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Corporate Compliance Plan

For

Behavioral Healthcare, Inc.

Adopted by the Board of Directors on February 14, 2001

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BEHAVIORAL HEALTHCARE, INC.
CORPORATE COMPLIANCE PLAN

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Definitions

1. **Client/Member:** means any patient or person receiving or eligible to receive services from BHI, including family members and legal guardians.
2. **Core Providers:** means Arapahoe/Douglas Mental Health Network, Aurora Mental Health Center and the Community Reach Center (formerly Adams Community Mental Health Center, Inc.).
3. **Persons associated with BHI:** means all board members, consultants, subcontracted clinical providers and vendors, employees, volunteers, collectively.
4. **Physician:** means any doctor of medicine or osteopaths, including a psychiatrist.
5. **Medically or clinically necessary:** A service shall be deemed medically or clinically necessary, if in a manner in accordance with professionally accepted clinical guidelines and standards of practice in behavioral healthcare, the service: is reasonably necessary for the diagnosis or treatment of a covered mental health disorder or to improve, stabilize or prevent deterioration of functioning resulting from such disorder; and is furnished in the most appropriate and least restrictive setting where services can be safely provided; and cannot be omitted without adversely affecting the Member's mental and/or physical health or quality of care rendered.
6. **Subcontracted Clinical Provider:** means any individual or entity which has contracted with BHI to provide clinical services to BHI's members. The term includes Arapahoe/Douglas Mental Health Network, Aurora Mental Health Center and the Community Reach Center and all external providers. The term does not include employees of BHI.
7. **Vendor:** means any individual or entity which has contracted with BHI to provide non-clinical services, goods or supplies.
8. **Utilization Review:** A term meaning the retrospective or concurrent review of clinical information for the purpose of authorization.

COMPLIANCE PLAN
FOR BEHAVIORAL HEALTHCARE, INC.

Introduction

The Board of Directors of the Behavioral HealthCare, Inc. (“BHI”), at its regularly scheduled meeting on July 12, 2000, approved the development of a Corporate Compliance Plan (“the Plan”). The final Plan was approved and adopted by the Board of Directors on February 14, 2001.

The Plan states the fundamental policy of BHI that all of BHI’s business shall be conducted in compliance with all applicable laws and regulations of the United States, the State of Colorado, applicable local laws and ordinances and the ethical standards/practices of the industry, as interpreted by BHI. Because BHI holds a contract with the Colorado Department of Health Care Policy and Financing to provide Medicaid covered mental health services in the East Metro region of the State, compliance with the requirements of the Medicaid program is of particular importance to BHI.

The laws, regulations and ethical rules that govern behavioral health care and the conduct of those associated with BHI are too numerous to list in the Plan. Fundamentally, however, all persons employed by or associated with BHI, either because they are providing services on behalf of BHI or providing goods or services to BHI, including board members, employees, volunteers, consultants, vendors and subcontracted clinical providers, are expected to conduct all business and clinical activities with or on behalf of BHI in an honest and fair manner. Intentional fraud, reckless disregard for applicable laws or regulations, and misrepresentation will not be tolerated. Any suspected fraud shall immediately be reported verbally to the Department (Health Care Policy and Financing). BHI shall investigate its suspicions and shall submit its written findings within three (3) business days of the verbal report. If the investigation is not complete in three (3) business days, BHI shall continue to investigate. A final report shall be submitted within fifteen (15) business of the verbal report. The report shall include specific background information, the name of the Provider and a description of how BHI became knowledgeable about the occurrence. In addition, BHI shall report all adverse licensure or professional review actions taken against any participating provider to the National Practitioner Data Bank and any other appropriate state regulatory board. All persons employed by BHI will receive a copy of this Plan and will receive appropriate training and education regarding the elements of this Plan. All consultants, employees, volunteers, vendors and subcontracted clinical providers will be informed of the Plan and their obligation to conduct themselves in the manner required by the Plan and will be provided copies upon contracting.

BHI has appointed a Corporate Compliance Officer (“CCO”) (also known as the Program Integrity Officer (“PIO”) under the Medicaid program) who will be responsible for the implementation of the Plan. The CCO reports to the BHI Board of Directors. The Plan will be monitored on a regular basis and reviewed no less than annually by the CCO. In consultation with the CCC, the CCO may revise the Plan, as appropriate.

The Plan provides a framework for a policy of compliance with all applicable standards. It is intended to guide BHI employees in their day-to-day activities. It is also to serve as a guide to all others associated with BHI as they develop their own corporate compliance plans. Since BHI is the Medicaid contractor, it is ultimately responsible for ensuring that all vendors and subcontracted clinical providers provide services that conform with all applicable standards.

To this end, BHI provides oversight of the compliance efforts of its core subcontracted clinical providers: Arapahoe/Douglas Mental Health Network, Community Reach Center and Aurora Mental Health Center (“Core Providers”), and its primary vendor for subcontracted administrative services: Colorado Access. While each of these entities will maintain their own separate corporate compliance plans, BHI’s CCO, or his/her designee, shall receive verbal and/or written updates regarding the center Corporate Compliance Committees. The BHI CCO will also receive a current (and revised, if necessary) copy of each center’s Corporate Compliance Plan for review.

I. Statement of Mission

It is the Mission of BHI is to provide a continuum of behavioral health services which demonstrates our commitment to quality and respect for our members.

II. Purpose Of The Plan

The specific purposes of the Plan are to:

- Establish compliance standards and procedures that are reasonably capable of reducing the prospect of criminal conduct by employees or persons associated with BHI;
- Establish procedures to achieve compliance with the standards;
- Assign to specific personnel overall responsibility to oversee compliance with the standards and procedures;
- Communicate effectively the compliance standards and procedures to all employees and persons associated with BHI and assure that there is ongoing education regarding the standards and procedures;
- Establish consistent disciplinary mechanisms to deal with violations of the Plan or the failure to detect or report an offense; and
- Establish reasonable steps to respond appropriately to offenses that have been detected and to prevent further similar offenses.

III. Corporate Code of Conduct

The Board of Directors of BHI has established the Plan and a general standard of conduct in recognition of BHI's responsibility to members and the communities served by its Core Providers. All employees and all persons associated with BHI, including its board members, consultants, vendors, Core Providers and other subcontracted clinical providers, are responsible for acting in a manner consistent with the code of conduct summarized in the following general principles:

- We will treat all clients with dignity, respect and courteousness.
- We will consistently and accurately represent ourselves and our capabilities to clients. We will not misrepresent our capabilities to the public or the Medicaid program.
- We will expect that all employees and persons associated with BHI will perform their jobs with honesty and integrity.
- We will strive to ensure that our subcontracted clinical providers render services that meet the identified needs of our members and avoid the provision of services which are not necessary, effective or efficient.
- We will strive to respond in a meaningful way to the concerns of members.

- We will strive to achieve a uniform standard of performance throughout the organization.

The following sections address more specifically the BHI Code of Conduct with respect to the various activities and departments of BHI. They are intended to guide employees and all persons associated with BHI in their day-to-day activities.

A. Member Services and Rights

BHI requires its employees, Core Providers and other subcontracted clinical providers to treat clients/members in a manner that reflects their rights under the Medicaid program. Members are notified of the following rights verbatim in member information materials sent at the time of Medicaid enrollment:

- Be treated with respect for your dignity and privacy.
- Ask for information about Behavioral Healthcare Inc., our services and providers, including:
 - Your mental health benefits.
 - How to access care.
 - Your rights.
- Get information in a way that you can easily understand.
- Choose any provider in the Behavioral Healthcare Inc. network.
- Get culturally appropriate and competent services from Behavioral Healthcare Inc. providers.
- Get services from a provider who speaks your language or get interpretation services in any language needed.
- Ask that a specific provider be added to the provider network.
- Get services that are appropriate and accessible when medically necessary, including care 24 hours a day, (7) seven days a week for emergency conditions.
- Get emergency services from any provider; even those who are not in our network, without calling Behavioral Healthcare Inc. first.
- Get a routine appointment within (7) seven days, or an urgent appointment within 24 hours of your request.
- Receive medically necessary covered services from a provider who is not in the Behavioral Healthcare Inc. network if we are otherwise unable to provide them.
- Know about any fees you may be charged. There are no fees or copayments for the covered Medicaid services you receive through Behavioral Healthcare Inc.
- Get written notice of any decision by Behavioral Healthcare Inc. to deny or limit requested services.
- Get a full explanation from your providers about:
 - You or your child's mental health diagnosis and condition,
 - Different kinds of treatment that may be available,
 - What treatment and/or medication might work best, and
 - What you can expect.
- Participate in discussions about what you need, and make decisions about your mental health care with your providers.

- Get a second opinion if you have a question or disagreement about your treatment.
- Be notified promptly of any changes in benefits, services, or providers.
- Refuse or stop treatment, except as provided by law.
- Be free from any form of restraint or seclusion used as a means of convincing you to do something you may not want to do, or as a punishment.
- Get copies of your treatment records and service plans and ask Behavioral Healthcare Inc. to change your records if you believe they are incorrect or incomplete.
- Get written information on advance medical directives.
- Get information about, and help with grievances, appeals and fair hearing procedures.
- Make a grievance (complaint) about your treatment to Behavioral Healthcare Inc. without retaliation.
- Have an independent advocate help with any questions, problems or concerns about the mental health system.
- Express an opinion about Behavioral Healthcare Inc's services to state agencies, legislative bodies, or the media without your services being affected.
- Exercise your rights without any change in the way Behavioral Healthcare Inc. or our providers treat you.
- Have your privacy respected. Your personal information can only be released to others when you give your permission or when allowed by law.
- Know about the records kept on you while you are in treatment and who may have access to your records.
- Any other rights guaranteed by statute or regulation (the law).

B. Provider/Vendor Relations and Contracts

1. BHI does not enter into contracts or other arrangements with providers which, directly or indirectly, pay or offer to pay anything of value, be it money, gifts, space, equipment or services, in return for the referral of BHI members for services paid by the Medicaid program or by any other federal health care program.
2. BHI does not enter into financial arrangements with providers that base compensation on the volume of Medicaid services provided.
3. BHI does not approve nor cause claims for State Plan Services to be submitted to the Medicaid program or any other federal health care program:
 - a. for services provided as a result of payments made in violation of (1) above.
 - b. for services not rendered by the provider identified on the claim form.
 - c. for services rendered by a person who is not properly licensed or is known to have falsely claimed to be a specialist.

- d. for services that are not medically necessary.
 - e. for services which cannot be supported by the documentation in the medical record.
4. BHI does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with the Medicaid program or any other federal health care benefit program.
 5. BHI does not provide incentives to Core Providers or subcontracted clinical providers to reduce or limit services to Medicaid beneficiaries or recipients of other federal health care programs.
 6. BHI conducts all business with vendors, consultants, subcontracted clinical providers and Core Providers at arm's length and pursuant to written contract.
 7. All contracts with physicians are for no less than a one year term, clearly state the responsibilities of the physician and clearly delineate compensation or fee schedules that are Fair Market Value and not based on the volume of Medicaid services to be provided.
 8. All provider contracts meet all Medicaid program subcontracting requirements, including, but not limited to, a "hold harmless" provision.
 9. Purchase orders and other contracts with providers and vendors contain a provision that requires the vendor or provider to abide by all applicable provisions of the Plan.

C. Business Operations and Accounting.

1. BHI does not retain Medicaid funds that are not properly owed to BHI or one of its subcontracted clinical providers.
2. BHI does not engage in transactions that provide excessive economic benefit to persons with a vested interest in BHI (e.g. members, directors, officers).
3. All financial reports, accounting records, research reports; expense accounts, time sheets and other financial documents shall accurately represent performance of operations.
4. BHI strives to preserve and protect its assets and to direct such assets to its exempt purposes.

5. BHI has established procedures to ensure a system of internal controls that provide reasonable assurance that financial records are executed consistent with local, state and federal regulatory requirements and accounting industry guidelines.
6. BHI trains all employees and contractors regarding asset accountability and the need to account for all financial transactions.
7. BHI has an independent audit performed annually by qualified consultants.
8. The accounting staff maintains documents and other records of original entry to support asset acquisitions and dispositions. Books and records shall fairly and accurately reflect, in reasonable detail, BHI's business transactions, assets acquisitions, sales and deposits, as well as other activity.
9. BHI regularly maintains assets and other such records in accordance with BHI's policy, but no less frequent than monthly, to include, but not be limited to, Cash, Accounts Receivable, Fixed Assets, etc.
10. BHI management regularly provides financial statements to the BHI Board of Directors.
11. BHI protects and secures its financial data. Record destruction is conducted in accordance with approved document destruction policies and procedures.
12. BHI recognizes the potential for conflicts of interest in business activities. To achieve our goals and to maintain integrity, any employee or other persons associated with BHI who could potentially benefit from a contract shall not participate in BHI's decision-making process relative to that business entity.
13. To guard against any conflicts of interest, BHI requests all Directors and Executive Officers to complete a conflict of interest disclosure statement on an annual basis.
14. BHI prohibits the solicitation or acceptance of gifts, gratuities, favors or other benefits from persons or entities that do business with BHI. Notwithstanding the foregoing, acceptance of common business hospitality, such as occasional meals, entertainment or nominal gifts with a value of \$75.00 or less, are not considered a violation of this paragraph.
15. Because BHI is a tax-exempt organization, BHI requires all employees to comply with campaign finance and ethics laws. No employee may use

BHI's funds to make any contribution to any political candidate, or political organization except as allowed under federal law. Individual employees may personally participate in and contribute to political organizations or campaigns with their own funds, but must do so as individuals and not as representatives of BHI. BHI may publicly offer recommendations concerning legislation or regulations being proposed which pertain to behavioral health care. However, neither BHI nor a BHI employee may attempt to influence the decision-making process of any governmental body or official by an improper offer.

16. BHI avoids any activities that unfairly or illegally reduce or eliminate competition, control prices, allocate markets or exclude competitors. To this end, BHI:
 - a. BHI does not enter into agreements with other BHOs to unduly influence prices, charges, profits and service or supplier selection;
 - b. BHI negotiates contracts with competitors, potential competitors, contractors or suppliers on a competitive basis based upon such factors as price, quality and service; and
 - c. BHI employees who attend association or professional association meetings, or who otherwise come in contact with competitors, avoid discussions at those meetings regarding pricing or any other topic which could be interpreted as collusion between competitors.
17. BHI, or its contractors, prepares the Colorado Medicaid Community Health Services Program reports as necessary. The reports are prepared based upon the Accounting and Auditing Guidelines issued by the Colorado Department of Human Services, Division of Behavioral Health, which also contains the various Regulations of the Colorado Division of Insurance, as they relate to BHI and its contractors.
18. No employee or person associated with BHI prevents or delays the communication of information or records related to violation of the Plan to the CCO.

D. Medical Records.

1. BHI maintains all medical records which are forwarded for review by BHI in a confidential manner, with access to medical records limited to those employees involved in claims adjudication, quality improvement or medical management (UR).
2. BHI is developing systems for the electronic medical record information transmission in accordance with the HIPAA privacy and security

regulations. BHI will timely implement HIPAA-compliant systems. As part of its HIPAA compliance, BHI will:

- a. Enter into written contracts with all business associates (as that term is defined in the HIPAA privacy regulations) to ensure that all entities performing services on behalf of BHI comply with the HIPAA privacy regulations.
 - b. Will ensure that Core Providers and other subcontracted clinical providers obtain the consent of each client to the release of medical record information to BHI for the purposes of claim adjudication, quality assurance and medical management (UR).
3. BHI retains records in accordance with a written policy which incorporates Medicare, Medicaid and all federal, state and local regulatory guidelines.
 4. BHI shall respond appropriately to government subpoenas. If BHI has reason to believe that there is an impending government investigation, it retains all documents that may pertain to that investigation.

E. Medical Management and Claims

1. BHI monitors the claims submitted by providers, including Core Providers, to ensure honest, fair and accurate claim practices. All persons providing claims functions on behalf of BHI, including Colorado Access, are required to demonstrate experience and knowledge in performing such functions in accordance with federal, state and local law.
2. BHI monitors and periodically audits the claims process of its contractors, such as Colorado Access, to ensure honest, fair and accurate claims processes.
3. BHI reviews the written billing policies and procedures manuals of Colorado Access to ensure that the manuals properly reflect BHI's policies and the requirements of the Medicaid program.
4. BHI ensures that its contractors, such as Colorado Access, properly coordinate benefits with any applicable third-party payor.
5. BHI ensures that prior authorization is obtained for all inpatient admissions, partial hospitalizations and therapies requiring prior authorization and that prior authorization numbers accompany all claims from subcontracted clinical providers. BHI maintains records to support decisions regarding prior authorization.

6. BHI, or its Core Providers, sends denial letters and provides reconsideration and appeal of denials in accordance with applicable state law.
7. BHI does not compensate its contractor Colorado Access in such a manner as to induce improper or upcoded claims.
8. BHI requires its contractor Colorado Access to conduct periodic pre- and post-submission random testing to examine previously submitted claims for accuracy.
9. BHI shall respond appropriately to government subpoenas. If BHI has reason to believe that there is an impending government investigation, it retains all documents that may pertain to that investigation.

F. Employee Relations.

1. BHI encourages all employees and contractors to respect the rights and cultural differences of other individuals.
2. BHI does not discriminate on the basis of age, religion, color, race, sex, sexual preference or national origin in personnel policies and procedures.
3. BHI strives to provide equal employment opportunities and a working environment free from harassment.

IV. Administration of the Plan

A. The Board of Directors appoints a CCO, who has the following duties:

1. To oversee and monitor BHI's compliance activities.
2. To report on a periodic basis to the Corporate Compliance Committee (CCC) and the Board of Directors on the progress of implementation of the Plan.
3. To assist the CEO, the CFO, the CCC and the Board of Directors in establishing methods to improve BHI's efficiency and quality of services, and to reduce BHI's vulnerability to fraud, abuse and waste.
4. To periodically review the Plan and recommend revisions as necessary to meet changes in the business and regulatory environment. The CCO shall work with legal counsel to ensure that the Plan meets current law.

5. To oversee the development and implementation of a multi-faceted educational and training program that focuses on the elements of the Plan and the federal and state standards with which employees and persons associated with Board members, subcontracted clinical providers, including Core Providers, are expected to comply.
 6. To coordinate internal auditing and monitoring activities within BHI and to establish procedures for periodic audits of the operations of the Core Providers, subcontracted clinical providers and vendors, including Colorado Access.
 7. To receive and investigate reports of possible violations of the Plan.
 8. To develop corrective action plans to correct violations and prevent future incidents of noncompliance.
 9. To develop policies and programs that encourage employees and contractors to report suspected violations of the Plan without fear of retaliation.
 10. To verbally report possible instances of Medicaid fraud to HCPF immediately upon receipt of such information. These reports shall include specific background information, the name of the Provider, and a description of how BHI became knowledgeable about the occurrence.
- B. The Board of Directors appoints a Corporate Compliance Officer (CCO) who is responsible for establishing a Corporate Compliance Committee (CCC), composed of one or more representatives of the Board, representatives of each department of BHI, and representatives from each Core Provider to identify and build on existing BHI policies and procedures and to develop and implement a work plan for the creation and establishment of the Plan. In addition, the CCC:
1. Analyzes BHI's business, industry environment and legal requirements with which it must comply, and identifies specific risk areas.
 2. Assesses existing policies and procedures that address risk areas for possible incorporation into the Plan.
 3. Receives regular reports and recommendations from the CCO regarding the implementation and effectiveness of the Plan and, in turn, makes recommendations to the Board regarding new strategies to promote compliance with the Plan.

4. Considers investigative reports and recommendations submitted by the CCO, and, in turn, makes recommendations to the Board regarding corrective action.
- C. Supervisory personnel ensure that employees under their supervision have read and understand the general provisions of the Plan and are aware of their responsibility for reporting noncompliance. Each employee will be asked to agree in writing to abide by the principles of the Plan. The promotion of, and adherence to, the elements of the Plan are factors in the performance evaluations of supervisory personnel, as well as of employees in general.

V. Education and Training.

- A. All employees and other persons associated with BHI are informed of the Plan and have a clear understanding of their responsibilities and rights under the Plan. Contractors are made aware of any aspect of the Plan which might relate to the services or goods they provide.
- B. BHI provides education and training to board members and employees which addresses the following:
1. BHI's commitment to compliance with all laws, regulations and guidelines of Federal and state programs;
 2. The elements of the Plan;
 3. An overview of the federal and state laws that apply to BHI's business, including the federal and state false claims laws;
 4. A review of the specific Medicaid program and contract requirements applicable to BHI's business;
 5. The consequences of failing to comply with applicable laws or the Plan; and
 6. The protections board members, employees and subcontracted clinical providers have under this Plan and under federal and state law for good faith reporting of violations of this Plan.

The training may be conducted by department, with special attention to how the Plan is applicable to the department.

- C. Training and education activities may be provided through BHI-sponsored programs or educational sessions, education videos, joint meetings with Core Providers, state-sponsored education sessions or other seminars and workshops.

- D. Attendance at scheduled training sessions is mandatory for employees. Only the CCO has authority to excuse absences from such sessions. A written record of attendance at each session is made and retained by the CCO. Failure to comply with training requirements can result in disciplinary action, including possible termination of employment. BHI documents the training provided to each employee. The documentation includes the name and position of the employee or contractor, the date and duration of the educational activity or program, and a brief description of the subject matter of the education. Employees are requested to forward copies of certificates of attendance at programs addressing compliance issues which are not sponsored by BHI.

VI. Auditing and Monitoring.

- A. In order to detect noncompliance and improve the quality of work, an ongoing evaluation process is critical to the success of BHI's compliance program. In addition to the annual financial audit conducted by independent public accountants retained by BHI, the CCO conducts or engages outside consultants to conduct periodic audits of the compliance of BHI's various departments with the Code of Conduct set forth in this Plan. The CCO receives and reviews all internal audits. The CCO apprises the CCC and the Board of audit results.
- B. Priority in the audit process is focused on areas targeted by state and federal agencies.
- C. The audits may consist of one or more of the following measures:
 - 1. Onsite visits;
 - 2. Interviews with personnel in the department.
 - 3. Questionnaires developed to solicit impressions of a broad cross-section of BHI's employees.
 - 4. Reviews of contracts, books and/or records.
 - 5. Reviews of selected samplings of data, client records, claims denials, prior authorization decisions, etc.
- D. Based on audit results, the CCO specifically identifies areas where corrective actions are needed and, in consultation with the CCC, develops strategies to improve compliance.
- E. Employees or others associated with BHI are directed to forward to the CCO all correspondence from the Medicaid program or any other regulatory authority charged with administering a federally funded program, if it relates to services or goods provided to BHI or on behalf of BHI. Employees and contractors are directed to notify the CCO (in advance, if possible) of any visits, audits,

investigations or surveys scheduled by the Medicaid program, any federal or state agency or authority or any accreditation agency. All employees shall receive training regarding proper responses to government investigators and search warrants, as set forth in Exhibits A-1 and A-2 to this Plan.

- F. As a part of the ongoing monitoring and auditing of the Plan, the CCO, in cooperation with the CCC, establishes mechanism to notify employees and contractors of changes in laws, regulations or policies, as necessary, to assure continued compliance.

VII. Developing Effective Lines of Communication.

- A. An open line of communication between the CCO and employees or others associated with BHI is critical to the successful implementation and operation of the Plan.
 - 1. All employees and persons associated with BHI have a duty to report to the CCO their good faith belief that a possible violation has occurred which relates to BHI, to BHI's assets or to the Medicaid contract. Any person making a good faith report will cooperate fully with the CCO and his/her investigations.
 - 2. A report is made in any of the following ways:
 - a. In person, to the CCO.
 - b. By faxing the CCO at (720) 490-4395.
 - c. By calling, on an anonymous basis, the Corporate Compliance Hotline at (720) 490-4407.
 - d. By mailing a written concern to:

Corporate Compliance Officer
Behavioral Healthcare, Inc.
155 Inverness Drive West, Ste. 201
Centennial, CO 80112
 - e. By placing a written concern, on an anonymous basis, in the locked drop box located outside BHI offices.
 - 3. In addition, any person may seek guidance with respect to the Plan or Code of Conduct at any time by following the same reporting mechanisms outlined above.

4. Employees or persons associated with BHI may use Form **B** (attached to this Plan) to make a report. The CCO, or his/her designee, uses Form **C** (attached to this Plan) when taking a report over the telephone or in person.
5. Any supervisor, officer or director who receives a report is directed to immediately forward the report to the CCO.
6. In the event of an allegation of a violation of the compliance program or law by the CCO, the report is forwarded to the CCC.
7. BHI shall verbally report possible instances of Medicaid Fraud to HCPF (Health Care Policy and Financing) immediately upon receipt of information. The reports shall include specific background information, the name of the Provider and a description of how BHI became knowledgeable about the occurrence.

B. The process for an investigation of a report is as follows:

1. The CCO confers with BHI CCC or legal counsel to determine who should conduct the investigation. The investigation may be conducted by the CCO alone or with staff assistance. In either case, legal counsel reviews the findings when necessary. Alternatively, the CCO may refer the matter to legal counsel for investigation by legal counsel or by an outside expert retained by legal counsel.
2. The procedure for undertaking an investigation includes, but need not be limited to, the following:
 - a. A review of all identified related documents;
 - b. Consultation, if necessary, with internal or external resources with knowledge of applicable law, regulations or policies, procedures or standards; and
 - c. Interviews with persons with knowledge of the alleged activity.
3. A summary report is prepared by the investigator and submitted to the CCO (if the CCO is not the investigator) which (i) defines the nature of the problem, (ii) summarizes the investigation process, (iii) identifies the persons involved, and (iv) if possible, estimates the nature and extent of the any fines or penalties that might be asserted by state or federal government agencies.
4. If, upon review of the summary report, it appears that there are genuine compliance concerns, the CCO formulates a recommended corrective

action plan,. If the CCO thinks it necessary and prudent, the CCO will call a special meeting or poll the CCC members regarding the recommended corrective action plan. The CCO and appropriate participants will develop a strategy for implementation of the corrective action plan, with the advice and guidance of legal counsel. When indicated by legal counsel, the CCO shall present the corrective action plan to the Board. The corrective action plan is designed to ensure that the specific violation is addressed and, to the extent possible, that a similar problem does not occur in other departments or areas; appropriate education activities are included.

