Yolo County
Health and Human Services Agency

Behavioral Health Compliance Manual & Plan

Health and Human Services Agency
Behavioral Health Compliance Office

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Behavioral Health Compliance Manual

Introduction

What is Compliance and why do we have to be concerned?

Compliance refers to adherence to federal health care program requirements. The two programs of prime interest are Medicare and Medicaid. Medicaid is referred to as Medi-Cal in the State of California.

Medicare is a health insurance program for 1) people 65 years of age and older; 2) people with severe disabilities under the age of 65; and 3) people of any age with End-Stage Renal Disease. Standard Medicare covers outpatient, inpatient and partial hospitalization benefits for mental health care. Medicare will pay for mental health services provided by certain licensed specialty providers, including psychiatrists, clinical psychologists, and clinical socialworkers.

Medicaid is a health insurance program that provides medical and medically related services to the most vulnerable populations. In general, Medicaid provides three types of health services: 1) health insurance for low-income families and individuals with disabilities; 2) long-term institutional and or community-based care for older Americans and individuals with disabilities; and 3) supplemental co-payments coverage for low-income Medicare beneficiaries. Medicaid is a joint Federal and State program. The Medicaid benefit package is determined by each state based on broad Federal guidelines. In general, each state must cover 15 categories of "mandatory services" identified in statute, such as inpatient and outpatient services, laboratory and X-ray services, nursing facility services, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for individuals under the age of 21. In addition, states have the option to cover one or more of up to 28 "optional services" underMedicaid, such as case management, personal care services, inpatient psychiatric services forindividuals under age 21, prescribed drugs, and a variety of professional services. Yolo County receives payments from both programs and therefore is required by law to have a Compliance Program to prevent fraud, waste, and abuse in our behavioral health care programs. The False Claims Act is a federal statute that covers fraud involving any federallyfunded contract or program, including the Medicare and Medicaid programs outlined above. The Act establishes liability for any person who knowingly presents or causes to be presenteda false or fraudulent claim to the U.S. government for payment.

Who monitors fraud and abuse?

1. California Department of Health Care Service (DHCS), Audits and Investigations Division
2. U.S. Department of Health and Human Services, Office of Inspector General (OIG)

3. US Department of Justice (DOJ), Federal Bureau of Investigation (FBI)
4. State Medicaid Fraud Control Units (MFCUs)
5. US Centers for Medicaid and Medicare Services (CMS)
6. Internal Revenue Service (IRS)
7. Including these and other entities.

A. Definitions:

1. **Applicable State Contracts** are the Mental Health Plan contract, the Intergovernmental Agreement for Drug Medi-Cal Organized Delivery Systems (DMC-ODS), and other State contracts (e.g. Performance Contract) for federal and/or state funded behavioral health care programs (i.e. substance use disorder services;) to which the requirements of the Medicaid Managed Care regulations apply.

2. **Behavioral Health Employees** means Yolo County Health and Human Services Agency (HHSA) employees that participate in the provision of behavioral health services, including administrators and management.

3. **Auditing** consists of retrospectively testing the established monitoring systems to ensure they are functioning as prescribed.

4. **Monitoring** is conducted in real-time and broad in scope to facilitate appropriate management action on an ongoing basis to document compliance with policies, procedures, laws or regulations.

5. **Fraud** is an intentional deception or misrepresentation that an individual knows or should know to be false that could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

6. **Waste** is overutilization or underutilization of services, needless expenditure of funds or consumption of resources or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs caused by deficient practices, poor systems controls or bad decisions. Waste is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

7. **Abuse** is provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

8. **Misconduct** is wrongful, improper, or unlawful conduct motivated by premeditated or intentional purpose or by obstinate indifference to the consequences of one's acts.

B. Mission, Vision and Values Statement

The mission of the Yolo County Health and Human Services Agency ("HHSA") is to promote a healthy, safe, and economically stable community. HHSA's behavioral health

programs support this mission by partnering with individuals, families, and the community to foster recovery and well-being via the provision of culturally and linguistically appropriate services for the prevention and treatment of serious mental health and substance use disorder issues.

Vision: Yolo County residents are safe, healthy, productive and economically secure.

Values: Collaborative by promoting teamwork and partnership
Accountable by being transparent, efficient, and effective
Respectful by demonstrating integrity and trust
Equitable by honoring diversity and promoting equality
Strategic by being forward-thinking and innovative

In further support of these objectives, HHSA has implemented a Behavioral Health Compliance Program ("Compliance Program"), established pursuant to federal Medicaid Managed Care Regulations and monitored by DHCS. The implementation of the Compliance Program is evidence of the agency's continuing effort to improve quality of care in an environment that prevents fraud, waste, and abuse, and promotes integrity, ethical conduct, and adherence to applicable laws and professional standards.

HHSA BH Programs have designed processes for combating fraud, waste, abuse, and unethical conduct through the development of this Behavioral Health Compliance Plan ("Compliance Plan".) The Compliance Plan details HHSA's commitment to achieve and maintain compliance with all applicable state and federal standards regarding behavioral health care programs. The components of the Compliance Plan shall serve as guidelines for delivering services in a manner consistent with the highest professional standards and ethical code of conduct.

The Compliance Plan addresses the following issues:

1. The establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks. Conducting internal monitoring and auditing of HHSA's behavioral health care programs through the performance of periodic audits to ensure adherence to all applicable state and federal laws and regulations;

2. Implementing compliance and practice standards for HHSA's behavioral health care programs through the development of written policies, procedure and standards of conduct that articulate HHSA's commitment to comply with all applicable Federal and State requirements;

3. Oversight of the Compliance Program, which includes designating a Behavioral Health HHSA BH Compliance Officer ("HHSA BH Compliance Officer") to monitor compliance efforts, establishment of a Behavioral Health Compliance Committee ("Compliance Committee"), management and supervisory responsibilities, and individual responsibilities;

4. Conducting appropriate training and education for HHSA BH employees including the Compliance Officer and Senior Management to perform their jobs in compliance with the standards of the Compliance Plan and all applicable laws, regulations, and policies;

5. Establishing mechanisms to correct behavioral health care program non-compliance and respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate government entities;
6. Developing open lines of communication, including discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct; internal memos; informational notices; e-mail; ongoing trainings; other reasonable methods to keep behavioral health care employees updated on compliance activities, and providing clear and ethical business guidelines for behavioral health employees to follow;
7. Enforcing disciplinary standards through well-publicized guidelines; and
8. Prompt response to compliance issues as they arise, investigation of potential compliance problems as identified during self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements.

C. Legal Mandates for Compliance Activities

Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services

On April 25, 2016, CMS put on display at the Federal Register the Medicaid and CHIP Managed Care Final Rule, which aligns key rules with those of other health insurance coverage programs, modernizes how states purchase managed care for beneficiaries, and strengthens the consumer experience and key consumer protections. This Final Rule is the first major update to Medicaid and CHIP managed care regulations in more than a decade. See the related blog co-authored by the CMS Administrator and CMCS Director, Medicaid Moving Forward. For questions regarding Managed care, please email ManagedCareRule@cms.hhs.gov. Current federal requirements for Program Integrity Safeguards including a Compliance Program to detect fraud, waste and abuse are included in the final rule at Title 42, Code of Federal Regulations (CFR), Part 438, Subpart H and specifically in Section 438.608.

Element I: Implementing Standards, Policies, and Procedures

As a component of the broader Compliance Program required by federal Medicaid regulations, the MHP contract between HHSA and DHCS for providing Medi-Cal Specialty Mental Health Services, the Intergovernmental Agreement (IA) between the Yolo County HHSA and DHCS for providing Drug Medi-Cal Organized Delivery System (DMC-ODS) services, and other applicable State contracts, HHSA has designed processes for combating fraud, waste, abuse and unethical conduct through the development of this HHSA BH Compliance Plan. Implementation ofthis Compliance Plan is accomplished through written policies and procedures, and efforts are documented through various mechanisms.

A. Policies and Procedures

The purpose of the Compliance policies and procedures is to reduce the possibility of erroneous claims, misconduct, and fraudulent, wasteful, and abusive 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 standards necessary for successful compliance. These policies and procedures shall be reviewed annually to determine their continued viability and relevance.

