of AzCA~~ Arizona's Children Association (AzCA) ~~must to~~ establish through its Corporate Compliance Plan a process committed to maintaining the highest level of ethical practice and the prevention, detection, and control of fraud, waste and abuse in order to ensure compliance with Federal and State laws, regulations, accreditation standards, and contractual requirements. This process is implemented throughout the agency and at all levels of operations. The components of ~~Arizona's Children Association's~~ AzCA's Corporate Compliance Plan include:

1. Establishment of standards, policies and procedures, and code of conduct that articulate ~~Arizona's Children Association's~~ AzCA's commitment to comply with all applicable federal and state standards;
2. Assignment to direct and oversee the Corporate Compliance Program by the Chief Compliance Officer and Compliance Committee that report and are accountable to the CEO and President and Board of Directors;
3. Development and delivery of effective training and education programs for all employees, volunteers and members of the Board of Directors;
4. Utilization of an effective system for routine monitoring, auditing, and identification of potential fraud, waste and abuse;
5. Facilitation of effective lines of communication for reporting violations without fear of retaliation or retribution;
6. Enforcement of disciplinary standards through well-publicized guidelines; and
7. Implementation of a system that provides appropriate and prompt responses to compliance issues.

PROCEDURES:

1.0 DEFINITIONS

- 1.1 Abuse (by provider – behavioral health) means provider practices that are inconsistent with sound fiscal business, or medical practices, and result in an unnecessary cost to the AHCCCS program, the State of Arizona or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes behavioral health recipient practices that result in unnecessary costs to the AHCCCS program and/or the State of Arizona, grantors, or the Organization as whole. (*42 CFR § 455.2*)
- 1.2 Abuse (by provider – child welfare) means provider practices that are inconsistent with sound fiscal business, or child welfare practices, and result in an unnecessary cost to the State of Arizona, grantors, or the Organization, or in reimbursement for

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

services that are not necessary or that fail to meet professionally recognized standards for child welfare. It also includes child welfare recipient practices that result in unnecessary costs to the State of Arizona, grantors, or the Organization as whole.

1.3 Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable federal or State law (42 CFR § 455.2).

Elements of Fraud:

- a. The act (evidence of wrongdoing)
- b. Knowledge and intent (willfully intended to commit act – generally evidenced by a pattern of wrongdoing).
- c. Benefit – (some type of measurable benefit obtained from the act by the person committing the act).

1.4 Suspected fraud, waste or abuse means evidence or information that would lead a reasonable person to believe that fraud, waste or abuse is occurring or has occurred. This would normally involve evidence of a material or unnecessary expense, a pattern of occurrence and something to show intent to defraud or unsound business practices (A.R.S. § 36-2918.01).

1.5 Knowingly means having actual knowledge that the information on the claim, invoice, vendor payment or reimbursement claim is false; acting in deliberate ignorance of whether the claim, invoice, vendor payment or reimbursement claim is true or false; or acting in reckless disregard of whether the claim, invoice, vendor payment or reimbursement claim is true or false.

1.6 Waste means the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the affected governmental or private funding program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources (CMS source).

2.0 ESTABLISHMENT OF STANDARDS AND POLICIES AND PROCEDURES

2.1 Standards of Conduct for AzCA employees, volunteers and interns are outlined in the *Organizational Code of Ethics (RI-115LD 113)*. In addition, AzCA has adopted the National Association of Social Workers (NASW) Code of Ethics, which governs the

Formatted: Hyperlink, Font: Italic

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

conduct of employees, volunteers and interns in the areas of client rights and responsibilities, business and professional conduct ([*NASW Code of Ethics \(RI-A\)*](#)).

Formatted: Hyperlink, Font: Italic

2.2 AzCA maintains and enforces policies and procedures in the following areas impacting prevention, detection and reporting of fraud, waste and abuse:

1. Client rights,
2. Grievances and requests for investigation,
3. Release of clinical records in cases of alleged abuse, neglect, or exploitation of a member,
4. Report of child abuse and neglect,
5. Report of adult abuse and neglect,
6. Internal critical incident reporting,
7. External critical incident reporting,
8. Performance and Quality Improvement (PQI) activities,
9. Senior Leadership Team (SLT),
10. [*Administrative Leadership Team \(ALT\)*](#)
101. Executive Leadership Team (ELT),
142. Utilization Management,
123. Case file reviews,
134. Site reviews,
145. Credentialing, re-credentialing and privileging,
156. Employee qualifications,
167. Employee and subcontractor hiring practices,
178. Employee training, and
189. Employee disciplinary practice.

