

THE GULF COAST CENTER CORPORATE COMPLIANCE PLAN

I. Introduction and Statement of Purpose It is the policy of the Gulf Coast Center (the Center) to follow ethical standards of business practice established by the Center's management team and local board; by oversight agencies; and state and federal law. The Center has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. The Center Board of Trustees, employees, contract providers, interns and volunteers are fully informed of applicable laws and regulations to which the Center is obliged so that they do not inadvertently engage in conduct that may raise compliance issues. The Center recognizes that its business relationships with consumer/clients, contractors, other providers and vendors are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its employees, the Center places emphasis on its Corporate Compliance Plan to address regulatory issues likely to be of most consequence to Center operations. This includes compliance with:

- The STARK Laws
- Anti-Kickback Laws
- The False Claims Act
- Qui Tam Act/ Whistleblowers Act

The Corporate Compliance Plan establishes the following framework for legal and corporate compliance for the Center Board of Trustees, employees, contract providers, interns and volunteers:

- Designation of responsible persons charged with directing the effort to enhance compliance and implement the Corporate Compliance Plan;
- Incorporation of standards, policies and administrative guidelines directing Center personnel and others involved with operational practice;
- Identification of legal issues that may apply to business relationships and methods of conducting business;
- Development and implementation of an education program for the Board of Trustees, employees, interns and volunteers addressing obligations for adherence to applicable compliance requirements;
- Implementation of a mechanism for employees, interns and volunteers to raise questions and receive appropriate guidance concerning operational compliance issues;
- Development and implementation of an ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education;
- Development and implementation of a process for employees, contractors, interns and volunteers to report possible compliance issues including a process for such reports to be fully and independently reviewed;
- Enforcement of standards through documented disciplinary guidelines and policies and training addressing expectations, sanctions and consequences;

- Formulation of plans for corrective action to address identified areas of noncompliance;
- Coordination with contract providers to ensure effective compliance in areas where activities of the Center and the contract provider overlap; and
- Implementation of regular review of the overall compliance efforts of the Center to ensure that operational practices reflect current compliance requirements and address strategic goals for improving Center operations.

This Corporate Compliance Plan is not intended to set forth all of the substantive programs and practices of the Center that are designed to achieve compliance. In addition to this plan, the Center has developed and implemented a Local Plan, Quality Management Plan and Network Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance practices included in each of these plans are coordinated to direct the Center's overall compliance efforts.

II. Scope. The Corporate Compliance Plan applies to all Center operational activities and administrative actions and includes those activities defined in federal and state regulations relating to healthcare professionals and treatment. The Center places particular focus upon the following concerns:

- Adhering to requirements related to the quantitative and qualitative documentation of professional services and associated billing practices;
- Evaluating and managing over and underutilization of services;
- Ensuring delivery of medically necessary services providing the best value for the consumers/clients and communities served by the Center;
- Complying with regulatory guidelines for data collection and submission processes;
- Developing and implementing and adhering to policies and procedures relating to high risk activities
- Developing and implementing policies for credentialing clinical staff including a process for suspension or revocation of professional privileges; and
- Addressing other notable areas identified by the Center through findings from self-assessment monitoring.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports and the values of the Center.

III. Administrative Responsibility. The primary responsibility for developing, implementing, managing, monitoring and oversight of the Center's compliance effort is assigned to the Corporate Compliance Officer. The Compliance Officer will report all compliance efforts and identified issues directly to the Executive Director and indirectly, and as needed to the Center's Board of Trustees. The Center's Executive Director has supervisory responsibility for implementation of the Corporate Compliance Plan. The Center's Board of Trustees is accountable for governing the Center as a knowledgeable body regarding compliance expectations, practices, identified risk issues and plans for corrective action.

With the guidance of the Executive Director and with the assistance of the Center's legal counsel, the Corporate Compliance Officer is responsible for the following activities:

