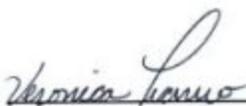


Governance Committee Meeting
November 14, 2023
9:00 am

- I. **DECLARATION OF QUORUM**
- II. **PUBLIC COMMENTS**
- III. **APPROVAL OF MINUTES**
 - A. Approve Minutes of the Board of Trustees Meeting Held on Tuesday, October 24, 2023
(*EXHIBIT G-1*)
- IV. **REVIEW AND TAKE ACTION**
 - A. Compliance Plan FY2024
(*EXHIBIT G-2 Demetria Lockett*)
- V. **EXECUTIVE SESSION**
 - **As authorized by §551.071 of the Texas Government Code, the Board of Trustees reserves the right to adjourn into Executive Session at anytime during the course of this meeting to seek legal advice from its attorney about any matters listed on the agenda.**
 - **As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**
 - **In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board members as Board Officers and the 2024 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**
- VI. **RECONVENE INTO OPEN SESSION**
- VII. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**
- VIII. **ADJOURN**



Veronica Franco, Board Liaison
Jim Lykes, Chair, Governance Committee
The Harris Center for Mental Health and IDD



EXHIBIT G-1

**BOARD OF TRUSTEES
THE HARRIS CENTER *for*
MENTAL HEALTH AND IDD
GOVERNANCE COMMITTEE MEETING
TUESDAY, OCTOBER 24, 2023
MINUTES**

CALL TO ORDER

Mr. Jim Lykes, Chairman called the meeting to order at 8:35 a.m. in Conference Room 109, 9401 Southwest Freeway, noting a quorum of the Committee was present.

RECORD OF ATTENDANCE

Committee Members in Attendance: Mr. J. Lykes, Mr. S. Zakaria, Dr. G. Santos (virtual)

Committee Member Absent: Mrs. N. Hurtado, Mr. G. Womack

Other Board Member Present: Dr. R. Gearing, Dr. L. Moore, Mrs. B. Hellums,
Dr. M. Miller, Jr (virtual)

1. DESIGNATION OF BOARD MEMBERS AS VOTING COMMITTEE MEMBERS

Mr. Jim Lykes designated Dr. R. Gearing, Dr. L. Moore, Mrs. B. Hellums and Dr. Miller, Jr. as voting members of the committee.

2. DECLARATION OF QUORUM

The meeting was called to order at 8:30 a.m.

3. PUBLIC COMMENTS

There were no Public Comments.

4. APPROVAL OF MINUTES

Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, September 26, 2023

**MOTION: GEARING SECOND: HELLUMS
The Motion passed with unanimous affirmative votes**

BE IT RESOLVED, Minutes of the Board of Trustees Governance Committee meeting held on Tuesday, September 26, 2023 EXHIBIT G-1 has been approved and recommended to the Full Board.

5. REVIEW AND TAKE ACTION

A. POLICY UPDATES/SUBSTANTIAL CHANGES

1. Root Cause Analysis Policy

MOTION: MOORE SECOND: HELLUMS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Root Cause Analysis Policy, EXHIBIT G-2 has been approved and recommended to the Full Board.

B. NO/MINOR CHANGES

1. Adding and Receiving Equipment

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Adding and Receiving Equipment EXHIBIT G-3 has been approved and recommended to the Full Board.

2. Agency Abbreviations

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Agency Abbreviations EXHIBIT G-4 has been approved and recommended to the Full Board.

3. Asset Tracking and Depreciation

MOTION: MOORE SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Asset Tracking and Depreciation EXHIBIT G-5 has been approved and recommended to the Full Board.

4. Breach Notification

MOTION: GEARING SECOND: HELLUMS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Breach Notification EXHIBIT G-6 has been approved and recommended to the Full Board.

5. Business Associate and Subcontractor

MOTION: MOORE SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Breach Notification EXHIBIT G-7 has been approved and recommended to the Full Board

6. Communication with the Media and Other Entities

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Communication with the Media and Other Entities EXHIBIT G-8 has been approved and recommended to the Full Board

7. Consents and Authorizations

MOTION: MOORE SECOND: GEARING
Mr. Zakaria abstained

The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Consents and Authorizations EXHIBIT G-9 has been approved and recommended to the Full Board

8. Content of Patient/Individual Records

MOTION: MOORE SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Content of Patient/Individual Records EXHIBIT G-10 has been approved and recommended to the Full Board

9. Declaration of Mental Health Treatment

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Declaration of Mental Health Treatment EXHIBIT G-11 has been approved and recommended to the Full Board

10. Emergency Codes, Alerts, and Response

MOTION: MOORE **SECOND: GEARING**
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Emergency Codes, Alerts, and Response EXHIBIT G-12 has been approved and recommended to the Full Board

11. Faxing & Emailing Patient Identifying Information

MOTION: MOORE **SECOND: GEARING**
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Faxing & Emailing Patient Identifying Information EXHIBIT G-13 has been approved and recommended to the Full Board

12. Harris Center Advisory Committee

MOTION: GEARING **SECOND: MOORE**
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Harris Center Advisory Committee EXHIBIT G-14 has been approved and recommended to the Full Board

13. IDD-PAC Bylaws

MOTION: GEARING **SECOND: MOORE**
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, IDD-PAC Bylaws EXHIBIT G-15 has been approved and recommended to the Full Board

14. Medication Administration

MOTION: MOORE **SECOND: GEARING**
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Medication Administration EXHIBIT G-16 has been approved and recommended to the Full Board

15. Nepotism HR SOP

MOTION: MOORE SECOND: ZAKARIA
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Nepotism HR SOP EXHIBIT G-17 has been approved and recommended to the Full Board

16. Overtime Compensation

MOTION: HELLUMS SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Overtime Compensation EXHIBIT G-18 has been approved and recommended to the Full Board

17. Patient/Individual Access to Medical Records

MOTION: ZAKARIA SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Patient/Individual Access to Medical Records EXHIBIT G-19 has been approved and recommended to the Full Board

18. Performance Improvement Plan

MOTION: Dr. Moore motioned to table the item
SECOND: Dr. Gearing
The Motion passed with unanimous affirmative votes.

BE IT RESOLVED, the Performance Improvement Plan was tabled.

19. Retention of Patient/Individual Records

MOTION: MOORE SECOND: HELLUMS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Retention of Patient/Individual Records EXHIBIT G-21 has been approved and recommended to the Full Board

20. Return to In-Patient Care of Furloughed Patient

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Security of Patient/Individual Identifying Information Records EXHIBIT G-23 has been approved and recommended to the Full Board

21. Security of Patient/Individual Identifying Information

MOTION: GEARING SECOND: MOORE
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Security of Patient/Individual Identifying Information Records EXHIBIT G-23 has been approved and recommended to the Full Board

22. Standardized Patient Record Form

MOTION: ZAKARIA SECOND: HELLUMS
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Standardized Patient Record Form EXHIBIT G-24 has been approved and recommended to the Full Board

23. Subpoenas

MOTION: ZAKARIA SECOND: GEARING
The Motion passed with unanimous affirmative votes

BE IT RESOLVED, Subpoenas EXHIBIT G-25 has been approved and recommended to the Full Board

6. EXECUTIVE SESSION –Mr. Lykes announced the Governance Committee would convene into Executive Session at 8:48 a.m. for the following reasons:

- **As authorized by § 551.074 of the Texas Government Code, performance evaluation of CEO. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees**
- **In accordance with §551.074 of the Texas Government Code, Discussion of Personnel Matters related to the Nomination of Individual Board**

members as Board Officers and the 2024 Slate of Officers. Mr. James Lykes, Chair of Governance Committee; S. Zakaria, Chair of the Harris Center Board of Trustees

7. **RECONVENED INTO OPEN SESSION**

Mr. Lykes reconvened the Governance Committee into open session at 9:05 a.m.