The Compliance policies and procedures are as follows:

1. *Implementation of the Behavioral Health Compliance Program* HHSA PP 5-4-007
2. *Oversight of the Behavioral Health Compliance Program* HHSA PP 5-4-008
3. *Compliance Program Standards* HHSA PP 5-4-009
4. *Auditing and Monitoring Activities* HHSA PP 5-4-010
5. *Standards for Risk Areas and Potential Violations* HHSA PP 5-4-011
6. *Reporting Suspected Compliance Violations* HHSA PP 5-4-012
7. *Non-Compliance Investigation and Corrective Action* HHSA PP 5-4-013
8. *Disciplinary Guidelines* HHSA PP 5-4-014
9. *Compliance Training* HHSA PP 5-4-015
10. *Behavioral Health Reporting and Notification Requirements* HHSA PP 5-4-016
11. *Disclosure of Ownership, Control and Relationship Information* HHSA PP 5-4-017

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

1. Behavioral Health Compliance Log

Documentation of violation investigations and results shall be maintained by the HHSA BH Compliance Officer in the Behavioral Health Compliance Log ("Compliance Log"). Information from the Compliance Log shall be summarized and system level issues shall be reviewed with the Compliance Committee.

The Compliance Log contains the following materials:

a. The Behavioral Health (BH) Compliance Issue Number;

b. The date or general time period in which suspected non-compliant action(s) occurred;

c. The date or general time period in which suspected non-compliant action(s) were discovered;

d. Source of the allegation (via direct or anonymous contact with the HHSA BH Compliance Officer, routine audit, monitoring activities, etc.);

e. Name of the behavioral health provider or employee(s) involved;

f. Name of the client(s) or chart number(s) involved;

g. Issue description with specific information regarding the nature of the allegation, including supporting reference materials, etc.;

h. In the event that the non-compliant actions require a Privacy Incident Report (PIR) be made to the State, the following information shall be logged as well: State Investigation Number, Date incident was reported to the State: Submission date of the Initial PIR Form; Submission date of the Final PIR Form; Date the Investigation was closed by the State;

i. Additional Information regarding the incident;

j. The corrective action plan;

k. Name of the person responsible for following up, if appropriate; and

l. Final disposition.

2. Electronic Compliance Program Folder

The components of the Compliance Program are kept in an electronic folder ("eFolder"), (materials protected by attorney-client privilege may be saved separately). This eFolder contains the following materials:

a. A copy of the Compliance Plan;

b. A copy of the HHSA Compliance Policies and Procedures, as well as any changes or updates;

c. A copy of the HHSA BH Compliance Officer's Duty Statement;

d. The HHSA BH Code of Conduct;

e. A log of the HHSA BH Compliance Officer's education and training efforts; and

f. A log of the HHSA BH employee education and training efforts.

3. The Compliance Committee Binder and eFolder

The Compliance Committee binder and eFolder shall contain the following materials:

a. Meeting Agendas, meeting minutes indicating those present, summary of items discussed, and any future meeting items
b. Copies of any materials distributed

B. HHSA BH Code of Conduct

In an effort to clearly define the expectations of HHSA BH employees, HHSA has developed a written *Behavioral Health Code of Conduct ("Code of Conduct")*. This document is distributed to all HHSA BH employees to serve as a guideline for appropriate conduct and behavior.

1. Each behavioral health employee shall be required to sign an acknowledgement that he/she has received and read a copy of the *Code of Conduct*. This acknowledgement shall be maintained in a file by the Behavioral Health HHSA BH Compliance Officer ("HHSA BH Compliance Officer".)
2. This acknowledgement form shall be re-signed after reviewing the *Code of Conduct* on an annual basis.

C. Statement of Policy on Behavioral Health Employee Conduct

HHSA expects all personnel to conduct themselves in a manner consistent with the highest professional standards and the ethical codes of their profession. HHSA places great importance on its reputation for honesty and integrity. To that end, the Executive Leadership and Senior Behavioral Health Management Teams expect that the conduct of behavioral health employees shall comply with these ideals.

All HHSA BH employees are expected to be familiar with this Compliance Plan and the appropriate processes necessary to perform his or her duties, and how to obtain the requisite information pertinent to performing those duties in a manner consistent with HHSA and County requirements. Behavioral health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSA, or the County may be subjected to progressive disciplinary action, up to and including termination.

HHSA shall adhere to all applicable federal, state and local laws and regulations in the performance of its day-to-day activities. In addition, HHSA shall inform its providers and/or organizational service providers of this intention. Where uncertainty regarding federal, state, and local law and regulations exists, each behavioral health employee shall seek guidance from a knowledgeable supervisor or manager. Supervisors may contact the HHSA BH Compliance Officer or Management with any concerns. The HHSA BH Compliance Officer or Management may contact County Counsel, or other County Departments, as the situation warrants.

The HHSA BH Compliance Program shall develop and implement detailed policies setting forth standards of conduct specifically applicable to the services. These policies shall be communicated to all behavioral health employees, and contracted organizational service providers, as appropriate. HHSA BH employees and outside service providers are expected to be familiar with the detailed policies applicable to their activities and are required to adhere to such policies.

Compliance Hotline

HHSA BH has developed a Compliance Hotline to report possible compliance violations. The HHSA BH Compliance Officer shall track complaints from this reporting mechanism.

Element II: Compliance Program Administration

The successful implementation and maintenance of the Compliance Program depends on the efforts and support of all behavioral health employees including administration and management. To guide these efforts and perform day-to-day operations, HHSA has developed a Compliance Plan, appointed a HHSA BH Compliance Officer, and convened a Compliance Committee; the role and responsibilities of each are outlined herein.

All HHSA BH employees are expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his or her duties and how to obtain the requisite information in order to perform those duties in a manner consistent with legal, regulatory, HHSA and County requirements. Behavioral health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSA or Yolo County may be subjected to progressive disciplinary action up to and including termination.

A. HHSA BH Compliance Officer

The HHSA BH Compliance Officer is empowered to provide oversight to HHSA's adherence to the Compliance Plan and is responsible for overseeing the implementation and day-to-day operations of the Compliance Program. The HHSA BH Compliance Officer is a main point of contact for behavioral health employees regarding compliance issues. The HHSA BH Compliance Officer also plays an integral role in linking behavioral health employees to information regarding the requirements of the Compliance Program and compliance training resources. The HHSA BH Compliance Officer, as a required member of the Compliance Committee, assists with the oversight and monitoring of the Compliance Program. The HHSA BH Compliance Officer is independent and reports directly to the HHSA Director and the Compliance Committee.

The HHSA BH Compliance Officer duties include but are not limited to:

a. Overseeing and monitoring the implementation of the Compliance Program;
b. 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, waste, and abuse;
c. Periodically revising the Compliance Program considering changes in the needs of the program or changes in the law and regulations;
d. Developing, coordinating, and participating in a compliance training program;
e. Facilitating and participating in the Compliance Committee meetings;
f. Monitoring behavioral health staff and contractors for possible exclusion from participation in federal or state health care programs or from maintaining other prohibited affiliations;

g. Collaborating with HHSA Human Resources to arrange for background checks of behavioral health staff and contractors, including fingerprint checks when applicable; and

h. Receiving and logging of reports of potential compliance issues;

i. Conducting compliance investigations and monitoring corrective action plans;

j. Reporting compliance issues to appropriate federal and/or state authorities;

k. Other appropriate duties, as assigned.

B. Role of the HHSA BH Compliance Officer/Program:

The Behavioral Health (BH) HHSA BH Compliance Officer is hired specifically forthe full-time position. The HHSA BH Compliance Officer duties include:

1. Oversight of the HHSA BH Compliance Program;
2. Writing the annual HHSA BH Compliance Plan and Manual;
3. Oversee and implement the Audit/Monitoring activities of the HHSA BH Compliance Plan and Manual;
4. Write and implement HHSA BH Compliance policy and procedures;

C. HHSA BH Compliance Committee

In coordination with the functions performed by the HHSA BH Compliance Officer, the Compliance Committee oversees and monitors the Compliance Program in its entirety; and performs vital functions to assure compliance with state and federal regulations. In coordination with the HHSA BH Compliance Officer, the Compliance Committee shall meet at least quarterly and is responsible for the following compliance activities:

a. Receiving reports on compliance issues and corrective actions from the HHSA BH Compliance Officer;

b. Collaborating with the HHSA BH Compliance Officer regarding compliance violations and corrective actions;

c. Collaborating with the Behavioral Health Quality Management (QM) Program regarding compliance policies, procedures, and processes;

d. Reporting to the HHSA Director on compliance matters;

e. Developing and maintaining the Compliance Plan;

f. Ensuring that appropriate processes are developed for the compliance program including record-keeping system for compliance files and logs.

g. Ensuring that compliance training programs are developed and made available to behavioral health staff and that such training is documented;

h. Ensuring that an internal review and audit system is developed and implemented and which shall include identifying compliance issues, recommending corrective action, and reviewing the implementation of corrective action;

i. Developing compliance training programs for employees, providing in-person trainings to divisions as required, and documenting and monitoring compliance with mandatory trainings;

j. Receiving summary information and reports on calls made to the Confidential Compliance Line;

k. Reviewing audit results to identify issues and recommending corrective action that pertains to compliance issues;

l. Ensuring the corrective actions are taken;

m. Meeting on a quarterly basis; and

n. May conduct Compliance projects as directed by the Executive Leadership Team.