3.0 OVERSIGHT RESPONSIBILITY

3.1 The Compliance Committee, composed of the President and Chief Executive Officer, Chief Financial Officer, the [*Executive*](#) Vice President of Behavioral Health, the [*Executive*](#) Vice President of Child Welfare, the Chief Compliance Officer and Director of Quality, the Chief Information Officer, and the Chief Human Resources Officer, has ultimate responsibility for AzCA's Corporate Compliance Plan. The Committee meets at least quarterly or more frequently as warranted. The committee is responsible for:

1. Analyzing AzCA's regulatory environment, the legal requirements with which it must operate and specific risk areas, assessing existing policies and

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

procedures to assure conformity and annually reviewing and approving the Corporate Compliance Plan.

2. Determining the appropriate strategy/approach to promote compliance with the program and detection of any potential violations.
3. Developing and monitoring a system to solicit, evaluate and respond to complaints and problems.
4. Monitoring internal and external audits and investigations for the purpose of identifying troublesome issues and deficient areas experienced and implementing corrective and preventive action.
5. Approving the fraud, waste, and abuse compliance training and education plan.
6. Reporting at least annually to the Board of Directors on compliance activities and plans.
7. Reporting matters related to accounting controls and fiscal management quarterly to the Audit Committee of the Board of Directors.

3.2 The Chief Compliance Officer and Director of Quality has the following responsibilities associated with AzCA's Corporate Compliance Plan:

1. Overseeing, monitoring, and serving as the focal point for AzCA's Corporate Compliance Plan and Program.
2. Reporting on a regular basis to the Executive Leadership Committee (ELT) and the Compliance Committee on the progress towards implementing the Corporate Compliance Plan and its activities. This also includes making recommendations on performance and quality improvement activities to improve compliance efforts.
3. Participating with the applicable **Executive** Vice President of Behavioral Health or Child Welfare in detailed involvement in the operational and compliance activities of their programs.
4. Working with the Chief Human Resources Officer to assure the development and coordination of an educational and training program that focuses on the elements of the compliance program and ensuring that all appropriate employees are knowledgeable regarding compliance with pertinent federal and state standards and reporting procedures.
5. Maintaining a log of all reports of fraud, waste, abuse, or impropriety and the disposition of the investigation and its results. At minimum, the log shall include:
 - a. Name and address of target;
 - b. Date complaint received;

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

- c. Name and contact information of complainant (if provided);
 - d. Nature of complaint;
 - e. Potential loss amount and nature of funds involved i.e. Title XIX, XXI, or non-Title XIX, XXI (if applicable).
 - f. A unique identifying number;
 - g. Current status; and
 - h. Final disposition.
6. Reporting directly to the President/Chief Executive Officer (CEO) and the applicable Executive Vice President of Behavioral Health or Child Welfare, all fraud, waste and abuse cases at the time of incident.
 7. Has the authority to refer potential client fraud and abuse cases to state and federal contractors or regulators.
 8. Has direct access to the President & CEO, Audit Committee of the Board of Directors and legal counsel.
 9. Ensuring internal reporting policies and procedures exist that are well defined and made known to all employees, which encourages employees to report suspected fraud and other improprieties and that assures reporting can be done without fear of retaliation or retribution.
 10. Has the authority to investigate and act on matters relating to compliance, and has access to review all documents that are relevant to a potential fraud or abuse incident.

4.0 TRAINING AND EDUCATION

- 4.1 All AzCA employees, volunteers, interns and members of the Board of Directors receive training on the AzCA's Corporate Compliance Program and the Code of Ethics within 90 days of hire/appointment.
- 4.2 AzCA mandatory new employee orientation process includes a segment on the Code of Ethics, including each employee's responsibility to understand, detect and report potential fraud, waste, and abuse occurrences. Orientation stresses that compliance with these ethical requirements is a condition of employment and that failure to comply may result in disciplinary action. The orientation publicizes the process for reporting potential fraud, waste and abuse and emphasizes that employees may report potential misconduct confidentially and without fear of retaliation or retribution. It also addresses the False Claims Act and Whistleblower provisions.

