



Community Mental Health Partnership of Southeast Michigan Job Description

Job Title: Compliance Manager

Supervision Received: Chief Operating Officer

Tier: D

Starting Salary Range: \$68,818 – \$81,286

FLSA Exempt Status: Exempt

Full Salary Range: \$68,818 (Step 0) – \$102,066 (Step 8)

Last Updated: 4/23/2024

Position Status: Full-time

Job Summary

Under administrative supervision of the PIHP Chief Operating Officer, the Compliance Manager implements and oversees a regulatory compliance program for a four-county prepaid inpatient health plan covering all direct and contractual service providers regarding MDHHS contract standards and applicable federal laws to staff members and the provider network. The Compliance Manager is responsible for monitoring and evaluating all aspects of delegated functions related to federal Medicaid Managed Care Rules and state contract requirements for both CMHSPs and SUD treatment providers. The Compliance Manager will provide leadership and oversight to the region in these areas and will ensure committee structures, composition and workplans support consistent implementation of these functions. The Compliance Manager manages all Medicaid contractual review processes and provides oversight for corrective action planning and implementation.

Essential Duties and Responsibilities

- Develop and implement, with approval of CMHPSM CEO and the CMHPSM Board, an annual review of the Compliance Plan and periodic reports where applicable.
- Develop and implement a monitoring system consistent with the specifications of the compliance plan, including assessing areas of compliance risk, regular audits, and reporting.
- Develop and implement reporting systems designed to encourage staff and contract staff to identify and report instances of non-compliance.
- Investigate and make recommendations regarding all occurrences of non-compliance with regulations, including managing inquiries for potential fraud or abuse of public funds and submit required reports to OIG.
- Serves as the primary contact with state and federal entities regarding the reporting or oversight of fraud, abuse, or waste activities within the region.
- Conducts initial fraud investigations where required by MDHHS or OIG, and ensures required reporting of fraud, abuse, and waste to state and federal entities where indicated.
- Develop and provide appropriate training for staff and contract providers regarding regulatory requirements as specified in the CMHPSM Compliance Plan including the Standards of Conduct, reporting of retaliation-free non-compliance.
- Work with all CMHPSM Departments to provide an effective compliance program. Notify CEO and COO in writing of all substantiated and on-going investigations of non-compliance.
- Oversee, coordinate, and monitor the day-to-day compliance activities of the CMHPSM.
- Represent the Compliance Committee and comply with the Compliance Plan.
- Present periodic and annual reports on the Compliance Program to the Board of Directors.

- Ensure the system has effective mechanisms to determine that persons (staff, Board members, vendors, and providers) have not violated federal or state laws and regulations or engaged in improper or unethical conduct.
- Communicates regularly with the PIHP Chief Executive Officer, PIHP Chief Operating Officer, CMHPSM staff members, regional committees, and partner CMHSP staff and Executive Directors.
- Assumes the role and duties of the CMHPSM Privacy Officer, including ensuring applicable policies and operations are implemented in the CMHSP and SUD systems of care, completing investigations and reporting functions where applicable.
- Works in collaboration with CMHPSM Security Officer, local compliance/privacy staff, and local IT/IS staff in addressing privacy and security management related to IT/IS functions.
- Tracks and reports compliance related activities to the appropriate PIHP/CMHSP affiliate, Providers, State and Federal levels as scheduled.
- Oversees and manages all external federal and state audits for the region, including providing consultation and interpretation of standards, submitting any relevant reports/submissions, and ensuring appropriate corrective actions are taken.
- Develop, implement and/or update compliance related Policy and Procedures.
- Oversees monitoring of PIHP delegated functions, reviews corrective action findings and plans improvements.
- Collaborates and coordinates with the CMHPSM Finance department in areas related to compliance and fraud monitoring and reporting, including potential fraud investigations and service verification monitoring.
- Represents the PIHP in various state and regional meetings, acting as chair where appointed.
- Exercises discretion and judgment when representing the position of the CMHPSM at all times.
- Establishes and maintains effective working relationships with the CMHPSM Regional Board, staff members, community members and various public and private organizations.
- Understands, adheres to and maintains competency with federal, state, MDHHS, PIHP, and applicable accreditation standards, policies, procedures and contract requirements of all applicable funding sources.