- a. If the investigation reveals possible criminal activity, the corrective action plan includes:
 - (i) Immediate cessation of the activity until the corrective action is in place;
 - (ii) Initiation of appropriate disciplinary action against the person or persons involved in the activity;
 - (iii) Notification to such law enforcement and regulatory authorities as legal counsel advises, which at a minimum includes, for Medicaid fraud, notification to the Medicaid Fraud Unit of the Colorado Attorney General's office and the Behavioral Health Division Director of the Department of Health Care Policy and Financing
 - (iv) Appropriate education of employees and those associated with BHI to prevent future similar problems.
 - (v) Initiation of any necessary action to ensure that no clients are placed at clinical risk.
 - b. If the review results in conclusions or findings that the activity is not a violation of the Plan or that the activity did not occur as alleged, the investigation is closed.
- C. The CCO will provide annual statistical summaries to the CCC and the Board, of the number of reports received, the number of investigations undertaken, the number of reports resulting in corrective action and the number of investigations closed without further action.
- D. Any threat of reprisal against a person who makes a good faith report under the Plan is against BHI policy. Reprisal, if found to be substantiated, is subject to appropriate discipline, up to and including termination of employment. In

addition to BHI's internal policy against retaliation, state and federal law provide protection to those who make a good faith report. See Exhibit B for more details.

- E. Any attempt to harm or slander another through false accusations, malicious rumors or other irresponsible actions is a violation of BHI policy. Such attempts, if found to be substantiated, shall be subject to discipline, up to and including termination of employment.
- F. BHI, at the request of a reporting person, shall provide such anonymity to the reporting person as is possible under the circumstances in the judgment of the CCO, consistent with BHI's obligation to investigate concerns and take necessary corrective action.
- G. If the identity of the complainant is known, the CCO provides a written report to the reporting individual that an investigation has been completed and, if appropriate, the corrective action that has been taken.

VIII. Enforcement Through Disciplinary Measures.

A. Employee Discipline

1. Under the direction of the Human Resource Department, the CCO assures that BHI establishes procedures for the discipline of employees for violation of the Plan and the Code of Conduct contained in the Plan. The procedures are clearly stated in BHI's Employee Handbook. Any discipline is appropriately documented in the employee's personnel file, along with a statement of reasons for imposing such discipline.
2. The promotion of, and adherence to, the elements of the Plan is a factor to be taken into consideration in the performance evaluations of employees, including managers and supervisors.
3. Managers and supervisors are subject to discipline if they fail to instruct their subordinates adequately or fail 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 violations and would have given BHI the opportunity to correct the violations earlier.

B. Contractor Discipline/Termination

1. The CCO assures that the Director of Provider Relations or designee modifies provider agreements to include provisions which require compliance with the Plan and clearly state that breach of these provisions will be events for disciplinary action or termination of the contract after failure to cure.
2. The CCO assures that the Director of Quality Improvement incorporates provisions into the formal peer review process which allow disciplinary actions for violations of the Plan. In the event that BHI takes disciplinary action against or terminates the contract of a subcontracted clinical provider for violation of the Plan, BHI reports such actions, if required by law and upon advice of legal counsel, to the National Practitioner Data Bank, the Health Integrity and Protection Data Bank and/or the appropriate state regulatory board (e.g., Board of Medical Examiners, etc.)

IX. Employee and Contractor Screening.

- A. It is the policy of BHI to make reasonable inquiry into the background of prospective employees and prospective vendors that are engaged in business activities, which, by their nature, might place BHI at risk for violation of the law or the Plan.
- B. In conjunction with policies and procedures developed and administered by the Human Resources and Provider Relations Departments, all current and new employees and all subcontracted clinical providers are screened to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws. The latter is verified through the Medicaid/Medicare Sanction Report, obtainable at the HCFA website.
- C. Any employee or contractor found to have a conviction or sanction or found to be under investigation for any criminal offense related to health care is removed from direct responsibility for, or involvement with, the BHI Medicaid contract. If resolution of the matter results in conviction, debarment or exclusion, BHI terminates the employment of or contract with the person involved.
- D. BHI requests information regarding Corporate Compliance violations during the exit interview of an employee who is leaving the agency. If any issues of fraud or compliance concern(s) are raised, the CCO will investigate the issues raised. [See Attachment A-2].

X. Reports to the Board of Directors; Modification of the Plan

- A. The CCO reports, annually, to the CCC and the Board of Directors with respect to the following:
 - 1. The status of monitoring and auditing activities;
 - 2. Planned and completed training and education;
 - 3. The statistical summary referenced in Section VII.C;
 - 4. All disciplinary actions or contract terminations involving the Plan.
- B. On an annual basis, the CCO reports to the CCC and the Board the following:
 - 1. Recommended modifications to the Plan, if any.
 - 2. Recommended strategies to increase compliance with the Plan.
- C. The Plan may be modified only with the approval of the Board.

Exhibit A-1

Behavioral Healthcare, Inc. Corporate Compliance Plan

Employee and Contractor Training Guide: What to Do in the Event of a Government Investigation

In today's health care environment, investigations by state or federal agencies are becoming commonplace. For that reason, it is important that you understand your rights should government officials approach you for information.

Some surveys or investigations, such as the National Committee for Quality Assurance survey, are coordinated through the Administrative Offices of BHI. Your supervisor will alert you to any such survey or investigation and help coordinate the timing of any interviews between you and the surveyors or investigators.

It is also possible in today's health care environment that a government investigator without the prior knowledge of the Administration could approach you. If this happens, it is important that you understand your rights and obligations:

1. You have the right to be interviewed or to decline to be interviewed. You cannot be compelled to give any statement.
2. You do not have to talk to the investigator without having an attorney present. If you wish, BHI will provide counsel for you in such an event. If you want to be represented, you should politely tell the investigator that you would be happy to cooperate, but would like to contact counsel first. Try not to become intimidated or bullied into talking with an investigator without counsel if you do not feel comfortable doing so. It is your absolute right to have counsel present. If you wish BHI to provide counsel, alert the CCO to that fact immediately.
3. In the event that you decide to be interviewed, you must provide full and truthful information.
4. We ask that you immediately contact the CCO if you are approached by anyone requesting information, while either on or off duty.

Exhibit A-2

Behavioral Healthcare, Inc. Corporate Compliance Plan

Employee and Contractor Training Guide: What to Do in the Event of Presentation of Search Warrant

In the event that BHI is targeted for an investigation, one technique, which may be used to obtain information or documentation, is the search warrant. In the event that either Federal or state authorities serve a search warrant, it is important that the following procedure be followed:

1. Notify the CCO or Chief Executive Officer immediately of the warrant.
2. Immediately notify your supervisor or manager.
3. Cooperate with the officers serving the warrant. Be polite. The search warrant will identify the locations the agents are permitted to search. If the investigators ask to search areas not covered by the search warrant, do not agree to this. They may only search the areas covered in the warrant. However, if they refuse to comply, do not interfere with their efforts.
4. Notify the CCO or Chief Executive Officer, explain what has happened and explain that it is urgent that you speak with an attorney. Fax a copy of the search warrant to his/her office. The agents are required to give you a copy of the warrant.
5. The Chief Executive Officer or the CCO will contact all employees or contractors who are in the areas being searched and explain what is happening, but do not speculate about the subject of the investigation itself. Tell them to cooperate with requests for documents, but also inform them that they do not have to agree to be interviewed by investigators and may have an attorney present for any interview. Tell employees they can use BHI's counsel if they wish. Be careful not to tell them not to talk with investigators, just make sure they know they can have counsel present. Do not have any discussions with employees about what they were asked by the investigators. Let this be done by BHI's counsel.
6. Keep careful notes of the areas searched, documents seized and persons interviewed until counsel arrives.
7. Ask the authorities for a receipt listing all items and documents seized.