D. HHSA BH Compliance Committee Members:

The HHSA BH Compliance Committee is appointed by the Director of Health & Human Services Agency, or his/her Designee, and includes, but is not limited to thefollowing members:

1. HHSA Director;
2. HHSA BH HHSA BH Compliance Officer;
3. HHSA Adult & Aging Branch Director and/or Deputy;
4. HHSA Child, Youth & Family Branch Director and/or Deputy;
5. HHSA Fiscal/Admin Deputy Branch Director and/or Deputy;
6. HHSA BH Medical Director;
7. Senior Deputy County Counsel; and
8. Other attendees on an as needed basis, including HHSA BH Clinical Managers and others.

E. HHSA BH Compliance Plan

The Compliance Plan articulates the establishment and implementation of procedures anda system with dedicated behavioral health staff for routine internal monitoring and auditingof compliance risks, prompt response to compliance issues as they are raised, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under applicable State contracts.

F. Behavioral Health Quality Management Program

The HHSA BH Compliance Officer and Compliance Committee work in collaboration with internal units to review HHSA BH program policies and procedures. The efforts of the QM program exemplify HHSA's commitment to consumer focused, high quality, value-based, culturally competent, clinically appropriate services in a system that

promotes integrity, ethical conduct, and adherence to applicable federal and state laws. The collaboration of the HHSA BH Compliance Officer, Compliance Committee,and QM Program ensures that the practices and standards of the Compliance Plan are fully implemented and maintained. The QM Program encompasses Quality Assessmentand Performance Improvement (QAPI) activities.

QM Compliance Program Activities and Responsibilities:

a. Monitor HHSA's adherence to the State-County Mental Health Plan Contract and all other applicable state contracts in all categories, which may include beneficiary protection, provider relations, utilization management, utilization review, Medi-Cal documentation, quality improvement, access and authorization, network adequacy;

b. Monitor and assist contract agencies' adherence to their contracts with HHSA;

c. Inform behavioral health employees and contractors of findings resulting from QM monitoring activities;

d. Operation and oversight of the Electronic Health Record;

e. Facilitate a Quality Improvement Program / Committee; and

f. Provide training regarding clinical documentation, including assessments, medical necessity, and client treatment plans.

Element III: Screening, Evaluation of Employees, Physicians, Vendors, and Other Agents

Yolo County Health and Human Services Agency, Behavioral Health (HHSA BH) conducts various auditing and monitoring activities as a component of the Compliance Program. These processes ensure that the Compliance Plan is working; that individuals are carrying out their responsibilities in an ethical manner; that staff and providers are appropriate licensed and are free from conflicts of interest; and that claims are being submitted appropriately.

A. Monitoring Staff and Providers – License and Status Checks; Disclosures

In order to ensure delivery of the highest quality mental health services, HHSA is committed to complying with all relevant laws and regulations related to the verification of status of contract providers, HHSA staff, and applicants. The HHSA BH verification process ensures quality of client care, ethical conduct, and professionalism.

1. All individuals and entities that have access to the HHSA BH Electronic Health Record (EHR) or are involved in Medi-Cal billing shall be verified on the following lists for the status indicated for each list:

    a. CA Medi-Cal List of Suspended and Ineligible Providers:
    http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp
        - During hiring or certification/recertification and monthly, verify that the individual is NOT a suspended or ineligibleprovider.

    b. Federal Office of Inspector General (OIG) List of Excluded Individuals and Entities:
    https://oig.hhs.gov/exclusions/index.asp
        - During hiring or certification/recertification and monthly, verify that the individual/organization is NOT an excludedindividual or entity.

    c. California Licensing Boards
    https://www.breeze.ca.gov
        - Monthly, verify that provider's license has not expired and that there are no current limitations on the license.

California Association for Alcohol and Drug Educators (CAADE)
Accredited Program – Certified Addiction Treatment Counselors / expires 7/31/23
5230 Clark Ave, Ste 1
Lakewood, CA 90712
Phone: (707) 722-2331
CAADE Homepage
***Email*:** office@caade.org

California Association of DUI Treatment Programs (CADTP)
Accredited Program – Certified Alcohol & Other Drug Counselor / expires 6/30/23
1026 W. El Norte Pkwy. PMB 143
Escondido, CA 92026
Phone: (800) 464-3597
CADTP Homepage
Email: info@cadtp.org

California Consortium of Addiction Programs and Professionals (CCAPP)
Accredited Program - Certified Alcohol Drug Counselor II / expires 4/30/22
2400 Marconi Avenue
P.O. Box 214127
Sacramento, CA 95821
Phone: (916) 338-9460
CCAPP Homepage
Email: office@ccapp.us

d. Excluded Parties List System (EPLS) via the System Award Management (SAM) system
https://www.sam.gov/
- During hiring or certification/recertification and monthly, verify that the individual/organization is NOT an excludedindividual or entity.

e. Social Security Administration's Death Master File
https://www.ssdmf.com/
- During hiring or certification/recertification, verify that the individual is NOT on the list.

f. National Plan and Provider Enumeration System (NPPES) – National Provider Identifier (NPI)
https://npiregistry.cms.hhs.gov/
- During hiring or certification/recertification, verify that the NPI number(s) and related information are accurate, for both individual and organizational/entity providers.

Individuals who are subject to verification include any staff who have access to the EHR, including: clinical staff, clerical staff, case managers, management team members, medication support team staff, fiscal staff, contract psychiatrists and tele-psychiatrists, substance use staff, organizational providers, and peer support workers who have access to the EHR.

Frequency of Verification Checks

Verification shall occur as follows:
- Prior to contracting with individuals and organizations;
- Prior to hiring staff;
- As noted, at least monthly for current staff and contract providers; and
- As noted, during initial certification and subsequent re-certifications.

HHSA is responsible for verifying individual and organizational/entity contract providers, HHSA BH staff, and HHSA BH applicants. Organizational providers are required to verify that their own employees and applicants are not on the Exclusion Lists.

Adverse Findings

HHSA-BH responds to adverse findings by ordering the individual or entity to immediately cease filing claims for services under HHSA and denying further access to the EHR system. If HHSA finds a party that is excluded, DHCS will promptly be notified.

- For involved County staff, mitigation and disciplinary action follow the current Yolo County labor relations procedures;
- For contract providers, contracts may be immediately terminated, as warranted;
- An applicant who is identified as an excluded provider shall not be hired; HHSA shall not enter into contracts with individual or organizational providers that are identified as excluded; and
- Organizational providers must report immediately to the HHSA-BH Director any adverse findings related to their employees.

2. In order to ensure professionalism and ethical conduct, HHSA complies with state regulation in collecting disclosures of ownership, control, and relationship information from its managing staff and providers, as well as its providers' managing employees, regardless of for-profit or non-profit status.
    - When an individual (provider or staff member) has an interest of 5% or more of any mortgage, deed of trust, note, or other obligation secured by an HHSA contract provider, and that interest equals at least 5% of the contract provider's property or assets, the provider is required to disclose this information to HHSA;
    - Disclosure information is collected at the time of hire or contract execution between the provider and HHSA, and upon renewal of each contract (annually or otherwise); and
    - In the event that in the future, any individual obtains an interest of 5% or more of any mortgage, deed of trust, note, or other obligation secured by the staff member or provider, and that interest equals at least 5% of the provider's property or assets, the staff member or provider must disclose this updated information to HHSA.

Element IV: Communication, Training, and Education on Compliance Issues

HHSA has developed a system for behavioral health employees to report suspected compliance violations directly to the HHSA BH Compliance Officer ("HHSA BH Compliance Officer"). This process creates an open-door policy for reporting possible misconduct to the HHSA BH Compliance Officer and evidences the commitment of HHSA to successfully implement and monitor the Compliance Plan.

All HHSA BH employees are expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his or her duties and how to obtain the requisite information in order to perform those duties in a manner consistent with legal, regulatory, HHSA, and County requirements. Behavioral Health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSA or the County may be subjected to progressive disciplinary action up to and including termination.

A. Open Communication

HHSA is committed to the success of the compliance process. An important component of the Compliance Program is to provide staff with open lines of communication for reporting suspected fraudulent activity, as well as to provide access to compliance information when needed.

To ensure this standard, HHSA has determined that the HHSA BH Compliance Officer may be contacted directly by staff to report activity that may violate the ethical and legal standards and practices of the Compliance Program. Staff is also encouraged to seek guidance from the HHSA BH Compliance Officer if they are unsure about whether they are following the compliance policies and procedures correctly, if they need additional training, or if they have specific concerns or questions about the Compliance Program.

