

Compliance Program/Fraud Waste and Abuse (FWA) Plan



CFCHS' Compliance Program aims to help CFCHS conduct operations ethically, with the highest level of integrity, and in compliance with legal and regulatory requirements while developing effective mechanism to prevent, deter, and address Fraud, Waste, and Abuse.

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I. Introduction

Central Florida Cares Health Systems Inc. (CFCHS) has developed this plan to ensure compliance with and conformity to all applicable federal and state laws governing this organization; and to reiterate CFCHS' commitment to ethical business standards through prevention, detection, enforcement of requirements, review and investigation of all allegations of Fraud, Waste, and Abuse (FWA), and to take corrective action for any supported allegations.

The intent of this plan is to reasonably demonstrate how CFCHS complies with contractual requirements, the activities developed to prevent and detect any practices that could qualify as FWA and minimize risks that could affect the person's served care and the system of care.

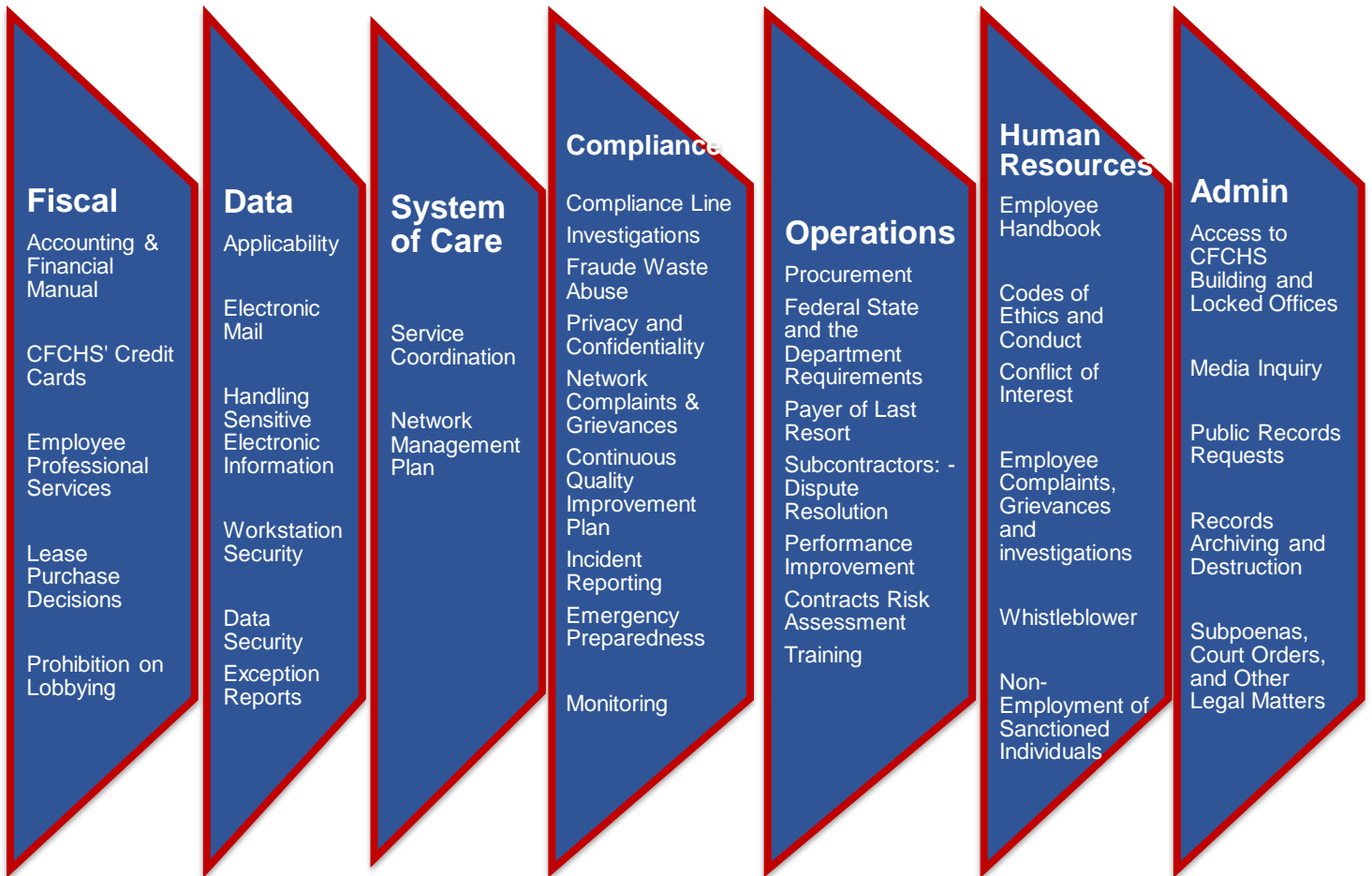
This plan articulates CFCHS' commitment to:

