

COMPLIANCE & ETHICS OFFICER RESPONSIBILITIES CHECKLIST

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Introduction

The exact parameters of the role of a Compliance and Ethics Officer (CO) can be difficult to define. Very often, a CO may become responsible for the oversight of areas that are not strictly related to compliance.

This checklist is divided into two general sections. Section 1 lists the responsibilities and activities which are generally the responsibility of the CO and are specifically related to the compliance program. Section 2 addresses many of the regulations which are not strictly compliance-related but are connected to various regulations to which the Facility must adhere. While the activities in Section 2 are likely not the responsibility of the CO, it is appropriate for the CO to review all Section 2 tables to ensure that all tasks, activities, and designations have been appropriately assigned. The CO's regular audits will often relate to items in this section.

*Please note that this document is a resource and is **not** definitive of all tasks and regulations relevant to a Compliance and Ethics Officer.*

Section 1

Responsibilities Related to the Compliance Program

The CO is responsible, either directly or through a designee, to ensure that all compliance-related requirements are in place, that issues or reports are documented and tracked, and that investigations are conducted carefully and thoroughly. The following table lists and explains some activities specific to the compliance program.

Activity		Notes/Comments	Frequency	Resources
1.1	Ensuring all elements of the Compliance Program are in place	The "Basics of the Compliance Program" document is a useful reference which lists and provides examples of the required elements of a compliance program.	Ongoing	Basics of the Compliance Program <i>Refer to CCG Portal/Yearly Training</i>
1.2	Logging/Tracking compliance issues	All compliance issues and reports should be documented and tracked in the Compliance Log. Cross referencing to other logs (e.g. the grievance log) may be appropriate.	Ongoing	Compliance Log <i>Refer to CCG Portal/Resources/Compliance Officer</i>
1.3	Conducting investigations	It is the CO's responsibility to investigate all compliance-related issues. The CO may assign a designee to conduct the investigation.	As necessary	<i>Refer to CO Checklist/Section 2.2 for specific investigation Forms</i>
1.4	Reporting to administrator	The CO must report to the administrator on a regular basis, preferably at a minimum of quarterly. The level of specificity and detail of the quarterly reports should be established and documented.	Quarterly, at a minimum	

Activity		Notes/Comments	Frequency	Resources
1.5	Reporting to the governing body	The CO must report to the governing body on a regular basis, preferably at a minimum of quarterly. The level of specificity and detail of the quarterly reports should be established and documented.	Quarterly, at a minimum	Compliance Officer Quarterly Report to the Governing Body <i>Refer to CCG Portal/Resources/Compliance Officer</i>
1.6	Overseeing the Compliance Committee	The Compliance Committee should meet quarterly to discuss compliance-related matters.	Quarterly, at a minimum	Policy CCG 00106-Resolution Designating a Compliance Committee <i>Refer to CCG Portal/Policies</i> Compliance Committee Meeting Minutes template <i>Refer to CCG Portal/Resources</i>

Section 2

Responsibilities Related to Other Requirements

This section addresses many of the regulations which are not strictly compliance-related but are connected to various regulations to which the Facility must adhere. While the activities in this Section 2 may not be the responsibility of the CO, it is appropriate for the CO to review all Section 2 tables to ensure that all tasks, activities, and designations have been appropriately assigned. The CO's regular audits will often relate to items in this section.

Table 2.1

Responsibilities Related to Documentation of Training and Other Signatures/Acknowledgements

The CO or a designee must distribute the following documents/forms to the appropriate individuals. Acknowledgements and/or signatures should be obtained and documented.

