



HEALTH SERVICES COMMITTEE
Wednesday, October 16, 2019 at 9:00 a.m.
Rock Haven Conference Room

AGENDA

1. Call to Order
2. Adoption of Agenda
3. Approval of Minutes – September 11, 2019
4. Introductions, Citizen Participation, Communications and Announcements
5. Information Item: Review of Payments
6. **Action Item:** Budget Transfers
7. Finance – Joanne Foss
8. Old Business
9. New Business
 - a. Information Item: Resident Council Minutes – August (minutes to be provided)
 - b. Information Item: Rock Haven Waiting List for Admission
 - c. Information Item: Residents Payor Source at Rock Haven
 - d. Information Item: Rock Haven Code of Conduct and Compliance and Ethics Program
 - e. **Action Item:** Resolution Establishing the Rock Haven Compliance and Ethics Program
10. Updates and Possible Action:
 - a. Census
 - b. Review of Rock Haven 2020 Recommended Budget
11. Committee Requests and Motions
12. Next Meeting Date – The next regular meeting of the Health Services Committee is scheduled for Wednesday, November 13, 2019 at 9 A.M. in the Rock Haven Conference Room of the Village Commons.
13. Adjournment

*Note to Committee Members: To ensure a quorum is present, please call the Administrative Secretary at 757-5076 if you are unable to attend the meeting.

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail countyadmin@co.rock.wi.us at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.

HEALTH SERVICES COMMITTEE

September 11, 2019

CALL TO ORDER – Chair Driscoll called the meeting of the Health Services Committee to order at 9:00 a.m. in the Rock Haven, Village Commons Conference Room.

COMMITTEE MEMBERS PRESENT: Chair Driscoll, Schulz, Brien

STAFF MEMBERS PRESENT: Clayton Kalmon, Administrator; Sara Beran, Director of Nursing; David Froeber, Facilities Superintendent; Joanne Foss, Controller; Ashley Kabor, Finance Office Manager

OTHERS PRESENT – Jim Haseman, Volunteer Ombudsman; Rob Wilkinson, Rock County Older Adults Committee

APPROVAL OF AGENDA – Supervisor Brien moved approval of the agenda of September 11, 2019, second by Supervisor Shultz. ADOPTED

APPROVAL OF MINUTES – August 14, 2019 – Supervisor Brien moved approval of the August 14, 2019 minutes, second by Chair Driscoll. APPROVED

INTRODUCTIONS, CITIZEN PARTICIPATION, COMMUNICATIONS AND ANNOUNCEMENTS – Introduction of Ashley Kabor, Finance Office Manager

Introduction of Rob Wilkinson, Rock County Older Adults Committee and a retired police officer. An advocate for the residents of Rock Haven and what will happen if the building is sold or closed.

Janesville Senior Fair is on September 20, 2019 at the Holiday Inn Express.

Beloit Senior Fair is on October 1, 2019 at the Beloit Eclipse Center.

Health Fair in Evansville on October 7, 2019.

Clayton Kalmon, NHA handed out a new organizational chart. This is an update with the finance office manager position added and the change in Joanne Foss to controller.

REVIEW OF PAYMENTS – Committee reviewed payments.

BUDGET TRANSFERS – None

FINANCE – Rock Haven’s 1st quarter 2019 financial results were provided.

NEW BUSINESS –

RESIDENT COUNCIL MINUTES – Resident Council Minutes for July provided.

STATE SURVEY AUGUST 19, 2019 – Rock Haven had 2 confidential complaints reported to the state. Neither complaint resulted in any fines. Some policy changes and education have been done to correct the concerns.

QAPI – Quality Assurance Performance Improvement is a regulatory requirement of the governing body of Rock Haven.

COMPLIANCE AND ETHICS – Rock Haven needs to have a compliance and ethics guide. A handout was given and more information will be brought back next month.

RESOLUTION RECOGNIZING MARY OLSEN FOR YEARS OF SERVICE AT ROCK HAVEN – Supervisor Brien moved approval the resolution recognizing Mary Olsen for years of service at Rock Haven. Second by Supervisor Schulz. APPROVED

RESOLUTION RECOGNIZING ANNE JESTER FOR YEARS OF SERVICE AT ROCK HAVEN – Supervisor Schulz moved approval the resolution recognizing Anne Jester for years of service at Rock Haven. Second by Supervisor Brien. APPROVED

REPORTS -

CENSUS – Census reports provided.

NEXT MEETING DATE – The next regular meeting of the Health Service Committee is scheduled for Wednesday, October 9, 2019 at 9 a.m. in the Rock Haven Conference Room.

ADJOURNMENT – Supervisor Brien moved to adjourn at 9:43 a.m., second by Supervisor Schulz. ADOPTED by acclamation.

Respectfully submitted,
Michelle Lynch

NOT OFFICIAL UNTIL APPROVED BY THE COMMITTEE

**COMMITTEE REVIEW REPORT
WITH DESCRIPTION
FOR THE MONTH OF SEPTEMBER 2019**

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-3250-0000-64904	Sundry Expense	P1900223	09/12/2019	ROCK COUNTY HEALTH CARE CENTER	SUNDRY EXPENSE	97.49
Rock Haven Nursing Home PROG TOTAL						97.49
32-7260-7400-62176	Laboratory	P1900257	09/19/2019	MERCY HEALTH SYSTEM	LAB	2,448.79
32-7260-7400-62179	Pharmacy	P1900175	09/12/2019	THRIFTY WHITE PHARMACY	PHARMACY	9,399.79
32-7260-7400-62180	PHYSICAL THERAPY	P1900172	09/12/2019	GENESIS REHABILITATION SERVICE	PHYSICAL THERAPY	19,863.76
32-7260-7400-62185	Occupational	P1900172	09/12/2019	GENESIS REHABILITATION SERVICE	OCC THERAPY	20,663.91
32-7260-7400-62186	Speech Therapy	P1900172	09/12/2019	GENESIS REHABILITATION SERVICE	SPEECH THERAPY	8,399.43
32-7260-7400-62189	Other Medical	P1900255	09/12/2019	ACCURATE IMAGING INC	OTHER MEDICAL SERVICES	361.02
RH Contract Services T-18 PROG TOTAL						61,136.70
32-7500-7350-64300	Rec Therapy	P1900174	09/12/2019	ROCK COUNTY HEALTH CARE CENTER	AUGUST BINGO	83.00
		P1900199	09/05/2019	CHARTER COMMUNICATIONS	REC THERAPY	1,297.97
Program Service Administration PROG TOTAL						1,380.97
32-8000-8100-63100	Office&Misc Exp	P1900171	09/12/2019	US BANK	OFFICE SUPPLIES	519.65
		P1900259		BATTERIES PLUS LLC	OFFICE SUPPLIES	129.12
32-8000-8100-63104	Print/Duplicate	P1900171	09/12/2019	US BANK	PRINTING AND DUPLICAITON	609.34
32-8000-8100-63109	Other Supplies	P1900096	09/12/2019	GORDON FOOD SERVICE	OTHER SUPPLIES	497.27
		P1900223	09/12/2019	ROCK COUNTY HEALTH CARE CENTER	BEAUTY SUPPLIES	70.94
32-8000-8100-64000	Medical Supplies	P1900096	09/05/2019	GORDON FOOD SERVICE	MED SUPPLIES	141.90
		P1900171	09/12/2019	US BANK	MED SUPPLIES	1,148.76

