

PROCEDURE

Series:	Risk Management/QA	COA:RPM 2 CFOP: 060-17
Procedure Name:	Compliance Plan	
Procedure Number:	RQ-510	
Review Date:	4/14/2024, 6/4/2024, 10/01/2025	
Revision /Date:	N/A	
Effective Date:	03/22/2024	
Applicable to:	Family Partnerships of Central Florida (FPOCF), Board of Directors, FPOCF Staff, Officers, and Contracted Providers	

SUBJECT: Compliance Program and Plan

PURPOSE: This Compliance Program and Plan procedure establishes a framework for planning, monitoring, and reporting compliance issues, risks, and training across all FPOCF Programs, staff, Board of Directors, and contracted providers.

References U.S. Department of Health and Human Services, Office of the Inspector General – 2023 General Compliance Program Guidance

Definitions:

Compliance Program: A set of internal policies and procedures put into place to proactively help ensure compliance with laws, regulations, and operating procedures.

Risk: An event or circumstance that can have a negative effect on FPOCF.

POLICY/PROCEDURE:

FPOCF is committed to complying with applicable federal and state laws, rules, and regulations by adhering to high standards of business ethics as reflected in this Compliance Plan:

Seven (7) Elements of an Effective Compliance Plan

1. Written Policies, Procedures and Standards of Conduct
2. Compliance Officer, Compliance Committee & High-Level Oversight
3. Effective Training & Education
4. Effective Lines of Communication
5. Well Publicized Disciplinary Standards
6. Effective System for Routine Monitoring & Identification of Compliance Risks; and
7. Procedures and System for Prompt Response to Compliance Issues

Written Policies, Procedures and Standards of Conduct

FPOCF has developed clearly written policies and procedures as part of the Compliance Plan that support the Organization's commitment to comply with all state and federal standards. Because regulatory and other requirements can change, compliance policy review is conducted on no less

than an annual basis. The FPOCF Director of Contracts and Compliance or designee serves as the Compliance Officer (CO) and is responsible for the day-to-day operation of the Compliance Plan/Program. Policy reviews are conducted with oversight from the Compliance Officer (CO).

FPOCF maintains a working environment, which encourages mutual respect and promotes respectful and congenial relationships between and among employees. FPOCF expects all staff to adhere to agency policies, practices, and the values and principles of the System of Care, and to encourage collaborative, solution-based expectations, and teamwork. The CO identifies policies and procedures relevant to the Compliance Program. These policies and procedures are reviewed annually for relevant changes in practice, statutes, regulations, and procedures.

The FPOCF Compliance Plan includes Policies and Procedures pertaining to employee conduct, performance, and responsibilities, so that all personnel can conduct themselves according to certain rules of good behavior and good conduct. Areas of personal and professional conduct include but are not limited to:

- Respect for the Individual
- Adherence to Confidentiality
- Awareness of Conflicts of Interest
- Records Information Management
- Fraud Waste & Abuse
- Privacy Practices
- Annual Compliance training
- Risk Management

Designating a Compliance Officer and a Compliance Committee

The FPOCF Director of Contracts and Compliance or designee serves as the Compliance Officer (CO) and is responsible for the day-to-day operation of the Compliance Plan/Program; and on behalf of the Compliance Committee will provide periodic reports to the FPOCF President and CEO, and or Vice President and COO and Chief Legal Officer on the activities and status of the compliance program. The activities reported will include compliance metrics, monitoring status, issues reported via the Whistle Blower reporting procedure and all other reported issues investigated and resolved by the compliance program. Unresolved issues are also reported with a description of the identified risk and risk status to FPOCF. The Compliance Officer has unrestricted access to the Board of Directors for Compliance reporting including Fraud, Waste, and Abuse (FWA) and overpayments.

The FPOCF Compliance Committee is chaired by the Compliance Officer and is comprised of the following voting members: President and Chief Executive Officer, Chief Operations Officer, Chief Legal Officer, Chief Financial Officer, Chief Administrative Officer, Director of Contracts and Compliance, Director of Human Resources, Senior Director of Behavioral Health and Out of Home Care, Senior Director of Quality Assurance, Performance and Training or their designee. Five (5) of the nine (9) voting members must be present to comprise a quorum. Meeting minutes shall be documented, maintained, and available to the Compliance Committee members by the Director of Contracts and Compliance. This Committee has full decision-making authority for the Organization as it relates to compliance. The CEO/President is responsible to ensure sufficient funding and support for FPOCF Compliance Program. Additionally, this group is responsible for monitoring significant issues and risks as identified by the Compliance Officer, the Compliance Committee and Risk Management Committee. The Compliance Committee is accountable to the FPOCF CEO, President and/or COO, Vice President of Operations. The Compliance Officer meets quarterly with the FPOCF CEO, President and/or COO, Vice President of Operations in which discussions pertain

to the outcomes of the Compliance Committee.