Form/Title		Notes/Comments	Frequency	Resources
2.1.1	Compliance and Ethics Plan	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • vendors • volunteers • governing body 	Upon hire/commencement and annually thereafter	Policy CCG 00101 and acknowledgement form CCG 00102a <i>Refer to CCG Portal/Policies</i>
2.1.2	Code of Conduct	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • vendors • volunteers • governing body 	Upon hire/commencement and annually thereafter	Policy CCG 00102 and acknowledgement form CCG 00102a <i>Refer to CCG Portal/Policies</i>
2.1.3	Basics of the Compliance and Ethics Program	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • vendors • volunteers • governing body 	Upon hire/commencement and annually thereafter	Basics of the Compliance and Ethics Program and acknowledgement form <i>Refer to CCG Portal/Yearly Training</i>

Form/Title		Notes/Comments	Frequency	Resources
2.1.4	Fraud, Waste, and Abuse	Signature is required from all <ul style="list-style-type: none"> • staff • in-house contractors • volunteers • governing body 	Upon hire/commencement and annually thereafter	Policy CCG 00202 and acknowledgement form CCG 00202a <i>Refer to CCG Portal/Policies</i>
2.1.5	Deficit Reduction Act of 2005	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • vendors • volunteers • Governing Body 	Upon hire/commencement and annually thereafter	Policy CCG 00201 and acknowledgement form CCG 00201a <i>Refer to CCG Portal/Policies</i>
2.1.6	Receipt of Overpayment Self-Disclosure policy and training	Signature is required from all <ul style="list-style-type: none"> • billing staff • management/administration 	Upon hire and annually thereafter	Policy CCG 00207 and acknowledgement form CCG 00207b <i>Refer to CCG Portal/Policies</i>
2.1.7	Compliance and Conflicts of Interest Disclosure Form	As applicable	Upon hire/commencement and annually thereafter	Policy CCG 00209 and acknowledgement form CCG 00209a <i>Refer to CCG Portal/Policies</i>
2.1.8	Substance abuse policy and procedure	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • volunteers 	Upon hire/commencement	Policy CCG 00307 and acknowledgement form CCG 00307a <i>Refer to CCG Portal/Policies</i>
2.1.9	Workplace searches policy and procedure	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • volunteers 	Upon hire/commencement	Policy CCG 00308 and acknowledgement form CCG 00308a <i>Refer to CCG Portal/Policies</i>
2.1.10	Protecting Resident Privacy and Prohibiting Mental Abuse Related Recordings policy and procedure	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • volunteers 	Upon hire/commencement	Policy CCG 00448 and acknowledgement form CCG 00448a <i>Refer to CCG Portal/Policies</i>

Form/Title		Notes/Comments	Frequency	Resources
2.1.11	Elder Justice Act policy and procedure	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • volunteers 	Upon hire/commencement and annually thereafter	Policy CCG 00304 and acknowledgement form CCG 00304a <i>Refer to CCG Portal/Policies</i>
2.1.12	HIPAA policies and procedures	Signature is required from all <ul style="list-style-type: none"> • staff • contractors • volunteers • Governing Body 	Upon hire/commencement and annually thereafter	HIPAA Training Script and acknowledgement form <i>Refer to CCG Portal/Yearly Training</i>

Table 2.2
Responsibilities Related to Investigations

Depending on the specific issue being investigated, investigations may be classified as compliance-related, grievance-related, or general administrative. A key factor to focus on is to ensure that investigations have been appropriately assigned, have been thoroughly addressed, and corrective action plans (CAPs) have been implemented, if necessary. Non-intimidation and non-retaliation protocols should be considered as well. The following table lists resources or tools which can be used to document and track reports and investigations.

Form/Title		Purpose	Resources
2.2.1	Compliance Reporting form	This form can be used to standardize compliance reporting.	Policy CCG 00111 and CCG form 00111a <i>Refer to CCG Portal/Policies</i>
2.2.2	Corrective Action Plan template	This form provides a standard format for: <ul style="list-style-type: none"> • documenting CAPs • ensuring proper tracking and follow-up. 	Policy CCG 00115 and CCG form 00115a <i>Refer to CCG Portal/Policies</i>
2.2.3	Resident/Family Grievance form	This form provides a standard format for documenting, tracking, and following up on resident or family grievances.	Policy CCG 00505 and CCG form 00505a <i>Refer to CCG Portal/Policies</i>
2.2.4	Compliance and Ethics Investigation log	This document can be used to log incidents and reports and track each incident from original reporting through resolution.	Compliance Log <i>Refer to CCG Portal/Resources/Compliance Officer</i>

Form/Title		Purpose	Resources
2.2.5	Suspected HIPAA Breach Incident Packet	This packet should be used in the event of a suspected breach.	<i>Refer to CCG Portal/Resources/HIPAA</i>

Table 2.3
Responsibilities Related to HIPAA

The designated HIPAA Privacy/Security Officer is generally responsible to oversee HIPAA compliance at the Facility. The following table lists some of the requirements and forms used to comply with applicable HIPAA regulations.

