



YOLO COUNTY
ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT
POLICY AND PROCEDURES MANUAL

SUBJECT: Implementation of the Compliance Program

POLICY

A. Overview

As a component of the broader Compliance Program required by the federal Office of Inspector General (OIG), the Yolo County Alcohol, Drug and Mental Health Department (ADMH) has designed processes for combating fraud and unethical conduct through the development of ADMH Compliance Plan. Implementation of this Compliance Plan is accomplished through written policies and procedures, and efforts are documented through various mechanisms.

Each ADMH employee is expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his/her duties and/or how to obtain the requisite information pertinent to performing his/her duties in a manner consistent with legal, regulatory, and departmental requirements. Employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of ADMH may be subjected to progressive disciplinary action up to and including termination.

B. Policies and Procedures

The purpose of the Compliance policies and procedures is to reduce the possibility of erroneous claims and fraudulent activities by clearly identifying risk areas and establishing internal controls to counter those risks. These controls include practice standards regarding client care, personnel matters and compliance with federal and state laws.

The policies and procedures serve to identify and implement the standards necessary to successful compliance. These policies and procedures will be reviewed annually to determine their continued viability and relevance.

The Compliance policies and procedures are as follows:

1. Compliance Program Standards
2. Compliance Auditing and Monitoring Activities
3. Implementation of the Compliance Program
4. Standards for Risk Areas and Potential Violations
5. Oversight of the Compliance Program
6. Compliance Training

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7. Non-Compliance Investigation and Corrective Action
 8. Reporting Suspected Fraudulent Activity
 9. Disciplinary Guidelines

PROCEDURE

To ensure successful implementation of the compliance standards, to track compliance violations, and to evidence the department's commitment to compliance, ADMH has developed the following documentation procedures:

A. Compliance Log

Documentation of violation investigations and results will be maintained by the Compliance Officer in the Compliance Log. Information from the Compliance Log will be summarized and system level issues will be reviewed with the QIC on a quarterly basis. Suggestions, feedback and changes to the system from the QIC are also documented in the Compliance Log.

The Compliance Log contains the following materials:

1. The date or general time period in which suspected fraudulent action occurred;
2. Name of the reporting party and/or source of the allegation (via direct or anonymous contact with the Compliance Officer, routine audit, monitoring activities, etc.);
3. Name of the staff member(s) involved;
4. Name of the client(s) or chart number(s) involved;
5. Specific information regarding the nature of the allegation, including supporting reference materials, etc.;
6. Name of the person responsible for providing feedback to the staff person, if appropriate; and
7. The corrective action taken.

B. Compliance Program Binder

The components of the Compliance Program are kept in a binder (although materials protected by attorney-client privilege will be filed separately). This binder contains the following materials:

1. The ADMH Compliance Plan
2. The ADMH Compliance Policies and Procedures, as well as any changes or updates
3. The ADMH Code of Ethics
4. A description of the compliance officer's role
5. A summary of education and training efforts

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6. A description of the internal reporting system
 7. Plans for ongoing monitoring and enforcement
 8. Descriptions of any other steps to correct inappropriate actions.

C. The Compliance Committee Minutes Binder

The Minutes binder contains the following materials:

1. Signed and dated minutes indicating those present and absent
 - a. Any changes made in policies and procedures
 - b. A summary of education and training efforts
 - c. Plans for ongoing monitoring and enforcement
 - d. Descriptions of any other steps to correct inappropriate actions
2. All agendas and any materials distributed.

REFERENCES

None.

APPROVED BY:

ADMH Director

Date