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

4.3 All persons in supervisory positions are responsible for ensuring that each of their supervisees ~~attends and~~ successfully completes the mandatory training on the Corporate Compliance Program and the Code of Ethics.

4.4 Renewal on fraud, waste and abuse reporting, the False Claims Act, Whistleblowing provisions, and the Deficit Reduction Act shall be required annually of all staff and members of the Board of Directors and tracked.

4.5 The Chief Human Resources Officer shall ensure that all attendance, topic, certificates of completion and/or test scores are maintained for 10 years.

Ongoing education and training about ethical practice, fraud, waste and abuse prevention and reporting shall be identified in the employee-training calendar and provided to staff via other means such as global e-mail notifications ~~and staff newsletters~~.

4.7 Employee education shall include the following information regarding the Federal False Claims Act (31 U.S.C. §§ 3729-3733)

1. Liability

- a. In general, the False Claims Act covers fraud involving any federally funded contract or program, with the exception of tax fraud. Under the False Claims Act, liability may be imposed on any person or entity who:
 - i. Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid or other federally funded health care program; Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid or other federally funded health care program; Conspires to defraud Medicare, Medicaid or other federally funded health care program by attempting to have a false or fraudulent claim paid; or
 - ii. Knowingly using (or causing to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government.

2. Civil Monetary Penalties

- a. A person or entity liable under the False Claims Act is, generally, subject to civil monetary penalties of between \$5,500 and \$11,000 per claim plus three times the amount of damages that the government

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

sustained because of the illegal act. In health care cases, the amount of damages sustained is the amount paid for each claim that is filed that is determined to be false.

3. Qui Tam Action
 - a. Anyone may bring a qui tam action under the False Claims Act in the name of the United States.
 - b. A qui tam action is initiated by filing the complaint and all available material evidence under seal with a federal court. The complaint remains under seal for at least 60 days and will not be served on the defendant. During this time, the government investigates the claim. The government may and often does, obtain additional investigation time by showing good cause.
 - c. Following the expiration of the review and investigation period, the government may elect to pursue the case in its own name or decide not to pursue the case. If the government decides not to pursue the case, the individual who filed the action has the right to continue with the case independently.
 - d. If the government proceeds with the case, the individual who filed the action will receive between 15-25% of any recovery, depending on the contribution of that individual to the prosecution of the case. If the government does not proceed with the case, the individual who filed the action will be entitled to between 25-30% of any recovery, plus reasonable expenses and attorneys' fees and costs.
4. Whistleblower/Anti-Retaliation Protections
 - a. Any AzCA workforce member who observes activities or behavior that may violate the False Claims Act in some manner and who report their observations either to management or to governmental agencies are provided protections under certain laws.
 - b. The False Claims Act includes protections for people who file qui tam lawsuits. The False Claims Act provides that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful actions taken in furtherance of a qui tam action is entitled to recover damages. The individual is entitled to all relief necessary to make the party whole, including reinstatement with the same seniority status, twice the amount of back pay (plus interest), and compensation for any other damages the individual suffered as a result of the discrimination. The individual may also be awarded litigation costs and reasonable attorneys' fees.

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

5.0 PROCESSES FOR MONITORING, AUDITING, AND IDENTIFYING PROVIDERS TO DETECT AND CONTROL FRAUD, WASTE AND ABUSE

- 5.1 AzCA completes ongoing monitoring and auditing to test and confirm compliance with Federal and State laws and regulations, contractual agreements and agency policies and procedures. This process is documented and outlined in the agency's auditing and monitoring work plan.
- 5.2 The Chief Compliance Officer oversees the agency's auditing and monitoring work plan and reviews it annually with the Compliance Committee.
- 5.3 The Chief Compliance Officer is to receive results of internal and external audits and updates on corrective actions developed and taken as a result of the audits and will share those results with the CEO, Compliance Committee, and Board of Directors.
- 5.4 The Chief Compliance Officer will provide updates on the audits and the corrective actions taken to the CEO, Compliance Committee, and Board of Directors.
- 5.5 The Chief Compliance Officer will audit the effectiveness of the agency's Corporate Compliance Program annually and share the results with the CEO, Compliance Committee, and Board of Directors.
- 5.6 The following are elements for the determination of fraud, waste and abuse in AzCA's behavioral health programs:
 - a. Duplicate billings
 - b. False claims or data
 - c. Upcoding
 - d. Miscoding
 - e. Unbundling
 - f. Misrepresentation of services
 - g. Misrepresentation of credentials
 - h. Billing for services not rendered
 - i. False or altered documents
 - j. Missing documentation
 - k. Pattern of irregularities
 - l. Unlicensed or excluded professional or facility at time of services
 - m. Management knowledge of fraudulent or abusive activity
 - n. Reports of material irregularities by more than one reliable source.