B. Reporting Suspected Violations of the Compliance Program and the Behavioral Health Code of Conduct

Per federal regulations and HHSA requirements, behavioral health employees must report behavior that a reasonable person would, in good faith, believe to be erroneous or fraudulent. These activities may include, but are not limited to, the following:

a. Violations of standards surrounding coding and billing; medical necessity criteria; service documentation; signature requirements; and improper inducements, kickbacks, and self-referrals.

b. Violations of ethical standards as outlined in the *Code of Conduct*.

C. Methods of Reporting Suspected Fraud or Misconduct

HHSA has developed simple methods for staff to report violations of the Compliance Program directly to the HHSA BH Compliance Officer. Reports may be made

anonymously via the Compliance Hotline or in writing. Staff may also contact the HHSA BH Compliance Officer in person, by regular phone, mail, or via email. Whenever possible, strict confidentiality shall be maintained.

D. Non-Retaliation

As evidence of HHSA's commitment to this reporting process, staff shall not be subject to retaliation for reporting suspected misconduct or fraud.

E. Confidentiality

The HHSA BH Compliance Officer shall maintain the anonymity of persons reporting possible erroneous or fraudulent behavior. However, there may be certain occasions when a person's identity may become known or may need to be revealed to aid the investigation or corrective action process.

F. Documentation of Reports of Suspected Fraud or Misconduct

Documentation of violation investigations and results shall be maintained by the HHSA BH Compliance Officer in the Compliance Log. Information from the Compliance Log shall be summarized, and system level issues shall be reviewed with the Compliance Committee, on a quarterly basis.

G. Training and Education

Compliance education and training is an important component of the Compliance Program.All HHSA BH employees are expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his or her duties and how to obtain the requisiteinformation in order to perform those duties in a manner consistent with legal, regulatory,HHSA, and County requirements. The Compliance education and training seeks to assist behavioral health employees with this expectation and is mandatory. Behavioral Health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSA, or the County may be subjected to progressive disciplinary action up to and including termination.

1. The HHSA BH Compliance Officer shall be responsible for developing, implementing,evaluating, and maintaining a compliance-training program for the Compliance Program for behavioral health employees. The HHSA BH Compliance Officer may consult with or obtain assistance from HHSA Human Resources, the Compliance Committee, the QM Program, or other available resources, as needed.

2. Participation in Compliance Trainings shall be tracked via sign-in sheets, via online software applications, or via the Compliance Training log maintained by the HHSA BH Compliance Officer. This log provides information on the date of the training, names of attendees, type and topics of training, location of the training, trainer's name(s), and duration of the training.

3. Annual Training: Annually, HHSA BH employees shall be expected to attend a compliance training in person or online, if available. New behavioral health employeesare trained as soon as practicable after their start date and all behavioral health employees receive refresher training on an annual basis, or as

appropriate. All BH providers who work in agencies other than HHSA are required to provide their own compliance training. Training topics may include, but are not be limited to:

a. The elements of an effective compliance program;

b. The false claims act and non-retaliation provisions;

c. Appropriate behaviors in the workplace; and

d. How to report an alleged compliance violation.

4. Ongoing Trainings: Periodically, the completion of additional trainings may be necessary to reduce audit exceptions and/or risk to HHSA. For example, an audit or monitoring tool may expose an area of weakness within the HHSA BH programs and a training shall be conducted to reduce future risk in that area.

5. Training Efficiency: Surveys, testing, or email vignettes may be used to measure the effectiveness of the training sessions.

6. Ongoing Communication: To regularly communicate new compliance information andto assure that behavioral health employees receive the most recent information, the HHSA BH Compliance Officer and Compliance Committee shall utilize the followingcommunication mechanisms:

   a. Internal Memos;

   b. Informational notices,

   c. E-mail;

   d. Ongoing trainings; and

   e. Other reasonable methods.

7. Training for the Compliance Officer and Senior Management: HHSA will dedicate resources to provide ongoing training for the Compliance Officer and Senior Management. Trainings may include but are not limited to attendance at topically relevant training conferences, organizational meetings regarding compliance, and/or webinars.

Element V: Conducting, Auditing, Monitoring, and Internal Reporting Systems

To successfully implement the Compliance Program required by federal Medicaid Managed Care regulations and the applicable State contracts, risk areas and potential violations have been identified and assessed. These policies and procedures have been developed to address these risk areas and serve to implement the standards necessary to avoid these types of violations.

Each HHSA 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 HHSA may be subjected to progressive disciplinary action up to and including termination.

A. Areas of Risk

The following areas of risk have been identified as high-risk areas. Behavioral health employees and contract providers are expected to be familiar with these potential violations and work to maintain compliance with the standards surrounding each area of risk.

1. Coding and Billing

A routine audit helps determine if any problem areas exist and provide the ability to focus on the risk areas that are associated with those problems. There are several types of audits that occur under the Compliance Program:

a. Billing for services not rendered and/or not provided as claimed.

A claim for a behavioral health service that the staff person knows or should know was not provided as claimed or claims that cannot be substantiated as delivered. This includes presenting or causing to be presented a claim for an item or service that is based on a code that would result in a greater payment to HHSA than the code that is applicable to the service actually provided.

i. Double Billing – submitting a claim more than once for the sameservice (for example, two different providers claiming for Medi-Cal Case Management for the same activity or service provided to the client/Medi-Cal Beneficiary).
ii. Claiming for 2 or more staff/providers, claiming for a sharedservice without properly splitting the time.
iii. Claiming for more time than was actually spent on the service provided.
iv. Claiming incorrectly for a service – such as billing for an outpatientservice activity when the service provided was linkage and brokerage, or billing for a medication support service when the service provided was not related to medication support.

v. Claiming for a service that does not have complete documentation tosupport the claim.
vi. Providing documentation that does not match the claim.

b. Submitting claims for equipment, medical supplies and services that are not reasonable and necessary.

A claim for health equipment, medical supplies and/or mental health services that are not reasonable and necessary and are not warranted by a client's documented medical condition. This includes services that are not warranted by the client's current and documented medical condition (medical necessity).

Medi-Cal: HHSA operates under a federal waiver implementing Medi-Cal SMHS with medical necessity standards defined in the California Code of Regulations, Chapter 11, Title 9, Sections 1820.205 (psychiatric inpatient hospital services), 1830.205 (non-hospital SMHS) and 1830.210 (SMHS for children under 21 years of age). All persons served in mental health must meet the state guidelines for medical necessity (see PP 500 Medical Necessity Determination).

c. Double billing which results in duplicate payment.

Double billing occurs when a person bills for the same item or service more than once or another party billed the Federal health care program for an item or service also billed by HHSA. Although duplicate billing can occur due to simple error, the knowing submission of duplicate claims, which may be evidenced by systematic or repeated double billing, can create liability under criminal, civil and/or administrative law.

d. Billing for non-covered services as if covered.

Submitting a claim using a covered service code when the actual service was a non-covered service. "Necessary" does not always constitute "covered".

e. Knowing misuse of provider identification numbers which results in improper billing.

A provider has not yet been issued a provider number so uses another provider's number. Staff need to bill using the correct provider number, even if that means delaying billing until the provider receives the correct provider number.

f. Unbundling (billing for each component of the service instead of billing or using an all- inclusive code).

Unbundling is the practice of a provider billing for multiple components of a service that must be included in a single fee. For example, if a client receives Day Treatment services and medication services are included as part of that service, then medication services cannot be billed separately.

g. Failure to properly use coding modifiers.

A modifier, as defined by the federal Current Procedural Terminology (CPT) manual 4th edition; the Healthcare Common Procedure Coding System (HCPCS) code; and/or CSI coding manual, provides the means by which a provider can indicate a service or procedure that has been performed.

h. Clustering

This is the practice of coding/charging one or two middle levels of service codes exclusively, under the philosophy that some will be higher, some lower, and the charges will average out over an extended period of time (in reality, this overcharges some clients while undercharging others).

i. Up-coding the level of service provided.

Up-coding is billing for a more expensive service than the one actually performed.

j. Claim from an Excluded Provider.

A claim for a behavioral health service or other item or service furnished during a period that the provider who furnished the services was excluded from the program under which the claim was made.

2. False Claims – A claim or bill for a service that is false or fraudulent. Examples ofthis prohibited activity include:

a. Claiming for a service that was not provided.
b. Claiming for a service that has no required documentation.
c. Claiming for a service that was not authorized, if authorization isrequired.
d. Claiming for a service when there is no assessment or current authorized/signed Client/Service Plan.
e. Claiming for a service as if it is covered when it is not (e.g. claiming for transportation as linkage and brokerage when nolinkage or brokerage was provided).
f. Providing incorrect National Provider Identification (NPI)number(s), this may result in improper billing.
g. Providing incorrect client/consumer/patient number(s), this mayresult in improper billing.