8. **CONSIDER AND TAKE ACTION AS A RESULT OF THE EXECUTIVE SESSION**

9. **ADJOURN**

MOTION: ZAKARIA SECOND: HELLUMS

The meeting was adjourned at 9:06 A.M.

Respectfully submitted,

Veronica Franco, Board Liaison
Jim Lykes, Chairman
Governance Committee
THE HARRIS CENTER for Mental Health and IDD
Board of Trustees

EXHIBIT G-2

Status **Active** PolicyStat ID **14469028**



Origination 11/2022
Last Approved 10/2023
Effective 10/2023
Last Revised 10/2023
Next Review 10/2024

Owner Christopher Webb: Audit
Area Plans
Document Agency Plan
Type

LD.P.1 Compliance Plan FY24

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1.4. IV. COMPLIANCE PLAN ELEMENTS 1 – 7

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F. Compliance as an Element of a Performance Plan

Element 2. Designation of a Compliance Director and a Compliance Committee

- A. Compliance Director
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- 1. Code of Conduct
- 2. Regular Review of Compliance Program Effectiveness

1.6. VI. SELF-REPORTING

1.7. VII. CONCLUSION

2. I. INTRODUCTION

1. Overview.

The Harris Center for Mental Health and IDD (The Harris Center) is proud of the standards that drive our success. These standards help create an environment and culture that places great value on business ethics and personal integrity, which are demonstrated through the services we provide. The Harris Center is committed to conducting its business in an ethical and law-abiding fashion. We are intolerant of violations of any applicable federal, state, or local laws, and regulations. The Harris Center will maintain a business culture that builds and promotes compliance consciousness and encourages employees to conduct all business with honesty and integrity. The Harris Center's commitment to compliance includes communicating to all employees and contractors, clear business ethical guidelines to follow; providing general and specific education regarding applicable laws, regulations, and policies; and providing monitoring and oversight to help ensure that The Harris Center meets our compliance commitment. The Harris Center promotes open and free communication regarding our ethical and compliance standards

and provide a work environment free of retaliation.

As we strive to become the most innovative behavioral health system in the country, it is imperative we understand and adhere to the standards and principles set forth in this document and protect the integrity of The Harris Center. The goal of the Compliance Department (Compliance) is to continually improve the agency's awareness and accountability, while increasing the agency's responsiveness to those we serve using a corporate compliance model. The compliance model is developed in accordance with guidance provided by the Office of Inspector General (OIG) of the Department of Health and Human Services concerning the elements of an effective compliance plan.

2. Application of Compliance Plan Guidance

The purpose of The Harris Center's Compliance Plan is to provide uniform guidance for the provision of services by The Harris Center, including billing and accounting activities. The Harris Center's Clinical Transformation & Quality (formerly Program Improvement Department) maintains The Harris Center's quality management and performance improvement plans, protocols, and processes that support the overarching agency Compliance Plan; please refer to the Performance Improvement Plan for further details. The Harris Center's Compliance Plan is a comprehensive strategy to ensure:

- a. Services are provided and documented according to applicable regulations.
- b. Claims submitted to all payers, including private entities, government agencies, and consumers, are consistently accurate.
- c. Accounting of collections is consistently accurate.
- d. The Harris Center's employees comply with the applicable laws, policies/procedures and regulations, and payer requirements relating to their participation in these programs.

3. THE HARRIS CENTER'S Purpose, Mission, Vision, and Core Values

Our Purpose

The Harris Center is committed to providing professional, comprehensive, and quality care to individuals with mental health and intellectual and developmental disabilities (IDD). The obligation to implement this plan is shared by all employed by The Harris Center, including direct care staff, administrative staff, support staff, contracted providers, and other agency affiliates.

Health-care is one of the most highly regulated industries in the country, and there are many laws and regulations which may not be directly addressed herein. Although an exhaustive list of all applicable regulations is not presented here, all regulations are essential to The Harris Center and may be addressed elsewhere within the agency's governing documentation.

The Compliance Plan serves to outline the agency's ethical commitment, standards of conduct, and legal and regulatory requirements. This plan also communicates the organization's pledge to operate by established guidelines, statutes, rules, regulations, and policies set by the government, executive leadership of THE HARRIS CENTER, and

negotiated agreements.

Our Mission

Transform the lives of people with behavioral health and IDD needs.

Our Vision

Empower people with behavioral health and IDD needs to improve their lives through an accessible, integrated and comprehensive recovery-oriented system of care.

Our Core Values

- Collaboration
- Compassion
- Excellence
- Integrity
- Leadership
- Quality
- Responsiveness
- Safety

II. COMPLIANCE DEPARTMENT REPORTING STRUCTURE:

Framework:

The Harris Center's Compliance Plan has the following primary components:

The Audit/Compliance Committee:

Refer to Element 2 of this document

Chief Executive Officer:

Serves as the Executive Director for all operations at The Harris Center. Reports to the Board of Trustees.

General Counsel

Oversees the Department of Compliance and Right's Office. Works closely with the Executive Team and actively engages in critical operations and top emerging issues to provide guidance in developing effective compliance strategies. Researches, recommends, and implements best practice tools and methodologies for The Harris Center.

Compliance Director:

Refer to Element 2 of this document

Compliance Auditor:

The compliance auditor is tasked with helping to ensure that The Harris Center is adhering to federal, state, and local laws and regulations relevant to its business practices and services rendered. The compliance auditor will have specialized training and appropriate credentials and is responsible for coordinating and/or assisting with the management of both internal agency audits and external audits or reviews as necessary. Compliance auditors, during or at the close of a review, will make recommendations based on audit findings to assist the agency in adopting changes to procedures or practices that are out of compliance with stated regulations. Compliance auditors will also analyze potential risks and gaps within operational areas of The Harris Center in order to avoid non-compliance.

The Harris Center's compliance auditors will conduct audits in accordance with an approved audit schedule, which allows for review of agency programs at least annually, but more frequently for programs or areas requiring more intensive review. All audits and reviews will be executed in accordance with appropriate standards, policies, procedures and within the scope of the authority that is granted. The Harris Center shall ensure that audits are adequately developed, initiated by persons with appropriate knowledge and experience, and utilize audit tools and protocols that are periodically updated to reflect changes in applicable laws and regulations.

Compliance auditors will also monitor any violations reported against The Harris Center and actively assist in the development of responses and plans, including education and training, to address the violations.

Operational Vice Presidents:

The Vice Presidents are responsible for divisional oversight and assuring that the compliance plan is implemented and adhered to throughout the divisions they supervise. They are responsible for being aware of divisional monitoring activities and will be required to sign audit and review reports, acknowledging awareness of findings for programs within their divisions.

Program Directors/Practice Managers:

Program Directors/Practice Managers have day-to-day oversight of program activities and are responsible for assuring that program operations align with agency standards and the compliance plan.

Personnel:

All agency personnel have the responsibility to ensure that all services provided, and the documentation thereof is in accordance with the standards set forth in the compliance plan.