1. Promote a culture of integrity.
2. Maintain policies and procedures designed to ensure compliance, prevent, and detect potential or suspected misconduct, FWA in the administration and delivery of services.
3. Maintain policies and procedures that address complaints and grievances, investigations, corrective action(s), and follow-up activities in instances of suspected and identified misconduct, FWA, or overpayment.
4. Establish and maintain a compliance plan to investigate possible acts of fraud, waste, abuse, or overpayments.
5. Work with our business partners, Board members, Subcontractors, and employees to ensure compliance with agency standards of ethical practice, as well as regulatory requirements applicable to all operations.
6. Conduct compliance awareness training.
7. Provide information regarding compliance and FWA reporting mechanisms available to all stakeholders.
8. Cooperate fully with the Department of Children and Families (Department) and any other pertinent government entity investigation.
9. Investigate all allegations of non-compliance, misconduct, and/or FWA.
10. Respond within reasonable timeframes to detected offenses; and
11. Report alleged and detected offenses to pertinent government authorities.

CFCHS' employees and the Board of Directors review this Compliance Plan. It may be modified or expanded as federal and state laws, contractual requirements, and FWA trends change.

As a reflection of CFCHS' commitment to compliance and ethical practices, all departments actively participate in activities that promote adherence to rules, regulations, and the prevention, detention, and deterrence of FWA.

The diagram below outlines ownership of compliance policies and processes under specific departments. However, all employees are expected to be familiar with all CFCHS' policies. Implementation of the provisions of these policies is one of the standards by which the performance of employees is measured.



II. Compliance Program/FWA Plan Components



1. Standards of Conduct/Policies and Procedures

a. Standards of Conduct

CFCHS' standards of conduct emphasize the agency's ethical principles, define the organization's commitment to compliance and its expectation for all employees, officers, and governing body members. The standards aim to promote integrity, support objectivity, and foster trust. They outline principles that guide employees in conducting business professionally and properly.

CFCHS' standards of culture include Codes of Ethics, Conduct, and Conflict of Interest Disclosures for employees¹ and Board members². These standards of conduct are reviewed during employee performance evaluations and annually for Board members.

b. Policies and Procedures

CFCHS has policies and procedures, Employee Handbook, and various plans that provide the framework to ensure compliance and address the prevention, detection, and follow-up actions related to FWA. Employees receive training on

¹ CFCHS Employee Code of Ethics and Code of Conduct; and CFCHS Conflict of Interest Form.

² Board Code of Ethics & Conflict of Interest.

compliance, policies, procedures, and plans during the New Employee orientation and annually as applicable.

CFCHS' policies and procedures are updated as necessary and reviewed biennially by all departments³. This process is coordinated by the Compliance Department. In addition, as suggested by the Committee of Sponsoring Organizations of the Treadway Commission (COSO) Framework for Internal Controls, policies are also reviewed for feedback by the Board Policy Review Ad-Hoc Committee and CFCHS' attorneys as applicable.

Notification on new or updated policies, procedures, and plans takes place immediately after revisions are made. It includes a written notification via e-mail from the Compliance Department and a face-to-face training from the department whose policies were revised.

2. Compliance Officer and Compliance Committee

a. Compliance Officer

CFCHS has appointed the agency's Compliance Director/Risk Manager as the Compliance Officer (CO) to exercise oversight of the compliance program. The CO reports to the agency's Chief Operating Officer (COO), however the CO has direct access to the Chief Executive Officer (CEO), CFCHS' governing body through CFCHS' Compliance/Quality Improvement Committee Chair, the Board President, and legal counsel, as necessary. The CO regularly has meetings with the CEO to discuss compliance issues, coordinates the quarterly reporting to the Compliance/Quality Improvement Committee, and serves as the System Administrator for CFCHS' Compliance Line. Detailed responsibilities of the CO are delineated in the Compliance Officer Appointment Memo⁴ incorporated herein by reference.

b. Compliance/Quality Improvement Committee

CFCHS' Board of Directors, as the governing body, is responsible for promoting the organization's compliance and ethics, overseeing the structuring of the compliance program, and evaluating its effectiveness. More specifically, CFCHS' Compliance/Quality Improvement Committee has been assigned to oversee CFCHS' compliance program⁵ and processes related to quality improvement.

