



Corporate Compliance Plan

FY 2019-2020



Administrative Office
719 South US Highway 301
Tampa, FL 33619
813.740.4811
www.cfbhn.org

CFBHN CORPORATE COMPLIANCE PLAN FY 2019 – 2020

Purpose

The Corporate Compliance Plan has been developed and implemented to:

1. Establish staff training requirements.
2. Outline the process by which compliance issues are reported.
3. Define roles and responsibilities for those designated as the Corporate Compliance Officer, HIPAA Privacy Officer and HIPAA Data Security Officer.

The Corporate Compliance Plan is developed and reviewed annually by the CFBHN Compliance Officer, or their designee, and presented to the Board QI Committee. With the recommendation of that committee, the plan is presented to the Board of Directors for final approval. The plan is available to all CFBHN staff for review and guidance.

Compliance Training

New employees complete a CFBHN orientation within the first month of hire. The orientation includes an overview of departmental functions, corporate standards, accreditation and regulatory requirements, and training on operational procedures.

Elements of corporate compliance reviewed during new employee orientation are described in the Employee Handbook. The handbook outlines expectations of an employee's adherence to all corporate standards and business ethics while working at CFBHN.

Mandatory staff training is conducted each year to provide a refresher on the plans, policies and procedures that govern CFBHN's corporate standards and business practices. Annual employee compliance training includes, at minimum:

1. A description of issues that may be reported
2. Information on how to file a complaint, as outlined in this plan
3. The Network's procedures for resolving compliance issues
4. The Network's policy of no retaliation
5. How compliance issues are monitored
6. The role of the Corporate Compliance Officer
7. Results of an annual risk assessment

Completion of annual training is documented by an attestation signed by the employee and kept on file by CFBHN.

Fiduciary Compliance

It is the responsibility of the Chief Financial Officer to monitor the day-to-day financial operations of the organization, review financial transactions, and to keep the President/Chief Executive Officer (CEO) informed of the financial status of the corporation. The Board-appointed Finance Committee is responsible for the internal audit of the financial reports, and report any findings to the Board of Directors at the regularly scheduled meetings.

The Board Finance Committee and the Board of Directors receive the results of the external annual audit. The audit is conducted by a firm selected by the Board. The firm reports the audit findings to the Board of Directors in November/December of each year for the prior fiscal year. Business controls are in place to assure fiduciary compliance with applicable rules and regulations.

CFBHN's Director of Finance and Human Resources works with a third-party vendor to prepare the 5500 for the retirement plan account. This ensures that the account is maintained within the provisions outlined in the plan document and applicable rules and regulations. The valuation of the retirement plan is completed at the end of the year by the third-party administrator. The administrator meets with a committee of CFBHN staff to assess the 401k plan, review its' fees/expenses and determine if the plan meets the needs of employees and goals of the organization.

Revision Date: 4/12/19

QI Oversight Committee Approval: 4/25/19

Board CQI Committee Approval: 6/10/19

BOD Approval:

Effective Date:

To avoid any potential conflict of interest (or the appearance of a conflict of interest), and to maintain impartiality, CFBHN has a policy to address the acceptance of gifts or items of value from the public, contractors or vendors. It is outlined in the Gift Acceptance Policy in the Accounting and Purchasing section of the Policy and Procedure manual.

Reports of Waste, Fraud, Abuse or Wrongdoing

A report of an alleged violation of corporate policy related to waste, fraud, abuse, or any other wrongdoing should be made to the Corporate Compliance Officer, either verbally or in writing. All employees are required to report suspected violations. Failure to report a known violation could also result in disciplinary action.

For the purposes of this plan, the terms Waste, Fraud, Abuse and Wrongdoing are defined as follows:

Waste: The unnecessary incurring of costs as a result of inefficient practices, inappropriate use of materials, systems and/or controls.

Fraud: Any dishonest or fraudulent act to include forgery or alteration of a document; misappropriation of funds, supplies or resources; improper handling or reporting of money or financial transactions; disclosing confidential and proprietary information to outside parties; or the destruction or intentional removal of records, fixtures or equipment.

Abuse: Violations and circumstances of departmental or agency regulations which impair the effective and efficient execution of operations.

Wrongdoing: An improper, dishonest or illegal act.

If, for any reason, the report to the Corporate Compliance Officer is inappropriate due to the nature of the alleged violation, the report should be made either verbally or in writing to the President/CEO. If, for any reason, the report to the President/CEO is inappropriate due to the nature of the alleged violation, the report should be made verbally or in writing to the CFO. If, for any reason, the report to the CFO is inappropriate due to the nature of the alleged violation, the report should be made in writing to the Chair of the Board of Directors.