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P1900173	09/12/2019	MEDLINE INDUSTRIES INC	OTHER SUPPLIES	668.08
		P1900182		MCKESSON MEDICAL SURGICAL MN S	MED SUPPLIES	4,241.90
		P1900210		PROFESSIONAL MEDICAL INC	MED SUPPLIES	3,876.43
		P1900214	09/12/2019	MENARDS	MED SUPPLIES	50.78
		P1900215	09/12/2019	MEDLINE INDUSTRIES INC	MED SUPPLIES	4,117.50
		P1900286	09/05/2019	FITZSIMMONS HOSPITAL SERVICES	MED SUPPLIES	448.26
		P1900297		PERFORMANCE HEALTH SUPPLY INC	MED SUPPLIES	152.09
		P1901998	09/12/2019	SSM HEALTH AT HOME	MED SUPPLIES	249.55
32-8000-8100-64003	Oxygen Supplies					
		P1900298	09/12/2019	NORTHWEST RESPIRATORY SERVICES	OXYGEN	1,971.58
32-8000-8100-64408	Disposables					
		P1900212	09/12/2019	PROFESSIONAL MEDICAL INC	DISPOSABLES	5,360.80
Support Service Materials PROG TOTAL						24,253.95
32-8000-8200-62104	Consult Services					
		P1900175	09/12/2019	THRIFTY WHITE PHARMACY	CONSULTING SERVICES	928.00
32-8000-8200-63109	Other Supplies					
		P1900171	09/12/2019	US BANK	OTHER EXPENSES	69.83
		P1900173	09/12/2019	MEDLINE INDUSTRIES INC	OTHER SUPPLIES	159.00
		P1900175	09/12/2019	THRIFTY WHITE PHARMACY	OTHER SUPPLIES	2,010.46
		P1900182		MCKESSON MEDICAL SURGICAL MN S	OTHER SUPPLY EXP	1,456.10
		P1901754	09/19/2019	ROCK MED LTC PHARMACY	OTHER SUPPLIES & EXP	19.24
Support Service-Pharmacy PROG TOTAL						4,642.63
32-8000-9100-63109	Other Supplies					
		P1900096		GORDON FOOD SERVICE	OTHER SUPPLIES	120.26
		P1900176		SYSCO FOODS OF BARABOO LLC	OTHER EXPENSES	324.05
		P1900214	09/05/2019	MENARDS	OTHER SUPPLIES	26.74
32-8000-9100-63111	Paper Products					
		P1900096	09/05/2019	GORDON FOOD SERVICE	PAPER	32.62
		P1900176		SYSCO FOODS OF BARABOO LLC	PAPER	180.49
32-8000-9100-64102	Dairy					
		P1900096	09/19/2019	GORDON FOOD SERVICE	DAIRY	302.15

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P1900171	09/12/2019	US BANK	DAIRY	12.37
		P1900176		SYSCO FOODS OF BARABOO LLC	DAIRY	1,202.06
		P1900266		COUNTRY QUALITY DAIRY	DAIRY	1,917.84
32-8000-9100-64105	Groceries					
		P1900096		GORDON FOOD SERVICE	GROCERIES	4,678.31
		P1900171	09/12/2019	US BANK	GROCERIES	83.42
		P1900176		SYSCO FOODS OF BARABOO LLC	GROCERY	3,799.51
		P1900223	09/12/2019	ROCK COUNTY HEALTH CARE CENTER	POT PIES	58.46
		P1900270		PAN-O-GOLD BAKING CO	GROCERY	887.57
		P1900281	09/12/2019	KWIK TRIP INC	PRODUCE	291.17
		P1900301		TROPIC JUICES INC	JUICE	1,144.50
32-8000-9100-64107	Meat					
		P1900096		GORDON FOOD SERVICE	MEAT	2,298.86
		P1900171	09/12/2019	US BANK	MEAT	16.03
		P1900176		SYSCO FOODS OF BARABOO LLC	MEAT	2,178.42
32-8000-9100-64109	Supplements					
				SYSCO FOODS OF BARABOO LLC	SUPPLEMENT	385.71
		P1900096	09/12/2019	GORDON FOOD SERVICE	SUPPLEMENTS	211.59
		P1900176	09/19/2019	SYSCO FOODS OF BARABOO LLC	SUPPLEMENTS	1,098.42
		P1900210	09/19/2019	PROFESSIONAL MEDICAL INC	SUPPLEMENTS	381.03
Support Services-Food Service PROG TOTAL						21,631.58
32-8000-9200-62420	Mach/Equip R&M					
		P1900192	09/19/2019	ASC1 INC	REPAIR & MAINT	339.53
		P1900202	09/12/2019	MOTION INDUSTRIES INC	BUILDING SERV EQUIP	18.00
		P1900209	09/12/2019	DIRECT SUPPLY EQUIPMENT	MACHINERY & EQUIP	1,026.88
		P1900227		HOBART SALES AND SERVICE	MACHINERY AND EQUIP	1,235.08
		P1901705		HOME DEPOT PRO,THE	MAINT	136.00
32-8000-9200-62460	BLDG SERV R&M					
		P1900191	09/12/2019	BATTERIES PLUS LLC	BUILDING SERV EQUIP	107.36
		P1900244	09/12/2019	TAS COMMUNICATIONS INC	BUILDING SERV EQUIP	39.80
32-8000-9200-62470	Building R&M					
		P1900203		MENARDS	REPAIR AND MAINT	52.33

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Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
32-8000-9200-63109	Other Supplies	P1900225	09/12/2019	HALLMAN LINDSAY INC	REPAIR & MAINT	103.96
		P1900249		WERNER ELECTRIC SUPPLY COMPANY	REPAIR AND MAINT	8.15
		P1900208	09/12/2019	E AND D WATER WORKS INC	SOLAR SALT	269.50
		P1900235		HOH WATER TECHNOLOGY INC	OTHER SUPPLIES AND EXP	505.00
		P1900240	09/12/2019	US BANK	OTHER SUPPLIES	197.07
Support Service-Maintenance PROG TOTAL						4,038.66
32-8000-9300-62163	Laundry					
		P1900253		ARAMARK UNIFORM SERVICES INC	LAUNDRY	6,516.51
32-8000-9300-62164	Disposal Service					
		P1900213	09/12/2019	OFFICE PRO INC	DISPOSAL	9.26
		P1900251	09/19/2019	ADVANCED DISPOSAL SERVICES	DISPOSAL	1,524.69
32-8000-9300-63109	Other Supplies					
		P1900214	09/05/2019	MENARDS	OTHER SUPPLIES	24.95
		P1900280	09/05/2019	LABEL TAPE SYSTEMS	OTHER SUPPLIES	531.05
32-8000-9300-63111	Paper Products					
		P1900182		MCKESSON MEDICAL SURGICAL MN S	PAPER PRODUCTS	2,171.94
		P1900212	09/12/2019	PROFESSIONAL MEDICAL INC	PAPER PRODUCTS	1,321.99
32-8000-9300-63404	Janitor/Cleaning					
		P1900273		NASSCO INC	JANITORIAL CLEANING	361.82
		P1901650		HOME DEPOT PRO,THE	JANITORIAL AND CLEANING	407.83
Support Services-Environmental PROG TOTAL						12,870.04
32-8000-9500-62104	Consult Services					
		P1901856	09/12/2019	SPECIALIZED MEDICAL SERVICES	CONSULTING SERVICES	5,970.00
32-8000-9500-62189	Other Medical					
		P1901588	09/19/2019	NURSES PRN	OTHER MED SERVICES	19,037.05
		P1901816		ADECCO EMPLOYMENT SERVICES INC	OTHER MED SERVICES	1,133.73
		P1901967	09/12/2019	LAKELAND HEALTH CARE CENTER	OTHER MED SERVICES	765.81
32-8000-9500-64200	Training					
		P1900171	09/12/2019	US BANK	TRAINING EXPENSE	825.00
32-8000-9500-64415	Provider Tax					

**COMMITTEE REVIEW REPORT
WITH DESCRIPTION**
FOR THE MONTH OF SEPTEMBER 2019

Account Number	Account Name	PO#	Check Date	Vendor Name	Description	Inv/Enc Amt
		P1900296	09/12/2019	WISCONSIN DEPARTMENT OF HEALTH	PROVIDER TAX	21,760.00
32-8000-9500-64416	Licenses		09/12/2019	DIVISION OF QUALITY ASSURANCE	LICENSES	768.00
32-8000-9500-64424	Employee Recog	P1900171	09/12/2019	US BANK	EMPLOYEE RECOGNITION	112.12
		P1900223	09/05/2019	ROCK COUNTY HEALTH CARE CENTER	EMPLOYEE RECOGNITION	46.83
32-8000-9500-67120	Capital Assets	P1902253	09/19/2019	US BANK	ROBOT COUPE RR602 W B FOOD	1,688.88
Support Service-Administration PROG TOTAL						52,107.42
32-8000-9700-62174	Internist	P1900294	09/19/2019	WEST MD,WILLIAM PETER	INTERNIST	13,093.75
Support Services-Medical Staff PROG TOTAL						13,093.75
32-9000-9910-65109	Other Insurance	P1900292		WISCONSIN HEALTH CARE LIABILTI	OTHER INSURANCE	192.00
General Service Insurance PROG TOTAL						192.00
32-9000-9930-62210	Telephone	P1900252		ABILITY NETWORK INC	TELEPHONE	448.72
General Services Telephone PROG TOTAL						448.72
32-9000-9940-61915	Cert/Lic/Other		09/12/2019	GREENFIELD,LAURIE	LICENSE	170.00
			09/12/2019	POTTER,DEBRA	LICENSE DEB POTTER	70.00
		P1902313		AMERICAN ASSOCIATION OF NURSE	TWO YEAR MEMBERSHIP TO AMERICA	217.00
32-9000-9940-61920	Physicals	P1900271		OCCUPATIONAL HEALTH CENTER	PHYSICALS	205.00
General Service Emp Benefits PROG TOTAL						662.00

ROCK COUNTY

**COMMITTEE REVIEW REPORT
WITH DESCRIPTION**
FOR THE MONTH OF SEPTEMBER 2019

09/26/2019

<u>Account Number</u>	<u>Account Name</u>	<u>PO#</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Inv/Enc Amt</u>
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I have reviewed the preceding payments in the total amount of **\$196,555.91**

Date:

Dept Head _____

Committee Chair _____

Rock County Transfer Request - Over \$5,000

TO: FINANCE DIRECTOR Date 09/20/2019 Transfer No. 19-38
 Requested By Rock Haven Department Clayton Kalmon Department Head

FROM:	AMOUNT	TO:	AMOUNT
Account #: 32-8000-8100-64000 Description: Medical Supplies Current Balance: \$18,416	5,210.00	Account #: 32-8000-9500-67120 Description: Capital Assets \$2,000-\$25,000	5,210.00
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	
Account #: Description: Current Balance:		Account #: Description:	

REASON FUNDS ARE AVAILABLE FOR TRANSFER - BE SPECIFIC

Rock Haven is ordering two bariatric beds for residents that are a larger size. Larger beds are needed because some residents are falling out of bed due to their size. Beds are budgeted out of our Medical Supplies account.

REASON TRANSFER IS NECESSARY - BE SPECIFIC

Per the State of Wisconsin, Rock Haven must capitalize and depreciate all equipment that has a useful life of at least 2 years and an acquisition cost of \$1,000 or more individually. The cost of the beds are \$2,555 per bed plus approximately \$100 for shipping. The cost of the beds need to be paid out of Rock Haven's Capital assets account to track capital items for the Medicaid Cost Report.

FISCAL NOTE:

Sufficient funds are available for transfer.

10/8/19 *SBalog*

ADMINISTRATIVE NOTE:

John Smith

10/8/19

REQUIRED APPROVAL

DATE

COMMITTEE CHAIR

Governing Committee _____

Finance Committee _____

Rock Haven Code of Conduct & Compliance and Ethics Guide

Message from the Rock Haven Governing Body (Health Services Committee)

Our success and reputation are not only dependent on the quality of services provided to our residents but also on the way in which we do business. Rock Haven's ambition is to become a leader in our community. For us, becoming a leader means not only providing loving care and professional services but also setting the standard through exemplary business practices and ethical behavior.

Rock Haven has a long history of adhering to and promoting strong professional ethics. It is and must continue to be, a key part of our culture. Integrity enters into everything we do and is a central part of our philosophy to "do the right thing." We have developed the Rock Haven Code of Conduct & Compliance and Ethics Guide to establish a shared vision of standards and practices for the organization, grouping them together in a single document. Its principles must guide each one of us in the performance of our daily functions. The long term success of Rock Haven depends on the attention paid by each one of us to uphold the highest ethical standards and business practices. It is our business that requires this and our reputation that is at stake.

The leadership team and stakeholders of Rock Haven have pledged their support along with us to uphold the Code of Conduct and support the Compliance and Ethics Program. Your commitment is essential to the shared values that unite us as an organization, guide our decisions and actions, and promote the highest quality of care. We expect each one of you to ensure compliance with the rules defined in the Code of Conduct & Compliance and Ethics Guide. In this way, we will be able to achieve our ambition of leadership, which goes hand in hand with the ethical and professional manner in which we must conduct our business on a daily basis.

Overview

The United States Sentencing Commission defines a Compliance and Ethics Program as a "program that has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct. Failure to prevent or detect the instant offense, by itself, does not mean that the program is not effective. The hallmark of an effective program to prevent and detect violations of law is that the organization exercises due diligence in

seeking to prevent and detect criminal conduct by its employees or other agents.”

The Compliance and Ethics program (policies statements described in this Compliance and Ethics Guide) is intended to establish a framework to be used by Rock Haven for current product and services as well as business development to ensure compliance. It is not intended to set forth all of the substantive programs and practices of Rock Haven that are designed to achieve compliance.

Rock Haven recognizes the need to conduct business with honesty and integrity and in compliance with all applicable federal and state laws. This recognition is supported by an organizational commitment to promote ethical and compliant business operations through the implementation of a systematic plan. Rock Haven is committed to conducting its business according to the highest standards of honesty and fairness. This commitment to observing the highest ethical standards is designed not only to ensure compliance with applicable laws and regulations, but also to earn and keep the continued trust of our clients, stakeholders, personnel and business partners.

This guide is not intended to be an exhaustive guide to all the detailed rules and regulations governing the services provided by Rock Haven. Rather, it is intended to establish certain guiding principles and facility policies designed to ensure that all Rock Haven staff have a common vision of Rock Haven’s ethical standards and operate in accordance with those standards.

The guide is directed at providing business conduct and operational guidance to employees, independent contractors and consultants who may be engaged in activities that pose specific areas of risk or vulnerability for Rock Haven.

Some specific areas of potential risk or vulnerability include daily activities related to contracting, marketing, claims processing, integrity of data systems and record retention. The guide establishes minimum standards to be observed by all Rock Haven employees, independent contractors, consultants, volunteers and board members and includes the following policies:

1. Compliance and Ethics Committee
2. Quality of care policy statement
3. Contract review policy statement

4. Employee background checks
5. Prohibition against retaliation
6. Discipline for violations
7. Responding to government investigations
8. Prohibition on kickbacks
9. Record retention
10. Periodic testing of claims system
11. Conflict of interest policy statement
12. Billing and coding policy statement
13. Accounting and financial reporting policy statement
14. Accurate Books and Recordkeeping Policy
15. Training
16. Monitoring and auditing
17. Annual risk assessment

Answers to Commonly asked Questions

Who does this guide apply to?

Unless specifically stated otherwise, the policies set forth in this guide apply to all Rock Haven directors, officers, employees, independent contractors and volunteers doing business with or on behalf of Rock Haven.

What are my responsibilities as a Rock Haven employee?

As a Rock Haven employee, you are expected to conduct yourself in a manner appropriate for your work environment and to be sensitive to and respectful of the concerns, values, and

preferences of others, including your fellow employees and residents. All Rock Haven employees are expected to familiarize themselves with the policies in this guide and to abide by them in the daily performance of their job responsibilities. Rock Haven employees are encouraged to promptly report any practices or actions that they believe to be inappropriate or inconsistent with the policies and procedures set forth in this guide or that they believe may compromise the ethical standards or integrity of Rock Haven.

How do I report misconduct or other matters that I believe should be reported under the policies and procedures set forth in this guide?

Rock Haven has adopted a policy statement on handling employee complaints. Taking proactive steps to prevent problems is part of the Rock Haven culture, and speaking to the right people is one of your first steps to understanding and resolving what often can be difficult questions. All Rock Haven employees are encouraged to promptly report any practices or actions that they believe are inappropriate or inconsistent with facility policy, including but not limited to those policies and procedures set forth in this guide. Anyone reporting misconduct in good faith will be protected against retaliation.

Employees are encouraged to report to their immediate supervisor or alternatively may report to the Compliance Officer (CO) or Human Resources Department (HR). Reports may be made via phone, email (compliancereporting@co.rock.wi.us), mail or face to face.

Anonymous reporting is also permitted by calling the Compliance Hotline at **608-757-5114**. Contact information for the Compliance Officer (CO), HR and the Compliance Hotline shall remain posted in conspicuous locations throughout the facility for all employees, contractors and volunteers to see.

What is a hotline?

A hotline provides a risk free way for you to anonymously report suspected violations of Rock Haven compliance policies or procedures or the Code of Conduct without fear of retribution.

What should I report to the hotline?

You may use the hotline to report any and all concerns that you may have about Rock Haven or your fellow team mates and residents. However, the hotline should be used primarily to report violations related to employee conduct, violations of the *Rock Haven Nursing Facility*

Compliance and Ethics Guide policies, and any suspected violations of federal, state or local law, which may include but are not limited to the following:

- Medicare/Medicaid rules and regulations
- Self-referral laws (also known as Stark Violations)
- Anti-Kickback Statute, theft, or bribe violations
- Fraudulent billings or collections
- Environmental hazards
- Conflicts of interest
- Any and all potential criminal violations

Who do I contact if I have questions?

The guide can serve only as a general standard of conduct. It cannot substitute for personal integrity and good judgment and cannot spell out the appropriate response to every type of situation that may arise. If you have questions about the interpretation or application of the policies or procedures of this guide to a particular situation, or if you believe that there is a conflict between the policies of this guide and other Rock Haven policies, please consult your immediate supervisor, Compliance Officer (CO) or HR Department.

Compliance and Ethics Program Policies Statements

Compliance and Ethics Committee

The Rock Haven Compliance and Ethics Committee will administer Rock Haven's Compliance and Ethics Program. The CO shall chair the Compliance and Ethics Committee which is responsible for carrying out the Compliance and Ethics Program. The purpose of the Committees is to monitor the organization to ensure consistent application of relevant laws and rules, including those relating to billing and collection practices; to proactively identify problem areas; and to recommend, establish and implement, as appropriate, solutions and system improvements. The Compliance and Ethics Committees may consist of representatives from the following Rock Haven departments and/or groups:

- Finance
- HR
- Operations Management
- Clinical Operations Management
- Information Systems and Technology
- Risk Management

Rock Haven may engage outside legal counsel and/or expert consultants to assist the Compliance and Ethics Committee, as appropriate. Rock Haven's governing body may also approve adjustments to Compliance and Ethics Committee membership.

Quality of Care Policy Statement

Rock Haven will provide high quality, cost effective care to residents in accordance with the highest professional standards. We will respect each resident's dignity and their right to privacy of their medical information in accordance with operative rules and regulations, including the HIPAA privacy regulations. We will listen to our residents, their families and visitors to understand any concerns or complaints and will involve residents in the decision making process regarding their care and quickly and efficiently respond to their questions, concerns and needs.

We will maintain complete and accurate medical records and accurately communicate information to residents, families and payers, including insurance companies and health plans as requested and appropriate. Only those clinical staff appropriately licensed and credentialed will provide resident evaluations, and they will supervise all care provided by assistants and aides. All licensed and professional staff will maintain their credentials in good standing and will keep current in practice techniques and emerging areas of clinical practice to enhance resident care.

Contract Review Policy Statement

Rock Haven will have all contracts where the other party is a referral source or potential referral source and all other contracts to which Rock Haven is a party, assumes obligations for, or incurs liability under, reviewed by Rock County legal counsel prior to Rock Haven

entering into such agreements. The term contract is defined as any written agreement, including Memorandum of Understanding, Letter of Intent, Letter Agreement, Countersigned Letter of Understanding, Proposal, etc., which Rock Haven is a party to, assumes obligations under, or incurs liability for.

Rock County legal counsel is responsible for performing compliance and legal reviews. Directors, or other authorized Rock Haven representatives, may not enter into, or sign, any contract with a referral source or potential referral source or any material contract prior to the completion of a contract review and approval by legal counsel.

Employee Background Checks

Rock Haven will conduct routine and customary criminal background checks and investigations for state licensure including sanctions and/or exclusions from any federal healthcare program, for all employment applicants and independent contractors who are offered a position and: (i) who are licensed healthcare providers, or whose employment or contractor duties involve direct resident care, information technology, finance or billing and claims processing.

Rock Haven will not employ or contract with individuals or entities when a background check or investigation demonstrates that the individual or entity has been convicted of any felony criminal offense or sanctioned and/or excluded from any federal healthcare program within the past five years (e.g., Medicare fraud, money laundering, mail fraud, Stark Law violation and Anti-Kickback Statute violation). In addition, Rock Haven will immediately suspend and/or terminate any current employee, or independent contractor, if Rock Haven learns of any said conviction or sanction and/or exclusion.

All employment applicants are required to disclose at the time of application any criminal convictions, sanctions, and/or exclusions from any federal healthcare program. Any and all employment offers extended on behalf of Rock Haven to persons subject to this policy are contingent upon successful passage of a criminal background investigation.

Rock Haven also requires background checks from any temporary agency providing contracted persons to perform services for Rock Haven. Rock Haven requires written proof that said temporary personnel have not been subject to any criminal conviction or sanction and/or exclusion from any federal healthcare program prior to starting work with Rock

Haven.

Individuals subject to this policy are also subject to periodic background investigations during the term of their employment or independent contract relationship with Rock Haven as follows:

- Criminal background check (every four years)
- Office of Inspector General (OIG) list of excluded providers (monthly)

Prohibition Against Retaliation

Rock Haven strictly prohibits any type of retaliation against any individual who, in good faith, reports any alleged compliance policy violation or illegal activity occurring at Rock Haven. This policy is applicable to any report or violation made to a supervisor, a member of the Executive Management Team, the CO or any government official or entity.

Any person violating this policy will be subject to disciplinary action in accordance with the Rock Haven Work Rules, which may include termination of employment.

Discipline for Violations

Rock Haven will discipline, as appropriate, any employee or independent contractor who knowingly and willingly engages in activities that violate Rock Haven's Compliance and Ethics Program policies or procedures and/or applicable federal and state laws. Disciplinary action will be dispensed in a manner consistent with the Rock Haven policy on rules of conduct, as defined in Rock County Ordinance and Rock Haven Work Rules, and without regard to seniority, position, and/or title of the violator.

Responding to Government Investigations

Governmental agencies, regulatory organizations, and their authorized agents may, from time to time, conduct surveys or make inquiries that request information about Rock Haven, its residents, or others that generally would be considered confidential or proprietary. All regulatory inquiries concerning Rock Haven should be handled by the CO and/or the HR Department.

Regulatory inquiries may be received by mail, email, telephone, or by personal visit. In the

case of a personal visit, demand may be made for the immediate production or inspection of documents. Rock Haven employees receiving such inquiries should refer such matters immediately to the CO.

Prohibition Against Kickbacks

Rock Haven will not offer, pay, solicit or accept any compensation including any kickback, bribe or rebate, directly or indirectly, overtly or covertly, in cash or in kind in exchange for a referral for admission or to induce purchasing, leasing, ordering, arranging for, or recommending the purchase, lease or order of any good, facility, service or item covered under a federal healthcare program.

Rock Haven will not engage in transactions that violate relevant and applicable federal or state anti-kickback statutes.

Records Retention

Rock Haven shall retain all recorded information, regardless of medium, that is generated and/or received in connection with Rock Haven transactions and legal obligations, for the applicable required retention period(s) as set forth under federal and state law, or for a period of seven years, whichever is longer. Rock Haven records will be destroyed after all applicable retention periods have expired. Records shall be kept in their original form or in an acceptable alternative form for storage. All records shall be maintained in a usable condition and in an appropriate environment to secure the integrity of the information. Confidentiality of all records pertaining to resident care or billing will be maintained in accordance with applicable federal and state laws and regulations.

Periodic Testing of Claims System Policy

Rock Haven will periodically audit its manual and automated billing systems to ensure proper operation of all steps required to generate claims for healthcare services. Comprehensive audits should be conducted no less than annually to ensure timely detection and corrective action of system failures or errors. If a billing systems audit reveals system failures or errors, the department manager responsible for the audit should immediately consult with the CO to determine whether the failure necessitates corrective action.

Conflict of Interest Policy Statement

Rock Haven expects officers, stakeholders, employees, vendors, and volunteers to avoid any activities that may involve a conflict of interest. A “conflict of interest” exists when a person’s private interest interferes or even appears to interfere in any way with the business interests of Rock Haven. Employees should avoid conflicts as well as the appearance of conflicts between their private interests and the business interests of Rock Haven.

A conflict of interest may occur if outside activities or personal interests influence or appear to influence the ability of a person to make objective decisions in the course of their job responsibilities. Any questions about whether an outside activity might be or appear to be a conflict of interest should be directed to the CO or the HR Department.

Billing and Coding Policy Statement

Rock Haven is committed to fair and accurate billing in accordance with all applicable federal and state laws and regulations, payer rules and procedures and Rock Haven policies and procedures. We understand that all claims for services submitted to any private insurance program or payer, Medicare, Medicaid or other federally funded healthcare programs have to be accurate and correctly identify and document the services ordered and performed. Rock Haven will bill only for services actually provided and documented in the resident’s medical records and will charge for all healthcare services provided. Rock Haven will not engage in and/or permit known upcoding or unbundling of services rendered and/or other improper billing practices intended to increase reimbursement.

Rock Haven will require payment of insurance copayments and deductibles and waive required fees only following a determination of resident financial need in accordance with Rock Haven’s applicable policies and procedures and after reasonable collection efforts have failed. Rock Haven will use systematic methods for analyzing the payments received and will reconcile any overpayments in a timely manner after discovery, review and confirmation that overpayment should not be applied to any outstanding accounts receivable owed to Rock Haven.