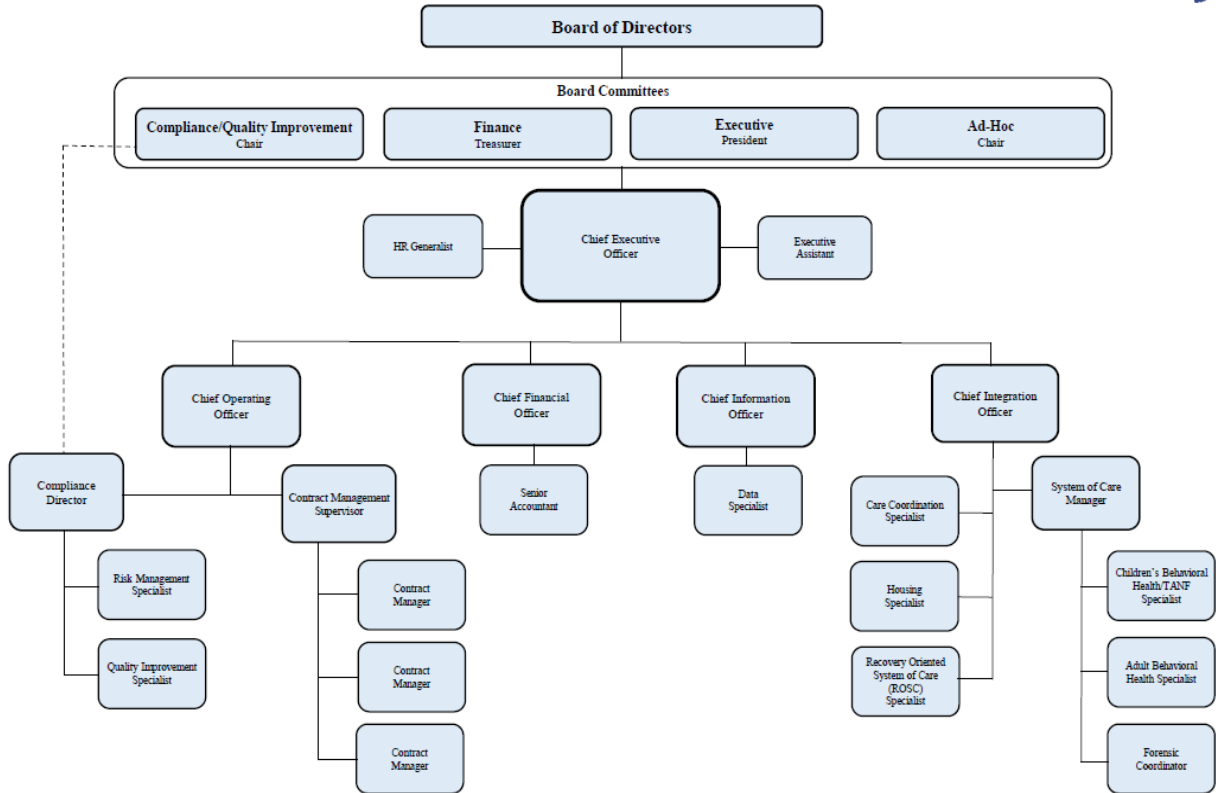
This Committee's Chair serves as the System Advocate for CFCHS' Compliance Line as an additional layer of checks and balances to ensure reports made to the Compliance Line are properly reported, investigated, and resolved.

³ CFCHS Policy and Procedure Guidelines.

⁴ Compliance Officer Appointment Memo.

⁵ Compliance/Quality Improvement Committee Charter.

External Organizational Chart



Revised 1/15/2021

3. Prevention

Prevention is paramount to CFCHS’ approach to compliance and integrity, therefore CFCHS adopts a proactive approach to deterrence by including internal training and education for employees and Board of Directors, External technical assistance, monitoring, and education for Subcontractors. Education and training may be focused on regulations, requirements, contractual expectations, FWA, and incident reporting mechanisms for questionable activities to ensure compliance, deter, and identify FWA practices. In addition, prevention is also instituted by close follow up to Contractual Provisions delineated in CFCHS’ Procurement Policy as well as review of exclusionary lists for contracting with federal and state governments.

a. Education and Training

i. Employees

All CFCHS’ employees, as well as potential interns and/or volunteers, receive training related to Compliance and FWA, its consequences, and the Code of Ethics and Conduct as part of the required orientation. Training is provided at least annually via webinars or face-to-face training. In addition, ongoing “Did

you know” or “Compliance Facts” e-mails are sent to remind employees of compliance expectations, and to address changes in laws and regulations, internal policies, and plans, FWA trends, or whistleblower protections. Training is mandatory and a condition for employment at CFCHS.

The Employee Handbook contains general information and guidelines, a brief introduction to policies and procedures, and ethical standards.

The Code of Ethics and Conduct is included in the Employee Handbook. Each employee signs an acknowledgement of receipt upon hire and is provided with an opportunity to ask questions about the expectations of proper conduct outlined therein. The Code of Ethics and The Code of Conduct are reviewed upon change and with each employee annually during the performance evaluation. Employees also sign an Affidavit of Good Moral Character upon hire and annually thereafter. Each employee is required to perform their duties in a manner consistent with their position descriptions. In addition, employees are expected to not participate in activities that circumvent internal controls, defraud, or in any way harm CFCHS, the person’s served, Subcontractors, and other stakeholders.