Activity/Document		Purpose	Resources
2.3.1	a. Business Associate Agreement (BAA) b. BAA Decision Tree	A BAA is required to set the HIPAA parameters for certain third parties who handle the Facility's Protected Health Information (PHI). The CO should: <ul style="list-style-type: none"> ascertain with which entities the Facility must enter into a BAA, maintain a list of entities with which the Facility has entered into a BAA, and retain copies of the BAAs. 	Policy CCG 00214 and BAA Decision Tree CCG 00214b <i>Refer to CCG Portal/Policies</i>
2.3.2	Notice of Privacy Practices (NPP) and NPP acknowledgement form	The Facility must provide the NPP to all residents upon admission. All residents should sign the NPP Acknowledgment form, which should be documented in the resident's medical record.	Policy CCG 00402 and acknowledgement form CCG 00402a <i>Refer to CCG Portal/Policies</i>
2.3.3	Right to Accounting of Disclosures of PHI Information form	Residents have the right to receive an accounting of certain parties to whom their PHI has been given.	Policy CCG 00424 and CCG form 00424a <i>Refer to CCG Portal/Policies</i>
2.3.4	HIPAA Authorization for Use and Disclosure of PHI	An authorization is required for certain uses or disclosures of PHI.	Policy CCG 00428 and CCG form 00428a <i>Refer to CCG Portal/Policies</i>

Activity/Document		Purpose	Resources
2.3.5	Inventory of Locations, Physical Systems, Devices, Media Containing Protected Health Information	This inventory should be updated as needed and reviewed annually.	Policy CCG 00408b <i>Refer to CCG Portal/Policies</i>
2.3.6	Request for Correction of Protected Health Information form	Residents have the right to request certain changes or corrections to their medical record.	Policy CCG 00423 and CCG form 00423a <i>Refer to CCG Portal/Policies</i>
2.3.7	Fax machine sign		CCG form 00412b <i>Refer to CCG Portal/Policies</i>

Table 2.4
Required Officers and Governing Body Designations
The following roles must be properly assigned and documented.

Roles		Description	Resources
2.4.1	Compliance and Ethics Officer	The Facility must designate a CO.	Use CCG 00105 to document this. <i>Refer to CCG Portal/Policies</i>
2.4.2	HIPAA Privacy Officer	The Facility must designate a HIPAA Privacy Officer.	Use CCG 00107 to document this. <i>Refer to CCG Portal/Policies</i>
2.4.3	HIPAA Security Officer	The Facility must designate a HIPAA Security Officer.	Use CCG 00107 to document this. <i>Refer to CCG Portal/Policies</i>
2.4.4	Grievance Officer	The Facility must designate a grievance officer whose identity must be clearly posted on a Grievance poster in the Facility.	Document the designation of a Grievance Officer by adding the Grievance Officer's name on the Facility Grievance poster, CCG 00505b. <i>Refer to CCG Portal/Policies</i>
2.4.5	Governing Body Members	Use the Designating a Governing Body form to document the individuals serving as the Facility's governing body.	Designating a Governing Body form <i>Refer to CCG Portal/Resources/ Compliance Officer</i>

Table 2.5
Posting Requirements

Specific posting requirements are required pursuant to applicable laws and regulations. The CO is often responsible for ensuring that required information is posted. The following table lists some of the postings that are required by federal laws and regulations.