III. Statutes, Laws, Regulations/Regulatory Bodies:

1. **Code of Conduct** – A *code of conduct* is a collection of rules and regulations that include what is and is not acceptable or expected behavior.

2. **Health and Human Service Commission (HHSC)** - The federal agency that oversees CMS, which administers programs for protecting the health of all Americans, including Medicare, the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP).
3. **Office of Inspector General (OIG)** - The Office of Inspector General for the United States Department of Health and Human Services (HHS) is charged with identifying and combating waste, fraud, and abuse in the HHS's more than 300 programs, including Medicare and programs conducted by agencies within HHS.
4. **Texas Administrative Code (TAC)** - The Texas Administrative Code is a compilation of all state agency rules in Texas.
5. **Health Insurance Portability and Accountability Act (HIPAA)** – The Health Insurance Portability and Accountability is a federal law enacted in 1996 that protects continuity of health coverage when a person changes or loses a job, that limits health-plan exclusions for preexisting medical conditions, that requires that patient medical information be kept private and secure, that standardizes electronic transactions involving health information, and that permits tax deduction of health insurance premiums by the self-employed. HIPAA established a Social Security Act Section that created the Health Care Fraud and Abuse Control Program to coordinate federal, state and local law enforcement efforts relating to health care fraud and abuse with respect to health plans; conduct investigations, audits, and inspections and evaluations relating to the delivery of and payment for health care in the United States; facilitate enforcement of all applicable remedies for fraud; and provide education and guidance regarding complying with current health care law.
6. **Health Information Technology for Economic and Clinical Health Act (HITECH)** - The Health Information Technology for Economic and Clinical Health Act (HITECH Act) is part of the American Recovery and Reinvestment Act of 2009 (ARRA). The HITECH Act was created to motivate the implementation of electronic health records (EHR) and supporting technology in the United States.
7. **Stark Law**- Stark Law is a healthcare fraud and abuse law that prohibits physicians from referring patients for certain designated health services paid for by Medicare or Medicaid programs to any entity in which they have a "financial relationship." The federal government interprets the term "financial relationship" broadly to include any direct or indirect ownership or investment interest by the referring physician, any financial interests held by any of the physician's immediate family members or a compensation arrangement between the physician (or immediate family member) and the entity. Unlike the federal Anti-Kickback Statute, the Stark Law is not a criminal statute. The Stark Law may be violated even if the parties do not intend to violate the law. The Office of the Inspector General (OIG) for the Department of Health and Human Services ("HHS") can pursue a civil action against Stark Law violators under the civil monetary penalties law. Stark Law violations can result in penalties of up to \$15,000 for each billed service that is based on a prohibited referral, plus three times the amount of the government overpayment. Violations of the Stark Law may result in the exclusion of any party from Medicaid and Medicare programs.
8. **Civil False Claims Act (FCA)** - The False Claim Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded.
9. **Sarbanes-Oxley Act (SOX)** - The Sarbanes-Oxley Act of 2002 is a federal law that established

sweeping auditing and financial regulations for public companies. Lawmakers created the legislation to help protect shareholders, employees and the public from accounting errors and fraudulent financial practices.

10. **Anti-Kickback Statute-** The federal Anti-Kickback Statute is a healthcare fraud and abuse statute that prohibits the exchange of remuneration—which the statute defines broadly as anything of value—for referrals for services or purchasing, leasing, ordering, or arranging for or recommending the purchase, lease or ordering of any good, facility, service or item that are payable by a federal health care program. The Anti-Kickback Law requires the person to act willfully and knowingly. Violation of the Anti-Kickback law may result in criminal and civil penalties and exclusion from federal health care programs.
11. **Federal Trade Commission Act of 1914 –** The Federal Trade Commission Act outlaws unfair methods of competition and outlaws unfair acts or practices that affect commerce.
12. **Tax Exempt Standards –** The Tax Exempt Standards state all 501(c)(3) non-profit organizations may not pay more than "reasonable" compensation to a private individual or entity from which it purchases service or items.
13. **Other -** Applicable Law" means any law, rule, regulation, condition, requirement, guideline, ruling, ordinance or order of or any legal entitlement issued by any Governmental Body and applicable from time to time to the performance of the obligations of the parties to an Agreement.

IV. Seven Elements of The Harris Center's Compliance Plan

Element 1: Written Policies and Procedures

Policies establish formal guidance needed to coordinate and execute activity throughout the agency. When effectively deployed, policy statements help to focus attention and resources on high priority issues, thereby aligning and merging efforts to achieve the institutional vision. Procedures serve as the operational processes required to implement organizational policy. If policy is "what" the agency does operationally, then its procedures are "how" it intends to carry out those operating policy expressions.

All policies and procedures shall adhere to state, federal, and any other applicable regulatory guidelines. The Harris Center will continue to develop and maintain policies and procedures, which defines internal management and operations. Maintenance of the agency's policies and procedures will be coordinated by The Compliance Department (Compliance) via an electronic management system and will include, but not be limited to periodic review, creation, and archiving of policies and procedures. Policies require approval by the Board of Trustees, while procedures are routed and reviewed internally, with approval by the Chief Executive Officer or his/her designee.

A. Standards of Behavior for The Harris Center Personnel

Based on each of the eight core values of The Harris Center, these guidelines establish clear expectations for how we interact with the people we serve and our fellow team members. As team leaders, we commit to follow these guidelines to help improve the way we carry out The Harris

Center's mission of transforming the lives of people with behavioral health and IDD needs.

1. Collaboration:

We trust that teamwork and working together toward shared goals are essential to our success.

I will:

- i. Offer my assistance to those who may need help, or find someone who can, to create the best outcome
- ii. Use respect and courtesy as I share messages and information
- iii. Recognize and celebrate the achievements and successes of others
- iv. Make new staff and people served feel welcomed and supported using positive verbal and non-verbal communication
- v. Acknowledge and value workplace diversity to strengthen our organizational culture
- vi. Share my expertise and work with community partners and outside entities to improve the lives of people served

2. Compassion:

We strive to make every encounter an opportunity to show care and kindness.

I will:

- i. Show others that I want to listen and understand by giving my full attention (e.g., face the person when speaking and listening)
- ii. Contribute towards building a positive work environment by having positive and solution-oriented interactions with colleagues and people served
- iii. Smile, make eye contact, and greet everyone with enthusiasm
- iv. Treat everyone with respect and dignity
- v. Have an open mind and make time to listen and guide those in need

3. Excellence:

We exhibit professionalism and exceed expectations by continuously improving our performance.

I will:

- i. Strive to exceed expectations, not just meet them
- ii. Provide exceptional customer service to people served and contribute to build a supportive work environment with my colleagues
- iii. Be innovative, seeking new solutions to achieve organizational goals and to improve the lives of those whom I serve
- iv. Perform my duties to the best of my ability every day
- v. Present myself professionally by dressing in a neat and respectable manner with appropriate fit

4. Integrity:

We demonstrate honesty, trust, and sound moral and ethical principles.

I will:

- i. Be fair, truthful, and honest at all times
- ii. Maintain a high level of composure in communication with co-workers, employees, and management
- iii. Maintain appropriate social boundaries because I am representing myself and The Harris Center
- iv. Take responsibility for my mistakes and offer solutions
- v. Behave professionally on a daily basis and assume full responsibility for my behavior
- vi. Welcome feedback and not respond defensively if I do not agree with what is being said

5. Leadership:

We inspire, take responsibility, and lead by example.