When a violation of corporate policy related to waste, fraud, abuse, or any other wrongdoing is received by one of the aforementioned parties, an investigation will be initiated by that party, or their designee, a member of the Board of Directors, or an outside party, within one (1) business day. The person or persons making the report of an alleged violation may be interviewed and required to supply additional information. The investigation will be kept confidential, but, as deemed necessary by the circumstances, may include other employees, local State or Federal officials, law enforcement and/or others. The CFBHN President/CEO, CFO, Director of Human Resources, and Risk Management will be made aware of the report as deemed necessary. The investigation will be finalized as quickly as is required by the circumstances of the case.

While it is encouraged that a report of an alleged violation of corporate policy be initially brought to the attention of the appropriate party internal to CFBHN, reports may be made to the Corporate Compliance Hotline. Verbal reports can be made to the hotline by calling 888-893-8790. Written reports can be faxed to the hotline using the number 239-498-3637. A report to the Corporate Compliance Hotline can also be made if an internal report was filed, but not satisfactorily addressed to resolve the alleged violation. CFBHN has contracted with Intercept of Florida, a state-based corporation, to handle such reports. While the reporter will be asked to provide contact information, if the individual requests confidentiality/anonymity, Intercept of Florida will make every effort keep this information confidential.

Once the report is received, Intercept of Florida utilizes a defined process to confidentially disseminate it to the appropriate CFBHN representative (the President/CEO, COO or Chair of the Board of Directors). That CFBHN representative is responsible to follow up with the individual who made the report to (a) Review the steps taken to address the issue; (b) Provide a summary of the investigation's findings; and (c) If warranted, contact the appropriate authorities. A representative from Intercept of Florida will also follow up with the reporter of the alleged violation.

Reports may also be made directly to the DCF Office of the Inspector General at 850-448-1225. Reports made to the OIG will be addressed following their internal policies and procedures.

Revision Date: 4/12/19
QI Oversight Committee Approval: 4/25/19
Board CQI Committee Approval: 6/10/19
BOD Approval:
Effective Date:

Documentation of a Confirmed Policy Violation

A confirmed violation of corporate policy related to waste, fraud, abuse, or any other wrongdoing, along with the resulting disciplinary action, will be documented, filed with the CFBHN Risk Management department, and disseminated to the appropriate parties.

The President/CEO and/or applicable officer will determine if the violation is serious enough for a special report to be made to the Board of Directors, or if the violation will be included in the incident report summary provided on a monthly basis to the Board of Directors. In all cases, violations will be reported through one of the two methods listed above.

Disciplinary Action

As a result of the investigation, if a violation is determined to have occurred, the employee or employees who committed the violation, and his or her manager(s), will be notified. In accordance with the Employee Corrective Action policy and/or the law, the appropriate disciplinary action will be taken.

No Retaliation Policy

It is unlawful for CFBHN management, the CFBHN Board of Directors or an employee to retaliate against an individual who files an alleged violation of corporate policy, as long as the report was made in good faith. Discipline, demotion, suspension, threats, harassment or any other manner of retaliation against anyone who lawfully provides information, or otherwise assists in an investigation of an alleged violation of corporate policy, will not be tolerated in any form. The CFBHN Employee Handbook also provides information which addresses employee protection for reporting fraud or other illegal acts.

Officer Designations

The Chief Operating Officer (COO) is the designated *Corporate Compliance Officer*. The Corporate Compliance Officer is required to investigate, or designate another to complete an investigation, when there has been a report of a violation of corporate policy related to waste, fraud, abuse, or other wrongdoing. The results of the investigation are reported to the appropriate management representatives and/or to the Board of Directors as specified above. If the investigation involves the President and CEO, the Corporate Compliance Officer may go directly to the Chair of the Board of Directors for direction and to report findings. If at any time, the Corporate Compliance Officer deems it necessary, the Chair of the Board of Directors may be contacted to discuss a compliance issue. A regular compliance report is to be made to the Risk Management Committee/QI Oversight Committee. The Director of CQI is the designated back-up person in the event the COO is not available to fulfill the responsibilities of the Compliance Officer.

The Director of Continuous Quality Improvement (CQI) serves as the *HIPAA Privacy Officer*. The HIPAA Privacy Officer is responsible for monitoring CFBHN and Network compliance with HIPAA laws and policies. Under the direction of the COO, the Privacy Officer is also responsible for investigating violations of confidentiality and failures to protect health information.

The Director of Information Technology is the designated *Data Security Officer*. The Data Security Officer is responsible for monitoring data system compliance with HIPAA laws and policies. The IT Director is also responsible for investigating, under the direction of the COO, issues and problems regarding the data security, and keeping CFBHN management informed of data security issues and proposed solutions. The COO is this position's designated back-up.

The results of an investigation conducted by the Privacy and/or Security Officer are reported to the appropriate management representatives. This includes the Risk Manager, who provides a summary report to the Risk Management and QI Oversight Committees. Violations of HIPAA guidelines are documented according to CFBHN's internal Incident Report process, with reports made to outside officials as necessary and required by law.

Revision Date: 4/12/19

QI Oversight Committee Approval: 4/25/19

Board CQI Committee Approval: 6/10/19

BOD Approval:

Effective Date: