# COMPLIANCE PLAN
FISCAL YEARS 2027 & 2028

## I. OVERVIEW

Collin County MHMR Center (CCMHMRC) d/b/a LifePath Systems (the 'Center') is committed to maintaining a culture of compliance and quality. In striving to fulfill our vision and carry out our mission, all members of the LifePath Systems workforce must meet public expectations for excellence by providing high quality healthcare and related services, demonstrating sound stewardship of resources, acting with integrity, and displaying fair treatment and respect for all. Those acting on behalf of LifePath Systems have a general duty to demonstrate accountability and compliance with all applicable policies and procedures, federal, state, and local laws, and regulations.

The LifePath Systems Compliance and Quality Assurance Department promotes the prevention, detection, and resolution of actions that do not conform to legal, policy, or ethical business standards. The Department is accountable for the development of the LifePath Systems Compliance Plan. The Compliance Plan is a management function designed to maintain awareness and to monitor and promote compliance with laws and regulations.

## II. APPLICABILITY

The LifePath Systems Compliance Plan encompasses all LifePath Systems operations including but not limited to Behavioral Health (BH) Authority and Provider Services, the LifePath Systems Crisis Center, Early Childhood Intervention (ECI) services, and Intellectual and Developmental Disabilities (IDD) Authority and Provider Services. The Compliance Plan applies to all LifePath Systems facilities in which business is conducted, or services are delivered or in which business will be conducted, or services will be delivered during the 2027 and 2028 fiscal years. The Plan applies to all members who provide services on behalf of LifePath Systems whether paid or unpaid including but not limited to:

1. Workforce Members: Individuals performing work on behalf of LifePath Systems and under the direct control of LifePath Systems, whether or not employed by LifePath Systems. This includes full time and part time employees, temporary personnel, interns, volunteers, and other associates.

2. Extended Community Members: Individuals who are on LifePath Systems premises, or accessing information resources at LifePath Systems, for a specific treatment, payment, or health care purpose allowed under the Health Insurance Portability and Accountability Act (HIPAA) including third party payer representative, contractor, certain funding source, or vendor representatives.

3. Business Associates: A person or company that performs certain functions or activities on behalf of, or for, LifePath Systems that involve the creation, use of disclosure of LifePath Systems protected health information.

## III. GOALS AND OBJECTIVES

The Compliance Plan is designed to focus on areas of potential risk that are connected to LifePath Systems' participation in federal and state healthcare programs. The goals and objectives of the Compliance Plan are to:

1. Describe the policies and procedures of LifePath Systems with respect to certain legal and ethical conduct.

2. Establish a reporting system that allows workforce members to report any incident that:
   i. Could lead to fraud, waste, or abuse of federal or State health care programs.
   ii. Could lead to LifePath Systems being in violation of the conditions of participation for inclusion in health care programs funded by the federal or State government.

iii. Could expose LifePath Systems (or its workforce) to penalties for violation(s) of any federal or State health care program requirements.
iv. Are violations of Lifepath systems policies and procedures.

3. Establish a disclosure system (Hotline, email, or postal mail) that requires and encourages LifePath Systems workforce members and contractors to report a suspected violation of law or the principles of the Compliance Plan.

4. Promote self-auditing of LifePath Systems policies and procedures.

5. Promote disclosure of violations of laws and regulations.

6. Monitor and enforce the LifePath Systems Code of Conduct, Conflict of Interest and Confidentiality Agreements.

7. Develop training and communication that ensures workforce members and contractors understand and comply with all applicable laws, regulations, rules, and standards.

## IV. LIFEPATH SYSTEMS COMPLIANCE PLAN LEGAL FRAMEWORK[1]

LifePath Systems places emphasis on its Compliance Plan to address regulatory issues likely to be of most consequence to Center operations. The Compliance Plan establishes the following framework for legal and corporate compliance by the Board of Trustees, workforce members, and all other applicable contract providers:

1. Designation of workforce members who are responsible for directing the effort to enhance compliance and implement LifePath Systems Compliance Plan.

2. Incorporation of standards, policies, procedures, and administrative guidelines directing LifePath Systems workforce members and others involved with operational practices.

3. Identification of legal issues that may apply to business relationships and methods of conducting business.

4. Development and implementation of an education program for the Board of Trustees and workforce members addressing obligations for adherence to applicable compliance requirements.

