

Family Partnerships of Central Florida

Series:	Operating Procedures	COA: NET 6.03 CFOP: 175-04
Procedure Name:	Compliance Program	
Procedure Number:	OP1112	
Review Date:	11/26/19, 4/17/24	
Revision #/Date:	07/03/18 (2) 12/5/19	
Effective Date:	06/13/17	
Applicable to:	Family Partnerships of Central Florida (FPoCF) Staff	

PURPOSE: The purpose of this procedure is to establish the method by which Family Partnerships of Central Florida (FPoCF) implements compliance efforts that establish a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to Federal and State law, and Federal, State and private payor health care program requirements, as well as the organization's ethical and business policies. Part of the Services Agreement between Family Partnerships of Central Florida (FPoCF) and Community Based Care Integrated CBCIH requires of coordination of services and adherence to the CBCIH Compliance Plan.

PROCEDURE:

CBCIH has developed a comprehensive Compliance Program, which includes the following components to address all compliance-related activities and functions:

1. Fraud, Waste and Abuse Prevention, Reporting and Training
2. Privacy and Security Practices, including requirements for HIPAA training and completion of an Annual Risk Assessment
3. Compliance Program Training
4. Code of Conduct

Scope

This operating procedure applies to Family Partnerships of Central Florida and its subcontracted agencies who are responsible for children who are enrolled in the Child Welfare Specialty Plan. If any of the responsibilities outlined in this procedure are contracted with an individual or other entity, the contracted provider must ensure compliance with this procedure, and the terms should be incorporated into the contract.

Key Terms

Child Welfare Specialty Plan Enrollee—a child who is Medicaid eligible and is enrolled in the Sunshine Health, Child Welfare Specialty Plan, or the Sunshine Health Managed Medical Assistance Plan (MMA), due to an active status in the child welfare system of care. This includes children who have an open child welfare case, those who have been adopted from dependency and those who are receiving extended foster care or independent living services.

Family Partnerships of Central Florida

Community Based Care Lead Agency—an “eligible lead community-based provider” as defined in Section 409.1671(1)(e), F.S.

Standards

In accordance with Sunshine Health requirements, and as part of an effective compliance process, CBCIH has developed a comprehensive Compliance Program.

1. As part of its commitment to Compliance, CBCIH has developed a formal plan for compliance that includes:
 - A. Establishment of a Compliance Committee to oversee conformance by the Company and its employees with legal, regulatory and contractual requirements related to its Compliance Program (Please refer to the Compliance Committee Charter)
 - B. The development and distribution of written standards of conduct, as well as written policies and procedures, which promote commitment to compliance (Please refer to the CBCIH Code of Conduct and Disciplinary Standards)
 - C. The development and implementation of regular, effective education and training programs, (Please refer to the CBCIH Training Plan)
 - D. The maintenance of a process, to receive complaints, and the adoption of procedures to protect the anonymity of the complainant and to protect whistleblowers from retaliation (Please refer to procedure 401, Critical Incident, Quality of Care Issues and Operational Concerns, and procedure 402, Fraud, Waste & Abuse Prevention, Reporting and Training (Anti-Fraud Plan))
 - E. The development of a system to respond to allegations of improper/ illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal health care program requirements (Please refer to the CBCIH Code of Conduct and Disciplinary Standards)
 - F. The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas
 - G. An Annual Risk Assessment, including but not limited to:
 - Review of operational goals and objectives to ensure quality services and to meet performance measures
 - Compliance with Fraud, Waste and Abuse procedures and assessment of FWA Program Effectiveness
 - Monitoring and oversight of subcontractors and adherence to contract requirements, performance standards and HEDIS measures
 - HIPAA compliance and adherence to Privacy and Security Practices
 - Review of practices related to Incident Reporting
 - Subcontractor hiring practices and enforcement of disciplinary measures
 - H. Annual Contract Compliance Attestation by Subcontractors to ensure compliance with:
 - Privacy and Security Practices
 - Employee Orientation and Training
 - I. Effective communication regarding:
 - Performance and issues with non-compliance
 - Program/plan updates
 - Policy and procedure development and revision
 - Quality of Care issues

