

ISSUE DATE: March 28, 2023
EFFECTIVE DATE: May 18, 2023
REVISION DATE: XX/XX/XX

RECOMMENDER: Sarah Begeal LCSW DATE: 5/18/23
Sarah Begeal, Deputy Director of Community Services

ADMINISTRATIVE APPROVAL: Lori Morgan LCSW DATE: 5/18/23
Lori Morgan, Director of Community Services

COMMUNITY SERVICES BOARD APPROVAL: John Bezirgianian MD DATE: 5/18/23
John Bezirgianian, Medical Director & Community Services Board Chair

REASON: Update to the 18 NYCRR Part 521 Regulations AND;
Amendments of the New York State Social Service Law Section 363-D
New York State Social Service Law Section 363-D

Policy and Procedure: Corporate Compliance
Topic: Policy Development, Approval, and Maintenance

Purpose:

The Policy and Procedure provides clear direction for the process of developing and maintaining policies and establishes a process that promotes effective and timely policy development and review.

Policy:

It is the policy of TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE (sometimes referred to as "Tioga County Department of Mental Hygiene" or "TCMH") to establish a standardized process for policy development, approval, revision, and implementation.

Regulatory Reference:

Social Service Law 363-D
18 NYCRR Part 521

Procedures:

1. Policies shall be developed and/or revised to meet legal and regulatory requirements and to comply with other TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE policies.
2. All Tioga County Department of Mental Hygiene policies will contain the required header information:
 - a) Title – Name of the policy.
 - b) Policy Number – Number of the corresponding policy prefaced with the Department abbreviation.
 - c) Classification – Defines specific area addressed and access control to the policy.
 - d) Type – Defines the workflow/department responsibilities for creation and monitoring.
 - e) Policy Owner or Recommender – Administers, oversees, and amends policy.
 - f) Approved – Date on which the policy was approved by the Community Services Board and Director of Community Services.
3. All TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE Policies will contain required sections to include:
 - a) Policy – Brief description of the policy.
 - b) Purpose – A brief description of why the Policy is being promulgated and/or what it seeks to accomplish.
 - c) Procedure – Detailed procedure to be followed to implement the policy appropriately.
 - d) Attachments – Additional forms associated with the policy.
 - e) References and Regulations – Regulatory reference numbers (external), other guidance documents and/or training modules.
4. The Policy Owner is the department/program administrator or individual responsible for the policy implementation and oversight. The Policy Owner shall be responsible for recommending the timely development, review, revision, and implementation of new and existing policies relating to their respective areas of accountability.
5. All newly created or revised policies will be approved by the appropriate Policy Owner and/or appropriate administrator and submitted to the Compliance Committee and Compliance Officer. Once approved the Director of Community Services will present the policy to the Community Services Board for final approval. The Compliance Officer, in collaboration with the Compliance Committee or Community Services Board, will review new or revised policies and offer feedback to the Policy Owner and/or appropriate administrator.
6. The Compliance Officer will be responsible for the overall coordination and implementation of any new or revised policy. The Director of Community Services and other Senior Management will be consulted as needed throughout the process of developing or revising any policy and must review all policies prior to approval to ensure compliance with legal and regulatory requirements and other TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE policies.
7. After review and approval from the Compliance Committee, and Compliance Officer, all newly created policies will be reviewed and approved by the Director of Community

Services and Community Services Board. The Director of Community Services and Community Services Board shall approve all policies prior to implementation. The date of approval of each policy shall be included in the policy. The effective date of the policy shall be the date of distribution.

8. Approved Policies will be provided to the Secretary to the Director of Community Services to be cataloged digitally for employee access in a shared common file, and distributed to a standard distribution list, which shall include the Community Services Board, the Director of Community Services, and all employees, and, if applicable, independent contractors and agents within 10 business days of final approval.
9. The Compliance Officer, or designee, shall develop a plan for informing and educating employees, and independent contractors, if applicable, of the Tioga County Department of Mental Hygiene's new and revised policies.
10. The Tioga County Department of Mental Hygiene will maintain an official Tioga County Department of Mental Hygiene policy structure with the most current approved versions, with references to applicable procedures or related documents. The Secretary to the Director of Community Services, or designee, shall maintain an ongoing file of revised policies, substitute policies and current policies. Policies, as they are revised or replaced, shall not be discarded.
11. All policies will be reviewed annually by the Policy Owner or designated party to determine if there are any revisions that are appropriate or required. If there are necessary revisions to the policy, the updated policy will follow the workflow for approval.

Sanction Statement:

Non-compliance with this policy may result in disciplinary action, up to and including termination.

Compliance Statement:

As part of its ongoing auditing and monitoring process in its Compliance Program, TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE will review this policy based on changes in the law or regulations, as TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE's Compliance Program. Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all affected individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

Record Retention Statement:

TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

TIOGA COUNTY DEPARTMENT OF MENTAL HYGIENE Compliance Concern Report Form

Today's date (date report filed): _____ / _____ / _____

Your name: _____ Title/Position: _____

Department/Program _____

Mode of Contact:

Report to Supervisor	Hotline	Email
Compliance Officer (Direct contact)	Walk-In	Tioga County Department of Mental Hygiene phonenumber
Letter or Note	Staff Meeting	Other _____
Letter to Board or Director of Community Services		Compliance Training

Source of Report:

Employee, Independent Contractor	Vendor/Subcontractor	Board Member
Service Recipient/Family Member	Other Provider	Other _____

Contact Confidentiality Status:

Anonymous Confidential (Identified self) Name _____
 Phone _____

Type of Report:

Suspected Violation/Misconduct Regulatory Inquiry Tioga County Department of Mental Hygiene P&P Inquiry
 Ethical Business Practice

Is this a question about the Compliance Program? Yes _____ No _____ If yes, indicate question here:

Is this a suspected violation of the Compliance Program? Yes _____ No _____
 If yes, answer the questions below: **(Attach additional sheets if necessary.)**

Please describe in as much detail as possible, the violation: *(Please be specific where the violation may have occurred)*

When did this occur? _____ / _____ / _____ Were you directly involved? _____

If yes, describe what you did: _____

Who else was directly involved? *(Names and positions, if known):*

1. _____
2. _____
3. _____

TIOGA COUNTY MENTAL HYGIENE CORPORATE COMPLIANCE PROGRAM

Is there any documentation or other evidence of the alleged violation? *Please describe/list or attach:*

Has the reporter discussed this issue with anyone else within the Tioga County Department of Mental Hygiene? *Please list by name and position:*

- 1.
2.
3.

Has the reporter discussed this with others outside the Tioga County Department of Mental Hygiene? *Please identify by name and relationship:*

Completed by: Title:
Signature: Date:

Forward completed form to Compliance Officer

For Use by Compliance Officer:

Follow Up:

Reported to Compliance Officer: By: Date: Time:

Reported to Director of Community Services: Date:

Reported to Compliance Committee: Date:

Reported to Board: Date:

Actions Taken:

Immediate Response Provided Internal investigation initiated; assigned to:
Researched regulations External investigation; Entity Date
Researched Tioga County Department of Mental Hygiene P&P Referred to legal counsel
Date:
Responded to reporter; date

Summary of Action Taken:

Final Disposition by Compliance Officer:

Classification:

Compliance Report and Investigation Log Number:

Completed by:

Compliance Officer Name Signature Date