All clinical documentation should follow guidelines outlined in the HHSA BH Documentation Manual and associated policies and procedures, and be in accordancewith state and federal guidelines.

3. Improper Inducements, Kickbacks, and Self-Referrals

Remuneration for referrals is illegal because it can distort medical decision-making, cause overutilization of services or supplies, increase costs to federal programs, and result in unfair competition.

Remuneration for referrals can also affect the quality of client care by encouraging staff to order services based on profit rather than the client's best medical interests.

Potential risk factors in this area include:

a. Client referrals to a HHSA employee's private practice;

b. Financial arrangements with outside entities to whom the practice may refer federal reimbursement related behavioral health business (for example, Health Foundation);

c. Joint ventures with entities supplying goods or services to the provider or its clients(for example, medical equipment referrals);

d. Consulting contracts or medical directorships;

e. Office and equipment leases with entities to which the provider refers;

f. Soliciting, accepting or offering any gift or gratuity of more than nominal value toor from those who may benefit;

g. Waiving co-insurance or deductible amounts without a good faith determination that the client is in financial need or failing to make reasonable efforts to collect thecost-sharing amount;

i. Inappropriate Emergency Department or Crisis care;

ii. "Gain sharing" arrangements;

iii. Physician third-party billing;

iv. Non-participating physician billing limitations;

v. "Professional courtesy" billing;

vi. Rental of physician office space to suppliers; and

vii. Others.

4. Inappropriate Business Relationships – Conflict of Interest:

Employees shall not engage in inappropriate business relationships that may involve fraud, have an actual or appearance of a conflict of interest, or actual or appearance of unethical behavior. Yolo County's PMR 20 and HHS Standards ofConduct outlines these relationships, but examples include:

a. Client referrals to a County of Yolo employee's private practice or business;

b. Financial arrangements with outside entities to whom the County of Yolo and/or its Departments or Divisions may refer for business (for example, an employee having a financial arrangement with one of our contracted providers);

c. Joint ventures with entities supplying goods or services to the provider or its clients (for example, an employee having an ownership position ina company that provides housing to our clients);

d. Consulting contracts or Medical Directorships (for example, an employee having a consulting contract with one of our contracted providers); and

e. Soliciting, accepting or offering any gift or gratuity of monetary value to or from those who may benefit;

Employees shall not conduct inappropriate business activities that may involve fraud. Examples include:

a. "Gain-Sharing" arrangements (for example, profit sharing arrangements where those involved in the arrangement share benefits that possibly compromise or undermine client care);
b. Physician Third-Party billing (for example, billing secondary Medicare or Medi-Cal without first billing other insurance or payer sources);
c. Nonparticipating physician billing limitations (for example, Provider B renders services but is not a Medicare or Medi-Cal provider – i.e., not a participating provider – and has the service billed under another practice provider's name – Provider A – who *is* a participating provider);
d. "Professional Courtesy" billing (for example, providing services at a discount to anyone – including professionals – when all clients are not given the same discounts);
e. Any other activity that can be interpreted as obtaining money, goods or services to which one may not be entitled.

Note: Employees are expected to avoid the possible perception of improper inducements, inappropriate business relationships, and inappropriate business activities. If there is a possibility that a client, a coworker, or the public may perceive an inducement, business relationship or business activity as being improper, discuss it with a supervisor or manager BEFORE you act.

4. Record Retention

Standards and procedures are required regarding the retention of behavioral health compliance, business, and client health records, including electronic records. This system shall address the creation, distribution, retention and destruction of documents. The guidelines shall include:

a. The length of time that HHSA's behavioral health records are to be retained.
b. Management of the chart including protecting it against loss, destruction, unauthorized access, unauthorized reproduction, corruption and/or damage.
c. The destruction of the charts after the legal period of retention has expired.

5. Auditing and Monitoring Activities

The HHSA BH Compliance Officer, in conjunction with the Compliance Committee, Fiscal Department, and the QM Program, shall conduct routine audits of client charts, service utilization and cost data, and Medi-Cal Denial reports to assess the level of compliance to the above standards. For more information on these activities of these groups and the auditing and monitoring activities, please refer to the current BH policies and procedures pertaining to auditing and monitoring activities.

As part of its Compliance Plan, HHSA BH conducts on-going program evaluation through auditing and monitoring processes. These processes determine if the Compliance Plan is working, whether individuals are carrying out their responsibilities in an ethical manner and that claims are being submitted appropriately.

Procedures

In its oversight of the Compliance Program, the HHSA BH Compliance Officer and the Compliance Committee shall review findings from QM unit's monitoring and auditing activities:

1. Utilization Management Program: The Utilization Management Program is responsible for assuring that beneficiaries have appropriate access to specialty mental health services (SMHS) as required in California Code of Regulations, Title 9, §1810.440(b)(1)-(3) and the Mental Health Plan (MHP) contract.
2. Reporting Results from Auditing and Monitoring Activities: Any compliance issues that are detected through these activities shall be reportedto the HHSA BH Compliance Officer immediately. The HHSA BH Compliance Officer shall document all incidences of non-compliance on theCompliance Log. This information shall be reported at least quarterly to theCompliance Committee. For more information on these oversight committees and their responsibilities, please refer to HHSA PP 5-4-008 *Oversight of the Behavioral Health Compliance Program*.
3. Investigation and Corrective Action: When compliance issues including potential fraud, waste or abuse are reportedby staff or detected via auditing/monitoring activities, the HHSA BH Compliance Officer shall initiate an investigation to determine the validity of the issue/complaint, and develop and implement corrective action, if needed. If non-compliance is evidenced, the HHSA BH Compliance Officer shall follow a course of corrective action outlined in the Compliance Plan and HHSA PP 5-4-013 *Non-Compliance Investigation and Corrective Action*. Please refer to thesedocuments for more information.

Element VI: Enforcing Disciplinary Standards through Well-Publicized Guidelines

All behavioral health employees are expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his or her duties, and how to obtain the requisite information pertinent to performing his or her duties, in a manner consistent with legal, regulatory, HHSA, and County requirements. Behavioral health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSA may be subjected to progressive disciplinary action up to and including termination.

New behavioral health employees, and all behavioral health employees on an annual basis, are required to sign a signature page stating their understanding of the professional conduct expectations outlined in the Behavioral Health Code of Conduct.

The HHSA BH Compliance Plan clearly outlines consistent and appropriate sanctions for compliance violations while, at the same time, is flexible enough to account for mitigating or aggravating circumstances. The range of disciplinary actions that may be taken follow the guidelines of the Yolo County Code of Ordinances Title 2, Chapter 6- Personnel Merit System and Labor Relations Memorandums of Understanding (MOUs), as they apply.

1. The HHSA disciplinary action plan for compliance issues is based on the Yolo County Code of Ordinances Title 2, Chapter 6- Personnel Merit System; any relevant County or HHSA policies and procedures; and the applicable MOU, if any, based on the status of the employee. The following Labor Relations MOUs may apply to a behavioral health employee based on their employment classification with the County.

    a. Memorandum of Understanding between County of Yolo and Yolo County Stationary Engineers, Local 39 (General Unit),
    b. Memorandum of Understanding between County of Yolo and Yolo County Supervisor and Professional Employee's Association
    c. Memorandum of Understanding between County of Yolo and Yolo County Management Association.

    Complete copies of the MOUs are available to employees on the Yolo County Human Resources webpage. If you have issues locating an MOU please contact the HHSA BH Compliance Officer or HHSA Human Resources, for assistance.

2. When an alleged compliance violation has been discovered, corrective action shall be taken. The HHSA BH Compliance Officer, in coordination with the Compliance Committee, shall develop a plan of correction to address the alleged violation. As determined by the type of violation, the corrective action plan may include:

    a. Development of internal changes in policies, procedures, and/or the Compliance Program;
    b. Re-training of staff;
    c. Internal discipline of employees;
    d. The prompt return of any overpayments;
    e. Suspension of payments to any provider for which there is a credible allegation of

fraud.

f. Reporting of the incident to the State Department of Health Care Services and any other appropriate state or federal agency;
g. Referral to law enforcement authorities if appropriate; or
h. Other corrective actions as deemed necessary.