Poster		Requirement	Resources
2.5.1	Compliance Hotline Poster	Information on how to confidentially and anonymously report compliance concerns must be posted in prominent locations throughout the Facility.	CCG provides this poster.
2.5.2	Elder Justice Act Notice	This notice must be posted where it can be viewed by employees and staff.	CCG 00304b <i>Refer to CCG Portal/Policies</i>
2.5.3	Notice of Privacy Practices	The Notice of Privacy Practices must be posted in place that is visible to residents and visitors.	CCG 00402a <i>Refer to CCG Portal/Policies</i>
2.5.4	Poster prohibiting videoing and recording of residents by staff and visitors	This must be posted and visible to all staff and visitors.	CCG 00447a <i>Refer to CCG Portal/Policies</i>
2.5.5	Grievance Poster	This must be posted in prominent locations throughout the Facility.	CCG 00505b <i>Refer to CCG Portal/Policies</i>
2.5.6	Nondiscrimination Notice	This must be posted in a prominent location in the Facility.	CCG 00503a <i>Refer to CCG Portal/Policies</i>
2.5.7	Taglines for those with Limited English Proficiency (LEP)	Taglines must be posted and visible to staff, residents, and visitors.	Policy CCG 00509 and Common Taglines Poster <i>Refer to CCG Portal/Policies and CCG Portal/Resources/Required Posters</i>
2.5.8	Labor Law Posters	Federal and state law require labor information to be posted, viewable by staff. <i>These posters are readily available and are not provided by Compliance Consulting Group, LLC.</i>	

Poster	Requirement	Resources
2.5.9	<p>State Agency and Advocacy Groups</p> <p>The following should be posted in a form and manner accessible and understandable to residents:</p> <ul style="list-style-type: none"> • A list of names, address (mailing and email), and telephone numbers of all pertinent state agencies and advocacy groups, such as the <ul style="list-style-type: none"> a. State survey agency, b. State licensure office, c. Adult protective services where state law provides for jurisdiction in long-term care facilities, d. Office of state long-term care ombudsman program, the protection and advocacy network e. Home and community-based service programs, and f. Medicaid fraud control unit • A statement that the resident may file a complaint with the state survey agency concerning any suspected violation of state or federal regulations, including but not limited to: <ul style="list-style-type: none"> a. Resident abuse, b. Neglect, c. Exploitation, d. Misappropriation of resident, property e. Non-compliance with the advance directive's requirements f. Requests for information regarding returning to the community 	

Table 2.6
Web Site Posting Requirements

Document		Requirement
2.6.1	Notice of Privacy Practices	If the Facility's website provides information about services or benefits, the NPP must be posted on the web site.
2.6.2	Taglines	Taglines must be posted on the Facility's website home page. Taglines must include at least the top 15 languages spoken by individuals with LEP for the state in which the Facility is located.
2.6.3	CO contact information	Contact information for the CO should be posted.

Table 2.7
Miscellaneous Responsibilities

Document		Purpose	Frequency	Resources
2.7.1	All employees, contractors, and vendors should be checked against the Office of Inspector General (OIG) exclusion list; the sam.gov list, and applicable state lists.	All staff, contractors, and vendors must be checked to ensure they are not excluded from providing services.	Upon hire and monthly thereafter	<i>Refer to CCG Portal/Resources/Exclusion List</i>
2.7.2	Physician Credentialing Packet and Sample Agreements	To ensure that physicians and other providers are properly credentialed before providing treatment to residents.	Upon hire and biannually thereafter	Policy CCG 00311 <i>Refer to CCG Portal/Policies</i>
2.7.3	Volunteer Screening Authorization and Guidelines for Volunteers		Upon commencement	CCG 00512a and CCG 00512b <i>Refer to CCG Portal/Policies</i>

Document	Purpose	Frequency	Resources
2.7.4	<p>Required federal trainings with signature/documentation on file</p>	<p>The CO should ensure that all employees, independent contractors, vendors, volunteers, and, as applicable, governing body members are trained in the following topics:</p> <ul style="list-style-type: none"> • Code of Conduct and Compliance Plan • Deficit Reduction Act of 2005 • Basics of the Compliance Program • Elder Justice Act • Fraud, Waste, and Abuse • HIPAA <p>In addition, federal law requires the following training topics to be provided upon hire and annually thereafter, when applicable:</p> <ul style="list-style-type: none"> • Communication; • Resident's rights and Facility responsibilities; • Abuse, neglect, and exploitation; • QAPI; • Infection control • Compliance and ethics; • Nurse aide in services; • Feeding assistant training; and • Behavioral health 	<p>Upon hire and annually thereafter</p> <p><i>Refer to CCG Portal/Yearly Training</i></p>