Rock Haven will assign diagnostic, procedural, and other billing codes that accurately reflect the services that were provided. Rock Haven will periodically review coding practices and policies, including software edits, to facilitate compliance with all applicable federal, state, and private payer healthcare program requirements and will investigate inaccurate billings and payments to determine whether changes to current protocol or other remedial steps are necessary.

Accounting and Financial Reporting Policy Statement

All accounting entries, as well as all internal and external Rock Haven financial reports, must be prepared accurately and on a timely basis in accordance with generally accepted accounting principles (GAAP) and applicable government regulations.

Rock Haven shall maintain a high level of accuracy and completeness in the documentation and reporting of financial records. These records serve as a financial basis for managing Rock Haven's business and are important in meeting our obligations to our residents, employees, suppliers and others. They are also necessary for compliance with tax and financial reporting requirements. Rock Haven maintains a system of internal controls to provide reasonable assurances that all financial transactions are executed in accordance with management authorization and recorded in a proper manner so as to protect and maintain accountability of company assets.

Accurate Books and Recordkeeping Policy

Rock Haven will maintain accurate books and records in support of all claims filed for reimbursement from any federal, state, or private healthcare program. Rock Haven's employees and contractors are prohibited from making false statements in any Rock Haven book or record, including but not limited to all business records, resident medical records and medical billing records or on any Rock Haven document prepared for or filed with any government or private entity or person.

Training

We recognize and understand that ongoing investment in and commitment to effective training at all levels is essential to attain the desired standards of excellence in service and to adhere to our Compliance and Ethics Program. Rock Haven's "do the right things"

philosophy is instilled in every employee and the commitment to compliance and ethical behavior begins at new employee orientation.

All Rock Haven employees undergo annual training that contains—as necessary and appropriate to their job title and function—any new, updated, or revised information, policies or procedures regarding resident care, billing, documentation, confidentiality, privacy, security and other pertinent company policies and procedures. Ad hoc training for appropriate department directors is also utilized, including in response to audit and monitoring findings.

Monitoring and Auditing

Rock Haven recognizes the need for ongoing internal auditing and monitoring to ensure a successful business and Compliance and Ethics Program. As such, ongoing internal compliance auditing and monitoring is performed through the coordination of activities administered by appropriate personnel under the direction of the CO. Areas of concern or vulnerability are addressed, when applicable, by way of a corrective action plan with appropriate follow-up.

Rock Haven has established a compliance calendar on an annual basis that includes monitoring activities as well as informal and formal routine audit activities. Rock Haven also recognizes the need for ongoing external auditing and monitoring to ensure that our commitment to compliance is supported objectively. Compliance monitoring and auditing will be conducted externally through payer audits and through independent third party examination of annual financial reports and compliance activity.

Annual Identification of Risk Areas

Rock Haven will annually review key areas of potential compliance risk and set forth a system to identify risk elements in each key area. The annual risk assessment will take into consideration the annual work plans published by the OIG or the Department of Health and Human Services. Applicable risk elements will be converted to revisions to policies and procedures, monitoring and auditing and annual training as necessary.

Rock Haven Compliance and Ethics Committee Charter

Purpose

The purpose of the Rock Haven Compliance and Ethics Committee is to ensure compliance and provide guidance to the Compliance Officer (CO) in the development and implementation of the Compliance and Ethics Program. This includes participation in a formal risk assessment process on an annual basis. The Compliance and Ethics Committee conducts annual monitoring and auditing as well as nonscheduled audits and takes appropriate action based on the results of the audits.

Duties of the Compliance and Ethics Committee

Key duties of the Compliance and Ethics Committee under this charter include but are not limited to the following items:

- Assist the CO in the development and implementation of the Compliance and Ethics Program.
- Assist in the development of the Code of Conduct.
- Act as a liaison to employees who may wish to report compliance and ethics concerns without fear of retribution or retaliation.
- Participate in employee annual compliance and ethics training as well as new employee training as requested.
- Review compliance and ethics quarterly reports regarding quarterly audit topics, monitoring activities, and results of investigations.
- Recommend policy changes that may be indicated as a result of compliance and ethics investigations.
- Participate in compliance and ethics investigations as requested by the CO.
- Participate in an annual assessment of the effectiveness of the Compliance and Ethics Program.
- Provide annual Compliance and Ethics Program training to employees, contractors, and volunteers.

- Perform other duties and responsibilities that may be requested by the CO.

Committee Membership

The Compliance and Ethics committee is chaired by the Compliance Officer. Standing members of the Compliance and Ethics Committee should include representatives from the following departments:

- Operations Management
- Nursing
- Minimum Data Set (MDS)
- Rehabilitation Services
- Reimbursement/Billing
- Medical Records
- Risk Management/Compliance
- Human Resources (HR)
- Information Systems and Technology

From time to time, other managers or supervisors may be called upon to participate in the Compliance and Ethics Committee based on risk assessment, audit findings, or other concerns that have been addressed.



ROCK HAVEN

Title: Compliance and Ethics Program	Policy Number: 310
Date of Issue : 9/12/2017	Date of Update: 9/17/2019
Policy Custodian : Administration	

I: Purpose: Rock Haven is committed to the highest standards of ethics, honesty and integrity, and will maintain an effective compliance and ethics program in accordance with the compliance ethics program guidance as published by the Office of the Inspector General, U.S. Department of Health and Human Services and Federal Regulations. Members of the governing body, members of management, employees, members of the medical staff, volunteers, vendors, independent contractors, and others representing Rock Haven are expected to adhere to these standards of conduct in the discharge of their duties. The Rock Haven Compliance and Ethics Program demonstrates the commitment to ethical conduct and compliance by setting forth guidelines for conduct designed to prevent and detect violations of law and encouraging compliance by providing support, training, and educational resources to assist Rock Haven in fulfilling its responsibilities.

II: Policy: Rock Haven has a Compliance and Ethics Committee chaired by the Compliance Officer (CO) and composed of members of management and other staff necessary to support the CO in fulfilling his or her responsibilities under the Program. The CO reports on compliance activities to the Rock Haven governing body (Heath Services Committee). The Compliance and Ethics Committee has oversight responsibilities for the compliance activities of and assists in fulfilling its legal compliance obligations, providing support for functions related to Rock Haven operations and activities. This committee provides a forum for discussion of compliance-related issues and the status of action plans developed to resolve those issues. The Compliance and Ethics Committee oversees the following areas of compliance activity:

- Informing, training, and educating the Rock Haven community about the Rock Haven Code of Conduct (Code) and ethical obligations under that code.
- Monitoring compliance activities, including policies, procedures, training and education programs.
- Serving as a resource to Rock Haven on matters of compliance and legal and regulatory changes, and assessing and identifying areas of risk.
- Maintaining the anonymous hotline.
- Recommending and reviewing disciplinary action for violations of the code.



ROCK HAVEN

Title: Compliance and Ethics Program	Policy Number: 310
Date of Issue : 9/12/2017	Date of Update: 9/17/2019
Policy Custodian : Administration	

The Compliance and Ethics Committee advises the CO and assists in the development and implementation of the Program. The duties and responsibilities of the Compliance and Ethics Committee include:

- Assisting in the development of a risk-based compliance and ethics plan that addresses regulatory compliance with all governing bodies and regulatory agencies, including but not limited to the Centers for Medicare & Medicaid Services (CMS), Wisconsin Department of Health Services (DHS) and the Office of Inspector General (OIG).
- Coordinating efforts, communication and reporting between the CO, Rock County Corporation Counsel and compliance management to ensure effective monitoring and reporting. Within the various departments of the Rock Haven, management will have day-to-day oversight and responsibility to ensure that internal controls over compliance are in place and working effectively.
- Maintaining a system to solicit, evaluate and respond to complaints and problems.
- Periodically reviewing the Code policies and procedures as well as other compliance-related policies as requested; approving appropriate additions, deletions, and/or revisions as recommended by the CO and Rock County Corporation Counsel; ensuring that all managers, employees, contractors and volunteers are familiar with the Code through training and educating and fulfilling their duties for completing the annual disclosure statement.
- Monitoring compliance education activities and scope and providing input to the overall content of annual training. In addition, Rock Haven department staff may consult with the CO regarding general and specialized compliance training sessions based on unique requirements.
- Conduct a compliance effectiveness performance assessment to identify inherent business risks and evaluate internal compliance controls necessary for an effective Program. The assessment may include an evaluation of policies and implementing procedures, the accuracy of medical coding and billing, and the level of employee awareness regarding the Compliance and Ethics Program. From the assessment, the Compliance and Ethics Committee will approve recommendations for improvement and support the implementation of those actions.