Each employee is also expected to apply his/her own sense of personal ethics to govern their behavior where no existing regulation provides guidelines. To this purpose, employees are trained to ask themselves the following questions when determining compliance with standards in specific situations:

- Is my action legal?
- Is my action ethical?
- Does my action comply with CFCHS’ policy?
- Am I sure my actions will not **appear** inappropriate?
- Am I sure that I would not be embarrassed or compromised if my action became known publicly?
- Am I sure my action meets my personal code of ethics and behavior?
- Would I feel comfortable defending my actions?

The Accounting and Finance Policies and Procedures set forth specific processes and expectations that address⁶:

- Practices of ethical behavior.
- Actions constituting fraud and investigation responsibilities.
- Reporting suspected irregularities.
- Standards for financial management systems.
- Acceptable use of funds.
- Funding reallocation
- Administration of federal awards.

⁶ For full details refer to Accounting and Finance Policies and Procedures.

- Disciplinary action.
- Conflicts of interest.
- Solicitation or acceptance of gifts.
- Unauthorized compensation.
- Invoice approval process; and
- Auditing.

Each member of the management team is expected to be familiar with the types of improprieties that might occur within his/her area of responsibility and be alert for any indication of irregularity.

ii. Board of Directors

The Board of Directors is responsible for ensuring that CFCHS meets legal, fiduciary, regulatory, and ethical requirements, and is charged with the appropriate stewardship of the organization's resources. Members of the Board of Directors receive upon appointment a welcome packet and orientation by the CEO that orients them to the responsibilities of a board member, their job description and expectations, management overview, and the baseline functions of a Managing Entity. They also receive the Code of Ethics and sign a Conflict-of-Interest statement. In addition, they receive training on Board of Directors' responsibilities related to compliance via the "Getting the Board on Board with Compliance" webinar, as well as an introduction to COSO framework and best practices for Board involvement.

Compliance activities and updates are included as a standing agenda item for the Board Compliance/Quality Improvement Committee meetings. Updates may include complaints/grievances, incidents, or any other compliance related reports, identified trends, number of FWA related reports, HIPAA Privacy and Security issues, etc. Compliance and FWA awareness information and updates are offered during these meetings as well.

Board members will be asked to participate in FWA prevention and resolution activities as the need arises. **Only non-subcontractor Board members are to directly participate in FWA related investigational activities.** The intent is to preserve the integrity of FWA activities and to prevent any opportunity for subjectivity or appearance of impropriety when situations involve a Subcontractor represented at the Board level. For example, if an allegation exists against a Subcontractor agency, it is appropriate that the Subcontractor board member recuses him/herself from any discussion or involvement in an investigation involving the agency for which they work. Board members will receive additional FWA guidance and awareness training as needed.

iii. Subcontractors

To promote compliance and FWA prevention within the network, CFCHS' Contract Managers:

- Conduct outreach, training, and education regarding contract requirements, appropriate billing, documentation of service delivery, the auditing process, and potential corrective actions.
- Collaborate with Subcontractors to update them on performance assessments, regulatory changes, and state communications.
- Educate Subcontractors on funding source purposes and restrictions to ensure that funds used are appropriate for the services being provided and billed to the Managing Entity.
- Communicate to Subcontractors information on monitoring, service documentation requirements, and correct billing practices.

iv. Persons Served Awareness

CFCHS employs the following mechanisms to promote FWA persons served education and awareness:

- CFCHS' website includes definitions of FWA examples, reporting mechanisms, and consequences of wasteful, abusive, or fraudulent use of health care services.
- CFCHS maintains person served representation in the Board of Directors; and
- Persons served participation is encouraged at various levels through CFCHS' Quality Improvement activities and processes. Modalities may include town hall meetings, focus groups tailored to specific subjects, surveys, and other opportunities as identified.

b. Contractual Provisions

CFCHS contracts with Subcontractors outline specific obligations related to compliance and key components of this protocol:

- i. Compliance with the provisions and conditions of the Master Contract between CFCHS and the Department.
- ii. Licensure and authority to provide allowable services.
- iii. Eligibility of persons served.
- iv. Service documentation.
- v. Verification that services are not covered/paid by Medicaid (CFCHS is the payer of last resort).
- vi. Employee qualifications.
- vii. Employment eligibility verification.
- viii. Confidentiality and non-disclosure requirements.
- ix. Non-payment as a result of corrective action and contract enforcement.
- x. Access of duly authorized persons to inspect records, facilities, goods, services, and interview persons served and employees.
- xi. Overpayments.
- xii. Subcontract assignment; and
- xiii. Termination for cause, breach, or non-performance.

c. Exclusions from Federal and State Funded Programs

CFCHS promotes compliance with all applicable federal and state laws related to exclusion from participation in federal and state programs. Subcontractors must ensure that employees, agents, directors, officers, partners, or owners with a 5% or more controlling interest and Subcontractors are not debarred, suspended, or otherwise excluded under the HHS-OIG LEIE, the SAM Exclusion Database, Florida DMS Suspended and Convicted Vendor lists. CFCHS' Contract Managers verify the exclusion status of Subcontractors, the Human Resource Generalist verifies the exclusion status of CFCHS' employees, and the CEO's Executive Assistant the exclusion status of Board members in these databases annually. CFCHS does not hire, employ, or contract with excluded individuals and/or entities.