5. Development and implementation of an ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education.

6. Implementation of a mechanism for workforce members to raise questions and receive appropriate guidance concerning operational compliance issues.

7. Development and implementation of a process for workforce members, individuals receiving services, and providers to report possible compliance issues including a process for such reports to be fully and independently reviewed.

[1] This Compliance Plan is not intended to set forth all of the programs and practices of LifePath Systems that are designed to achieve compliance. In addition to this plan, the Center has developed and implemented a Local Provider Network Development (LPND) Plan, Consolidated Local Service Plan (CLSP), ADA Self-Evaluation, and Transition Plan, Culturally and Linguistically Appropriate Services (CLAS) Plan, Infection Control Plan, Quality Management Plan, and utilization Management Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance practices included in each of these plans are coordinated to direct the Center's overall compliance efforts.

8. Enforcement of standards through documented disciplinary guidelines, procedures and training that addresses expectations, sanctions, and consequences.

9. Formulation of plans for corrective action to address identified areas of noncompliance.

10. Implementation of regular reviews of the overall compliance efforts of LifePath Systems to ensure that operational practices reflect current compliance requirements and address strategic goals for improving the Center's operations.

LifePath Systems Compliance Plan is intended to reduce fraud, waste, and abuse, improve operational quality, and improve the quality of care provided. Through the implementation and enforcement of this Compliance Plan, LifePath Systems will benefit from:

1. The formulation of effective internal controls to ensure compliance with external regulations, private payer processes, and internal guidelines.

2. Prompt reaction to operational compliance concerns.

3. Early detection and prevention of criminal and unethical conduct through prompt reporting of potential problems.

4. A concrete demonstration to workforce members and the community of the Center's strong commitment to honest and responsible corporate conduct.

LifePath Systems expects its workforce members to fully comply with all applicable laws and regulations including federal, state, and local including the Center's Code of Conduct. Failure to comply with legal requirements can lead to serious disciplinary action, up to and including immediate termination. All workforce members are required to attest to LifePath Systems' Code of Conduct, Confidentiality Agreement, and Conflict of Interest Agreement which outline key compliance laws including:

1. Title XVIII of the Social Security Act

2. The federal anti-kickback statute and similar Texas statutes, which prohibit payments (direct or indirect), made to induce, or reward the referral or generation of government healthcare program business.

3. The Physician Self-Referral Law, known as the Stark law, which prohibits healthcare entities from submitting any claim for certain services called designated health services if the referral comes from a physician with whom the healthcare entity has a prohibited financial relationship.

4. Privacy and security laws and regulations that protect individual information, including protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), THE Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the Final Omnibus Rule, and the Texas Medical Records Privacy Act as amended by Texas H.B. 300.

## V. DOCUMENTATION

Maintaining proper records is a critical aspect of LifePath Systems' Compliance Plan. Compliance documentation refers to specific documents or information including records, reports, observations, and verbal responses required to verify compliance with standards by a facility or program.

To ensure continued compliance with regulations, best practices, and established standards, LifePath Systems maintains a policy and procedure eBook (P&P) that includes all policies approved by the Board of Trustees and

procedures approved by the Chief Executive Officer (CEO). These policies and procedures outline the practices and applicability of regulatory standards to Lifepath Systems' overall operations and are accessible to all internal members of the LifePath Systems workforce. All P&Ps are reviewed and/or updated annually and on an as needed basis.

LifePath Systems workforce members are expected to be sensitive to legal and ethical issues, have an ongoing awareness of key compliance issues, be aware of how to access the LifePath Systems' Policy and Procedure eBook and understand their responsibility to report fraud, waste, or abuse to LifePath Systems management.

LifePath Systems maintains other compliance related documentation including:

1. Evidence of workforce training.
2. Reports from the LifePath Systems' Compliance and Incident Reporting Hotlines.
3. Incident and Investigation Reports.
4. Written notifications to contractors.
5. Results of auditing and monitoring efforts.
6. Risk management assessments, reports, and follow-up documentation.
7. Quality Management and Utilization Management Plans
8. Administrative Process Reviews (APRs)
9. Complaint and Feedback Forms
10. Survey Participation Reports

## VI. COMMUNICATION

An effective line of communication between LifePath Systems, external regulators, workforce members, and contractors is critical for the adherence to and effectiveness of the Compliance Plan. Communication may consist of or be in the form of formal trainings, posters, e-mail, intranet/internet, or other appropriate means.