Customer Services

- Ensures customer services are compliant with state and federal regulation Ensures approval by MDHHS of annual provision of the Customer Services Handbook.
- Ensures customer involvement, empowerment, and active participation in PIHP planning and monitoring.
- Ensures customer complaint, grievance and appeal processes are followed by CMHSPs and SUD providers in the region according to state and federal requirements.
- Provides leadership to the regional Customer Services Committee relevant to state and federal requirements for grievances and incorporation of stakeholder/customer feedback.
- Serves as the PIHP Customer Services contact with state and federal entities.

Education and Experience Requirements

1. Master's degree, in compliance or related field of Social Work, Psychology, Nursing, Public Administration, Health Administration, Law, or other related Behavioral or Medical Science. Individuals with a master's degree in a relevant field of study must have a minimum of three years of professional experience in compliance, managed care, community mental health or substance use disorder services, or related field required
or
2. Bachelor's degree in related field of Social Work, Psychology, Nursing, Public Administration, Health Administration, Law, or other related Behavioral or Medical Science. Individuals with a bachelor's degree in a relevant field of study must have a minimum of five years of professional experience in compliance, managed care, community mental health or substance use disorder services or related required.

The qualifications listed above are guidelines. Other combinations of education and experience that could provide the necessary knowledge, skills and abilities to perform the job shall be considered.

Competencies Required

- Ability to read and interpret contract and other legal documents
- Ability to gather and or analyze data sets
- Skill in designing policies and procedures and facilitating process improvement
- Ability to organize large amounts of documentation for auditing purposes
- Ability to use judgment when producing appropriate documentation to meet external requirements
- Ability to adapt verbal or written communication style to broad audience
- Ability to resolve issues for a wide variety of individuals and agencies
- Ability to initiate and manage projects with little direction
- Skill in providing leadership and professionalism in all interactions
- Skill in identifying and managing changes to policies and procedures
- Skill in delegating tasks appropriately
- Ability to effectively manage direct reports to produce desired outcomes
- Ability to judge quality and plan for improvements
- Skill in inspiring ethical behavior and resolving ethical dilemmas
- Ability to apply strategic thinking to complex situations
- Ability to adapt to frequently changing circumstances

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements

This position requires possession of a valid Michigan driver’s license or method of transportation to travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

This job description has been approved by the Chief Executive Officer:

Signature _____

Date _____

The signature below constitutes the employee’s understanding of the requirements, essential functions, and duties of the position.

Name _____

Signature _____

Date _____



2024 Benefits Overview

Employer-paid benefits start on day one of employment for employees and dependents*:

- \$0 in Employee Medical, Dental or Vision co-premiums from 2014-2024
- Two Medical Insurance Plan Options:
 1. Blue Cross Blue Shield PPO High Deductible Plan
 2. Blue Care Network HMO
- EyeMed Vision Insurance
- Delta Dental Insurance
- Health Equity Health Savings Account Available to BCBS PPO High Deductible Plan Participants
- Employer Paid HSA Contributions Per Annual Budget (when Board approved)

Employer-paid benefits for employees*:

- Employer Paid Life Insurance 2X base salary, up to a maximum of \$200,000
- Employer Paid Short and Long-Term Disability Insurance
 1. Short-Term Disability – 66.67% of employee's weekly earnings up to \$1,250.
 2. Long-Term Disability – 66.67% of employee's monthly earnings up to \$7,500.

Low-Cost Municipal Employee Retirement System (MERS) Defined Contribution Plan*:

- 100% employer match to Employer 403b up to 6% of employee salary based on Employee 457 contributions
- Roth 457 and/or tax deferred 457 contributions available to Employees
- 100% vesting on day one for both 403b and 457 retirement accounts

Pay Structure*:

- Bi-weekly pay schedule (26 pays per year)
- Starting wage step level determined by experience and qualifications
- Performance based annual salary step increases average +4.62% until max step level reached.
- Cost of Living Tier Adjustments Schedule Determined by Regional Board (+2% 4/2021, +2% 10/2021, +6% 10/2022, & +6% 10/2023)

Work/Life Balance*:

- Generous annual paid time off (PTO):
 - 18 days (0-2 years of employment)
 - 21 days (3-5 years of employment)
 - 24 days (6-7 years of employment)
 - 27 days (8-9 years of employment)
 - 30 days (10 + years of employment)
- 10 Regular and 4 Float Holidays
- Hybrid remote work environment for many positions
- No Cost Employee Assistance Program

Voluntary Benefit Options Available at Employee Expense:

- Voluntary life Insurance
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity
- ID Protection
- Legal Services Coverage
- Pet Insurance

*All employee benefits are subject to modification per legal or Board determination.