I will:

- i. Strive to do my best every day to carry out the mission of The Harris Center and provide ideas to improve our organization's capability to positively impact the community
- ii. Be open-minded, supportive, respectful, and encouraging
- iii. Ask others for their opinions and acknowledge their contributions
- iv. Demonstrate the characteristics of a positive role model
- v. Deliberately seek learning opportunities to develop as a leader and to understand one's personal strengths and weaknesses
- vi. Strive to learn something every day by looking at myself and people around me

6. Quality:

We create an environment for high quality care and continuous enhancement of our performance standards.

I will:

- i. Strive to provide the highest quality services to people served and staff every day
- ii. Continue to expand my knowledge in my area of responsibility so I am able to provide high quality services
- iii. Be proactive rather than reactive
- iv. Strive for accuracy in my work and actions

7. Responsiveness:

We communicate clearly, effectively, professionally, and in a timely manner.

I will:

- i. Welcome feedback and address concerns in a timely manner
- ii. Respond to incoming communication in a timely manner (within 24-48 hours)
- iii. Respond clearly and directly to all forms of communication that I receive from people served and co-workers, providing an opportunity for others to seek clarification if needed
- iv. Thank my colleagues and people served for waiting and apologize for any delays or barriers
- v. Handle complaints and advice with care and without taking personal offense

8. Safety:

We think safe, act safe, and stay safe.

- i. Be alert and aware of my surroundings
- ii. Actively participate in keeping all work areas, meeting rooms, and public places clean, safe, and organized
- iii. Seek ways to reduce risks and report all errors and near-misses
- iv. Dispose of litter, clean up spills, and/or report them immediately to the appropriate department
- v. Hold myself, my colleagues, and leaders accountable for the safety of people served
- vi. Make the safety, health, privacy and welfare of people served my top priority

B. Common Risk Areas.

The Harris Center is committed to identifying, addressing and/or mitigating risks. Listed below are common risk areas that have been identified across behavioral health-care agencies as a whole:

1. Medical Billing/Coding;
2. Clinical Documentation Integrity (CDI);
3. Contract compliance;
4. Comprehensive Psychiatric Emergency Programs services;
5. Credentialing;
6. Agency security protocols;
7. Rights Protection and Advocacy;
8. Incident reporting;
9. Jail Diversion Programs and Services;
10. Investigations;
11. HIPAA and HITECH Compliance; and
12. Fraud, Waste, and Abuse.

C. Claim Development and Submission Process

The Harris Center will:

1. Provide a mechanism for the billing or reimbursement of services provided;
2. Provide for proper and timely documentation of all physician and other professional services prior to billing to ensure that only accurate and properly documented services are billed;
3. Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained, appropriately organized in legible form, and available for audit and review. The documentation, which may include patient records, should record the date and time the activity was conducted, the appropriate coding for the service, the identity of the individual providing the service including signature and credentials, the client to whom the service was provided, and the location of the service;
4. Ensure service records and documentation used as a basis for a claim submission are appropriately organized in a fashion that allows for accessibility for review and auditing purposes;
5. Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other authorized documentation;
6. Establish a process for pre- and post-submission review of claims to ensure claims submitted for reimbursement accurately represent services provided, are supported by sufficient documentation and are in conformity with any applicable coverage criteria for reimbursement;
7. Ensure all billing reflects true and accurate information and conform to all pertinent Federal and state laws and regulations.

D. Integrity of Data Systems Procedures

To ensure and maintain the accuracy and integrity of electronic data systems used for charting client data, claims submission, collections, credit balances and other relevant reports, The Harris Center will:

1. Ensure data is backed up on a regular basis;
2. Ensure regularly scheduled integrity checks are performed;
3. Ensure electronic data is protected against unauthorized access or disclosure by limiting access to data systems to only authorized personnel (password protected)

E. Retention of Records

The Harris Center will:

1. Hold employees accountable for the integrity and accuracy of The Harris Center 's documents and records, not only to comply with regulatory and legal requirements, but also to ensure that records are available to defend business practices and actions.

2. Prohibit the tampering with, altering of, or falsification of information on any record or document.
3. Ensure medical documents, business documents and records are retained in accordance with the law and service specific records retention policy.
 - i. Medical and business documents include but are not limited to paper documents, computer-based or electronic information, and any other medium that contains information about The Harris Center or its business activities.

F. Compliance as an Element of a Performance Plan

The promotion of and adherence to the elements of this compliance program will be a factor in evaluating the performance of all employees. All agency managers and supervisors will:

1. Discuss with all supervised employees and relevant contractors the compliance policies and legal requirements applicable to their function;
2. Ensure employees are periodically trained in new compliance policies and procedures;
3. Inform all supervised personnel that strict compliance with these guidelines, and policies of THE HARRIS CENTER is a condition of employment;
4. Disclose to all supervised personnel that The Harris Center will take disciplinary action up to and including termination for violation of these guidelines, policies or requirements;
5. Be reprimanded for failure to instruct their subordinates adequately or for failure to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations.

Element 2: Designation of a Compliance Director and a Compliance Committee

Compliance strives to protect The Harris Center as an organization by detecting and preventing improper conduct while promoting adherence to the organization's legal and ethical obligations. As regulatory guidance and applicable laws change, the compliance plan will be reviewed and forwarded to the Chief Executive Officer (CEO) and the board of trustees. Review and updating of the compliance plan will occur as needed, but in any event shall be reviewed annually.

Regulations, standards and/or regulatory bodies with which the agency must remain in compliance with include, but are not limited to the following:

1. Anti-Kickback Statute
2. Centers for Medicare and Medicaid Services (CMS)
3. False Claims Act
4. Federal Trade Commission Act of 1914
5. Health and Human Service Commission (HHSC)
6. Health Information Technology for Economic and Clinical Health Act (HITECH)

7. Health Insurance Portability and Accountability Act (HIPAA)
8. Occupational Safety and Health Administration (OSHA)
9. Office of Inspector General (OIG)
10. Sarbanes-Oxley Act (SOX)
11. Stark Law
12. Texas Administrative Code (TAC)
13. THE HARRIS CENTER's Code of Conduct

To ensure the effective operation of a compliance program, The Harris Center will designate a Compliance Director who is not assigned directly to any of The Harris Center's programs, who is responsible for the compliance department and compliance activities of THE HARRIS CENTER. The Compliance Director will report to General Counsel, who also has a duty to report to the Board of Trustees.

A. Compliance Director

The Harris Center's Compliance Director will:

1. Oversee and monitor implementation of the Compliance Program.
2. Review the program to ensure relevance and compliance with current local, state, and Federal laws and regulations.
3. Ensure the components of the Compliance Program are implemented to reduce fraud, waste, abuse, and mismanagement agency wide.
4. Ensure that contractors, vendors, and agents who furnish services to the facility are aware of the facility's compliance program and its respective coding and billing policies and procedures.
5. Have the authority to access and review all documentation and other information relevant to agency compliance activities.
6. Assist the business office, agency divisions/programs, and internal audit concerning compliance review activities related to service provision and/or revenue cycle within the agency.
7. Investigate issues related to compliance.
8. Assist in identifying processes for improvement and document compliance issues as necessary.
9. Encourage the reporting of suspected fraud, waste, abuse, or mismanagement across agency staff without fear of retaliation through training and other means of communication.
10. Notify employees of applicable regulations, procedures, and guidelines.
11. Report to The Harris Center's General Counsel and The Harris Center's Board of Trustees on a regular basis regarding the results of any audits/reviews, Compliance activities, trainings, reports of fraud, waste, abuse, reportable investigations, and any resulting employee discipline.