- Assist the Quality Council and Executive Management Team in the review, revision and formulation of appropriate policies and procedures to guide all activities and functions of the Center that involve issues of compliance;
- Ensure processes for compliance integrate with and support the Center's quality management monitoring and system self-assessment processes;
- Prepare, review and amend the Business Code of Conduct and the Corporate Compliance Plan with the Corporate Compliance Committee as set forth in this plan, as necessary;
- Assist Staff Development with developing methods to ensure that employees, contract providers, interns and volunteers are aware of the Center's Business Code of Conduct and understand the importance of compliance;
- Assist Staff Development with developing and delivering educational and training programs with input from the Corporate Compliance Committee;
- Receive and review instances of suspected compliance issues, communicate findings and request and monitor action plans with the program and/or individual suspected of noncompliance and the Center Compliance Committee, as set forth in the plan;
- Prepare a quarterly compliance summary for the Executive Director, Deputy Executive Director and Corporate Compliance Committee and a monthly update to the Center's Legal Counsel who reviews the information with Executive Management Team as well as the Board of Trustees, if deemed appropriate;
- Prepare the annual Corporate Compliance Work Plan as set forth in this Plan, with the Center's Corporate Compliance Committee;
- Ensure the goals within the annual Work Plan are considered in the Center Local Plan, Quality Management Plan and Network Plan, as appropriate;
- Provide other assistance with initiatives regarding corporate compliance, as directed by the Executive Director, Legal Counsel and the Board of Trustees.

IV. Compliance Committee. A Compliance Committee representing the clinical and administrative services of the Center will be formed to assist the Compliance Officer with the development and implementation of compliance efforts. The Compliance Officer will serve as the chair of the Committee.

The role of the Compliance Committee is to advise the Compliance Officer and assist in the implementation of the compliance program. The Committee's responsibilities include:

- Analyzing the organization's regulatory obligations;
- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program;
- Working with employees, interns and volunteers to adhere to standards of conduct and policies and procedures that promote compliance;
- Recommending, developing and monitoring internal systems and controls to carry out Center standards, policies and procedures as part of the Center's daily operations;

- Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
- Assisting with the development of preventive and corrective action plans;
- Developing a system to solicit, evaluate and respond to complaints and problems; and
- Monitoring finding of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action.

V. Policy Guideline. The Center has adopted policies and procedures specific to the Center's operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to the Center's compliance effort are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

The Center has also adopted a Business Code of Conduct to guide all business activity. This Code reflects a common sense approach to ensuring appropriate and ethical behavior. All new employees, interns, and volunteers receive training and provide acknowledgement of receipt of the Center's Business Code of Conduct. As a condition of employment, the Business Code of Conduct is reviewed and acknowledged annually thereafter through documented attendance at the Center's Compliance & Rights Protection Training.

VI. Education and Training The Compliance Officer and Compliance Committee are responsible for ensuring Center policies regarding compliance are disseminated and understood by employees, interns and volunteers. To accomplish this objective, the Compliance Officer will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Center policies. External training materials provided through seminars or other outside sources, directed to clinical, administrative or other regulatory compliance issues must be submitted to the Compliance Officer for review with the Compliance Committee.

All Center employees, interns and volunteers participate in compliance training whereby a system is in place to document that such training has occurred. Training material will identify the Center's contact person(s) available to respond to questions specific to compliance training or regulatory issues. Employees, interns, volunteers and contract providers are made aware of his/her/their compliance obligation as a condition of employment, service or as a condition of his/her/their contractual agreement, respectively. Adherence to policies will be addressed within the Center's orientation and ongoing training programs, employee job descriptions and provider contracts. Employees, interns, volunteers and contract providers will be expected to have a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer and Compliance Committee may recommend that identified persons attend training addressing the risk issue.

VII. Monitoring. In coordination with the practices outlined in the Center's QM Plan, monitoring and review will occur in Center Programs including applicable contracted services when 1) a request is made by a member of Executive Management 2) high risk areas are identified through the annual risk assessment or 3) at the discretion of the Compliance Officer based on valid compliance violations. The results will be reviewed by the Compliance Committee, reported to the Executive Director and communicated to the program reviewed.

The Executive Director delegates authority to the Compliance Officer to seek consultation with the Center's legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for the Center, the Compliance Officer will report the facts to the Executive Director and to legal counsel. In consultation with legal counsel, the Compliance Officer will review the situation to determine whether there appears to have been activity inconsistent with Center policies, procedures or Business Code of Conduct.

VIII. Reporting Compliance Issues. As a general practice, and as stated in the Center's training materials, employees, volunteers and contract providers are directed to address questions about operational issues to persons having supervisory responsibility for the service area. As another reporting option for employees, interns and volunteers, training materials will inform employees/individuals that they may report to the Center's Compliance Officer any activity they believe to be inconsistent with Center policies and legal requirements. The training materials will provide a contact method(s) to address compliance issues to the Compliance Officer. The Compliance Officer will use various communication methods, including available electronic and telephonic communications methods, to ensure timely communication of the elements of this compliance plan. At a minimum, one communication method will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure convenience for employees, interns and volunteers and enable immediate response to submitted issues. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Employees, interns, volunteers and contract providers reporting possible compliance issues in good faith will not be subject to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Executive Director, Deputy Executive Director, HR Director, or Legal Counsel.