Workforce members are notified of policy, procedure, and process changes through:

1. Compliance and Quality Assurance Bulletins
2. Compliance Connection Trainings
3. Division/Team Meetings
4. Email Correspondence
5. Required Postings
6. LifePath Vivo, and other authorized app communications

Semi-annually, the Compliance and Quality Assurance Department coordinates a center-wide Compliance Awareness Survey. The survey contains an average of ten to fifteen questions about various issues related to compliance and encourages workforce members to provide feedback and recommendations. Our goal is to better understand the role compliance plays in the day-to-day delivery of our services and to identify where we need to enhance compliance awareness through improved communication and training. The confidential surveys also allow us to track and document overall workforce awareness.

## VII. COMPLIANCE OFFICER AND COMPLIANCE COMMITTEES

The Compliance Officer for LifePath Systems is Brent Phillips-Broadrick, Chief Administrative Officer, located at 2295 Bloomdale Rd., McKinney TX 75071. The main phone number is: 972-562- 0190. The Compliance Officer is responsible for the coordination of the LifePath Systems Compliance Plan.

The Compliance Officer, in conjunction with the Director of Compliance & Risk and the Director of Quality Assurance, has the responsibility to:

1. Update the Center's Compliance Plan periodically to reflect any changes in LifePath Systems' risk profile and applicable laws and regulations.

2. Develop and review all compliance policies and procedures, quality management, and Code of Conduct standards.

3. Periodic review of the effectiveness of the Center's Compliance Plan and implement improvements or modifications on an ongoing basis to meet the changes in LifePath Systems' risks and needs.

4. Participate in new hire orientation and on-going training programs on compliance.

5. Implement workforce communication mechanisms that encourage workforce members to report potential compliance problems without fear of retaliation.

6. Conduct investigations to resolve compliance issues, maintain all records and documentation, provide timely verbal and written feedback of investigation findings, and monitor progress toward corrective action plan requirements to eliminate identified problems and prevent recurrences related to reported compliance violations. Respond appropriately if a violation is identified.

7. Coordinate with the Contracts Management Department (or Director of Contracts) to ensure the Center's Compliance Plan and its expectations are conveyed to all outside contractors.

8. Coordinate with other organizational departments regarding appropriate verification activity for workforce background screenings, credentialing, exclusion from federal or state programs and disciplinary policy related to compliance.

9. Develop and implement specific controls and productivity measurements for an effective resolution of compliance related matters.

10. Report compliance violations, resolutions, and related activities to the LifePath Systems' Board of Trustees and the appropriate Board Committee, on at least a quarterly basis. The report shall provide an overview on the number of calls/allegations received, types of allegations (fraud, theft, etc.), results of the investigation and any refunds that were made as a result of a confirmed allegation.

**EXECUTIVE COMPLIANCE AND QUALITY ASSURANCE COMMITTEE (ECQAC)**

The Executive Compliance and Quality Assurance Committee (ECQAC) is the senior leadership committee responsible for providing oversight of compliance and quality related activities of the Center. The Committee plays an active role in recommending best practices and developing internal systems and controls to ensure adherence to Center policies, procedures, protocols, privacy and security standards, and other applicable Texas laws and regulations regarding health care compliance. ECQAC meets as needed, but no less frequent than quarterly. It is comprised of the Chief Executive Officer, Chief Operating Officer, Chief Administrative Officer, Chief Financial Officer, Human Resources (HR) Director, Director of Management Information Systems (MIS), Director of Compliance & Risk, Director of Quality Assurance, Director of Contracts, Director of Learning and Development and Program Leadership. Core responsibilities include:

1. Review and monitor the overall effectiveness of the Center's biennial Compliance Plan, Utilization Management Plan (UMP), and Quality Management Plan (QMP).

2. Allocate resources to mitigate activities determined to be a high compliance risk.

3. Receive and review summary results of all auditing, monitoring, and investigative activities.

4. Receive and review trends in customer feedback and complaints, incident reports, and other compliance and quality measures.

5. Review, approve, and monitor the execution of corrective action plans to reduce the probability of recurrence of compliance issues.

## VIII. EDUCATION AND TRAINING

New workforce members of LifePath Systems receive a copy of the LifePath Systems Compliance Plan, along with the LifePath Systems Code of Conduct, and are asked annually (on or before September 30th of each fiscal year) to attest to the receipt, understanding and agreement regarding LifePath Systems Code of Conduct, rules on Confidentiality, Conflict of Interest Disclosures, Device Usage requirements, incident management and reporting practices, and policies and procedures.