It is important to be polite and cooperative, but at the same time protect your rights and the rights of BHI.

Exhibit B

Behavioral Healthcare, Inc. Corporate Compliance Plan

Information about Federal and State False Claims and Whistleblower Laws

The false claims laws are aimed at controlling waste, fraud and abuse in federal and state health care programs by giving government agencies the authority to seek out, investigate and prosecute violations. Three different types of remedies are available: criminal, civil and administrative.

Anti-retaliation or “whistleblower” protections for individuals who make good faith reports of waste, fraud and abuse encourage reporting and provide government agencies broader opportunities to prosecute violators. Employment protections create the level of security that employees need to assist with the prosecution of false claim cases.

BHI implemented its Corporate Compliance Plan in 2001. Section III.B and E of the Corporate Compliance Plan establish a code of conduct that is intended to prevent false claims and other types of fraud and abuse. Sections VI – IX of the Plan describe the policies and procedures that BHI has in place to detect and investigate fraud and abuse in this organization. It is the policy of BHI to protect those who report in good faith. Section VII.D of the Plan states that any retaliation against an employee who makes a good faith report of a violation of the Plan will result in discipline.

The purpose of this Exhibit is to provide further details to board members, employees, subcontracted clinical providers and vendors about federal and state civil and administrative false claims laws and the whistleblower protections that are available under each for those who report violations in good faith.

Federal False Claims and Whistleblower Laws

1. Federal Civil False Claims Act; 31 U.S.C. §§ 3729 – 3733

A. Prohibitions

The federal civil False Claims Act makes it unlawful for any person to knowingly make (or cause to be made) a false statement or file (or cause to be filed) a false claim with the federal government for payment. This law applies to state Medicaid claims because the federal government pays a share of each Medicaid claim.

“Knowingly” means that a person (1) has actual knowledge that the record or claim is false; (2) acts in deliberate ignorance of the truth or falsity of the record or claim; or (3) acts in reckless disregard for whether the record or claim is true or false. A person does not need to have specific intent to defraud the government to violate the law. A “person” can be an individual or an organization.

B. Enforcement and Penalties

The federal Department of Justice enforces the False Claims Act by filing a civil complaint in a federal court within three years of the date that the federal government knew or should have been known of the violation, but in no event more than ten years after the date on which the violation was committed.

A person who violates the civil False Claims Act is subject to a civil money penalty of not less than \$5,500 and not more than \$11,000 per claim, PLUS three (3) times the amount of damages the federal government sustained on account of the false claim (e.g., the amount paid on the claim). The amount of damages can be reduced by one third if the person promptly self reports a violation before an investigation is begun.

C. Qui Tam and Whistleblower Protection Provisions

While most false claim cases are brought by the Department of Justice, the False Claims Act also allows private citizens to file a lawsuit in the name of the United States for false or fraudulent claims that are submitted to or paid, in whole or in part by, the federal government. The lawsuit must be filed within six (6) years after the violation was committed. Commonly known as *qui tam* action, a lawsuit brought under the Act by a private citizen begins with the filing of a civil complaint in federal court, under seal for 60 days. During the 60-day period, the private citizen must provide a copy of the complaint to the Department of Justice, along with a copy of all supporting evidence. The Department of Justice will investigate the matter and decide within the 60 days (or any extension) whether it will pursue the case.

If the Department of Justice decides to pursue the case, the Act provides that the private citizen, or “whistleblower,” who filed the *qui tam* action may receive a percentage of the money recouped by the Department as a reward; the percentage may be as much as 15-25%. However, this reward may be reduced if, for example, the court finds the whistleblower planned and initiated the violation. The Act also provides that a whistleblower who prosecutes a clearly frivolous *qui tam* claim can be held liable to the person sued for its attorneys’ fees and costs.

If the Department of Justice does not decide to pursue the case, the private citizen can continue the case on his/her own. Again, the private citizen is entitled to 25-30% of the recovery, plus costs and attorneys’ fees.

Finally, the Act prohibits an employer from retaliating, with respect to conditions of employment, against any employee who, in good faith, brings a case under the Act against the employer or participates in any way in a case against an employer. An employee may bring suit against an employer or former employer who violates this provision of the Act.

2. *The Federal Program Fraud Civil Remedies Act (Administrative Remedies Law); 31 U.S.C. §§ 3801 – 3812*

A. Prohibitions

The Program Fraud Civil Remedies Act (“PFCRA”) creates administrative remedies against persons, who make, or cause to be made, false claims or statements to certain federal agencies (including the U.S. Department of Health and Human Services). This act was created as a way to address lower dollar frauds and generally applies to claims of \$150,000 or less.

B. Enforcement and Penalties

Reported violations are investigated by the Office of the Inspector General within the U.S. Department of Health and Human Services. The Department of Justice must approve any enforcement actions.

The PFCRA imposes civil money penalties on any person who makes, presents, or submits (or causes to be made, presented, or submitted) a claim that the person knows or has reason to know is false, fictitious, or fraudulent. If found liable, the person is subject to civil money penalties of up to \$5,000 per false claim or statement and up to two (2) times the amount of the false claims as damages.

C. Whistleblower Protections

This Act does not itself contain any whistleblower protections. However, see No. 3 below.

3. *Federal Sarbanes-Oxley Act of 2002*

The federal Sarbanes-Oxley Act of 2002 focuses on corporate accountability and was enacted to ensure that corporate management and governing boards impose internal controls on accounting matters and assume liability for accounting irregularities. As part of this, Section 806 of the Act creates whistleblower protection for for-profit company employees who provide information to investigators or file complaints or other notices with their superiors, corporate executives, or government entities.

However, the Act also contains a more general whistleblower provision that can apply to the reporting of false claims by employees of any kind of organization. Section 1107 of the Act makes it a crime for anyone to retaliate, including interfering with employment or livelihood, against a person for “providing to a law enforcement officer any truthful information relating to the commission or possible commission of any federal offense.” The filing of a false claim is a federal offense, as discussed in Nos. 1 and 2 above.