The Compliance Officer will maintain a log of the reported compliance concerns. This log will record the compliance issue reported; indication if sufficient information was received to conduct an investigation; information regarding the affected program or service; indication of development of a preventive or corrective action plan; and the resolution. The log will be used to manage the development and resolution of action plans to improve the quality of service(s) provided by the Center. The log will be treated as a confidential document whereby access will be limited to those persons at the Center with specific responsibility for supervision of compliance matters.

IX. Investigating Compliance Issues. When conduct is reported that is determined to be inconsistent with Center operating policy, the Compliance Officer will determine whether there is a reasonable cause to believe that a risk issue may exist. If this preliminary review indicates that a problem may exist, the Compliance Officer reports the risk issue to Legal Services and an inquiry into the matter will be undertaken. Center employees, interns, volunteers and contract providers will be expected to cooperate fully with any inquiries undertaken.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the Corporate Compliance Officer and Legal Services. The persons responsible for the review, if available, will use the monitoring tools from the Center's Quality Management Plan associated with the identified compliance issue. The finding will be reviewed by the Compliance Officer to ensure consistency in the review process. The result of the inquiry will be given to the Executive Director, the Center's Legal Counsel and the Corporate Compliance Committee.

The investigative process will adhere to any applicable Center Human Resources policies regarding personnel action to be taken. To the extent practical and appropriate, effort will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with Center operating policy will be addressed according to provisions identified in the applicable Center HR policies or executed provider contract.

X. Corrective Action Plans. When a compliance issue has been identified through routine monitoring, a report by an employee, intern, volunteer or contract provider or an investigation, the Compliance Officer will ensure the issue is reported to the supervisor with responsibility for the service area, employee or Contract provider. The supervisor will be responsible for development of an action plan. Assistance may be solicited from the Compliance Officer and other staff, as appropriate, for documentation to the action plan. The Compliance Officer or supervisor may seek guidance from the Center Compliance Committee, Executive Director or legal counsel. Information about preventive and corrective action plans will be reported to and monitored by the Compliance Committee.

Action plans will be designed to ensure not only correction of the specific issue but also, when appropriate, preventive measures to ensure the issue does not recur within the Center's system of care. In accordance with Center policy, corrective action may require provision of training; reassignment of duties or functions; personnel action; terminating contractual relationships; repayments; or external disclosure to the appropriate oversight body of the risk issue and action taken.

If the investigation finds that any non-compliance act has occurred, that finding will be reported to the Executive Director, Legal Services and the Compliance Committee. Individuals who engage in willful misconduct or conduct that demonstrates willful indifference or reckless disregard of compliance procedures will be subject to disciplinary action, including consideration of termination of employment or contract for

services, respectively, and potential disclosure to the appropriate local, state or federal governmental entity.

The action plans will be maintained in a secured file for at least five years. The action plans will be used as historical reference tools whereby identified issues may be included in the Center's provider profiling and supervisory review processes.

XI. Annual Compliance Review. In conjunction with the Center's established self-assessment process, the Compliance Officer will ensure a review of the Center's status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of the Center are within substantial compliance with Center policy and regulatory requirements. A review of the compliance reports, action plans and resolutions will be conducted and synopsisized by compliance category. The Compliance Officer, with review and comments provided by the Compliance Committee, will prepare the annual compliance report. The resulting report will be included with the documented conclusions of the Center's self-assessment process.

XII. Annual Report and Corporate Compliance Work Plan. Included within the results of the Center's self-assessment process, a report of the compliance efforts during the preceding year will be reported to the Board of Trustees. A work plan addressing plans for maintaining and improving Center compliance efforts will be developed by the Compliance Officer with the Compliance Committee if warranted. Recommendations within the work plan will be considered in the:

- Development of the goals within the Center's Local Plan
- Development of ongoing monitoring mechanisms within the Center's Quality Management Plan; and
- Development of expected outcomes within the Center's Network Management Plan.

XIII. Revisions to the Corporate Compliance Plan. The Corporate Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the service system as a whole. The Plan will be regularly reviewed by the Compliance Officer and the Compliance Committee to assess the viability of the Plan and the inclusion of all appropriate Center policies and regulatory requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Corporate Compliance Officer and the Compliance Committee will have the authority to revise or amend the plan as appropriate with approval of the Executive Director and adoption of the Board of Trustees unless the revisions are grammatical in nature.