3. The following items represent a range of areas that may constitute cause for disciplinary action of a behavioral health employee. This is not a comprehensive list and is not intended to replace the range of areas identified in Yolo County Code of Ordinances Title 2, Chapter 6- Personnel Merit System; any relevant County or HHSA policies and procedures; and any applicable MOU:

   a. Falsifying personnel records or County records or providing false information concerning employment qualifications;
   b. Incompetence;
   c. Inefficiency;
   d. Fraud;
   e. Waste;
   f. Repeatedly failing to detect or report violations;
   g. Inexcusable neglect of duty; and
   h. Willfully disobeying a reasonable order or refusal to perform the job as required (insubordination).

4. Internal Disciplinary Actions: The range of disciplinary actions that HHSA can use to discipline a behavioral health employee include:

   a. Written reprimand;
   b. Disciplinary transfer;
   c. Disciplinary suspension with pay;
   d. Suspension without pay;
   e. Reduction in pay;
   f. Demotion; or
   g. Discharge (termination).

5. Federal Guidelines for Compliance Violations as per the Department of Health and Human Services Office of the Inspector General (OIG)

   Employees who have been informed of non-covered services or practices, but continue to bill for them, or staff whose claims must consistently be reviewed because of repeated over-utilization, repeated late entries, or other practices of concern, could be subjected to administrative actions, as outlined by federal guidelines.

   These actions include suspension from participation in the Medi-Cal/Medicare programs and assessment of a civil monetary penalty. This penalty could be between $10,781.40 and $21,562.80 for each false or improper item or service claimed, in addition to an assessment of up to three times the amount falsely claimed. (See 31 U.S.C. 3729(a) & 28 C.F.R 85.3(a)(9).)

   Subsequent investigations may be conducted to determine if corrective action has been followed by the appropriate employees. If the subsequent investigation indicates that

corrective action was not taken, responsible staff may be subject to disciplinary action and/or the case may be sent to the federal Office of the Inspector General to be reviewed for possible civil and criminal action.

Healthcare professionals convicted of program-related crimes after December 4, 1980, shall be suspended from participation in the Medi-Cal/Medicare programs.

Element VII: Identifying and Responding to Detected Offenses and Developing Corrective Action Initiatives (Investigations and Remedial Measures)

Upon receipt of a report or reasonable indications of suspected non-compliance, including reported fraud, waste, abuse, misconduct or other violations, the HHSA BH Compliance Officer shall investigate the allegations to determine whether a violation of applicable law or the requirements of the Compliance Program has occurred. If so, a corrective action plan shall be developed to correct and mitigate the compliance issue. This includes reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse.

Each behavioral health 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 HHSA, or the County may be subjected to progressive disciplinary action up to and including termination.

1. Investigations

a. The HHSA BH Compliance Officer may initiate an investigation of an alleged compliance violation based on information from one of several sources:
   i. Employee reports via the HHSA BH Compliance Officer, or a supervisor;
   ii. Fraud hotline complaints;
   iii. Patterns identified through provider audits, civil false claims cases, and law enforcement investigations;
   iv. Routine audits and self-assessments;
   v. Monitoring activities that may detect such warning indicators as the number and/or types of claim rejections, challenges to medical necessity, and/or high volumes of unusual charge or payment adjustment transactions;
   vi. State chart disallowances; and
   vii. Any other sources of information that become available.

b. The HHSA BH Compliance Officer shall log the investigation in the Compliance Log and report the incident to the Compliance Committee.

c. The investigation may include staff interviews, review of relevant compliance documents, and regulations and/or the assistance of external experts, auditors, etc.

2. Corrective Action

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

a. Development of internal changes in policies, procedures, and/or the Compliance Program;
b. Re-training of staff;
c. Internal discipline of staff;
d. The prompt return of any overpayments;
e. Suspension of payments to any provider for which there is a credible allegation of fraud.
f. Reporting of the incident to the DHCS and any other appropriate state or federal agency;
g. Referral to law enforcement authorities if appropriate; and/or
h. Other corrective actions as deemed necessary.

3. Feedback to Staff

As appropriate, the HHSA BH Compliance Officer, in coordination with the Compliance Committee, shall notify appropriate staff of the results of the investigation and inform them of the corrective actions needed. The HHSA BH Compliance Officer shall document this notification in the Compliance Log.

4. 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 see *Disciplinary Guidelines* HHSA PP 5-4-014.

5. Documentation

Documentation of violation investigations and results shall be maintained by the HHSA BH Compliance Officer in the Compliance Log. Information from the Compliance Log shall be summarized, and system level issues shall be reviewed with the Compliance Committee. on a quarterly basis.

The Compliance Log contains the following materials:

a. The Behavioral Health (BH) Compliance Issue Number
b. The date or general time period in which suspected non-compliant action(s) occurred;
c. The date or general time period in which suspected non-compliant action(s) were discovered;
d. Source of the allegation (via direct or anonymous contact with the HHSA BH Compliance Officer, routine audit, monitoring activities, etc.);
e. Name of the behavioral health provider or employee(s) involved;

f. Name of the client(s) or chart number(s) involved;

g. Issue description with specific information regarding the nature of the allegation, including supporting reference materials, etc.;

h. In the event that the non-compliant actions require a Privacy Incident Report (PIR) be made to the State, the following information shall be logged as well: State Investigation Number, Date incident was reported to the State: Submission date of the Initial PIR Form; Submission date of the Final PIR Form; Date the Investigation was closed by the State;

i. Additional Information re the incident;

j. The corrective action plan;

k. Name of the person responsible for following up, if appropriate; and

l. Final Disposition.

6. Notification to DHCS When HHSA Receives Notification About Changes in a Beneficiary's Eligibility or a Network Provider's Eligibility

a. If HHSA becomes aware of changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including changes in the beneficiary's residence or the death of the beneficiary, the MHP shall promptly contact the HHSA Service Centers Branch to correct the Medi-Cal Eligibility Data System (MEDS).

b. If HHSA becomes aware of changes in a network provider's circumstances that may affect the provider's eligibility to participate in the Medi-Cal SMHS program, including the termination of the provider agreement, HHSA shall discontinue the provider's certification to participate in the Medi-Cal specialty mental health services program and transmit the change to the appropriate entity within DHCS. If any overpayments were made to the provider, HHSA shall promptly return any overpayments. If fraud, waste or abuse is suspected HHSA shall utilize the procedures described above.

7. Disclosures of Ownership, Control and Relationship Information

In accordance with Federal regulations and DHCS requirements HSSA ensures collection of the disclosure of ownership, control, and relationship information from its providers and managing employees, including agents and managing agents, and criminal background checks and fingerprints when required based on federal regulations and the contract between HHSA and DHCS or by the level of screening based on risk of fraud, waste or abuse as determined for that category of provider.

a. Disclosure of 5% or More Ownership Interest:

i. HHSA shall collect the disclosure of ownership, control, and relationship information from its providers and managing employees, including agents and managing agents. *Agent* means any person who has been delegated the authority to obligate or act on behalf of a provider.

- The HHSA BH Compliance Officer shall ensure that all providers and managing employees complete the Disclosure of Ownership and Control

Interest Statement required by DHCS for Medi-Cal providers. The HHSA BH Compliance Officer shall verify disclosure of ownership, control and relationship information from individual providers, agents, and managing employees.

- The HHSA BH Compliance Officer is responsible to monitor and obtain the required information from their contracted providers, regardless of for-profit or non-profit status.
- Medicaid managed care entities must disclose certain information related to persons who have an ownership or control interest in the managed care entity. Since Yolo County is a political subdivision of the State of California, there are no persons who meet such definition and therefore there is no information to disclose.
- In the event that, in the future, any person obtains an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by the MHP, and that interest equals at least 5% of MHP's property or assets, then the MHP shall make the disclosures set forth in subsection 2(a).

ii. All organizational and network providers subcontracting with HHSA to furnish SMHS are required to submit the disclosures below to HHSA regarding the providers' (disclosing entities') ownership and control. The providers are required to submit updated disclosures to HHSA upon submitting the provider application, before entering into or renewing contracts with HHSA, within 35 days after any change in the provider's ownership, annually and upon request during the provider certification and re-certification process.