Colorado State False Claims and Whistleblower Laws

I. Colorado Civil False Medicaid Claims Law; C.R.S. §§ 25.5-4-304 - 306

A. Prohibitions

The Colorado civil false Medicaid claims law makes it unlawful for any person to:

- intentionally or with reckless disregard make a false statement of material fact in connection with a claim to or file a false claim with Medicaid;
- intentionally or with reckless disregard file a cost report containing false material statements;
- intentionally or with reckless disregard make a claim for services knowing that the individual who furnished the services was not licensed to provide such services;
- unless an exception applies, intentionally or with reckless disregard offer, solicit, receive, or pay any remuneration, including any kickback, bribe, or rebate, directly or indirectly, overtly or covertly, in cash or in kind:
 - In return for referring anyone to a provider or supplier for a Medicaid service; or
 - In return for purchasing, leasing, ordering or arranging for a facility, service, or item for which Medicaid will pay.

The exceptions are the same as those available under the federal Anti-kickback Law.

“Intentionally” means that, with respect to information, the person has actual knowledge that the information is false and acts with specific intent to defraud. “Reckless disregard” means the person acts without considering whether the information is true or false. No specific intent to defraud is needed to prove reckless disregard. A “person” means any individual or organization.

B. Enforcement and Penalties

The Department of Health Care Policy and Financing (“HCPF”) may commence a civil action in state or federal court against any person it believes has violated the state false claim law. The court can order both restitution and penalties.

If a person *intentionally* violates the law, the court can order:

- Full restitution in the amount received by the person because of the violation; AND
- A civil money penalty of \$5,000 per claim OR two (2) times the amount received by the person because of the violation OR BOTH.

If a person violates the law *with reckless disregard*, the court can order:

- Full restitution in the amount received by the person because of the violation; AND
- A civil penalty not to exceed \$1,000 per claim, but in no event more than \$50,000, OR two (2) times the amount received by the person because of the violation OR BOTH.

The amount of the civil penalties may be reduced to one times the amount received if a person self-reports a violation before an investigation is begun.

The remedies under the Colorado Medicaid false claims act may not be the only remedies available for a Medicaid false claim. If penalties under the federal false claims act or other federal law also apply to the violation, the federal law penalties will apply to the federal portion of the amount received in violation of the law and the state law penalties will apply to the state portion of the amount received in violation of the law.

C. Whistleblower Protections

The Colorado Medicaid false claims law does not contain any whistleblower protections. However, see No. 3 below.

2. Colorado Medicaid Program Integrity Regulations; 10 CCR 2505-10, Section 8.076

A. Prohibitions

The Colorado Medicaid program integrity regulations define a “false representation” as an inaccurate statement that is relevant to a claim and is made by a provider with actual knowledge that the statement is false, in deliberate ignorance of whether it is true or with reckless disregard for whether it is true. The regulations states that a provider submits a claim with reckless disregard or deliberate ignorance if it fails to maintain records required by the Department or fails to become familiar with the Department’s rules.

B. Enforcement and Penalties

The Colorado Medicaid program integrity regulations allow the Medicaid program, during an investigation of alleged false claims, to withhold payment on amounts thought to be related to the false claims. Following confirmation of false claims, the Department can terminate a provider’s participation agreement in the Medicaid program. These remedies are in addition to the remedies available under the false claims law discussed in No. 1 above.

3. Colorado Whistleblower Protection Law; C.R.S. §§ 24-114-101 - 103

A 1988 Colorado law provides that no private organization that has a contract with a state agency may retaliate, with respect to conditions of employment, against any employee because the employee, in good faith, provided written evidence to any person or testified before any committee of the general assembly about any action, policy, practice or procedure that, if not disclosed, could result in the waste of public funds, could endanger public health, welfare or safety or could otherwise adversely affect the interests of the state.

However, this law does not protect any employee who discloses information that he/she knows is false or discloses information without checking whether it is true or false. The employee is also not protected if the information that is disclosed is confidential under any other provision of law.

An employee must make a good faith effort to provide to his supervisor or to the appointing authority or to a member of the general assembly a copy of the information to be disclosed prior to the time of its disclosure.

If the employer violates this law, the employee may bring a civil action in a state court; if the action is decided in favor of the employee, he/she may recover damages, together with court costs and any other relief that the court believes is appropriate, such as attorneys' fees.

This Exhibit is intended to comply with Section 6032 of the Deficit Reduction Act of 2005.

Form A

**Behavioral Healthcare Inc.
Corporate Compliance Plan**

**Report of a Possible Violation
(For Compliance Officer Use For Telephone Reports)**

No.: _____ Receiving Date: _____ Time: _____

Date Alleged Violation Occurred _____

Report Received: By _____ Position : _____

Reporting Individual: _____ Position: _____

Individuals and/or Department Involved: _____

Description of Incident: _____

Date Reported to HCPF (Name of HCPF representative and Attach copy of notification email)

Report Completed By: _____ Date: _____

Compliance Officer: _____
(Print Name)

Compliance Officer: _____
(Signature)

Form B

**Behavioral Healthcare Inc.
Corporate Compliance Plan**

Report of a Noncompliance or Suspected Noncompliance

Name: _____ (Optional) – *(While BHI will take reasonable steps to ensure the confidentiality of the information contained in this report, under certain circumstances disclosure of such information may be required.)*

Position: _____ Office/Department: _____

Supervisor: _____

Work Telephone Number: _____ Home Telephone Number: _____

- 1) Description of suspected violation:

- 2) Please state the date(s) this suspected violation occurred, where the suspected violation occurred, and the person(s) involved:

- 3) What is your specific knowledge of the incident? How did you acquire this knowledge?

- 4) Please state whether you have discussed the suspected violation with anyone else, and if so, who? What other individuals may have information regarding this matter?

- 5) Would you be willing to discuss this matter with the compliance officer or members of the Compliance Committee or legal counsel?

Submitted By [Optional]

Signature

Date

Printed Name

Form C

**Behavioral Healthcare Inc.
Corporate Compliance Plan**

**Corrective Action Form
(For Compliance Officer Use)**

Report Number/Reference: _____ Date report received: _____

____ Referred for investigation Name: _____ Date: _____

____ Investigation by CCO Date: _____

____ Referred to legal counsel Date: _____

Date investigative report received: _____

Investigative Results:

Violation confirmed (Attach summary if appropriate): _____

No violation Date investigation closed: _____

Date corrective action recommendation forwarded to CCC: _____

Date of Board notification and/or consideration: _____

Approved corrective action plan: (Attach plan if appropriate)

Persons who reported violation notified: Yes _____ No _____ Date: _____

Corporate Compliance Officer (Signature)

Date

Corporate Compliance Officer (Print Name)

Form E

**Behavioral Healthcare Inc.
Corporate Compliance Plan**

**Compliance Certification
(Signature Page)**

1. I have received the “Corporate Compliance Plan” dated February 14, 2001 and last revised on October 1, 2010, and I have retained a copy for my guidance.
2. I represent that I understand that violation of the Corporate Compliance Plan and its Code of Conduct may be grounds for dismissal (or contract termination if I am a Subcontracted Clinical Provider or Vendor).
3. I have read the explanation of federal and state false claims laws in Exhibit B. I understand that I am protected from discrimination and retaliation under the Corporate Compliance Plan and under federal and state laws if I make a good faith report about a violation of the Corporate Compliance Plan.
4. I represent that I am in compliance with its requirements with the following possible exceptions: (Include a statement concerning any personal business situation, conflict of interest or other matter which you believe should be disclosed.)

