

Title:	Policy and Procedure Management
Policy Owner:	Quality Assurance
Creation Date:	May 12, 2025
Review Dates:	<INSERT DATE>
Revision Dates:	<INSERT DATE>
Approval Dates:	June 10, 2025
Archived Date:	<INSERT DATE>
Approved by:	Valerie Way, Chief Executive Officer

Purpose:

This policy and procedure:

- Defines the process for developing, revising, approving and publishing Mental Health Association of Rochester's policies and procedures,
- Establishes expectations to make policies & procedures accessible to the appropriate parties,
- Outlines standards to maintain version control of policies and procedures.

Definitions:

Affected individuals - All people who are affected by the risk areas of Mental Health Association of Rochester, including its employees, chief executive, other senior administrators, managers, contractors, agents, volunteers, subcontractors, independent contractors, governing body and corporate officers.

Approver: Senior Leader with authority to approve a new or revised policy and make it effective.

Corporate Policies/Procedures: These have broad applicability, institution wide.

Department Policies/Procedure: Applicability is limited to a specific department or division.

Policy: A policy is a statement of management, philosophy, and direction that provides expectations to Mental Health Associate of Rochester regarding its business and operations. Compliance is mandatory.

Policy owner: Executive Member and subject matter expert on a particular topic and its related policy and procedure. This person is responsible for development, oversight, review, and revision of the policy/procedure.

Procedure: A series of steps that outline how to implement the policy. Compliance is mandatory.

Risk Areas – Billings, payments; ordered services, medical necessity, quality of care; governance; mandatory reporting, credentialing; contractor, subcontractor, agent, or independent contract oversight; review of contracts and relationships with contractors specifically those with substantive exposure to government enforcement actions; review of documentation and billing relating to claims made to Federal, State, and third party payers for reimbursement; compliance

training, effectiveness of the Compliance Program, and other risk areas identified by the Mental Health Association of Rochester through its experience.

Policy:

This policy and procedure are applicable to all affected individuals of Mental Health Association of Rochester (herein referred to as "MHA"). Non-compliance with this policy may result in disciplinary action, up to and including termination.

Policies and Procedures must be well-developed and understandable to who they apply to. Policies and procedures will be organized in a manner that is easy to access and comprehend. It is expected that policies will be written in a manner that supports MHA's mission, vision and values, and conforms to laws, rules, regulations, and standards of care.

Policies and procedures will be in a standard format and submitted to the appropriate approver prior to becoming effective. All policies must have a corresponding procedure, and content owners are to promptly revise policies and procedures upon any changes to applicable laws, regulations or operations.

Department policies that apply to the operations of individual departments or programs may not conflict with Corporate Policies/Procedures.

Procedures:

I. New Policies and Procedures

1. A standard template is used to ensure consistency with formatting. See Appendix A. Procedure manuals are separate from policies.
2. All Executive Members are responsible for identifying policies and procedures that are required by rules, regulations, accreditation standards, grant/contract requirements, and operational needs.
3. If it is identified that a policy and procedure is needed, the Executive Members will first review existing policies on SharePoint to determine if there is a related policy that additional language can be incorporated into, in which case refer to Section II, below.
4. If a required policy and procedure does not exist, the Executive Member with responsibility for the operations associated with the related law, regulation or requirement will initiate drafting a new policy.
5. The Executive Member drafting the policy will indicate their title as the Policy Owner on the document.
6. The Policy Owner will do sufficient research to ensure all pertinent laws, regulations and standards are reviewed and included in the policy. Policies will be based on applicable laws, regulations, standards and contract terms (where applicable).

7. The procedure will be developed with input from key stakeholders that will be responsible for, impacted by, and knowledgeable of the related operations. Procedures should consider practicality and efficiency to accomplish what is required.
8. Policy Owners should provide sufficient guidance for affected individuals to know how to implement a task or workflow. Policy Owners should be careful not to write procedures that are overly stringent and burdensome or infeasible to follow.
9. Policy owners should carefully consider using terms like “should” which indicate that compliance is best practice, but optional.
10. IT policies are to be initially reviewed during the regularly scheduled meetings with MHA’s IT Vendor prior to Executive Leadership Team’s review.
11. For all policies and procedures, the Policy Owner provides it to the CEO who will then ensure the Executive Leadership Team reviews it and provides feedback or suggested changes.
12. Once the Executive Leadership Team approves the policy/procedure as written, the CEO will then be sent to the Program Directors for their review and feedback.
13. If the Executive Team or Program Directors have suggested revisions to the policy, the Policy Owner will make the appropriate changes.
14. Once approved by the Program Directors, the Policy/Procedure will be officially approved and effective, except for the Whistleblower, Conflict of Interest, and Audit Oversight policies and procedures.
15. Per the Bylaws, the Whistleblower, Conflict of Interest, and Audit Oversight Policies and Procedures must first be reviewed and approved by the Board of Directors before considered effective.
16. Once approved, the Policy Owner will then upload the Policy and Procedure into SharePoint under the Quality and Compliance Page, Policies and Procedures section.
17. Corporate Compliance policies are reviewed by the Compliance Committee at least annually to ensure they are current, accurate and complete.