- Disclosures to be Provided:
    - The name and address of any person (individual or corporation) with an ownership or control interest in the organizational or network provider. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
    - Date of birth and Social Security Number (in the case of an individual);
    - Other tax identification number (in the case of a corporation with an ownership or control interest in the provider with a 5 percent or more interest);
    - Whether the person (individual or corporation) with an ownership or control interest in the provider is related to another person with ownership or control interest in the same or any other organizational or network provider of HHSA as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the person with a 5 percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling;
    - The name of any other disclosing entity in which the Contractor or subcontracting network provider has an ownership or control interest; and
    - The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

iii. Disclosures Related to Business Transactions - Providers must submit disclosures and updated disclosures to the HHSA or DHCS including information regarding certain business transactions within 35 days, upon request. The following information must be disclosed:

- The ownership of any subcontractor with whom the provider has had business transactions totaling more than $25,000 during the 12-month period ending on the date of the request; and
- Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.

iv. For each HHSA organizational or network provider, HHSA must provide DHCS with all disclosures before entering into a contract with the provider and annually thereafter and upon request from DHCS during the provider certification or re-certification process.

b. Disclosures Related to Persons Convicted of Crimes

i. HHSA shall require providers, or any person with a 5 percent or more direct or indirect ownership interest in the provider to submit a set of fingerprints. This requirement shall be enforced through contracts with all providers and monitored by the HHSA BH Compliance Officer.

ii. HHSA may terminate the provider certification and Medi-Cal enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider did not submit timely and accurate information and cooperate with any screening methods required in CFR, title 42, section 455.416.

iii. HHSA shall deny or terminate provider certification Medi-Cal enrollment of any provider where any person with a 5 percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years.

iv. HHSA shall submit the following disclosures to the DHCS regarding the Contractor's management:

- The identity of any person who is a managing employee of HHSA or a provider who has been convicted of a crime related to federal health care programs; and
- The identity of any person who is an agent of HHSA or a provider who has been convicted of a crime related to federal health care programs.

v. HHSA shall supply the disclosures before entering into the MHP contract and at any time upon DHCS' request.

vi. HHSA shall require organizational and network providers to submit the same disclosures to HHSA regarding the network providers' owners, persons with controlling interest, agents, and managing employees' criminal convictions.

Providers must supply the disclosures before entering into the contract and at any time upon HHSA or DHCS' request. These requirements shall be monitored by the HHSA BH Compliance Officer.

COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH CODE OF CONDUCT

Purpose: Our Code of Conduct provides guidance to all Yolo County Health and Human Services Agency (HHSA) Behavioral Health employees, contractors, volunteers, and interns, and assists us in carrying out our daily activities while adhering to appropriate ethical standards and applicable laws and regulations. These obligations apply to all Behavioral Health employees, contractors, volunteers, and interns.

The Behavioral Health Code of Conduct is a critical component of our overall Behavioral Health Compliance Program. The success of our compliance program depends in large part on your support and cooperation. Your adherence to its intent, as well as its specific provisions, is absolutely critical to achieving compliance. This Code is not intended to be all-inclusive and we rely upon your sense of fairness, honesty, and integrity to meet the challenges you may face in providing quality health care. You are required to read this document and sign a declaration that you have read, understand, and agree to abide by it.

Confidential Disclosure:
If you have questions regarding this Code, encounter any situations that you believe violates the provisions of this Code, or have questions about HHSA policies, procedures, and practices with respect to any federal or state health care program, you have the right and should immediately consult your supervisor, another member of HHSA management, or the Behavioral Health Compliance Officer.

You may make an anonymous and confidential disclosure to the Behavioral Health Compliance Officer at a 24-hour phone line, which will be posted in all work locations. There will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct. HHSA is committed to maintaining individuals' confidentiality with respect to any disclosures of possible improper conduct whenever possible.

In addition to your responsibility for your personal compliance, you are expected to report suspected violations of:

- Any statute, regulation, or guideline applicable to Federal health care programs
- Any statute, regulation, or guideline applicable to State health care programs
- Any statute, regulation, or guideline applicable to State Licensure, Certification, or Registration that an individual may hold
- Policies and Procedures of HHSA

If you know or suspect that something is being done which violates either regulatory requirements or policies and procedures, you are expected to report that information through the appropriate channels

Regulatory Compliance:
The operations of HHSA behavioral health programs are governed by the laws, rules, and regulations of many federal, state, and local agencies, as well as our own policies and procedures. We are committed to consistent compliance with all applicable regulatory requirements. It is your personal duty and responsibility to ensure that your acts, to the best of your knowledge and ability, comply with all

applicable state and federal standards, professional standards, and policies and procedures, specifically to prevent fraud, waste and abuse. Failure to comply with all applicable statutes, rules, and regulations may result in overpayments that must be re-paid, which may result in fines and even criminal prosecution.

HHSA behavioral health employees and contractors are responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to document our business practices and actions. ***No one may alter or falsify information on any record or document***.

Medical and business documents and records shall be retained in accordance with the legal requirements and our Record Retention Policy. Medical and business documents include paper documents such as letters and memos, computer-based information such as e-mail or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. ***It is important to retain and destroy records appropriately and according to our policy. You shall not tamper with records, nor remove or destroy them prior to the specified date.***

During a government inspection, review, or audit, never conceal, destroy, or alter any documents, and never lie or make misleading statements to the government representative. You should not attempt to cause another colleague to provide inaccurate information or obstruct, mislead, or delay the communication of information or records relating to a possible violation of law.

Documentation, Coding, and Billing for Services:
All billings to government payors shall be accurate and conform to all pertinent federal and state laws and regulations. Knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious, or fraudulent is prohibited.

Claims for health care items or services shall only be submitted when provided by qualified health care professionals. No claim will be submitted for health care services or items that are not medically necessary and justified by the medical record. It is important for payment purposes that each client's medical record accurately reflects the health care services provided.

All billing claims and client records shall be accurate, complete, and detailed to the extent required by law and professional standards. The code billed for the health care services must be supported by adequate documentation in the client's medical record. ***Operate under the assumption that if it is not documented, it did not happen and cannot be billed.*** Oversight systems shall verify that claims are submitted only for services actually provided and that services are billed as provided.

Cost Reports:
Reimbursement under government programs is subject to the submission of certain operation cost reports. Compliance with federal and state laws relating to all cost reports is mandatory.

These laws and regulations define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Questions regarding laws and regulations should be directed to the Behavioral Health Compliance Officer. All work related to the completion and settlement of cost reports must be communicated through or coordinated with our Fiscal & Administration Branch.

Dual Relationship Risks and Parameters:
A dual relationship exists when an HHSA behavioral health employee becomes involved in a social, financial, personal, and/or sexual relationship (even brief, minimal, or indirect) with an individual who is known to be an HHSA client, former client, or parent/legal guardian of a current or former HHSA client and the involvement goes beyond the usual staff to client relationship. This includes peer-to-peer relationships. There are specific risks in dual relationship situations, and these include conflict of interest, exploitation, favoritism, and bias. Such relationships may undermine the real or perceived integrity of the services provided by HHSA. Appropriate and professional boundaries are the responsibility of the employee.

It is acknowledged that Yolo County is a small county, and there is the likely chance of encountering clients outside of work. If this situation arises, the employee must not approach the client. The employee may acknowledge the client if the client approaches or acknowledges the employee first, however the employee may not provide any information or indication that the client is a client of HHSA. It is the utmost priority of HHSA to maintain client confidentiality.

There is also the possibility of some employees having family members receiving services, or employees who are friends with individuals prior to receipt of services. In these situations, the employee is will not access the client's information, nor will the employee have contact with the client during work hours.

With the growth of social networking sites, such as, Facebook, Instagram, and Twitter, finding people and information about people has increased. It is not appropriate for an employee to search for a client or client's family members on social networking sites, nor is it appropriate for an employee to become "friends" with a client or their family members on a social networking site. Again, if an employee was friends with a client or family prior to the client seeking services, the employee must excuse themselves from having contact with the client when the client is on the premises and must not access their file. In addition, confidentiality is of the utmost concern for HHSA, and posting information acknowledging someone as a client on a social networking site is considered a violation of confidentiality.

While HHSA cannot mandate that an HHSA employee does not post their place of employment on a social networking site, it is strongly recommended that employees be extremely cautious about posting any personal information on the internet. It is important to remember that any information posted can be available for public view (not just those individuals given permission to view), and may open that individual up to attack.

Enforcement of Violations:
All employees shall abide by this Code of Conduct. Any employee who fails or refuses to act in good faith with respect to compliance duties imposed by this plan will be subject to disciplinary action up to and including termination.

HHSA will not hire, engage, or retain any employee or contractor deemed to be an "Ineligible Person" by the federal government or maintain any other type of prohibited relationship. An ineligible person is any individual or entity who is currently excluded, suspended, debarred, or otherwise ineligible to participate in the Federal provision of health care items or services, and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.

Investigation of Suspected Non-Compliance:
The Behavioral Health Compliance Officer shall investigate every credible allegation, inquiry, complaint, or other evidence of non-compliant conduct. If the Behavioral Health Compliance Officer's investigation results in sufficient evidence of non-compliant conduct, the Compliance Officer will prepare a written report of findings that will be forwarded to the Compliance Committee for appropriate action. County Counsel and or Human Resources shall be consulted as determined necessary by the Behavioral Health Compliance Officer.