All LifePath Systems workforce members are required to attend technology security training and fraud, waste, and abuse compliance training upon joining LifePath Systems and annually thereafter. Additional information is provided on an ad hoc basis to achieve increased awareness concerning compliance issues. Training at LifePath Systems is provided in a variety of ways, including but not limited to New Employee Orientation (NEO), written materials, such as periodic Compliance and Quality Assurance Bulletins, e-learning modules, team meetings, one on one training with supervisors and in some instances through formal education. Some members of the LifePath Systems workforce receive specialized training through alternative sources such as professional conferences and seminars.

LifePath Systems' Human Resources department maintains a training database documenting online training and continuing education credits associated with the applicable workforce members' duties and responsibilities. In accordance with Texas law and regulations, all workforce members are required to receive additional training related to State privacy laws and regulations annually.

Failure to participate in compliance education and re-education will result in disciplinary action, up to and including termination. All compliance education and training records for active and terminated employees are maintained on file in the HR Department in accordance with LifePath Systems file retention policies and procedures.

## IX. RESPONSIBILITY TO REPORT

LifePath Systems workforce members are required to report any information regarding a known or suspected violation of any applicable laws, regulations, ethical standards, Code of Conduct violations or LifePath Systems policies or procedures as soon as they become aware of such. If a member of the workforce has difficulty interpreting a policy or procedure, they should consult with their supervisor to determine whether consultation with the Director of Human Resources or the Compliance Officer is appropriate.

Workforce members are encouraged to report any suspected violations through the following mechanisms:

1. Incident Reporting Platform
2. LifePath Systems Compliance Hotline

Workforce members may also report suspected violations to:

1. Immediate Supervisor;
2. Division Director;
3. Director of Human Resources;
4. Compliance Officer;
5. Compliance and Quality Assurance Department
6. Executive Management

**No Retaliation**

No member of the LifePath Systems workforce who reports a compliance issue in good faith will be subject to disciplinary action or punished in any way for making a report. Any member of the LifePath Systems workforce who attempts to retaliate against another whom in good faith reported a compliance issue will be subject to disciplinary action, including possible termination. Failure to report a known compliance issue is a violation of policy and may subject a member of the LifePath Systems workforce to disciplinary action, including termination, when appropriate.

**Discipline**

Intentional actions by any member of the LifePath Systems workforce which result in violations of the federal or State regulations governing healthcare, cause LifePath Systems to submit a false claim for payment to any payer or violate LifePath Systems policies or procedures will result in disciplinary action according to the appropriate policies, (e.g., LifePath Systems Policy and Procedure eBook). Additionally, actions will be reported to the appropriate authorities, as necessary.

## X. COMPLIANCE HOTLINE

The Compliance Hotline is a key element of the LifePath Systems Compliance Plan. Calls coming into the Compliance Hotline are held in strict confidence.

The Hotline is a confidential resource that can be called anonymously to allow any member of the LifePath Systems workforce to voice concerns over any situation that may conflict with LifePath Systems' commitment to a culture of compliance and ensuring the reputation and integrity of LifePath Systems.

**LIFEPATH SYSTEMS WORKFORCE COMPLIANCE HOTLINE:**

**972.330.4301**

**All calls are confidential, and reporting may be on an anonymous basis.**
**Retaliation for reporting is prohibited.**

Hotline calls are recorded in the same manner that voice mail messages are recorded. The phone resides with the Center's Compliance Officer but is not answered live. The incoming phone number, even if displayed is not recorded in the Hotline Log, or in the Compliance Officer's files or database which may be generated as an investigation proceeds.

## XI. MONITORING AND AUDITING

To ensure the Compliance Plan is effective and that LifePath Systems' performance is compliant with all applicable laws, regulations, rules, and guidelines, the Center will monitor activities that are subject to regulatory requirements and routinely report findings to the ECQAC Committee and the Board of Trustees as required.