ROCK HAVEN

Title: Compliance and Ethics Program	Policy Number: 310
Date of Issue : 9/12/2017	Date of Update: 9/17/2019
Policy Custodian : Administration	

Document Retention - All documents will be maintained for a period of time consistent with state and federal laws and Rock Haven policy.

Policies and Procedures - All policies and procedures related to the Program or any federal healthcare rule or regulation shall be reviewed and revised on a yearly basis and as necessary.

The Code of Conduct & Compliance and Ethics Guide provides the guiding standards of conduct for all members of the Rock Haven community and sets forth Rock Haven's commitment to good practices and compliance with applicable laws and regulations. Senior management is responsible for ensuring that the Code is observed by all members of the Rock Haven community under their direct and indirect supervision.

Statement of receipt and acknowledgment – Rock Haven employees, volunteers, and contracted individuals shall acknowledge receipt of the Rock Haven Code of Conduct & Compliance and Ethics Guide and accept individual responsibility for knowing and adhering to the Code annually. The Code shall be signed by all employees as part of the new-employee orientation and annual employee training and during their annual performance review process. Volunteers and contracted individuals should also sign acknowledgments.

Rock Haven is committed to compliance with all applicable laws, rules, and regulations. It is the responsibility of each member of the Rock Haven community to follow, in the course and scope of his or her employment at, or affiliation with, Rock Haven, all applicable laws, rules, regulations and policies and to maintain an educational, healthcare and business environment that is committed to integrity and ethical conduct.

All members of the Rock Haven workforce community carry out their duties pursuant to Rock Haven policies and as required by law. Rock Haven workforce members may report violations of local, state, or federal laws, rules or regulations to the CO, a supervisor, Rock County Corporation Counsel or Human Resources (HR). Failure to report violations may result in disciplinary actions up to and including termination. Disciplinary actions shall abide by all substantive and procedural protections applicable to Rock County discipline and termination policies or other applicable Rock County policies and procedures.

The CO has no disciplinary enforcement authority; the CO may investigate, evaluate and make recommendations consistent with Rock Haven policies and procedures as they apply to employees and the medical staff. Any disciplinary action shall be determined in conjunction with the Rock County HR Department and enforced by the appropriate supervisor.



ROCK HAVEN

Title: Compliance and Ethics Program	Policy Number: 310
Date of Issue : 9/12/2017	Date of Update: 9/17/2019
Policy Custodian : Administration	

Reporting compliance concerns - Rock Haven is committed to following local, state, and federal laws, rules and regulations. The CO shall ensure that the hotline is available to report potential violations. Rock Haven workforce members are required to report to the CO, a supervisor or the hotline any potential Rock Haven job-related criminal conduct or other situation that may endanger the health and safety of any individual. All persons making reports are assured that such reports will be treated confidentially and shared with others only on a bona fide, need-to-know basis. Rock Haven will take no adverse action against persons making reports in good faith and prohibits retaliation against persons who make such reports. False accusations made with the intent of harming or retaliating against another person may subject the accuser to disciplinary action up to and including termination.

Members of the Rock Haven community wanting to report a violation or a potential problem may contact the CO at the confidential hotline (608) 757-5114 or email to compliancereporting@co.rock.wi.us

Administrator

Medical Director



ROCK HAVEN

Title: Exclusions Screening – Compliance & Ethics	Policy Number: 313
Date of Issue : 9/2019	Date of Update:
Policy Custodian : Administration	

I. Scope: This policy applies to Rock Haven and its affiliates.

II. Purpose: The purpose of this policy is to ensure that the facility does not employ or do business with individuals or vendors who have been excluded from participation in federal healthcare programs.

III. Policy: It is the policy of Rock Haven to perform at least annually exclusions screenings for board members, contractors, vendors and referring physicians with the OIG’s List of Excluded Individuals/Entities (LEIE) as well as state Medicaid programs.

IV. Authority: Rock Haven Compliance Officer (CO).

V. Procedure: All board members, contractors and vendors will be screened upon contract initiation and thereafter to coincide with the OIG’s LEIE monthly update. Individuals or entities must be ruled out by other identifying information, as directed by the OIG, when multiple names appear on the research query. If an individual or entity has been excluded from participation in federal healthcare programs, and the exclusion is still in effect, that individual or entity may not be hired or contracted.

Outside Vendor

1. The CO, or designee, will determine the best method of exclusion screening based upon volume and cost and select a method to ensure that exclusions screening is effectively completed and reported.
2. If a third-party vendor is selected, the CO or designee, will complete a vendor demonstration of their capabilities on exclusion screening and request references from other healthcare providers.
3. The CO or their designee shall review exclusion records and reports provided by the vendor on a periodic basis to ensure that duplicates are properly identified and vetted per the OIG Guidance.



ROCK HAVEN

Title: Exclusions Screening – Compliance & Ethics	Policy Number: 313
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Policy Custodian : Administration	

4. The CO or their designee shall maintain the vendor's report log for each screening period.
5. The CO will include a summary dashboard report of exclusions screening to the governing board on a routine basis.

Internal

1. The CO or designee will determine the best process in the use of the OIG LEIE database for exclusions screening.
2. If the LEIE is queried via the online database, a record of each queried individual will be printed on the initial screening (hard copy or PDF to file), and any subsequent screening in which there is a positive hit for the name to ensure that the individual or entity was ruled out with identifiers as recommended by the OIG.
3. If the LEIE database is downloaded and run against Rock Haven's vendors and referring physicians it must be assigned to an individual database expertise and have demonstrated abilities to run an exclusions check in this fashion.
4. The CO or their designee shall maintain the internal database report log for each screening period.
5. The CO will include a summary dashboard report of exclusions screening to the governing board on a routine basis.

Administrator

Medical Director



ROCK HAVEN

Title: License Verification – Compliance and Ethics	Policy Number: 314
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	

I. Scope: This policy applies to Rock Haven and its affiliates.

II. Purpose: The purpose of this policy is to ensure that the facility employees have current licenses in good standing with their respective state licensing board(s).

III. Policy: It is the policy of Rock Haven to confirm current professional licenses in good standing for all personnel whose position requires licensure to practice.

IV. Authority: Compliance Officer (CO), Rock Haven Education Supervisor, and Rock County Human Resources (HR) Specialist.

V. Procedure: Licensees have a professional duty and responsibility to ensure that they maintain a current license in good standing and, when renewing a license, ensure that they have truthfully attested to meeting all requirements for license renewal. License renewal is a condition of continued employment. To that end, the following procedure is adopted to ensure licensure of all employees wherein licensure is required as part of their employment and job function.

1. The Rock County HR Department will verify evidence of a valid license for all professions wherein licensure is required by position upon hire.
2. Evidence of a current license is maintained in the employee personnel file and in the electronic learning system (Relias).
3. Where required by specific profession, a copy of the license is appropriately displayed in the facility as may be required by law.
4. The Rock Haven Education Supervisor will maintain a schedule/table to include each profession, according to each state, of the licensee renewal date.
5. The Rock Haven Education Supervisor will notify employees three months in advance of the appropriate license renewal date with a reminder to the employee of their obligations to renew



ROCK HAVEN

Title: License Verification – Compliance and Ethics	Policy Number: 314
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their license and submit a copy of the renewal to Rock Haven Education Supervisor for their personnel file.

6. Employees will receive a reminder notice one month prior to the renewal date, with a notice that noncompliance will result in suspension unless proof of license renewal is submitted.

Administrator

Medical Director

**Acknowledgment of Code of Conduct
Rock Haven**

Policy reference: All employees, contractors, and volunteers are required, as a condition of employment (or other identified relationship), to comply with the Code of Conduct. Responsibilities are listed in the Code of Conduct. This form acknowledges receipt of the Code of Conduct and commitment to comply.

My signature acknowledges receipt of the Code of Conduct and commitment to follow the code:

Printed Name

Signature

Date

Employee no.

Department

Supervisor

Please check the most appropriate:

- Employee
- Volunteer
- Member of the Governing Body (Health Services Committee)
- Contractor _____
- Other: _____

This form will be collected following the New Employee Orientation and is required to be in your personnel file as a condition of employment.