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

- o. Additional criteria:
 - i. Pattern of occurrence of irregularities
 - ii. Unnecessary cost/loss to a government program
 - iii. Loss would be considered material for nature and type of activity and contractor/provider
- p. At least one of the following criteria is met:
 - i. Direct personal knowledge of fraudulent or abusive activity by known reliable individual.
 - ii. ADHS/DBHS/AHCCCS Contractor documented audit findings that show evidence of fraud, waste, or abuse.
 - iii. Referral or report showing evidence of suspected fraud, waste, or abuse from another government or law enforcement agency.
 - iv. Internal audit results document audit findings that show evidence of fraud, waste, or abuse.

5.7 The following are elements for the determination of fraud, waste, and abuse in AzCA's child welfare programs:

- a. Duplicate billings
- b. False claims or data
- c. Misrepresentation of services
- d. Billing for services not rendered
- e. False or altered documents
- f. Missing documents
- g. Management knowledge of fraudulent or abusive activity
- h. Reports of material irregularities by more than one reliable source

5.8 Contracts

- 1. AzCA's subcontracts require that providers comply with all AzCA policies and procedures including those that impact the prevention and detection of fraud and abuse.
- 2. As part of its contracting process, AzCA maintains a credentialing file on each of its Independent Contractors.

5.9 Professional Staff Credentialing/Primary Source Verification

- 1. AzCA maintains a credentialing/primary source verification system to ensure competent, experienced, and qualified professional staff and subcontractors.

Formatted: Indent: Left: 1.75", No bullets or numbering

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

The professional staff credentialing process requires original source verification of the following criteria:

- a. A complete, accurate, and verified application,
- b. A current Arizona professional license,
- c. Proof of completion of education and training commensurate with the provider's field of practice,
- d. No history or limitations, suspensions or restrictions of privileges,
- e. Lack of felony conviction, substance abuse and suspension or termination for the Medicare or Medicaid programs and/or debarment from ADHS or AHCCCS,
- f. Verify that the employee or subcontractor:
 - i) Is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in federally funded health care programs;
 - ii) Has not been excluded from participation in federal health care programs under either section 1128 or 1128A of the Social Security Act, entitled "Exclusion of Certain Individuals and Entities from participation in Medicare and State Health Care Programs";
 - iii) Check the Excluded Persons database at www.oig.hhs.gov and the Excluded Parties Listing System at www.epls.gov for a director, officer or any person serving as a consultant or other arrangement with the agency for the provision of items and services that are significant and material to the agency's obligations under federal funded contracts.
2. Once the original credentialing file is established, re-credentialing occurs at least every two years.
3. All members of the AzCA Board of Directors will also be checked through the excluded people's database at www.oig.hhs.gov and the Excluded Parties Listing System at www.epls.gov in accordance with all statutory, regulatory and contractual requirements.

5.9 Prior Authorization and Utilization Management (Behavioral Health)

1. AzCA through ~~the individual Regional Behavioral Health Authorities (RBHA)~~ AHCCCS and other health plans is responsible for determining AHCCCS eligibility.
2. AzCA conducts initial financial assessments on Non-AHCCCS enrolled individuals upon intake ~~into the RBHA system~~ and periodically thereafter on

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

an ongoing basis. Ongoing comparisons of financial information provided in these assessments are used to determine the possibility that a member is withholding or providing false information.

3. Any potential fraud and abuse occurrences identified by AzCA employees or subcontractors during the course of performing their duties are reported to the Chief Compliance Officer and the contracting ~~Regional Behavioral Health Authority~~ AHCCCS Health Plan.