B. Compliance Committee

The Audit/Compliance Committee is established to assist the Compliance Director in the development, implementation and monitoring of compliance activities.

The Harris Center Compliance Committee will:

1. Advise the Compliance Director and assist in the implementation of the compliance program.
2. Assess compliance violation investigations to determine whether a violation of the compliance plan actually exists.
3. Continually assess current policies and procedures to ensure compliance, relevance, and practicability.
4. Work with appropriate personnel to develop standards of conduct and policies and procedures, to promote adherence to The Harris Center compliance program.
5. Monitor internal controls to implement the program and recommend changes as needed.
6. Ensure periodic audits of claims development and claims processing procedures are performed and that internal fiscal and administrative controls are implemented and maintained.

Element 3: Conducting Effective Training and Education

Education and training are critical elements of the compliance plan. Every employee is expected to be familiar with and knowledgeable concerning the regulations governing The Harris Center's activities and have a solid working knowledge of his or her responsibilities under the plan. Compliance related policies and procedures will be communicated to all employees through required training programs and electronic communications.

1. Compliance shall collaborate with all agency departments, including the Education and Development (E&D) department, and agency committees to ensure staff training and development align with state and federal regulations.
2. Compliance trainings will be appropriate to specific position responsibilities. All employees of THE HARRIS CENTER will receive annual compliance training to ensure commitment to the agency's high ethical standards of professional and business conduct.
3. Compliance will collaborate with The Harris Center's training department to relay the objectives of Compliance in New Employee Orientation (NEO) classes. Compliance will also collaborate with The Harris Center's training department to ensure that annual compliance training is provided to the agency. The trainings will include but not be limited to:
 - i. An overview of the Compliance Plan.
 - ii. The role of Compliance within the agency.
 - iii. Code of conduct.

- iv. Reporting of suspected fraud, waste and abuse, and violations of laws and regulations
4. All employees will have access to in class or on-line compliance training through the agency's training system and receive notifications of expired and upcoming trainings. Management is responsible for ensuring their employees are familiar with regulations, are aware of issues affecting their units, and are updated with information provided by Compliance. Compliance will provide periodic trainings on compliance with regulations, the compliance plan and the compliance department's activities. Such training shall occur as often as appropriate, but at least once annually.

Element 4: Developing Effective Lines of Communication.

Staff members will have the ability to communicate compliance issues without the fear of retaliation. Staff members shall be able to ask for clarification when they're unsure about a policy, procedure or potential compliance violation.

1. If an employee has a compliance related question or has any reason to believe that anyone (including the employee himself or herself) is engaging in false billing practices, that employee shall immediately report the practice to his or her immediate supervisor and the Compliance Director at 713.970.3432. Reports to the Compliance Director remain confidential.

Element 5: Enforcing Standards through Well-Publicized Disciplinary Guidelines.

Disciplinary action will be applicable to all individuals within The Harris Center who fail to comply with their obligations in accordance with The Harris Center's policies and procedures. When there is information of potential violations or misconduct, the Compliance Director has the responsibility of conducting an internal investigation. An internal investigation would include interviews and a review of individual records, billings, and other relevant documents.

1. New employees to The Harris Center or employees new to a position will be trained to ensure that their work is consistent with standards to prevent fraud, waste, abuse, or mismanagement. The Harris Center is responsible for providing the same training to employees providing services for The Harris Center as contractors or affiliates of The Harris Center.
2. Employees shall be informed of disciplinary action and the nature of the offense that was violated, noting the specific incident(s), the date(s) of the incident(s), actions necessary to correct the problem, period in which improvements must be made, and the consequences for not correcting or repeating the offense.

An agency-approved form should be used to document the type of disciplinary action being issued the employee dated and signed by both the supervisor and employee, then forwarded to the Department of Human Resources Record Unit.

Corrective Discipline:

The Harris Center's best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any

disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory service in the future.

Although employment with the The Harris Center is based on mutual consent and both the employee and the The Harris Center have the right to terminate employment at will, with or without cause or advance notice, the The Harris Center may use corrective discipline at its discretion.

Corrective action should take into account the seriousness of the problem, past performance, previous warnings and the result of prior corrective steps. Depending on circumstances of individual cases, corrective actions ranging from verbal warning to involuntary termination may be appropriate as an initial or repeated step; the order of disciplinary steps listed below need not be followed in all cases. Corrective action may also involve demotion, or reassignment. All salary adjustments are suspended while on corrective discipline. Only upon successful completion of the corrective discipline, will the salary adjustment become effective, depending on supervisory discretion.

Salary increases are not granted during any corrective discipline probationary period.

In general, if an employee has received a first warning regarding job problems or offenses and has failed to correct these problems, the employee may be issued a final warning. However, final warnings may be initiated without a first warning for serious policy violations and offenses. Final warnings may be initiated by an employee's direct supervisor but require signature authorization of the next level of management. Final warnings are authorized for an effective period of twelve (12) months, and upon expiration of the effective time period, the employee's compliance or non-compliance with the warning will be documented as follow-up action. An employee may request the removal of a final warning from the Agency personnel file after twenty-four (24) months from the date of the expiration of the final warning and following the employee's annual performance evaluation.

Verbal Warning:

A Verbal Warning is provided to assist an employee to understand and resolve a significant job-performance or work-related conduct problem which should not continue, worsen or recur. A Verbal Warning also provides an explicit "warning" that more serious corrective action will follow. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

Written Warning:

A Written Warning serves to notify the employee of a serious job performance or work-related conduct problem which cannot be permitted to continue, worsen or recur. Continued unacceptable conduct will lead to further disciplinary conduct up to and including termination.

Suspension:

Suspension with or without pay may be appropriate during an investigation, as an initial or follow-up action when the continued presence of the employee may threaten safety,

property, operations, or Agency reputation, or when a serious job performance or conduct problem occurs.

Disciplinary Probation:

An employee may be placed on disciplinary probation for a designated period of time for significant performance deficiencies which are determined to be within the employee's ability and intent to correct. A supervisor may also put an employee on probation until they resolve a problem with credentials that are required for their position.

Involuntary Termination:

Involuntary Termination may be appropriate when the employee fails to demonstrate sustained improvement, sufficient ability or intent to meet job expectations or has engaged in conduct which violates Agency policies and procedures.

Prosecution may be pursued as determined by the Agency management.

Element 6: Auditing and Monitoring

Conducting a risk assessment is a key component of the Compliance Department's functions; Compliance will conduct an agency wide risk assessment annually. Risk assessment involves the application of a methodical process for identifying key risks that the organization faces. Corporate compliance audits address corporate level risk, governance and control. Internal controls are broadly defined as a process, effected by The Harris Center's management and other personnel, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

1. Effectiveness and efficiency of operations
2. Reliability of financial reporting
3. Compliance with applicable laws and regulations

Ongoing auditing and monitoring efforts should include:

1. Monitoring the agency's compliance with specific rules and policies that have been the focus of particular attention by The Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), Managed Care Organizations (MCO), The Office of the Inspector General (OIG), OIG audits and evaluations, Special Fraud Alerts, internal or external reporting, law enforcement initiatives, etc.
2. On-site visits, interviews with management responsible for the operations (e.g., coding, claims development and submission, patient care, and other related activities).
3. Reviews of medical and financial records and/or other source documents that support claims for reimbursement in order to ensure the accuracy of claims.
4. Questionnaires or surveys developed to solicit impressions of a broad cross-section of the employees and staff about compliance issues.
5. Results of ongoing auditing and monitoring must specifically identify areas where corrective action plans (CAP) are needed to prevent problems from recurring. When

monitoring discloses program deficiencies, appropriate immediate corrective action measures must be implemented.