The Compliance Officer establishes and acts as the Chair for the Compliance Committee. The Compliance Committee is comprised of FPOCF front-line leaders. The purpose of the Compliance Committee is to ensure that the Compliance Officer has detailed involvement with the operational activities of FPOCF and meets at a minimum on a quarterly basis.

Effective Training and Education

FPOCF New Hire and Annual Compliance Training is the cornerstone of the FPOCF's Compliance Plan. Annual Compliance training consists of:

- Auxiliary Aids & Service Plan
- Inspector General Procedures
- Conflict of Interest
- HIPAA
- Universal Disease Precautions
- Cultural Diversity
- Civil rights and ADA
- Employee Safety
- Mandatory Reporting/Confidentiality
- Disaster Awareness
- Critical Incident Reporting
- Harassment Prevention
- Security Awareness
- Child Welfare Standards, Value and Practices (Ethics, confidentiality, Cultural Competency)
- Whistle Blower Protection
- Insurance Training
- Fraud, Waste and Abuse
- Code of Conduct
- General Compliance

Training is required of all FPOCF staff, including temporary workers, volunteers and those entities contracted via a Business Associates Agreement. The successful completion of FPOCF annual Compliance Training is required as an ongoing condition of employment. New Hire Compliance Training must be completed within the first 30 days of the associate's effective start date of employment / contracting, and at least annually thereafter.

Compliance Training is an ongoing activity. Remember, all FPOCF staff are responsible for the effectiveness of FPOCF's Compliance Program. As primary concerns of the Compliance Plan, ongoing training will focus on Code of Conduct, General Compliance, Fraud Waste & Abuse (FWA), and HIPAA. The Senior Director of Quality Assurance, Performance and Training in cooperation with

the Compliance Officer, is responsible for developing an ongoing training series to provide education to all associates.

As with the New Hire and Annual Compliance Training, the training content is reviewed by the Senior Director of Quality Assurance, Performance and Training and updated to reflect changes in law and regulatory policy.

Training-related documents are maintained by FPOCF for a period of ten (10) years. Training related documents are stored in the HR file. Examples of training material include but are not limited to:

- Training Agendas
- Attendance
- Assessments including individual Assessment Scores

Note: Annual meaning once every 12 calendar months or, no later than the last day of the same calendar month of the following year training was completed.

Privacy Practices (HIPAA/HITECH):

FPOCF is committed to complying with federal, state and any rule or regulation associated with the privacy of protection of health and financial information. The HIPAA Privacy Rule provides federal protection for individually identifiable health information held by covered entities and their business associates and gives FPOCF consumers an array of rights with respect to that information.

FPOCF's Compliance Officer manages the Organization's Privacy Policies. The role of the Compliance Officer in this capacity is to provide updates applicable to federal and state laws and regulations and to coordinate with the Senior Director of Quality Assurance, Performance and Training to provide initial New Hire and thereafter an annual Privacy Training. Additionally, the Compliance Officer's role as a Privacy Officer is responsible for ongoing education to FPOCF staff on the importance of physical safeguards and reporting processes for potential privacy incidents. Policies and procedures that support FPOCF's Privacy Program include:

- HR2417 HIPAA Awareness
- OP1145 HIPAA Procedure
- OP1230 HIPAA Breach Response
- OP1026 Confidentiality of Child Welfare Case Records
- OP1119 Child and Family Records Management
- OP1220 Electronic File Exchange with Centene
- RQ504 Records Retention and Destruction

Effective Lines of Communication

A primary role of the CO is to ensure a culture of compliance and compliance awareness within FPOCF. Everyday Compliance is accomplished through the messaging delivered by the CO and by the visible presence of CO in the operational areas of the organization. Additionally, FPOCF provides resources that enable staff to have open lines of communication between the CO and the associates to ensure easy access to ask questions and/or report compliance concerns. Staff can communicate compliance concerns including, but not limited to:

1. Corporate Compliance Hotline posters,
2. FPOCF website,

3. the Corporate Compliance Plan,
4. Compliance Training,
5. email TIP's, and
6. confidential contact to the CO.

Utilizing the resources listed above is confidential and must allow for anonymous reporting. FPOCF supports and enforces a strict policy of non-retaliation for the good faith reporting of suspected compliance concerns. Reporting via the dedicated Corporate Compliance Hotline and to the Compliance Officer is available 24 hours a day.

Well Publicized Disciplinary Standards and Enforcement

FPOCF supports a compliant culture by maintaining well publicized disciplinary guidelines. These policies are clearly written and easily accessible and available in HR2301 Employee Code of Conduct. FPOCF disciplinary policies are clear and apply to all staff.