6.0 REPORTING SUSPECTED FRAUD, WASTE AND ABUSE

6.1 Employees and subcontractors are required to report conduct that a reasonable person would, in good faith, believe to be erroneous or fraudulent. Failure to report suspected fraud, waste or abuse is considered an act of unprofessional conduct and a violation of the Corporate Compliance Program; it could result in disciplinary action on the part of Arizona's Children Association and a report to the appropriate professional regulatory board for disciplinary action. Employees or subcontractors may call the Chief Compliance Officer at any time to review Federal and State laws, regulations, reporting requirements and policies and procedures.

6.2 Reports of suspected fraud, waste, or abuse shall be made to the Chief Compliance Officer and may be made anonymously. Employees and subcontractors, who self-identify either at the time of or subsequent to a report of suspected fraud, waste, or abuse, shall be protected from retaliation or reminded of Federal and State protections for whistleblowers.

6.3 Reports to the Chief Compliance Officer may be made in several different ways.

1. For those employees seeking anonymity, the following mechanisms for reporting are available:
 - a. Calling the Fraud, Waste, and Abuse Hotline without providing identifying information 24 hours a day, seven days a week, at 1-800-947-7611, extension 1600;
 - b. Writing a memorandum or utilizing the form located on the agency's data directory under Forms, Fraud, Waste and Abuse Reporting and submitting it to the Chief Compliance Officer either via inner office mail or U.S. Postal Service marked CONFIDENTIAL to:

Chief Compliance Officer
Arizona's Children Association

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

~~711 E. Missouri~~ 3636 N Central Avenue, Ste. 200
Phoenix, AZ 85014~~2~~

2. For those employees willing to share their identity, the mechanisms available above may also be used with the addition of providing their name and contact information. Additionally, they may:
 - a. Call or e-mail the Chief Compliance Officer directly, at 602-234-3733, ext. 2233 or at jaschmitt@arizonaschildren.org;
 - b. Request a meeting or phone conference with the Chief Compliance Officer.

Field Code Changed

6.4 External reporting of behavioral health fraud, waste and abuse:

1. Upon becoming aware of a suspected incident of fraud, waste, or abuse, including a suspected incident committed by the T/RBHA, involving Title XIX/XXI, state-only (Non-XIX/XXI) or AHCCCS funds, Arizona's Children Association has 10 working days to inform the AHCCCS Office of Program Integrity of the suspected fraud, waste or abuse in writing to the address below or by submitting an online form accessible at the link below:

AHCCCS Office of the Inspector General
701 E. Jefferson Street, Mail Drop 4500
Phoenix, AZ 85034
<http://www.azahcccs.gov/fraud/reporting/reporting.aspx>
Email: AHCCCSFraud@azahcccs.gov
Phone: (602) 417-4193 or (602) 417-4045
Fax: (602) 417-4102
Toll Free: 1-888-487-6686

2. Arizona's Children Association shall also notify the ~~local~~ applicable AHCCCS Health Plan(s) of all suspected incidents involving mental health funding under their auspices unless the ~~local~~ AHCCCS Health Plan is the subject of the incident.

6.5 External reporting of child welfare fraud, waste or abuse.

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

Upon becoming aware of a suspected incident of fraud, waste or abuse, Arizona's Children Association shall notify the applicable federal, state or local government and any private grantor of the incident, unless the grantor is the subject of the incident.