- The U.S. Department of Health and Human Services (HHS) through the Office of Inspector General (HHS-OIG) can exclude individuals and entities from participating in federally funded health care programs. The HHS-OIG maintains the List of Excluded Individuals/Entities (LEIE) at <https://exclusions.oig.hhs.gov>.
- The U.S. General Services Administration's (GSA) web-based System for Award Management (SAM) Exclusion Database available at <https://www.sam.gov/portal/public/SAM/> is used to identify individuals and entities excluded from receiving federal contracts, certain subcontracts, and certain types of federal financial and non-financial assistance and benefits.
- Pursuant to rule 60A-1.006(2) - (4), Fla. Admin. Code, a State of Florida governmental agency or the Department of Management Services (DMS) may "suspend" a vendor (i.e., remove the vendor from the My Florida Market Place (MFMP) list for breach of contract or other default).
- Pursuant to s. 287.133, F.S., and rule 60A-1.006(5), F.A.C., the DMS shall keep a "Convicted Vendor List" identifying vendors who have committed a public entity crime. Inclusion on this list bars a vendor from doing any business with the state. As such, the DMS will also remove any Convicted Vendor from the master Vendor list.

d. Billing Validation, Payment, and Audits

Invoice payment occurs based on service data submitted by Subcontractors to CFCHSdata.org. Data submission audits in the form of exception reports take place monthly to ensure accuracy of data.

e. Industry Partnership

CFCHS and the Department work together to ensure consistency and coordination of program integrity activities including dissemination of new programmatic guidelines, and contractual state and federal requirements.

CFCHS also is a member of the Florida Association of Managing Entities (FAME) and works collaboratively with all other Managing Entities in the state to develop strategies and adopt best practices to better address the behavioral needs of the citizens of Florida.

CFCHS' Compliance Officer attends training and webinars on Compliance by leading subject matter experts, such as the Health Care Compliance Association, to be able to identify vulnerabilities, to ensure compliance, and prevent FWA.

4. Monitoring and Detection

The monitoring and detection component of this plan addresses ongoing evaluation methods to reduce internal and external vulnerability to compliance issues and FWA.



External Monitoring

i. Subcontractor Monitoring

CFCHS' Network Monitoring Handbook provides guidelines on CFCHS' Subcontractor monitoring process including an annual risk assessment of each contract to determine levels of risk, frequency of monitoring, areas of focus, pre monitoring activities, on-site or virtual monitoring activities, and post-monitoring activities. CFCHS' monitoring includes a programmatic and a fiscal component, where adherence to the contracts regulations is evaluated as well as sound clinical practices, accurate billing validation, and proper fiscal practices.

CFCHS also conducts an annual quality improvement review of the monitoring process to determine efficiencies, implement changes as needed including full review and approval of post monitoring activities not limited to, but including, follow up with corrective action plans.

ii. Secret Shopper Program

Through a Secret Shopper Program, CFCHS monitors that the network Subcontractors offer quality services that are accessible, courteous, and timely. In addition, this monitoring technique assists CFCHS in detecting Subcontractors' strengths, as well as gaps and areas that may need improvement. The Secret Shopper Program takes place along with

Subcontractor scheduled monitoring, or when needed due to concerns or complaints.

iii. Data Exception Reports

CFCHS produces monthly data exception reports that identify potentially inaccurate or exceptional data reported by Subcontractors. The Exception Report Guide posted on CFCHS' website includes categories such as:

- Admissions without services.
- CFARS due.
- CFARS overdue.
- Duplicate services.
- FARS due.
- FARS overdue.
- High unit totals.
- No recent PERF record.
- No recent services.
- Out of county services.
- Overlapping day services.
- Services without admission.
- 'Units of services' equal to 'begin time of service.'

iv. External Monitoring of CFCHS

External monitoring of CFCHS takes place regularly by the Department's Contract Oversight Unit (COU), Tallahassee Accountability Fiscal Unit, the Office of the Auditor General, and the annual Audit of Financials. All reports are presented to the Board of Directors for review.

b. Internal Monitoring

i. Fiduciary Compliance

The Chief Financial Officer (CFO) monitors CFCHS' day-to-day financial operations including budgeting, cost reduction, purchasing, invoicing oversight, and all aspects of financial requirements. In addition, the CFO is responsible for the enhancement of internal financial controls to ensure appropriate checks and balances of CFCHS' financial processes.