5. I agree to immediately report to the Corporate Compliance Officer any changes that may potentially place me in violation of this program.
6. I am aware of the following present violations (if none, state “none”):

6. I agree that I will report any suspected or known violation of the Corporate Compliance Plan.

Name: _____ Position: _____

Signature: _____ Date: _____

To be placed in the file of each Employee, Subcontracted Clinical Provider
and any Vendor who is paid for a Medicaid service.

Form D
BHI Corporate Compliance Plan
Letter to Employees

To: BHI Employees
From: Teresa Summers, CCO

At the Board of Directors meeting on September 23, 2009, I was named the Corporate Compliance Officer (CCO) for BHI. My job is to effectively implement the final Corporate Compliance Plan (Plan) adopted by BHI on February 14, 2001 and revised October 1, 2010. This will include monitoring the business activities at BHI to ensure compliance and training and educating all employees and others associated with BHI regarding the Plan and how it affects their day-to-day activities. I will also be responsible for follow-up on any reports of suspected noncompliance, in consultation with experts or legal counsel as necessary.

Please read the Plan carefully. Besides performing your job honestly and fairly, you are responsible for making good faith reports of any known or suspected violation of the Plan. I urge you to take this responsibility seriously. There are a number of ways that you can make a report:

- (i) In person, to the CCO.
- (ii) By calling, identifying yourself or on an anonymous basis, the Corporate Compliance Hotline at 720-490-4407
- (iii) By faxing the CCO at 720-490-4395.
- (iv) By mailing a written concern to:

Corporate Compliance Officer
Behavioral Healthcare, Inc.
155 Inverness Drive West, #201,
Centennial, CO 80112

- (v) By placing a written concern, on an anonymous basis, in the locked drop box located at 155 Inverness Drive West, Second floor outside Suite 201.

I will, whenever possible, let you know the results of any investigation that is done in response to your report. Of course, this is not possible if you make a report on an anonymous basis. I want to emphasize that BHI will not condone retaliation or retribution against any person solely for reporting a violation or suspected violation. Anyone engaging in such retaliation or retribution for reporting will be subject to discipline up to and including termination.

I welcome your input regarding your training needs or other implementation issues. Please call with questions or issues.

Teresa Summers
Corporate Compliance Officer

Attachment A-1

RESOLUTION OF THE BOARD OF DIRECTORS OF BEHAVIORAL HEALTHCARE, INC.

RE: Corporate Compliance Plan and Program

Behavioral HealthCare, Inc. (BHI) is committed to conducting its business in compliance with the law. In some circumstances, the interpretation and application of the law is highly technical, and common concepts of right and wrong lend little guidance. Thus, employees, consultants, our core providers, other subcontracted clinical providers and vendors who believe that they are conducting themselves properly may, in fact, be violating applicable laws. Violations of the law by these persons, even unwitting violations, can subject BHI to the risk of penalties and embarrassment.

BHI can meet this commitment only through the efforts of its highly skilled and dedicated employees and contractors. It is they who must earn the trust and respect of members and others by continuing to conduct their daily affairs with honesty, integrity, and in compliance with the letter and spirit of all applicable laws. BHI is committed to maintaining a working environment that promotes these ideals and permits our employees and contractors to demonstrate the highest ethical standards in performing their daily tasks.

In order to avoid violations of law, the Board believes it to be in the best interests of BHI to adopt the attached Corporate Compliance Plan (“the Plan”). The Board does so not with the thought that present management systems are inadequate. Rather, the Plan is an element in BHI’s continuing effort to improve quality and performance. The Board also recognizes that federal agencies responsible for enforcement of Medicaid (and Medicare) laws and regulations have recently encouraged the development and implementation of corporate compliance programs by health care providers.

THEREFORE, BE IT RESOLVED:

1. The Board hereby adopts the attached Plan and will dedicate the necessary resources toward the implementation of the Plan.
2. The Board affirms the appointment of Teresa Summers as the Corporate Compliance Officer.
3. The Corporate Compliance Committee will be composed of at least one board member, representatives of all BHI departments and representatives from each of the Core Providers.

4. The Plan will apply to employees, board members, core providers (Community Reach Center, Arapahoe/Douglas Mental Health Network, Aurora Mental Health Center), other subcontracted clinical providers, consultants and vendors.
5. The Board directs the Corporate Compliance Officer and the Corporate Compliance Committee to move forward with the implementation of the Plan.

ORIGINALLY ADOPTED February 14, 2001

REVISED OCTOBER 2010 AND APPROVED OCTOBER 19, 2010.

President
Board of Directors

ATTEST: _____
Secretary
Board of Directors

Resigning Employee Questionnaire

Name	Date of Exit Interview
Job Title	Team #
Employment Date	Termination Date
Forwarding Address	Telephone

Briefly explain your reason for leaving.

Which of the following were important in influencing your decision to resign? (More than one may apply.)		
<input type="checkbox"/> Dislike Job Duties Family Member	<input type="checkbox"/> No Advancement Opportunities	<input type="checkbox"/> Care for
<input type="checkbox"/> Dissatisfied with Pay Transportation Problems	<input type="checkbox"/> Returning to School	<input type="checkbox"/>
<input type="checkbox"/> Dissatisfied with Benefits (please specify)	<input type="checkbox"/> Moving	<input type="checkbox"/> Other
<input type="checkbox"/> Supervisor _____	<input type="checkbox"/> Career Change	
<input type="checkbox"/> Conflict with Co-worker(s)	<input type="checkbox"/> Health Problems	

Is there pay of any kind owed to you?
If yes, please explain.

Yes

No

Describe the aspects of your job, which you enjoyed most.

Describe the parts for your job, which you enjoyed least.
What employee benefit(s) did you most value?

What employee benefit(s) did you value least?

Give us your comments about the pay for your job relative to...
Employees in the same job here.

Employees in other jobs here.

Employees in the same job in other companies.

What could your supervisor have done to help you perform your job better?

What are your thoughts about the training provided to you?

What are your suggestions for improving communication within the organization?

Please let us know of any suggestions to make this a better place to work.

Knowing what you know now, if you were to apply for a job here would you want to...

Work in the same job?

Yes

No

Work in the same department?

Yes

No

Work the same supervisor/manager?

Yes

No

Please explain your response.

Do you have any unresolved ethical or corporate compliance concerns or issues that have occurred while at BHI? If yes, please explain.

During this exit interview, I reported any and all violations of the organization's Code of conduct policies, procedures, and regulatory requirements of which I am aware. Yes No

Additional comments.

Signature _____

Date _____