6. When a CAP is required, Compliance will review and validate the corrective measures and will reassess the program at a designated time to ensure that the corrective actions have been implemented and are effective. If it is determined that a program is out of compliance after a CAP has been implemented, Compliance will close the review and recommend the program to collaborate with Quality Assurance to establish a plan of improvement (POI). Within one hundred eighty (180) days of the implementation of the POI, Compliance will reassess the program.
7. Compliance will maintain records of reviews conducted.
8. Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions.
9. Any correspondence from any regulatory agency charged with administering a federally or state-funded program received by any department of the agency shall be immediately copied and forwarded to the Compliance Director for review and discussion by the Compliance Committee (CC).
10. Immediate notification of the Compliance Director of any visits, audits, investigations or surveys by any federal, state or county agency or authority.

Individual Program Divisions may have specific monitoring requirements outlined in performance contracts with Health and Human Services, other regulatory bodies, or as established internally through other agency programs. In regard to IDD services, the IDD Division will develop measurements, monitoring plans and improvement actions as needed for:

- LIDDA authority functions (Intake and Eligibility, Service Coordination)
- Access to, capacity of and the improvement of LIDDA services;
- Timeliness and accuracy of LIDDA data submission;
- Actions related to responses to circumstances surrounding critical incident reports;
- Actions related to the reduction of instances of abuse, neglect or exploitation of individuals served;
- Assessing and improving rights restriction review process.

The IDD Division will share the Compliance Plan and associated measures with the IDD PAC and IDD Needs Council and will evidence such in their meeting minutes. The Compliance Plan is also reviewed by THE HARRIS CENTER Board of Trustees and posted on THE HARRIS CENTER website: www.TheHarrisCenter.org.

Element 7: Responding to Detected Offenses and Developing Corrective Action Initiatives

A. Violations:

1. Common compliance violations that can result in disciplinary action.
2. Involvement in non-compliant conduct and/or activity;

3. Failure to report known non-compliant conduct and/or activity.
4. Supervisors who were aware or should have been aware of non-compliant conduct or activity and failed to correct deficiencies.

B. Investigations and Reporting Procedures:

All violations will be assessed by THE HARRIS CENTER's Compliance Department to determine whether a violation of the compliance plan actually exists. When a violation has been confirmed, Compliance will then have to determine if the conduct was due to negligence and was inadvertent or if it was willful and done knowingly.

1. **Negligence and/or Inadvertent Conduct:** If it is determined after investigation that non-compliant conduct occurred because of negligence or inadvertence, the matter shall be handled by the appropriate supervisor, who shall inform THE HARRIS CENTER Compliance Director of the offense and corrective action taken to address the problem. Any individual dissatisfied with the corrective action imposed by his/her supervisor may appeal the decision to THE HARRIS CENTER Compliance Director within ten (10) business days from the date of imposition of the corrective action. Such appeal shall be by written letter or email to THE HARRIS CENTER Compliance Director stating the reasons why the corrective action is not appropriate. THE HARRIS CENTER Compliance Director shall schedule a meeting within a reasonable time to review the request and either affirm or modify the corrective action. The Compliance Director may collaborate with the appropriate entities (e.g., HR Dept., General Counsel, etc.) for fact gathering and objectivity in the final decision.
2. **Willful, Knowing Conduct and/or Gross Negligence:** If it is determined, after investigation, that non-compliant conduct occurred as a result of willful action, knowingly or as a result of gross negligence, then the matter shall be referred to THE HARRIS CENTER's Compliance Director for corrective action. The Compliance Director shall determine the response and appropriate corrective action, in light of all available information. An individual dissatisfied with the corrective action imposed by The Compliance Director may utilize standard appeal procedures.

C. Corrective Actions:

Appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required, and in the support of THE HARRIS CENTER Compliance Program will be managed in accordance with the disciplinary policies outlined in Element 5 of this plan.

V. THE HARRIS CENTER's Compliance Program Effectiveness.

1. Code of Conduct

This Code of Conduct has been adopted by the Board of Directors of THE HARRIS CENTER to provide guidance to THE HARRIS CENTER's employees as it relates to documentation, billing and other claims related issues. This code adheres to and takes the stance that adherence with THE

HARRIS CENTER's mission, vision and core values is required of all staff at all times.

The principles set forth in this Code of Conduct shall be distributed to all employees upon hire and periodically thereafter. All employees are responsible to ensure that their behavior and activities are consistent with this code and understand that failure to maintain this code may result in termination of employment.

As used in this Code of Conduct, the terms "officer," "director," "employee," and "volunteer" include any persons who fill such roles or provide services on behalf of THE HARRIS CENTER or any of its divisions, subsidiaries, or operating or business units.

Principle 1 – Legal Compliance

THE HARRIS CENTER will strive to ensure all activity by or on behalf of the agency complies with all applicable laws.

Principle 2 – Business Ethics

In furtherance of THE HARRIS CENTER's commitment to the highest standards of business ethics and integrity, employees will accurately and honestly represent THE HARRIS CENTER and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services.

Principle 3 – Confidentiality

THE HARRIS CENTER employees shall strive to maintain the confidentiality of patients and other confidential information in accordance with applicable legal and ethical standards.

Principle 4 – Conflicts of interest

Directors, officers, committee members and key employees owe a duty of loyalty to the organization. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.

Principle 5 – Business Relationships

Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

Principle 6 – Protection of Assets

All employees will strive to preserve and protect THE HARRIS CENTER's assets by making prudent and effective use of THE HARRIS CENTER's resources and properly and accurately reporting its financial condition.

Employee Code of Conduct

Quality of Care & Service

We are committed to providing high quality, caring, ethical and professionally competent services to our clients and their families, our community partners/stakeholders and our community service areas.

We:

- Apply sound behavioral health principles in our daily work and activities with an emphasis on evidence-based treatment.
- Participate in activities that promote quality improvement and bring deficiencies to the attention of those who can assess and resolve the problems.
- Treat clients and constituents in a manner appropriate to their background, culture, religion and heritage and are mindful of individual differences.
- Do not deny care based on race, gender, gender identity, religion, creed, color, economic status, sexual orientation, disability, marital status, age, national origin, or any other discriminatory characteristic.
- Will promote the rights of the consumers to be free from humiliation and the right to informed consent or refusal or expression of choice regarding composition of the service delivery team.
- Ensure that the source or amount of payment for client services shall not affect the quality of care or service.
- Provide clients with the information needed to make fully informed decisions. Clients have the right to receive information about THE HARRIS CENTER services, policies, procedures, fees, network provider list, and confidentiality requirements. Clients are informed of their treatment options, goals, and expected length of care.
- Strive to enhance clients' capacity and opportunity to change and address their own needs by including them in developing treatment goals and plans to every extent possible.
- Provide competent services within the boundaries of our education, training, license, certification, consultation received, experience or other relevant professional experience.
- Document all client service encounters in THE HARRIS CENTER record accurately, completely and following established documentation guidelines.