The Board-appointed Finance Committee is responsible for recommending financial policies, goals and budgets that support the mission, values, and strategic goals of the organization. This Committee monitors the financial performance of the organization, its Subcontractor network and System of Care against budgets, long-term trends, and industry benchmarks. In addition, the Finance Committee has the responsibility for Audit Committee functions which includes the review and approval of Financial Statements, review of the effectiveness of the organizations' financial internal controls, oversight of

external independent financial auditing, and processes for monitoring compliance with laws and regulations and the code of conduct.

ii. Procurement Guidelines

CFCHS' Procurement Policy delineates specific processes and expectations that address:

- Procurement process integrity.
- Lines of procurement authority and accountability.
- Broad-based competition within the free enterprise system.
- Methods of source selection and conditions for use.
- Right to conduct inspections and audit.
- Legal and contractual remedies (dispute, debarment, suspension, termination)
- Unauthorized purchases.
- Ethical standards of conduct for employees and non-employees.
- Conflicts of interest.
- Kickbacks.
- Contractor fraud, misrepresentation, or material misstatement.
- Proposer disqualification; and
- Assurances and certifications pertaining to convicted and discriminatory vendors list.

iii. Internal Process Improvement Reviews

CFCHS' management team provides oversight to compliance with internal processes by ensuring ongoing supervision of their departments, developing, and implementing internal monitoring tools to identify opportunities for quality improvement.

In addition, CFCHS has added compliance components to its HR processes for hiring, job descriptions, ongoing employee performance evaluations, as well as compliance related exit interviews.

c. Data Security

The information technology and data resources of CFCHS are valuable assets to the corporation and individuals it serves. CFCHS takes measures to safeguard and protect the confidentiality and integrity of sensitive data and technological resources. CFCHS' IT Policies and Procedures stipulate in detail the steps CFCHS takes to ensure systems meet HIPAA and industry standards regarding data security which include, but are not limited to, conducting a Data Security Risk Analysis, maintaining secure portals, unique User IDs, and secure passwords, and assigned levels of access specific to the user and need.

In addition, Human Resources (HR) files include detailed information on level of access, which is consistent with employee job descriptions and proof of annual security training. Password changes are required every sixty (60) days. State data

system access forms are kept on file for employees who access state systems or utilize state data.

5. Reporting and Investigating Mechanisms

CFCHS strives for clear and effective lines of communication to foster an environment that addresses compliance concerns quickly and effectively. CFCHS has created several avenues for the reporting of non-compliance issues, fraud, waste, and abuse to increase the likelihood of identification and prevention of criminal and unethical conduct.

CFCHS' Compliance Line is managed by a third-party compliance worldwide expert, NAVEX Global, which allows anonymous reporting via phone or web portal and gives callers assurances to protect them from retaliation. CFCHS' Compliance Line can be reached via phone call or electronically via CFCHS' website portal. The Compliance Line is available to employees, persons served, Subcontractors, and all other stakeholders. CFCHS' Board Compliance/Quality Improvement Committee Chair receives notifications of all reports received via the Compliance Line. This ensures another level of review, accountability, and follow-up. CFCHS' Compliance Line Policy and Procedure provides detailed information of the administrative roles and processes to be followed for the Compliance Line.

Compliance reports can also be made in person, via e-mail, or phone calls to Supervisors, HR, or the Compliance Officer.

CFCHS is committed to ensuring that all complaints and/or compliance reported issues are investigated in a fair, impartial, thorough, and thoughtful manner taking into consideration all applicable state, federal, and local laws. For this purpose, CFCHS follows and ensures adherence to its Whistleblower Policy and constantly trains and empowers employees on compliance reporting mechanisms. CFCHS' Investigations, Employee Complaints and Grievances, Network Complaint and Grievance, and Board Investigations Policies explain in detail how allegations will be investigated, reported, and followed up.

In instances where Fraud, Waste, Abuse, harassment, or any other egregious violation of compliance is alleged, CFCHS' Board, the Department's Central Region Administration, the Office of the Inspector General, licensing boards, law enforcement, and other funders or state agencies may be notified as applicable.

6. Enforcement and Discipline

CFCHS requires all employees and Subcontractors to be stewards of compliance by adhering to contracts terms, regulations, and statutes. Employees and Subcontractors who violate any part of established policies and procedures, regulations, ethical standards, and contractual obligations, or who fail to report suspected non-compliance, are subject to disciplinary action.

a. Subcontractors

CFCHS will utilize available eligibility information to ensure that invoiced services are not Medicaid eligible. Subcontractors are responsible for verification of funding source eligibility and resolving discrepancies in service submission(s) that are Medicaid (or other third-party payer) eligible. Identified Medicaid-eligible services will be deducted from the next invoicing cycle following the resolution by the Subcontractor in conjunction with the Contract Manager. Repeated submissions of Medicaid-eligible services to CFCHS for payment will result in sanctions.