Family Partnerships of Central Florida

2. The CBCIH Compliance Program is comprised of the following components, which are utilized the to ensure contract compliance:
- A. Requirement that an annual Contract Compliance Attestation is completed by Subcontractors
 - B. Adherence to the CBCIH Compliance Audit Work Plan goals and objectives:

	Audits of systems and process metrics against current Vendor Agreement requirements
	Audit policies and procedures against Vendor Agreement requirements
1.	Audit current training processes and frequency
2.	Audit FWA annual training certification process
3.	Audit monitoring process/tools for FDR subcontractors
4.	Audit monitoring results compilation, corrective action plans and reporting process
5.	Audit enrollment processes for improvements for Express Enrollment initiative
6.	Audit processes to identify increase opportunities
7.	Surveys and inquiries about perception of service, coverage, etc.
8.	Surveys and inquiries about perception of CBCIH care coordination, statewide support, compliance, etc.

- C. Annual Compliance Monitoring: In addition to the quarterly monitoring process, the CBICH Contract Compliance Manager conducts annual monitoring of FPoCF's compliance with the Services Agreement between CBCIH and FPoCF. FPoCF's required to sign an annual contract attestation, attesting to compliance with both Compliance Program requirements and compliance Operational Program requirements. This attestation is reviewed by the Contract Compliance Manager for verification and documentation supporting all of the attested items is made to CBCIH and Sunshine Health upon request. This Attestation includes:

1. Compliance Program Requirements:

- Privacy and Security Practices-identification of a HIPAA Compliance Officer who is responsible for:
 - a. Developing and implementing Privacy and Security Policies and Procedures, including the process and tracking methods for data breaches and PHI disclosures
 - b. Distributing and posting of the Notice of Privacy Practices
 - c. Conducting an Annual HIPAA Security Audit (audit results will be forwarded to the CBCIH Compliance Manager upon request)
- Providing Notification to the CBCIH Contract Manager and upon request to the Sunshine Health Compliance Department, regarding:
 - a. Potential data breaches and inadvertent disclosures of personal health information (PHI), including documentation and tracking of each instance
 - b. Critical/Adverse Incidents in accordance with CBCIH policies and procedures for Incident Reporting
- CBCIH and FPoCF Behavioral Health Care and Nurse Coordinator Employee Orientation and Training
 - a. New Employee Orientation (within thirty (30) days of hire)

Family Partnerships of Central Florida

b. Annual Training

- 1) Acknowledgement of Receipt of FPoCF policies and procedures (orientation only)
- 2) HIPAA Privacy and Security Training/Certification (Orientation and Annually thereafter)
- 3) Security and Information Training/Certification (Orientation and Annually thereafter)
- 4) Fraud, Waste and Abuse Training/Certification (Orientation and Annually thereafter)

D. CBCIH has developed effective lines of communication with Sunshine Health, CBC Lead Agencies for all compliance issues. The lines of communication consist of:

- Recurring meetings with all levels of leadership where compliance issues are discussed.
 - Regular meetings with CBC Lead Agency staff to discuss program benefits, procedures/processes and compliance issues.
 - Bi-weekly regional meetings with Behavioral Health Care Coordinators, Nurse Care Coordinators and monthly regional meetings with Post-Adoption staff to discuss regional issues and to disseminate specific information related to each program area.
 - Frequent meetings with the CBC Lead Agency staff within each CBCIH region, to discuss a variety of topics, including but not limited to plan operations, program compliance and member care coordination issues.
 - Quarterly on-site visits to assess contract compliance, and to allow the opportunity to discuss potential compliance and/or operational issues.
 - An annual statewide meeting is held in September to discuss best practices and to provide general program updates. |
 - Implementation of a process for distribution and tracking of policies, procedures and program updates (Please refer to the Policy and Procedure Status and Communication Tracking Form)
3. CBCIH has developed policies and procedures that are reviewed on an annual basis. The procedures are posted on the CBCIH website (www.cbcih.com) and provided to the CBC Lead Agencies.
 4. Annual training is provided to all CBCIH staff and subcontractors who may communicate with members. Compliance Program Training included, but is not limited to, the following areas:
 - Code of Conduct and Discipline Standards
 - Privacy and Security Practices
 - Fraud, Waste and Abuse Reporting
 - Member Complaints and Grievances
 - Potential Quality of Care Incidents (PQI)

Family Partnerships of Central Florida

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

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