II. Revisions to existing policies/procedures

1. Policy Owners must stay informed of any changes to law, regulations and operations and initiate revisions to any applicable policies/procedures as needed prior to the next scheduled review date.
2. The appropriate revisions will be made to ensure the policy/procedure is compliant with requirements. Key stakeholders involved in implementing the policy will be asked for feedback by the Policy Owner.
3. The Policy Owner must follow the same approval process and indicated for new policies and procedures, per Section I. 10-15 above.

4. The Policy Owner will make any additional revisions necessary based on the feedback provided.
5. Once approved, the Policy Owner will post it on SharePoint under the Quality and Compliance Page, Policies and Procedures section.

III. Access

1. Once approved, only the new version is posted on SharePoint which can be accessed by going to the Quality and Compliance and clicking the “Policies and Procedures” button. All previous versions of policies/procedures must be retained in accordance with our Retention Policy. During or in reasonable anticipation of a legal proceeding, litigation, government investigation, or employment charge/action, MHA is obligated to preserve all relevant records, including policies/procedures, for an indeterminate period (referred to as a “legal hold”). In the event of a legal hold, the routine destruction of records is suspended until the litigation is complete and destruction is permitted by the applicable authority.
2. Previous versions of policies/procedures must be archived in the “Archived Policies” folder on SharePoint with access limited to the CEO/Compliance Officer, VP of Programs and Quality, Director of HR, and Director of Operations in the event a previous version is needed for an audit, investigation, or litigation.
3. The Policy Owner is responsible for ensuring all locations where the previous version was posted are replaced by the new version, such as the intranet and website.
4. Employees and volunteers are only to access policies and procedures directly from SharePoint to ensure they base their work on the most current version. Copies of policies are not to be saved to other locations (desktop, file folders etc.) for later use/reference; this practice runs the risk of accessing an outdated version.
5. The Policy Owner must ensure that the policy and procedure are made accessible to all affected individuals that the policy is applicable to.
 - a. Employees and volunteers are provided this access via SharePoint. Policies can be found by going to SharePoint’s Quality and Compliance Page and selecting “Policies and Procedures.”
 - b. New and revised policies that are applicable to Board members must be made accessible to them via the Board-specific folder on SharePoint; and,
 - c. Contractors have access to the Compliance Plan, and compliance policies and procedures on MHA’s website <https://www.mharochester.org>.

IV. Review Frequency

1. MHA will review compliance policies, procedures, and standards of conduct at least annually to identify:
 - a. If the written policies, procedures, and standards of conduct have been implemented.
 - b. If affected individuals are following the policies, procedures, and standards of conduct.
 - c. Whether the policies, procedures, and standards of conduct are effective.
 - d. Whether any updates are required.

2. Unless regulations, contract terms, regulations or standards require a more frequent review cycle, all other policies and procedures must be reviewed at least every 2 years and as needed to comply with any regulatory or operational changes.
3. If during the review process a Policy Owner determines that the policy and procedure is no longer applicable and should be archived, it will be routed to the applicable approver to authorize archiving the policy/procedure. Once approved, it will no longer be effective and the Policy Owner will update the header with the archive date and move it to the Archive Folder.

V. Training

1. Any material changes or newly developed policies/procedures must be communicated to all affected individuals impacted by the changes.
2. The Policy Owner is responsible for ensuring that affected individuals that the new/revised policy/procedure is applicable to are informed of the updated/new policy and that training is provided, as appropriate.

Regulatory Reference(s):

18 NYCRR § 521-1.4(a)(1)
NYS NPCL § 715-a
NYS NPCL § 715-b

Appendix A - Policy and Procedure Template



Policy and Procedure Title:	<INSERT TITLE>
Policy Owner:	<INSERT NAME/TITLE>
Creation Date:	<INSERT DATE>
Review Dates:	<INSERT DATE>
Revision Dates:	<INSERT DATE>
Approval Dates:	<INSERT DATE>
Archived Date:	<INSERT DATE>
Approved by:	<INSERT NAME/TITLE>

Purpose:

Explain the intent and objectives of the policy and procedure.

Definitions:

Define any terms specific to this policy in alphabetical order.

Policy:

Specific policy statements based on regulations/requirements.

Indicate who the policy applies to.

- The font must be Arial, size 11.
- Section Headers must be Arial, size 16, and bold.
- Margins must be set to 1".
- Footer must be Arial size 9 and include Policy Title, Page Number, and Effective Date of the current version.
- The first use of an abbreviated term must be spelled out then followed by the acronym in parenthesis. I.e., Health Insurance Portability and Accountability Act (HIPAA).
- All sections within the policy/procedure template need to be completed. If there is no information for that section, do not delete it. Instead, write N/A.

Procedure:

List specific steps to be followed to implement the policy.

Regulatory References:

Add the regulations or laws that apply to the policy and procedure.

I.e. 42 CFR § 2.22