i. Overpayment

- When an overpayment is identified as the result of a FWA review, CFCHS will submit the pertinent invoice(s) and associated payment records and supporting evidence details to the Subcontractor for review and response.
- The Subcontractor must submit correspondence to their CFCHS Contract Manager within the time limit specified in the overpayment notification. The Subcontractor must submit all supporting documentation or evidence along with the letter.
- The Contract Manager will review the Subcontractor's correspondence and any supporting documentation. The Contract Manager will send notification to the Subcontractor that the response has been received and will be reviewed.
- The Contract Manager will notify the Subcontractor of the review outcome within 30 calendar days after the Compliance Committee, CEO, and CFO review completion.

ii. Person Served Eligibility

Individuals receiving substance abuse and mental health services funded by CFCHS must meet the requirements of at least one of the priority populations described in Chapter 394, Florida Statutes. Eligibility for CFCHS' funded services is determined by the Subcontractors. When monitoring reveals irregularities or significant trends in the individual's eligibility validation process, the monitoring team will report these in accordance with CFCHS' Subcontractor Monitoring and related policy and procedures.

For Subcontractors, sanctions may include, but are not limited to, letter of non-compliance, corrective action plan, financial consequences, and contract termination. Subcontractors may dispute issues involving assignment of sanctions or corrective actions and other actions which have a negative impact on the Subcontractor. Dispute Resolution procedures are outlined in CFCHS' Procurement Policy and CFCHS' Subcontractor Dispute Resolution Policy.

b. CFCHS' Employees

CFCHS has policies and procedures that clearly reflect CFCHS' values and attitudes toward its employees and expectations that employees will not put CFCHS in a compromising position.

CFCHS' Code of Ethics and Code of Conduct describe appropriate employee behavior and address circumstances that may result in disciplinary action. Employees are trained to be knowledgeable of policies, procedures, and regulations that guide their functions. Employees know they can approach their immediate supervisor for guidance and clarification of any policy, procedure or regulation question or concern. If an employee is not comfortable with approaching their supervisor about compliance issues, including FWA related suspicions or allegations, the employee is encouraged to contact the Compliance Officer or the HR Generalist for guidance, as applicable. In addition, the Compliance/Quality Improvement Committee is also available for questions and concerns. Employees are also provided with training on how to use the Compliance Line, when, where, and how to submit incident reports, and how to contact the Department Office of the Inspector General.

Employees sanctions may include, but are not limited to, Verbal Reprimand, Written Reprimand, Pay Reduction, Demotion, Suspension, and Termination. Employees' dispute processes are stipulated in the HR Employee handbook and the Employee Compliant and Grievance Policy.

7. Response to Detected Offenses (Non-Compliance/FWA)

CFCHS is committed to providing responses within reasonable time limits to alleged and confirmed non-compliance or FWA instances. CFCHS will use immediate and reasonable efforts necessary to investigate based on CFCHS' Investigation, Incident Reporting, and Complaints and Grievances Policies. It is important to know that the Department Central Region Office, the Office of the Inspector General, and any other regulatory or law enforcement agency would be notified as applicable within contractually required time limits. The Compliance/Quality Improvement Committee will be notified of the allegations, investigation, results, and possible disciplinary actions for Board decision, if appropriate. Decisions to address the allegations through an independent investigation will be made as stipulated in CFCHS' Board Investigations Policy. The Florida Sunshine Law will determine what information is discoverable during the investigation in case of a public record request.

Based on the nature of the allegations, CFCHS may consult with legal counsel to determine if any issues should be managed under attorney-client privilege.

Attachment 1
Federal and State Anti-Fraud Regulations

Significant Anti-Fraud Federal and State Regulations

Affordable Care Act (ACA) § 4002: Authorized funds for the Prevention and Public Health Fund. From these funds, SAMHSA awarded funds in Fiscal Year 2010 to help community behavioral health agencies integrate primary care into their services. Pursuant to CFR §§ 74.21(b)(3) and 92.20(b)(3), grantees receiving ACA funds must ensure that the funds are used for authorized purposes.

Anti-Kickback Statute: Prohibits knowingly or willingly offering, paying, soliciting, or receiving anything of value to induce referrals of items or services payable by a federal health care program. Violations are considered felonies, punishable by criminal fines and imprisonment. A violation may also lead to the imposition of civil monetary penalties and possible exclusion from participation in federal health care programs.

Deficit Reduction Act (DRA) of 2005: Established the Medicaid Integrity Program in section 1936 of the Social Security Act (Public Law 109-171). The legislation directed the Secretary of the US Department of Health and Human Services (HHS) to establish a 5-year comprehensive plan to combat subcontractor fraud, waste, and abuse in the Medicaid program beginning in fiscal year (FY 2006).