7.0 INVESTIGATION OF REPORTS

- 7.1 In the event an employee or subcontractor suspects fraud, waste, or abuse, they shall not disclose to the subject of the report the fact that a report has been filed.
- 7.2 Upon receipt of an internal report or reasonable indications of suspected non-compliance the Chief Compliance Officer immediately notifies the President and Chief Executive Officer and the applicable Executive Vice President of Behavioral Health or Child Welfare and initiates a preliminary investigation to determine whether a material violation of applicable law or requirements of the Corporate Compliance Program has occurred and whether or not external reporting is warranted. Initial inquiries are to be initiated no later than two weeks after the date of the potential non-compliance or fraud, waste, and abuse is identified.
- 7.3 In the event of an external report to AHCCCS, Office the Inspector General or other external governmental or grantor agency, Arizona's Children Association should cease its internal investigation unless directed to continue by the investigating agency. Arizona's Children Association will cooperate with investigating authorities but may take steps to prevent further losses as long as it does not disclose the possibility of an investigation to the subject.
- 7.4 If not directed to cease investigations on the part of an external authority, the Chief Compliance Officer shall complete the investigation of the report. The Chief Compliance Officer, in consultation with the President and Chief Executive Officer, and the applicable Executive Vice President of Behavioral Health or Child Welfare, shall determine the members of the investigating team, if warranted.
- 7.5 The inquiry is to be documented on the agency compliance inquiry log, providing specific information as directed.
- 7.6 Investigations should be concluded in a reasonable time after the activity is discovered. For most investigations, conclusion should occur within sixty (60) calendar days. If longer is needed, the Chief Compliance Officer shall contact the CEO/President for approval of a reasonable extension.

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

7.7 Based on the outcome of the investigation, the Compliance Committee will review the specific facts and circumstances to determine whether the problem is systemic and, whether modifications to the Corporate Compliance Plan and Program are necessary. If it is determined that there is a current deficiency or area of non-compliance, the Chief Compliance Officer will oversee the development of a corrective action plan to resolve the problem. The corrective action will be:

1. designed to correct and prevent future non-compliance, including the completion of a root cause analysis,
2. tailored to address the particular fraud, waste, or abuse problem or deficiency identified, and
3. inclusive of timeframes for specific achievements.

7.8 The Chief Compliance Officer and the Compliance Committee will monitor corrective action plans to ensure they are satisfactorily completed. Employees who fail to satisfactorily complete corrective actions may receive disciplinary action up to and including dismissal.

7.9 If at any point in the investigation it would appear that disciplinary action may be warranted, the Chief Human Resources Officer is incorporated into the investigating team.

8.0 ENFORCEMENT OF DISCIPLINARY STANDARDS

8.1 Employees, interns and volunteers of AzCA are expected to assist in the resolution of any reported compliance issue. Failure to participate in the process may result in disciplinary action up to and including dismissal.

8.2 Any employee disciplinary action taken as a result of the investigation of fraud, waste, and abuse will be issued in a timely and consistent manner. The disciplinary action will also be appropriate to the seriousness of the violation.

8.3 All employee disciplinary records will be maintained for 10 years and capture the following information:

- a. Dates of the violation
- b. Dates of the investigation
- c. Summary of the findings
- d. Disciplinary action taken
- e. Date disciplinary action issued/taken

SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		

COMPLIANCE PLAN ACTIVITY SCHEDULE

ONGOING ACTIVITY	OWNER	REVIEW OR OVERSIGHT RESPONSIBILITY	TARGET COMPLETION DATE
Provide training regarding the False Claims Act and Whistleblower provisions to all new employees via New Employee Orientation (NEO) or Relias with renewal required every year.	Chief Human Resources Officer	Compliance Committee	Monthly-Each NEO
Provide education regarding fraud and abuse periodically throughout the year	Chief Compliance Officer	Compliance Committee	Twice per year
Conduct regular meetings of the Compliance Committee	Chief Compliance Officer	Compliance Committee	Minimum of quarterly meetings
Maintain hotline or central contact for reporting fraud and abuse	Chief Compliance Officer	Compliance Committee	Ongoing--available 24 hours a day seven days a week
Review external audit and data validation audit findings	Chief Compliance Officer	Compliance Committee	Quarterly
Conduct internal audit and data validation audits and review findings	Chief Compliance Officer	Compliance Committee and Quality Improvement Committee	Quarterly
Review of Compliance Program, Plan and Activities	Chief Compliance Officer	Compliance Committee & Board of Directors	Annually
Conduct review of all related policies and procedures	Chief Compliance Officer	Compliance Committee	Annually



SUBJECT:	CLIENT RIGHTS & PROTECTIONS		
POLICY TITLE:	CORPORATE COMPLIANCE PLAN		
RESPONSIBLE PARTY:	CHIEF COMPLIANCE OFFICER		
POLICY #:	RI 203	EFFECTIVE DATE:	09/96
# OF PAGES:	16	REVISION/APPROVAL DATE:	03/17
Approved By:	DENISE ENSDORFF, PRESIDENT & CEO		