



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

SUBJECT: Non-Compliance Investigation and Corrective Action

POLICY

Upon receipt of a report or reasonable indications of suspected non-compliance, the Yolo County Alcohol, Drug & Mental Health Department (ADMH) Compliance Officer will investigate the allegations to determine whether a violation of applicable law or the requirements of the Compliance Program has occurred. If violations have occurred, a corrective action plan will be developed to correct and mitigate the compliance issue.

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 ADMH 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

Investigation

1. The Compliance Officer may initiate an investigation of an alleged compliance violation based on information from one of several sources:
 - Employee reports to the Compliance Officer or a supervisor/manager.
 - Routine audits and self-assessments
 - Monitoring activities
2. The Compliance Officer will log the investigation in the Compliance Log and report the incident to the Compliance Committee.
3. The investigation may include staff interviews, review of relevant compliance documents and regulations and/or the assistance of external experts, auditors, etc.

Corrective Action

If an investigation yields valid evidence of non-compliance, the Compliance Officer, in coordination with the Compliance Committee, will develop a plan of correction to address the violation. As determined by the type of violation, the corrective action may include:

- Development of internal changes in policies, procedures, and/or the Compliance

-
- Program;
- Re-training of staff;
 - Internal discipline of staff;
 - The prompt return of any overpayments;
 - Reporting of the incident to the appropriate federal department;
 - Referral to law enforcement authorities; and/or
 - Other corrective actions as deemed necessary.

Feedback to Staff

As appropriate, the Compliance Officer, in coordination with the Quality Management Supervisor, will notify appropriate staff of the results of the investigation and inform them of the corrective actions needed. The Compliance Officer will document this notification in the Compliance Log.

Follow-Up

Subsequent investigations may be conducted to determine if corrective action has been followed by the appropriate staff member(s). If the subsequent investigation indicates that corrective action was not taken or the magnitude of the non-compliance issue cannot be remedied through a plan of correction, staff may be subject to disciplinary action and/or the case may be sent to the Federal Office of the Inspector General (OIG) to be reviewed for possible civil and criminal action. Please refer to PP 407 Disciplinary Guidelines policy and procedures.

Documentation

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:

- The date or general time period in which suspected fraudulent action occurred;
- Name of the reporting party and/or source of the allegation (via compliance hotline, direct contact with Compliance Officer, routine audit, monitoring activities, etc.);
- Name of the provider(s) involved;
- Name of the client(s) or chart number(s) involved;
- Specific information regarding the investigation, including copies of interview notes, supporting reference materials, etc.;
- Name of the person responsible for providing feedback to the staff person, if appropriate; and
- The corrective action taken, as applicable.

REFERENCES

PP 407 Disciplinary Guidelines

APPROVED BY:

ADMH Director

Date