ROCK HAVEN

Title: Assessing the Effectiveness of Compliance and Ethics Program – Compliance and Ethics	Policy Number: 311
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	

I. Scope: This policy applies to Rock Haven and its affiliates.

II. Purpose: The purpose of this policy is to create a Compliance and Ethics Program that is effective and viewed for its existence as a mitigating factor when assessing culpability.

III. Policy: The Compliance and Ethics Committee and Compliance Officer (CO) shall annually evaluate the attributes of each individual element of the Program to assess the effectiveness of Rock Haven’s Compliance and Ethics Program as a whole.

IV. Procedure: The Compliance Officer (CO) and the governing body (Health Services Committee) shall undertake the process of examining the comprehensiveness of Rock Haven’s policies and procedures that have been implemented to satisfy the Compliance and Ethics Program elements. The CO shall evaluate how the Compliance and Ethics Program performs during Rock Haven’s day-to-day activities.

Evaluating the effectiveness of Rock Haven’s Compliance and Ethics Committee is also vital in determining the effectiveness of the Compliance and Ethics Program. Having all employees, managers, and contracted staff educated in the standards of the Compliance and Ethics Program is another vital component of effectiveness.

An open line of communication between the CO and employees is equally important to the success of a Compliance and Ethics Program. Rock Haven will foster such communication and publicize the means of reporting compliance concerns.

It is essential that the CO or others, as appropriate, immediately investigate reports of reasonable indications of suspected noncompliance.

Rock Haven shall maintain documentation that supports the effectiveness of Rock Haven’s Compliance and Ethics Program, including, but not limited to, the following:

- Audit results



ROCK HAVEN

Title: Assessing the Effectiveness of Compliance and Ethics Program – Compliance and Ethics	Policy Number: 311
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- Logs of hotline calls/emails and their resolution
- Corrective action plans
- Analysis of business relationships and transactions
- Records of employee training, including the number of training hours
- Disciplinary actions(s)
- Modification of distribution of policies and procedures
- Refunds of any overpayments
- Excluded party searches

The Compliance and Ethics Program is intended to be flexible and readily adaptable to changes in the regulatory environment. Any modifications or revisions to the Compliance and Ethics Program shall be communicated to all employees, managers, and contracted staff rendering services at Rock Haven.

To facilitate appropriate revisions to the Compliance and Ethics Program, the CO shall prepare a report to the governing body, at least annually, that describes the general compliance efforts that were undertaken during the preceding year and that identifies any changes that could be made to improve compliance.

Any material changes to the Compliance and Ethics Program require approval from the governing body.

Administrator

Medical Director



ROCK HAVEN

Title: Assessing the Effectiveness of Compliance and Ethics Program – Compliance and Ethics	Policy Number: 311
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	



ROCK HAVEN

Title: Compliance Hotline – Compliance and Ethics	Policy Number: 312
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	

I. Scope: This policy applies to Rock Haven and its affiliates.

II. Purpose: The purpose of this policy is to establish that the Compliance and Ethics Program works in ensuring that workforce members are able to ask questions and report problems regarding misconduct and misappropriation of the identified risk areas and that first-line supervisors play a key role in responding to workforce member concerns and appropriately serve as a line of communication.

III. Policy: It is the policy of Rock Haven to encourage and establish open lines of communications in support of the Compliance and Ethics Program. Rock Haven will maintain, promote and publicize a dedicated Compliance and Ethics Hotline phone number and email address.

Definitions

Workforce: An employee/workforce member, for the purposes of this policy, means any employee, contractor, trainee, volunteer, or other person(s) or agent(s) whose conduct, in the performance of work for the organization, is under Rock Haven’s direct control/supervision, regardless of payment source.

IV. Authority: Workforce: An employee/workforce member, for the purposes of this policy, means any employee, contractor, trainee, volunteer, or other person(s) or agent(s) whose conduct, in the performance of work for the organization, is under Rock Haven’s direct control/supervision, regardless of payment source.

V. Procedure: Open lines of communication between the Compliance Officer (CO) and Rock Haven workforce members is equally important to the successful implementation and execution of an effective Compliance and Ethics Program and the reduction of any potential for fraud and abuse. Serving as a contact point for reporting problems, the CO shall be viewed as someone to whom workforce members can go to get clarification on any and all Rock Haven policies. Questions and responses shall be documented and dated and, if appropriate, addressed with the



ROCK HAVEN

Title: Compliance Hotline – Compliance and Ethics	Policy Number: 312
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Compliance and Ethics Committee so that standards and policies can be improved to reflect any necessary changes or clarification of existing policies and procedures.

Workforce members shall report legitimate concerns about legal, ethical or quality-of-care issues. Any activity that may compromise a patient's health, safety or welfare and/or the reputation of Rock Haven's ethical business practices shall be reported to the CO immediately.

Workforce members may contact the Compliance and Ethics Hotline at **(608) 757-5114**, or email **compliancereporting@co.rock.wi.us**.

1. If a workforce member encounters any situation that they believe may be a violation of company policy or the guidance provided within the Compliance and Ethics Program and training, they should contact their immediate supervisor, a member of the management team, the Compliance Officer, or they may contact the Rock Haven Compliance and Ethics Hotline at **(608) 757-5114** or email **compliancereporting@co.rock.wi.us**.
2. Workforce members are permitted to report on matters anonymously via the Rock Haven Compliance Hotline at **(608) 757-5114**. The caller may choose to be anonymous or they can identify themselves and provide contact information.
3. Calls to the Compliance and Ethics Hotline/email will be kept confidential to the extent practical. Disclosure of identity may be required by law, or may be necessary in order to enforce Rock Haven policy.
4. Matters reported through the Compliance and Ethics Hotline/email or other communication sources that suggest substantial violations of compliance and ethics policies or federal healthcare program statutes and regulations shall be documented and investigated to determine their validity.
5. The Compliance Officer or their designee shall review records and information periodically to make sure that those who report suspected misconduct are not the victims of retaliation or other improper conduct.
6. The Compliance Officer does not have the authority to unilaterally extend confidentiality, protection or immunity from disciplinary action or prosecution to anyone who has engaged in misconduct.



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7. The Compliance Officer or their designee shall maintain a log that records such calls and complaint reporting, including the nature of any investigation and its results. Such information shall be included in reports to the governing body and the Corporate Compliance and Ethics Committee.

Administrator

Medical Director



ROCK HAVEN

Title: Grievance Policy – Compliance and Ethics	Policy Number: 102
Date of Issue: 10/25/2016	Date of Update: 7/5/2017, 01/11/2019, 09/10/2019
Policy Custodian: Administration	

I: Purpose: To establish a policy and procedure for the residents, responsible parties, interested family members and facility staff to file a grievance to the facility or other agency or entity that hears grievances without fear of discrimination or reprisal.

II: Policy: It is the policy of this facility to protect and promote the right of residents, responsible parties, interested family members and facility staff to file a grievance, have the facility make prompt efforts to resolve any grievances they may have, and as necessary, take immediate action to prevent any further potential violations.

All residents, responsible parties, interested family members and facility staff have the right to voice grievances that are free from interference, coercion, discrimination or reprisal concerning:

- The care, treatment, and services that are or fail to be furnished
- The policies, procedures and physical condition of the facility
- The coding, billing and reimbursement of resident claims
- Fraudulent, abusive or unethical behavior of other residents, responsible parties, family members, facility staff, volunteers or vendors

Rock Haven will promptly address, investigate, attempt to resolve, and respond in writing, to each legitimate grievance that it receives from all such parties. All grievances will be handled as promptly, prudently and courteously as possible.

All residents, responsible parties, interested family members and facility staff have the right and the means to file a grievance anonymously.

The facility will promote the grievance process throughout the organization. This includes the education of all those affected by potential grievances or concerns including but not limited to residents, responsible parties, interested family members, facility staff, volunteers, vendors and other stakeholders.