As with other important documents, policies can change with revisions to law or governing regulations. \Disciplinary policies undergo annual reviews; changes necessary to these policies outside of a scheduled review will be disseminated to all staff accordingly.

FPOCF contracted service providers are responsible for complying with FPOCF Policies and Procedures. Potential disciplinary action for violations could include Corrective Action Plans (CAP), retraining related to the identified violation or termination of the contract with the entity. External individuals/entities have access to disciplinary policies upon execution of the individual business agreement or contract.

Effective System for Routine Monitoring and Identification of Compliance Risks

The CO is responsible for ensuring OIG and GSA Exclusion Screening, as well as State exclusion screening occurs. These three required screenings are completed at the direction of the Director of HR as a condition of employment. The Exclusion Screening shall be completed at the CEO's direction as a condition of FPOCF Board Membership. The OIG's List of Excluded Individuals/Entities (LEIE) provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE. Exclusion Screening is required before hiring any new staff, temporary worker, volunteer, contractor, supplier, or any entity or individual that would be collecting/receiving payment from FPOCF or handling Managed Medical Assistance Protected Healthcare Information or having Compliance Program oversight such including but not limited to all FPOCF Executive Team and FPOCF Board of Directors. Exclusion screening must be conducted prior to hiring. Exclusion screening shall be done monthly thereafter for employees who handle Managed Medical Assistance Protected Healthcare Information with a dated record placed in the employee's HR file.

Other monitoring and auditing efforts include Internal Audits, Compliance Inspections, Annual Compliance Risk Assessment, etc.

Fraud, Waste, Abuse, & Overpayment:

Fraud refers to any "intentional" act committed to secure an unfair or unlawful gain. Abuse is a broad concept that refers to an activity that is not consistent with accepted business, medical or fiscal standard practices. Waste involves the overutilization of services, or other practices that create unnecessary costs. Overpayment includes any amount that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper

claiming, unacceptable practices, fraud, abuse, or mistake.

Fraud or other misconduct is a violation of the FPOCF Code of Conduct as referenced in OP1168 Fraud, Waste and Abuse Prevention, Reporting and Training. It is the duty of staff or affiliates acting on behalf of FPOCF to report actual or suspected misconduct. If a staff member or an affiliate is contacted by law enforcement or other government agencies, such contact should immediately be reported to the Compliance Officer.

Procedure and System for Prompt Response to Compliance Issues and Undertaking Corrective Actions

FPOCF has policies and procedures, processes, and systems for the identification of and response to compliance issues. Utilizing the tools in place to conduct timely investigations of identified issues, to proactively conduct self-assessments of business practices (self-reporting) and adherence to regulations and law is the most effective method to demonstrate to our regulators our commitment to compliance.

FPOCF is committed to investigating allegations of non-compliance including allegations of fraud and misconduct. FPOCF initiates an investigation within 2 business days when the CO becomes aware of the alleged misconduct. Investigations of FWA are concluded within a reasonable amount of time. FPOCF expects all staff to ensure policies are adhered to and to raise concerns via the Compliance Hotline and/or the other communication resources / mechanisms referenced in the Code available when a compliance issue is suspected.

FPOCF and the CO are committed to the enforcement of Policies and Procedures and the prompt response to Compliance issues. The CO will act promptly and take appropriate corrective action. The CO, in partnership with the Director of HR, will ensure that noncompliance or FWA committed by FPOCF staff is documented and includes ramifications should the staff fail to satisfactorily implement the corrective action. The CO will develop and be responsible for creating a system or process to track the resolution of complaints; additionally, the CO will maintain documentation of all compliance deficiencies identified and the corrective actions taken. The CO will conduct ongoing monitoring of corrective action plan (CAP) post implementation to ensure the effectiveness of the CAP.

Instances of suspected and confirmed FWA will be reported to FPOCF CO at Compliance@FamilyPartnerships.org. Policies and Procedures will be enforced consistently through appropriate disciplinary actions.

Compliance Program Resources / Guidance:

U.S. Department of Health and Human Services – Office of Inspector General

- Compliance Program Guidance for Medicare Choice Organizations (64 Federal Register Reg. 61893 11-15-1999)
- <https://oig.hhs.gov/compliance/compliance-guidance/index.asp>

Centers for Medicare and Medicaid Services

- Medicare Managed Care Manual (MMCM) / Prescription Drug Benefit Manual (PDBM) Chapters 21 & 9 Compliance Program Guidance (Pub 100-16)
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326>

U.S. Department of Justice

- Evaluation of Corporate Compliance Program, updated June 2020
- <https://www.justice.gov/criminal-fraud/page/file/937501/download>

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:



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

Signature Date: 10/15/2025