Policy/Procedure Statement

DWMHA
Your Link to Integrated Healthcare

- POLICY NO.: **C 005**
- POLICY: **NEW**
- EFFECTIVE DATE: **5/1/15**

COMPLIANCE COMMITTEE	Compliance
REVIEWED BY	**DEPARTMENT**
	1/4/17
APPROVED BY: M. Tawakkul, Compliance	**REVISED DATE**

SUBJECT: INVESTIGATION POLICY

I. POLICY

All Detroit Wayne Mental Health Authority ("Authority") employees, contractors, providers and or Managers of Comprehensive Provider Network ("MCPN") have an affirmative duty to report anything that a reasonable person might think is a violation of the Authority's Compliance Plan, Standard of Conduct Policy, Conflict of Interest Policy, Fraud, Waste and Abuse Policy and/or state or federal law. All reports received through the Compliance hotline or through any other monitoring mechanism shall be initially screened by the Compliance Officer. If the initial assessment indicates that there is a basis for believing that the conduct reported constitutes non-compliance with the Compliance Plan and applicable policies, and/or related state or federal law, the matter shall be fully investigated. When the investigation is complete, corrective action will be taken as appropriate. Violations of federal, State, or local law will be reported to the appropriate governmental authorities (if required) in accordance with this policy.

II. PURPOSE

To provide a mechanism to respond to and investigate alleged offenses of federal, state, and local laws and regulations, as applicable, to the Authority's operations.

III. APPLICATION

This Investigation Policy ("Policy") applies to all violations reported to and investigated by the Authority's Compliance Officer. However, this Policy does not apply to investigations initiated by Human Resources (relating to employment matters) or the Office of Recipient Rights, which will be handled by policies adopted by those respective divisions.

IV. DEFINITIONS

None

V. PROCEDURE

A. Investigations:

1. The Compliance Officer, in consultation with the Compliance Committee, will be responsible for directing the investigation. If needed, outside counsel, auditors, or health care experts may be engaged to assist in an investigation.
2. If the alleged violation is suspected to be a felony, or if criminal conduct may have occurred by an Authority employee, outside counsel will be retained by the Authority's General Counsel to conduct the investigation. Attorney-client privilege will apply. Outside counsel will meet with the Compliance Officer and/or the Compliance Committee prior to the investigation to determine: steps of the investigation, time frame for the investigation, and provision of periodic updates. Outside counsel will provide the final privileged report to General Counsel, Compliance Officer and/or the Compliance Committee. The Compliance Officer will share the information with the President and CEO and with the Board of Directors, if there is a verification that crime was committed.
3. The investigation will be commenced within five (5) office days following the receipt of the report, information, or complaint regarding the potential non-compliance.
4. If a cursory investigation (prior to completion) reveals that the violation may require the Authority to report the conduct to federal, state or local authorities as required by law, Compliance Officer will notify the Authority's CEO, Compliance Committee and Board Chair as soon as reasonably possible.
5. Persons involved in or having knowledge of the potential non-compliance will be interviewed. In addition, documents may not be destroyed and the Compliance officer will take appropriate steps to prevent the destruction of evidence, documents or other evidence related to the investigation.
6. As needed, the Compliance Officer may request assistance from the staff of any division of the Authority to assist with the investigation or provide subject-matter expertise.
7. During investigations of any Authority staff, such persons may be temporarily relieved of job responsibilities related to the alleged violation. When the investigation is complete, the employee will either be returned to work or will be disciplined, if the result of the investigation demonstrates a violation, in accordance with the Authority's Human Resource Manual and respective collective bargaining agreements.
8. Records of the investigation may include (depending on the situation) the following information: documentation of the alleged violation, a description

of the investigative process, copies of interview notes, copies of key documents, a log of the witnesses interviewed, a log of the documents reviewed, the results of the investigation, disciplinary action taken, and any corrective action plan ("CAP") implemented.

9. All Authority employees will be subject to disciplinary action for failure to comply with ethical standards or legal requirements. Any violation of law or Authority policy or procedures related to the Compliance Plan will result in appropriate sanctions as outlined in the Authority's Human Resource Manual.
10. A final summary report/findings of non-compliant conduct will be provided to the Compliance Committee. The report will be prepared by the Compliance Officer. This report will include: the initial report or complaint, the results of the investigation, recommended corrective actions (if applicable), reports made to governmental agencies, and recommended disciplinary action (if applicable). If the Compliance Committee authorizes, the Authority Board, specifically the Program Compliance Committee, will be provided with the summary report as a part of their regular Compliance Report.
11. The Compliance Officer shall report any substantiated violation or suspicion or knowledge of fraud (in certain cases) to the appropriate federal, state, local, and/or contracting agency (i.e. Integrated Care Organizations) as required by law or contract.

B. Corrective Action Plan (CAP):

1. A CAP will be a developed by the division, external provider and/or MCPN that had responsibility for managing or administering the services that resulted in the violation. Corrective action may include: referral to criminal and/or civil law enforcement authorities having jurisdiction over such matter, reports to the Government, submission of any overpayments (if applicable), appropriate education or training, and/or appropriate disciplinary action.
2. If an investigation determines that an overpayment has been made, the overpayment will be repaid within thirty (30) days of the completion of the investigation. Repayment will be made as described in federal and state Medicare and Medicaid guidelines.

VI. QUALITY ASSURANCE/IMPROVEMENT

The Authority 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.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

Authority 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.

VIII. LEGAL AUTHORITY AND CROSS-REFERENCES

A. Compliance Plan

B. Standard of Conduct Policy

C. Conflict of Interest Policy

D. Fraud Waste and Abuse Policy

IX. EXHIBIT(S)

None

Please Check:

Policy: New ☐ Revised ☒ Annual Review ☐

Effective Date:	Reviewed By:	Reviewed Date:	Fiscal Year:
5/1/2015	Compliance Committee, M. Tawakkul	5/12/2015	2105