Federal Civil False Claims Act: Prohibits knowingly submitting, or causing to be submitted, or conspiring to submit, a false or fraudulent claim for payment or approval by the government or the use of a false record or statement in support of a claim for government payment, or concealing, avoiding, or reducing an obligation to pay or transmit money or property to the government. *'Knowingly'* can include *deliberate ignorance* or *reckless disregard of facts* that make the claim false and *requires no proof of a specific intent to defraud*.

Violators are liable for three times the government's damages plus civil monetary penalties of \$5,500 to \$11,000 per false claim.

The whistleblower provisions of the Federal False Claims Act protect employees that report suspected misconduct and/or assist in investigations or prosecution.

Florida False Claims Act: Allows whistleblowers to bring suits in the name of the State of Florida where a wrongdoer engages in conduct that defrauds the state or local governments of taxpayer dollars. The law is a broad reaching statute designed to address an array of wrongdoing from health care fraud to fraud involving any type of government contract or business relationship involving state or local money.

Florida False Claims Act, House Bill 935 (Senate companion bill is Senate Bill 1494), House Civil Justice Subcommittee: This bill strengthens the Office of the Attorney General's ability to protect taxpayers by enhancing its investigative and prosecutorial authority, *including giving the office the power to issue subpoenas in non-Medicaid cases*.

Health Information Portability and Accountability Act of 1996 (HIPAA): Established, among other things, standards for certain electronic transactions and minimum privacy and security requirements for individually identifiable health information to reduce chances of misuse of the information for fraudulent purposes and to reduce the risk of identity theft.

Attachment 2
 FWA Contact Information for Oversight and Regulatory Agencies

Agency	Brief Description
<p>Florida DCF Inspector General E-mail IG.Complaints@myflfamilies.com Website https://www.myflfamilies.com/about/additional-services-offices/office-inspector-general</p> <p>Phone: (850) 488-1225 The mailing address: 1317 Winewood Blvd., Bldg. 5, Second Floor Tallahassee, Florida 32399-0700</p>	<p>Accepts reports of:</p> <ul style="list-style-type: none"> • Contract Fraud and Mismanagement • Conflict of Interest • Misuse of Position or Property • Improper Expenditure or Commitment of Public Funds • Violation of Law, Rule, or Procedure • Inappropriate Acts and/or Omissions that result in an individual's injury, abuse, neglect, or death
<p>Florida Office of Chief Inspector General Executive Office of the Governor Florida's Whistleblower's Hotline: 1-800-543-5353 Post Office Box 151 Tallahassee, Florida 32302</p>	<p>Accepts reports of retaliatory actions against individuals who report alleged:</p> <ul style="list-style-type: none"> • Violations of law on the part of a public agency or Subcontractor • Improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of an agency, public officer, or employee.
<p>Florida Department of Financial Services Get Lean Hotline: 1-800-438-5326 Online: www.fldfs.com</p>	<p>The Florida Department of Financial Services operates a "Get Lean Hotline" to respond to telephone calls applicable to waste, fraud and abuse within state government and accept suggestions on how the state can save money.</p> <p>Callers may leave messages with the Department of Financial Services between the hours from 8:30 a.m. to 4:30 p.m. or during non-working hours.</p> <p>The Florida Department of Financial Services states that callers may remain anonymous, and names are kept confidential, when given.</p>

Agency	Brief Description
<p>Department of Health and Human Services (HHS) Office of Inspector General's (OIGs) 1-800-HHS-TIPS (1-800-447-8477) Email: HHSTIPS@oig.hhs.gov TTY: 1-800-377-4950</p> <p>The mailing address is: Office of Inspector General Department of Health and Human Services Attn: HOTLINE 330 Independence Ave., SW Washington, DC 20201</p>	<p>The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.</p>

Attachment 3
Definition of Key Terms and Acronyms⁷

Abuse: Abuse refers to practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes ‘person served’ practices that result in unnecessary costs.

Person Served: Recipients of behavioral health services.

Discovery Review: A payment record or service data query drawn for review and identification of potential FWA trends.

Fraud: Any intentional deception or misrepresentation made by an entity or person with the **knowledge** that the **deception** could result in an unauthorized benefit or payment to the entity, him/herself, or another person.

FWA: Fraud, Waste and Abuse.

Integrity safeguard: Refers to an independent ‘check and balance’ or additional assurance regarding the reliability of information.

Program integrity: Refers to a range of activities designed to prevent, detect, and deter future occurrences of FWA.

SAMHSA: Substance Abuse and Mental Health Services Administration.

Sanctions: May include consequences such as Verbal Reprimand, Written Reprimand, Pay Reduction, Demotion, Debarment, Suspension, Dismissal and Contract Termination.

⁷ As utilized in this plan

Employee: Includes all classifications and levels of employee, including interns and volunteers as defined in Human Resources Policies and Procedures.

Waste: Refers to the irresponsible and careless expenditure, consumption, mismanagement, use or squandering of healthcare resources, including incurring costs because of inefficient or ineffective practices systems or controls.