



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

**SUBJECT: Oversight of the Compliance Program**

**POLICY**

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The successful implementation and maintenance of the Yolo County Alcohol, Drug & Mental Health Department (ADMH) Compliance Program depends on the efforts and support of all ADMH staff and administrators. To guide these efforts and perform day-to-day operations, ADMH has appointed a Compliance Officer. The role and responsibilities of the Compliance Officer are outlined in this policy and procedure.

In coordination with the functions performed by the Compliance Officer, a Compliance Committee shall be formed to oversee and monitor the Compliance Program as a whole. The Compliance Committee works in collaboration with the Quality Improvement Committee (QIC) to review departmental procedures and to detect potential and actual violations. The roles and responsibilities of these committees are detailed below.

This ensures that the practices and standards of the Compliance Plan are fully implemented and maintained. The participation of the oversight committees reinforces the department's continuing efforts to improve quality of care in an environment that promotes integrity, ethical conduct and adherence to applicable laws.

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.

**PROCEDURE**

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**A. Compliance Officer**

The Compliance Officer has the responsibility of developing a corrective action plan and providing oversight to ADMH's adherence to the Compliance Plan. This individual is empowered to bring about change and is responsible for overseeing the implementation and day-to-day operations of the Compliance Program.

The Compliance Officer has access to top management and provides the credibility to ensure that necessary changes will be successfully made.

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The primary functions of the Compliance Officer are to oversee the compliance activities and implement the requirements of the guidelines, including serving as the contact point for reports of suspicious behavior and questions about internal policies and procedures. The Compliance Officer also reviews changes in billing codes, directives from payors, and other relevant rules and regulations.

Compliance Officer duties include:

- Overseeing and monitoring the implementation of the compliance program;
- Establishing methods, such as periodic audits, to improve the program's efficiency and quality of services, and to reduce the program's vulnerability to fraud and abuse;
- Periodically revising the compliance program in light of changes in the needs of the program or changes in the law;
- Developing, coordinating, and participating in a compliance training program;
- Checking to see if any of the staff are excluded from participation in federal health care programs;
- Investigating allegations of improper conduct and monitoring corrective action;
- Serving as the 'responsible' person for staff reporting of potential wrongdoing;
- Arranging for background checks of staff and other providers, including fingerprint checks when applicable; and
- Other duties as assigned.

Compliance Committee

In coordination with the Compliance Officer, the ADMH Compliance Committee performs vital functions to assure compliance with state and federal regulations. The Compliance Committee is responsible for the following compliance activities:

- Receives reports on compliance violations and corrective actions from the Compliance Officer;
- Advises the Compliance Officer on matters of compliance violations and corrective actions;
- Advises the ADMH Director on compliance matters;
- Develops and maintain the Compliance Plan;
- Advises ADMH staff on compliance matters;
- Ensures that an appropriate record-keeping system for compliance files is developed and maintained;
- Ensures that compliance training programs are developed and made available to employees and that such training is documented;
- Ensures that a departmental review and audit system is developed and implemented to ensure the accuracy of the claims documentation and submission process to all payors, which will include identifying compliance issues, recommending corrective action, and reviewing the implementation of corrective action; and

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- Meets as needed, but no less than once a quarter.

Quality Improvement Committee/Utilization Review Committee

The QIC is actively involved in ensuring successful compliance. The QIC is responsible for performing the following activities related to compliance and practice standards:

- Annually reviews 5% of the charts for documentation practices using a QIC checklist.
- Notes documentation deficiencies and results in ‘backing out’ billing and/or stopping billing until the chart meets compliance standards.
- Records documentation deficiencies in the QIC minutes.
- Reviews charts with deficiencies to determine if all deficiencies have been corrected and/or addressed.
- Provides the staff and other providers with feedback on the number of services and dollars lost to documentation discrepancies (dollars for services backed out).
- Reviews additional charts of those staff and other providers who have repeated problems.
- For charts with problems still outstanding by the second review, the QIC Coordinator will discuss the documentation issues with the clinician’s supervisor.
- Conducts an analysis of the types of charting and compliance issues found during chart reviews and provide system level training to address any systemic problems.
- Annually reviews policies and procedures and compliance standards to ensure that these standards are relevant and up-to-date.

REFERENCES

None

APPROVED BY:

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ADMH Director

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Date