ROCK HAVEN

Title: Grievance Policy – Compliance and Ethics	Policy Number: 102
Date of Issue: 10/25/2016	Date of Update: 7/5/2017, 01/11/2019, 09/10/2019
Policy Custodian: Administration	

III: Procedure:

- All residents, responsible parties, interested family members and facility staff may file a grievance of any nature using Grievance Form NH-289.
- All residents, responsible parties, interested family members and staff of Rock Haven have the means to file a grievance anonymously using Grievance Form NH-289a.
- A grievant may file a grievance orally, but the information must be placed on form NH-289 by the person receiving the complaint.
- A grievant can file a grievance or complaint to any staff member who will then assume the responsibility to notify the supervisor on duty who will then follow the procedure as outlined in this policy.
- A copy of the grievance will be routed to the Administrator and the original forwarded to the primary person designated to initiate investigation into the concern. **If the grievance** is an accusation that is **reportable** under state and federal guidelines as listed in Policy 003 Caregiver Misconduct-abuse, neglect, misappropriation of property, exploitation, and injury of unknown source, the Administrator will be notified immediately by the supervisor on duty.
- If the grievance or complaint is one that can be handled by the Nurse Supervisor on duty, he/she must resolve as soon as possible but within the shift, and the grievance form NH - 289 paperwork would then be forwarded to the Administrator.
- The Administrator is designated as the Grievance Officer and the Compliance Officer (CO). He/She will oversee the grievance process and the compliance and ethics program, receiving and tracking grievances through to their conclusion; leading and assigning duties during any necessary investigations; maintaining the confidentiality of all information associated with grievances, and as necessary in light of specific allegations. The Administrator can be reached at:

Clayton Kalmon
 3400 County Hwy F
 PO BOX 920
 Janesville WI, 53547



ROCK HAVEN

Title: Grievance Policy – Compliance and Ethics	Policy Number: 102
Date of Issue: 10/25/2016	Date of Update: 7/5/2017, 01/11/2019, 09/10/2019
Policy Custodian: Administration	

608-757-5114

compliancereporting@co.rock.wi.us

- Information for the grievance process will be posted on all resident bulletin boards and the policy regarding grievance will be made available.
- The grievance procedure will be presented to all residents, responsible parties, and facility staff annually and upon admission.
- If requested, a written grievance decision(s) given to the resident/representative upon resolution (if applicable) of the grievance.
- The Facility recognizes that not all grievance or requests must or can be implemented as requested.

Administrator

Medical Director



ROCK HAVEN

Title: Reporting of Overpayments – Compliance and Ethics	Policy Number: 315
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	

I. Scope: This policy applies to Rock Haven and affiliates as applied to federal healthcare programs.

II. Purpose: The purpose of this policy is to ensure that any known overpayment received by a federal healthcare program is appropriately refunded.

III. Policy: Within 60 days after identification of the overpayment from a federal healthcare program, Rock Haven will repay the identified overpayment to the payer to the extent that such overpayment has been quantified. If Rock Haven is not able to quantify the extent of any such overpayment, within 60 days after identification, Rock Haven shall notify the payer in writing of its efforts to quantify the overpayment and provide detail as to the work plan to further quantify the suspected overpayment.

Definitions

Federal healthcare programs are defined as any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly in whole or in part by the United States Government, including but not limited to Medicare, Medicaid, Tricare and the U.S. Department of Veterans Affairs.

Overpayment is defined as the amount of money Rock Haven has received in excess of the amount due and payable under any federal healthcare program requirements, including applicable federal statutes, regulations, Medicare or other federal healthcare program payment manuals and Medicare Administrative Contractor Local Coverage Decisions. An overpayment may be the result of nonadherence to federal healthcare program requirements, errors by Rock Haven workforce, payment processing errors by the payer or erroneous or incomplete information provided to Rock Haven by the patient or responsible party.

IV. Procedure:

Refund process



ROCK HAVEN

Title: Reporting of Overpayments – Compliance and Ethics	Policy Number: 315
Date of Issue: 9/2019	Date of Update:
Policy Custodian: Administration	

Overpayments shall be identified in accordance with applicable billing and accounting policies. Refunding of identified overpayments shall be processed in accordance with the payer's refund policy and include the provider name and number, address, contact person, phone number; patient name and account number; and reason code for overpayment.

Reporting overpayments

All overpayments should be tracked and reported in accordance with Rock Haven billing and accounting policies and procedures. If an overpayment exceeds \$25,000, the Rock Haven Compliance Officer should be contacted to validate overpayment. The CO shall notify the payer of any overpayment in excess of \$25,000 if the overpayment is related to an act or omission by Rock Haven.

Corrective action

Rock Haven shall take corrective action to remediate underlying root cause of overpayments within sixty (60) days after identification.

Administrator

Medical Director

RESOLUTION NO. _____

AGENDA NO. _____

**RESOLUTION
ROCK COUNTY BOARD OF SUPERVISORS**

Clayton Kalmon
Nursing Home Administrator
INITIATED BY



Clayton Kalmon
Nursing Home Administrator
DRAFTED BY

Health Services Committee
SUBMITTED BY

October 3, 2019
DATE DRAFTED

ESTABLISHING THE ROCK HAVEN COMPLIANCE AND ETHICS PROGRAM

- 1 **WHEREAS**, the Centers for Medicare and Medicaid Services (CMS) require, as part of the Phase 3
- 2 implementation of the Federal Requirements of Participation (RoP), Skilled Nursing Facilities to
- 3 implement an effective Compliance and Ethics Program; and,
- 4
- 5 **WHEREAS**, a Compliance and Ethics Program must be reasonably designed, implemented, and
- 6 enforced so that it generally will be effective in preventing and detecting fraud and abuse; and,
- 7
- 8 **WHEREAS**, Rock Haven recognizes the need to conduct business with honesty and integrity and in
- 9 compliance with all applicable federal and state laws; and,
- 10
- 11 **WHEREAS**, the Health Services Committee as the governing body for Rock Haven is ultimately
- 12 responsible for the oversight of the Compliance and Ethics Program; and,
- 13
- 14 **WHEREAS**, the requirement is expected to be implemented by November 28, 2019.
- 15
- 16 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly
- 17 assembled this _____ day of _____, 2019 does hereby approve the establishment of a Rock
- 18 Haven Compliance and Ethics Program.

Respectfully submitted,

HEALTH SERVICES COMMITTEE

COUNTY BOARD STAFF COMMITTEE

Brenton Driscoll, Chair

J. Russell Podzilni, Chair

Mary Mawhinney, Vice Chair

Richard Bostwick

Tom Brien

Henry Brill

Kevin Leavy

Betty Jo Bussie

Kathy Schulz

Louis Peer

Alan Sweeney

Terry Thomas

Bob Yeomans

TO ESTABLISH A ROCK HAVEN COMPLIANCE AND ETHICS PROGRAM
Page 2

FISCAL NOTE:

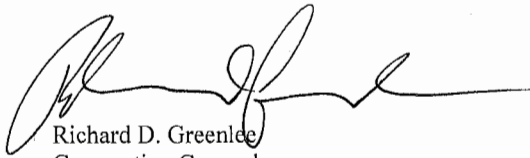
Minimal fiscal impact. The main costs will be in staff time.



Sherry Oja
Finance Director

LEGAL NOTE:

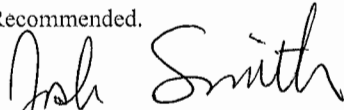
The County Board is authorized to take this action pursuant to §§ 59.01 & 59.51, Wis. Stats.



Richard D. Greenlee
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Josh Smith
County Administrator

EXECUTIVE SUMMARY
ESTABLISHING A ROCK HAVEN COMPLIANCE AND ETHICS PROGRAM

Rock Haven is required to comply with various state and federal regulations in operating a skilled nursing home. The Centers for Medicare and Medicaid Services (CMS) require, as part of the Phase 3 implementation of the Federal Requirements of Participation (RoP), Skilled Nursing Facilities to implement an effective Compliance and Ethics Program.

A Compliance and Ethics Program must be reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting fraud and abuse.

Rock Haven recognizes the need to conduct business with honesty and integrity and in compliance with all applicable federal and state laws

The Health Services Committee as the governing body for Rock Haven would be responsible for the oversight of the Compliance and Ethics Program.

The deadline for adopting a Compliance and Ethics Program is November 28, 2019.

2019 Patient Revenues for Rock Haven August

Limestone								
Revenue	Actual Revenue Rec. MTD	Budgeted Revenue MTD	Variance Over/-Under	Percentage Over/-Under	Actual Revenue Rec. YTD	Budgeted Revenue YTD	Variance Over/-Under	Percentage Over/-Under
Medicare	\$152,142	\$221,345	-\$69,203	-31%	\$1,251,191	\$1,735,057	-\$483,866	-28%
Hospice	\$36,276	\$40,771	-\$4,495	-11%	\$373,792	\$319,592	\$54,200	17%
Medical Assistance	\$337,816	\$366,939	-\$29,123	-8%	\$2,701,534	\$2,876,326	-\$174,792	-6%
Private Pay	\$357,084	\$253,655	\$103,429	41%	\$2,478,355	\$1,988,328	\$490,027	25%
Total	\$883,318	\$882,709	\$609	0%	\$6,804,872	\$6,919,302	-\$114,430	-2%