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Owner:	<i>Eric Doeh: Chief Network Officer</i>
Policy Area:	<i>Compliance</i>
References:	

Compliance Reporting Policy

POLICY

The Detroit Wayne Mental Health Authority ("DWMHA") is committed to combating criminal activity or other illegal, unethical or wrongful conduct, regardless of whether such violations are intentional or not and follows strict guidelines in the event of any reported or suspected cases of criminal activity or other illegal, unethical or wrongful conduct. This Compliance Reporting Policy sets forth the means by which all suspected violations shall be reported.

PURPOSE

The purpose of this policy is to (a) provide guidance for reporting actual or suspected violations of federal and state law or regulations as set forth in the Authority's Compliance Plan Policy, and (b) to address possible concerns regarding retaliation for reporting. This policy should be read in conjunction with the Authority's Compliance Plan.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO).
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism.
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund.

KEYWORDS

STANDARDS

1. Reporting of Known or Suspected Violations. An individual, who may, in the course of their activities, observe actual or suspected violations of federal or state laws or regulations, including possible criminal activity or other illegal, unethical or wrongful conduct, regardless of whether such violations are intentional or not, are required to promptly report such situations. It is important that such situations be brought to the attention of the Authority's Chief Compliance Office promptly, in order that an appropriate investigation may be undertaken and resolution achieved.

2. Non-Retaliation/Non-Retribution. No individual who in good faith reports an actual or suspected violation of law as set forth in the Compliance Plan shall experience any retaliation or retribution as a result of such reporting, regardless of whether or not, upon investigation, a violation is found to have occurred. Retaliation, itself, is a violation of the Authority's Compliance Plan, which will not be tolerated and must be reported immediately.
 - a. Reports of retaliation or retribution will be investigated thoroughly and expeditiously and will, if appropriate, result in disciplinary action, up to and including termination of employment.
 - b. A reporting party will not be afforded the protection of this non-retaliation/non-retribution policy if his or her allegation of a violation was knowingly fabricated, knowingly exaggerated, or otherwise distorted to adversely affect another person or to protect the reporting party.
3. An individual shall report all compliance concerns, including observed actual or suspected violations of federal or state laws or regulations, in any of the following ways:
 - a. Directly to the Chief Compliance Officer.
 - b. To the Authority's Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.
 - c. In writing to the Chief Compliance Officer:

Attn: Chief Compliance Officer
Detroit Wayne Mental Health Authority
707 W. Milwaukee, Detroit MI, 48202

OR

- d. VIA EMAIL: edoeh@dwmha.com

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY RELATED POLICIES

1. The Compliance Plan Policy

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

09/2018