Workplace Conduct

We ensure our work environment supports high standards of professional behavior and promotes dignity, integrity, fairness, respect, teamwork and safety.

We:

- Respect the basic rights, dignity and values of clients and staff including, but not limited to race, gender, gender identity, religion, creed, color, economic status, sexual

orientation, disability, marital status, age, national origin or any other discriminatory characteristic.

- Use work hours to accomplish THE HARRIS CENTER duties and assignments in a productive and professional manner.
- Promote a positive image for THE HARRIS CENTER, its employees and services.
- Take personal responsibility for performing duties in good faith and exercise sound judgment.
- Strive for positive and cooperative relationships within THE HARRIS CENTER by treating our colleagues with respect, dignity, fairness and courtesy.
- Maintain a working environment free from all forms of harassment or intimidation – verbal, sexual, or otherwise. THE HARRIS CENTER has zero tolerance for discriminatory treatment, abuse, violence or intimidation.
- Comply with work and safety policies in accordance with THE HARRIS CENTER policies including, but not limited to, the mandated non-smoking/tobacco free policy in and near THE HARRIS CENTER buildings and vehicles as well as the drug and alcohol policy prohibiting the use of alcohol or illicit drugs in the workplace. Over-the-counter medications and prescriptions ordered by a physician are used in dosage and frequency described on the medication or package insert unless specified otherwise by the prescribing physician. Follow THE HARRIS CENTER, weapons policy and our zero-tolerance policy for violence or harassment in the workplace.
- Cooperate in achieving THE HARRIS CENTER commitment to maintain a work environment that promotes the prevention, to detection, reporting and resolution of conduct that may not conform to codes of ethics and standards of THE HARRIS CENTER and our respective professions.
- Require staff who oversee or supervise the work of others to 1) provide clear direction about what is expected of staff regarding both job responsibilities and workplace conduct and 2) ensure no employee is required to compromise their professional integrity, standards, judgment or objectivity in the performance of their duties.

Staff-Client Relationships

We are committed to providing services by qualified staff that is compassionate, courteous, culturally competent, fiscally responsible, ethical and effective.

We:

- Conduct ourselves in a manner that shows concern and respect for the dignity of clients treating them in a manner appropriate to their background, culture, religion and heritage. The welfare of clients and their families is placed above all other concerns unless one's safety is threatened.
- Do not take unfair advantage of the professional relationship with current or former clients or exploit them to further our personal, religious, political, social or business interests. Dual or multiple relationships include when the client is also a student, friend, family member, employee or business associate of the therapist/service provider. Because of the risk of exploitation or potential harm to the client, such relationships are prohibited for two (2) years after a client is discharged from services

or the date of the last professional contact or per licensing standards.

- Understand that in the course of events there is the possibility a dual relationship may be discovered and/or is unavoidable. In such instances, the details of the relationship and any potential conflicts will be immediately disclosed to the supervisor for guidance regarding the conflict. We are responsible to set clear, appropriate, and culturally sensitive boundaries.
- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, professional practices and standards of privacy and confidentiality. We avoid discussing confidential information in public or semipublic areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person, including other employees, as the confidential information requires a need to know.
- Do not knowingly disclose confidential client information with others without express written consent of the client or pursuant to court order and in accordance with the applicable law. Information should only be shared on a need-to-know basis and under certain circumstances as allowable by Federal and State regulations.
- Provide clients with reasonable access to their medical records following policy based on regulations. Where there is concern a client's access to his/her record could cause misunderstanding or harm, clinical staff assist the client in interpreting the records as explained in agency policies, procedures, and rights handbooks
- Do not involve clients, families or other service providers in your/other staff criticism or controversy related to THE HARRIS CENTER internal policies, practices, staff actions or personalities. In no case is this information ever part of the medical record.

Adhering to Laws and Regulations

We follow the letter and the spirit of applicable laws and regulations and conduct business ethically and honestly.

We:

- Comply with all applicable laws, rules, regulations, standards and other requirements of the federal, state and local governments. We comply with all federal mental health care and alcohol and drug program statutes, regulations, and guidelines.
- Do not engage in any practice that involves unethical or illegal activity. If unsure of the meaning or application of a statute, regulation, policy or legality, we seek guidance from our supervisor or the Compliance Officer.
- Strive to ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted. These claims include, but are not limited to timecards/reports, travel claims, Progress Notes, claims and cost reports.
- Take reasonable precaution to ensure billing and coding of claims are prepared and submitted accurately, timely and are consistent with federal, state and local laws and regulations as well as THE HARRIS CENTER policies and procedures and/or agreements with third party payers. This includes federal health care program regulations and procedures, or instructions otherwise communicated by regulatory

agencies such as the Centers for Medicare and Medicaid Services or their agents.

- Bill only for eligible services actually rendered, reported to the minute and fully documented. When services must be coded, we use only billing codes that accurately describe the services provided.
- Act promptly to investigate and correct problems if errors in claims or billings are discovered. Alert your Supervisor and the Compliance Officer to these issues/problems.
- Voluntarily disclose to third party law enforcement or regulatory agencies violations of law, regulations or standards during investigations, and audits where appropriate and legally required.
- Do not intimidate, threaten, coerce, discriminate against, nor take other retaliatory action against any client, constituent, contractor or employee who exercises the right to file a complaint or who participates in an investigation or proceeding relative to a complaint.

Conflicts of Interest

We avoid conflicts of interest or the appearance of conflicts between our own personal interests and the best interests of THE HARRIS CENTER.

We:

- Avoid commitments that interfere with our ability to properly perform our duties for THE HARRIS CENTER or any activity that conflicts with the known interests of THE HARRIS CENTER, its clients or constituents. Examples include but are not limited to: 1) the use of THE HARRIS CENTER time, facilities or equipment for private gain or advantage for oneself or another; and 2) the solicitation of future employment with a company doing business with THE HARRIS CENTER over which the employee has some control or influence in his/her official capacity.
- Report any potential conflicts of interest for ourselves or others to the appropriate supervisor, manager or Compliance Officer.
- Prohibit individual staff in private practice from referring clients to themselves or actively engaging in any relationship with other staff to promote referrals to their private practices.
- Do not accept or provide any gift of more than nominal value or any hospitality or entertainment, which, because of its source or value, might influence independent judgment in transactions involving THE HARRIS CENTER, including lunches.
- You may not engage in outside employment or activities that conflict with your duties and responsibilities to THE HARRIS CENTER. The Outside Employment Policy requires each employee to notify, provide relevant information, and receive approval from the proper authority before accepting employment with another employer.
- Voluntarily disclose to your immediate supervisor or the Compliance Officer any financial interest, official position, ownership interest or any other relationship an employee or member of his/her immediate family has with THE HARRIS CENTER vendors, contractors or referral sources.

External Relationships

We continually strive to honor, uphold and promote the public trust in all our activities.

We:

- Carry out our duties in a way that encourages participation and access to THE HARRIS CENTER programs and resources and that enhances THE HARRIS CENTER standing in the community.
- Are honest and forthright in providing information to clients, vendors, payers, other agencies and the community within the constraints of privacy and confidentiality requirements and as allowed by law.
- Seek helpful and cooperative relationships with external agencies and community groups to enhance services and resources available to the public.
- Ensure all legally required reports or other information provided to any external entity including federal, state and local government agencies are accurate and submitted timely. Only authorized staff or their official designee sign reports requiring certifying signatures.