LifePath Systems Compliance and Quality Assurance, Quality and/or Utilization Management departments, or other designated team, will perform audits and internal reviews to investigate indications of non-compliance revealed by monitoring activities, the Hotline and other reporting or detection means. At minimum, routine audits will be conducted to measure the Center's compliance with laws governing:

1. Hotline/other Communications Systems
2. Background Checks (OIG & EPLS)
3. Clinical and Administrative Record Reviews
4. Financial/Billing Office Functions
5. Cost Reporting

Additional audits will be conducted to investigate specific concerns identified within LifePath Systems and those that may be identified by a contractor, or other outside agency, including federal or state agencies.

Monitoring techniques and processes may include, but not be limited to, the following:

1. Site visits
2. Improvised audits and investigations
3. Examination of LifePath Systems Complaint/Grievance Report.
4. Completion of an Annual Risk Assessment.
5. Reviewing written materials and/or documentation prepared by program monitors.
6. Reports from ongoing monitoring efforts, including reports of suspected noncompliance, will be maintained by the Compliance Officer, and reviewed with the ECQAC committee.

Ongoing billing compliance monitoring and reviews will be made using available benchmarking data, directives, and alerts, e.g., OIG Advisory Opinions, Fraud Alerts, Medicare Alerts, Texas Administrative Code, and correspondence from Medicaid to ensure compliance.

Additional monitoring will be undertaken in areas as issues are identified and deemed appropriate by the Chief Executive Officer, Chief Operating Officer, Chief Administrative Officer, and members of the Executive Compliance and Quality Assurance Committee.

## XII. INVESTIGATIONS AND RESOLUTIONS

All investigations conducted by the Compliance and Quality Assurance Department will be coordinated with the Chief Administrative Officer prior to initiation. In the event of a known external investigation by law enforcement, the investigation will ensure coordination with the other organization. All reasonable actions to preserve and maintain the integrity of the incident location and witness statements will be taken.

Investigations will be facilitated by one of the Center's Certified Investigators and shall be completed within 30 – 45 calendar days or as soon as practicable from the date of assignment.

Workforce members are required to participate cooperatively during Compliance and Quality Assurance investigations.

Workforce members who are the subject of an investigation may be placed on an administrative leave status, with or without notice, to permit an active review/investigation of various circumstances including allegations of dishonesty, theft or misappropriation of company funds or property, violence on the job, gross safety, negligence or acts endangering others, insubordination or any other conduct that warrants removing the employee from the worksite.

If an investigation reveals improper funds were received by LifePath Systems, the appropriate payer will be notified, and reimbursement will be made in accordance with LifePath Systems billing and reimbursement practices. Disclosure to federal or State regulatory officials or law enforcement will also be made if appropriate.

Throughout the course of investigations, the Compliance Officer has authority with the Chief Executive Officer to engage the assistance of outside counsel when deemed necessary. Further, any report made to government agencies or law enforcement is to be done by the Chief Executive Officer, Compliance Officer or party authorized in writing by the Chief Executive Officer or Compliance Officer to make the report. All documentation related to the investigation, including any corrective action plan (CAP), shall be maintained, in a confidential manner for the duration indicated in the Center's file retention requirements.

## XIII. MISCELLANEOUS

If a member of the LifePath Systems workforce is contacted by a representative of a government agency, judicial or legislative authority, or a third party legitimately acting on behalf of the government conducting an investigation or performance assessment of LifePath Systems or other information regarding the activities of LifePath Systems, that member of the workforce should immediately consult with their supervisor for guidance to ensure full cooperation in a timely manner while ensuring the interests of LifePath Systems are protected. The supervisor should immediately contact the Compliance Officer and the appropriate division director. It is imperative that we maintain the integrity of our compliance plan by not allowing access to protected health information (PHI) without appropriate authorization or consent.

In reporting a potential non-compliance incident, the member of LifePath Systems workforce may identify themself or remain anonymous. Every attempt will be made to keep their identity confidential unless the person gives permission or requests that their identity be revealed through the process of investigation. It is recognized that there may be situations where the direction of the investigation inevitably leads to identification of the reporter.

In the event of any conflict between the LifePath Systems Compliance Plan and the LifePath Systems Policy and Procedure eBook, the policy and procedure language shall prevail. It is intended that the LifePath Systems policies and procedures are the final authority at all times.

**LifePath Systems is committed to compliance and acting in an ethical manner with integrity in all its business dealings. LifePath Systems, and its workforce members, Extended Community members, Business Associates and Board of Trustees have a reputation in the community for being a quality organization; an organization that operates in an honest manner; an organization that conducts business ethically and has both respect and compassion for those we serve**.