Records Maintenance

We are conscientious in maintaining accurate and appropriate records in accordance with all federal, state and local laws and regulations and THE HARRIS CENTER policies and procedures.

We:

- Maintain complete, accurate, timely and thorough client and administrative records.
- Follow all privacy and security policies and procedures to the letter to guard against internal and external privacy breaches.
- Abide by professional, legal and ethical codes governing confidentiality to ensure all records in any medium and at all service locations are maintained in a manner to protect employee and client privacy rights and to provide factual information.
- Maintain, train and monitor adherence to documentation and record keeping guidelines following legal requirements. Records are maintained for at least the minimum period required by laws and regulations.

CODE OF CONDUCT FOR CONTRACTORS

THE HARRIS CENTER for Mental Health & IDD (THE HARRIS CENTER) is firmly committed to full compliance with all federal, state, and local laws, regulations, rules and guidelines that apply to the provision and payment of behavioral health services. THE HARRIS CENTER contractors and the manner in which they conduct themselves are a vital part of this commitment.

To ensure contractors share in THE HARRIS CENTER dedication to honesty, fairness and integrity, THE HARRIS CENTER contractors and their employees are required to abide by THE HARRIS CENTER *Code of Ethical Conduct for Contractors* as a condition of contractual arrangement.

This code is not intended to be an exhaustive list of all standards by which THE HARRIS CENTER

contractors are to be governed. Rather, its intent is to convey THE HARRIS CENTER commitment to the high standards set for its contractors. All contractors are expected to perform their duties in good faith and in a manner reasonably believed to be in the best interest of THE HARRIS CENTER and the public it serves. Contractor and its employees will:

- Comply with all applicable laws, rules, regulations, standards, and other requirements of federal, state and local government.
- Conduct themselves with honesty, integrity, courtesy and fairness in their professional dealings related to their contract with THE HARRIS CENTER and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of THE HARRIS CENTER.
- Treat all THE HARRIS CENTER employees, consumers, and other contractors fairly and with respect.
- Not engage in any activity in violation of THE HARRIS CENTER Compliance Program, nor engage in any other conduct which violates any federal, state, or local law, regulation, rule or guideline.
- Take precautions to ensure claims are prepared and submitted accurately, timely and are consistent with federal, state and local law, regulation, rule or guideline.
- Ensure no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
- Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
- Act promptly to investigate when errors in claims or billing are discovered, make needed corrections and notify THE HARRIS CENTER of these incidents.
- Promptly report to THE HARRIS CENTER Compliance Officer any activity involving financial improprieties as it relates to THE HARRIS CENTER contract, past or present.
- Promptly report to THE HARRIS CENTER Compliance Officer any suspected violation of this *Code of Ethical Conduct for Contractors* by THE HARRIS CENTER employees or other THE HARRIS CENTER contractors.
- Consult with THE HARRIS CENTER Compliance Officer if uncertain about any requirements of the *Code of Ethical Conduct for Contractors* or other applicable law, regulation, rule or guideline, privacy, confidentiality and access.

2. Regular Review of Compliance Program Effectiveness

THE HARRIS CENTER's Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. This plan shall be reviewed as often as necessary and modified/updated at least annually. This THE HARRIS CENTER Compliance Plan shall be certified by THE HARRIS CENTER's CEO upon implementation and when major revisions are required.

VI. SELF-REPORTING.

Regulations require that THE HARRIS CENTER self-disclose certain errors we discover, and refund

identified overpayments, or THE HARRIS CENTER can be held accountable for intentional fraud. The regulations limit response time to sixty (60) days after the issue is identified, so timely reporting of errors is critical. Any errors or overpayments discovered as a result of the ongoing auditing and monitoring will result in the prompt return of any overpayment, with appropriate documentation and a thorough explanation of the reason for the refund, of which will be reported to the CEO.

If credible evidence of misconduct is discovered and, after reasonable inquiry, it is determined that this misconduct may have violated criminal, civil, or administrative law, THE HARRIS CENTER's legal office/counsel should be contacted promptly to determine self-reporting requirements.

VII. CONCLUSION.

Compliance is everyone's responsibility. Ignorance of the rules is not a defense for non-compliance in the eyes of the government. The rules are widely published and available, and we have a responsibility to understand and follow them to the best of our ability. Only with the commitment of all THE HARRIS CENTER's personnel and affiliates can we ensure our compliance with the various laws, standards and regulations that govern us. Please share your commitment to compliance with those around you and do not hesitate to contact your supervisor or the compliance department with questions – they are there to assist you with understanding the rules and providing guidance on their implementation.

The compliance plan, as presented in this document, establishes a framework for effective billing and legal compliance by THE HARRIS CENTER. It does not identify all of THE HARRIS CENTER's substantive programs and policies that are designed to achieve compliance. THE HARRIS CENTER works diligently to ensure the presence of and adherence to policies and procedures. Policies and procedures also help to shape the agency's overall commitment to compliance and the enforcement thereof.

ATTESTATION

Where applicable to my role,

I will:

- Respect the basic rights and values of all staff, clients and volunteers treating everyone with consideration, patience, dignity, courtesy and integrity.
- Support THE HARRIS CENTER efforts to provide culturally competent services.
- Promote a positive image for THE HARRIS CENTER.
- Be honest and fair following the letter and spirit of applicable laws.
- Appreciate that staff have a responsibility to care for their clients. This duty cannot be delegated or transferred to others.
- Acknowledge that the CEO/Executive Director is the only OFFICIAL spokesperson for THE HARRIS CENTER.
- Not bind THE HARRIS CENTER to any legal or contractual obligations by offering

assurances either verbally or in writing.

- Observe strict confidentiality with respect to all client information and any other information that is confidential to THE HARRIS CENTER gained through participation at THE HARRIS CENTER.
- Accept and follow directions from the Director and job supervisor seeking guidance through clarification as needed.
- I will familiarize myself with THE HARRIS CENTER policies and procedures as required to carry out my assignments.
- Take personal responsibility for performing duties in good faith, strive for cooperation and teamwork, and exercise sound judgment.
- Comply with work and safety practices avoiding unnecessary risks, apply reasonable instructions given by supervisors and report any hazard or hazardous practice in the workplace.
- Not smoke or use tobacco products (except on breaks) or be under the influence of alcohol or illegal drugs when on the job/assignment.
- Report any problems as they arise to the job supervisor including incidents, injury, suspected or known unethical or illegal conduct.
- Avoid waste or extravagance and make proper use of THE HARRIS CENTER resources. This includes the fax machines, the computer, the copier, office supplies, etc.
- Respect clients' right to privacy and protect clients' confidentiality by adhering to all rules, regulations, and professional practices and standards of privacy and confidentiality. Avoid discussing confidential information in public or semi-public areas such as hallways, front/reception desk, waiting rooms, rest rooms, elevators and restaurants. Confidential information is never used for personal benefit or the benefit of any other person, including other employees. The Consumer's record/chart and treatment is confidential information is on a need to know.

Attachments

[Compliance Department FY 24 Audit Schedule .pptx](#)

Approval Signatures

Step Description	Approver	Date
CEO	Wayne Young: Exec	10/2023
Legal	Kendra Thomas: Counsel	10/2023
Director Review	Demetria Lockett	10/2023

Initial

Christopher Webb: Audit

09/2023