Corrective action, including disciplinary action up to and including termination of employment for non-compliance with the Behavioral Health Code of Conduct, may be taken in accordance with the Behavioral Health County Code and the applicable Memorandum of Understanding.

Additional Guidance:

The following Questions & Answers are intended to increase your understanding of how the specific guidelines must be applied.

Q: If I have a question about workplace conduct or saw something that I thought was wrong, whom should I contact?

A: There are several resources for you to turn to with such concerns. We encourage you to talk to your supervisor first. However, if for any reason you do not feel comfortable talking to your supervisor or if your supervisor did not answer the question or address the problem to your satisfaction, you do have other options. You may wish to try to speak with someone else in management at your facility or the HHSA Director. You may also contact the Compliance Officer. We encourage our employees and contractors to resolve matters locally whenever possible and appropriate.

Q: If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?

A: As long as you honestly have a concern, our policy prohibits you from being reprimanded or disciplined. As an HHSA employee or contractor, you have a responsibility to report suspected problems. In fact, you may be subject to disciplinary action if you witness something but do not report it to the company. The only time someone will be disciplined is when he or she reports something he or she knows to be false or misleading in order to harm someone else.

Q: What should I do if my supervisor asks me to do something that I believe violates the Code of Conduct, HHSA policy, or is illegal?

A: Don't do it. Immediately report the request to a level of management above your supervisor or to the Compliance Officer. Failure to report such a circumstance could lead to disciplinary action.

Q: How do I know if something is ethically a "fine line"?

A: If you feel a sense of uneasiness about what you are doing, or if you are rationalizing your activities on any basis (such as perhaps the belief that everyone else does it), you are probably on an ethical "fine line." Stop, step back, and consider if what you are doing is the right thing.

COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

BEHAVIORAL HEALTH CODE OF CONDUCT

I,_____, acknowledge by signing this Certification that:
(please print)

1. I have received a copy of the attached Behavioral Health Code of Conduct;
2. I have read and understand the attached copy of the Behavioral Health Code of Conduct;
3. I agree to comply with this Behavioral Health Code of Conduct.

Signed:_____ Date: _____

Title: _____

Distribution:
Original: Compliance Officer file
Copy: Individual signing this Certification

For Internal Use Only:

Received By: _____

Date:_____

Revised: 1/11/2018

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
	Element 1. Standards, Policies, & Procedures	1.Verify that appropriate coding policies and procedures exist	1.Collaborate with Quality Management to ensure this continues as they are the keepers of the Behavioral Health policies and procedures	1.meet with QM quarterly to develop and implement needed P&P's	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature 1.C. provide training for the implementation of the P&P's	***Fiscal*** ***Once developed, P&P subcommittee to review & approve.***	12 months
		2.Maintain P&P for internal and external compliance audits	1.Develop P&P *(flip San Bern's P&P re: Compliance Verification Monitoring and Auditing P&P)*	1.flip P&P	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature 1.C. provide training for the implementation of the P&P's	***P&P subcommittee;***	6 months
		3. Verify maintenance of records retention P&P	1.finalize P&P (*currently in draft)*	1.approve and implement P&P	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature 1.C. provide training for the implementation of the P&P's	***P&P subcommittee;***	3 months

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
				2.annually verify records retention P&P	2.A. confirm updates tolaws and or regs a. yes or no, update asrequired		
		4. Verify maintenance of a conflict of interest P&P; HIPAA; confidentiality& False Claims Act *(flip San Bern); [whistleblower]*	1.develop & finalize P&P's	1.approve and implement P&P	1.A. obtain approval fromCompliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature 1.C. provide training forthe implementation of the P&P's	***P&P subcommittee;***	3 months
		5. Assure P&P's address the compliance role in quality of care *(flip SB's P&P)*	1.update current P&P (5-4-007 pg.3 first paragraph D.2); Need to develop Quality of Care P&P.	1.approve and implement P&P	1.A. obtain approval fromCompliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature	***P&P subcommittee; Update current P&P (5-40-007) & flip SB's Quality of Care P&P***	6 months

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
					1.C. provide training for the implementation of the P&P's		
		6. Maintain a Compliance Department Operational Manual (this is a "living document")	1.create the manual	1.review potential manual options from other Counties 2.review bi-annually for any needed updates	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature	***BHCO w/input from HHSA Director and BH CC***	6 months
		7. Conduct periodic reviews of P&P's and controls *(flip SF County's)*	1.develop a P&P on P&P's and include review periods	1.approve and implement P&P	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature	***P&P subcommittee to review and finalize.***	3 months
		8. Consult with legal resources	1.reach out to the HHSA Director for authorization to consult with County Counsel	1.document process in Compliance Manual	1.A. develop and document process, including County Counsel, prior to it being memorialized in the Compliance Manual	***All to operationalize***	On going

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
					1.B. obtain approval from HHSA Director 1.C. implement process in Compliance Manual		
		9. Integrate mission, vision, values, and ethical principles with Code of Conduct	1. update Code of Conduct	1. include HHSA's mission, values, and vision into the Code of Conduct *(we have a mission statement)*	1.A. define each 1.B. integrate into code of conduct 1C. review and obtain approval from Compliance Committee 1.D. obtain HHSA Director's approval 1.E. train staff on the updated Code of Conduct	***HHSA BHCO*** ***All to operationalize***	8 months or less
		10. Maintain compliance plan and program	1. Quarterly, review any legal changes and industry standards	1.review and update plan and program as needed	1.A. implement any needed updates	***All to operationalize***	On going
		11. Assure a nonretaliation/non-retribution P&P exists	1. send County Counsel the APM P&P from 2009 and ask if it should be	1.incorporate any suggested changes	1.A. obtain approval from Compliance Committee and Executive Leadership Team		6 months

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		(review & flip Tehama & Shasta County)	updated to include HIPAA and False Claims Act or if BEHAVIORAL HEALTH should have its own		1B. obtain HHSA Director's signature 1.C. provide training for the implementation of the P&P's	***P&P subcommittee*** *(review & flip Tehama & Shasta County)*	
		12. Verify maintenance policy of waiver of share of cost	1. Develop share of cost P&P *(look at old ADMH one; fiscal responsibility)*	1. approve and implement P&P	1.A. obtain approval from Compliance Committee and Executive Leadership Team 1.B. obtain HHSA Director's signature 1.C. provide training for the implementation of the P&P's	***Fiscal*** ***Once developed, P&P subcommittee to review & approve.***	8 months
		[Goal: verify maintenance of a P&P on gifts and gratuities *(Code of Ethics - Standards of Ethical Conduct – County APM dated 12/17/2013)*]				***P&P subcommittee to decide if HHSA BH needs its own***	6 months
	Element 2. Compliance Program Administration	1. Maintain compliance budget (e.g., contribute to	1. Identify training needs consistent with maintaining	1. obtain monetary information to	1.A. prepare info	***HHSA BH CO & HHSA Director***	annually

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		planning, preparing, & monitoring of financial resources)	CHC CEU's (e.g., one-day training in San Francisco and the national compliance training in Los Vegas in April)	inform budget needs	1.B. discuss and seek approval from HHSA Director		
			2. Research resources, e.g., Healthcare Compliance Professionals Manual and other necessary resources	2.obtain needed resources	2.A. prepare info 2.B. discuss and seek approval from HHSA Director		
			3. Order and distribute compliance swag to celebrate compliance week	3. obtain prices for compliance swag for compliance week	3.A. prepare info 3.B. discuss and seek approval from HHSA Director		
			4. Webinars and on-line seminars re: changing and new laws	4. obtain price on webinars and on-line seminars regarding changes in the law	4.A. prepare info 4.B. discuss and seek approval from HHSA Director		

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		2. Verify that the organization has defined the authority of the compliance officer at a high level.	1.HHSA Director to designate, in writing, a compliance officer	1. obtain document in writing from director.	1. maintain document	HHSA Director	6 months
		3. Verify that the Compliance Committee understands its response as it relates to the compliance program and culture	1. HHSA Director introduces HHSA Behavioral Health compliance program to the Yolo County Board of Supervisors	1. discuss need for this and offer to assist director in preparation for presentation	1.A. Compliance Committee approves presentation 1.B. HHSA Director approves presentation 1.C. Present to BOS	HHSA Director	One year
		5. Assure that the role of counsel in the compliance program has been defined.	1. Develop written process whereby the Behavioral Health compliance officer has a direct line of communication, when needed, to County Counsel.	1. document process	1.A. obtain HHSA Director's approval 1.B. share process or document with County Counsel	(role of counsel is written into the *draft* BH Compliance Manual)	6 months
		6. Collaborate with others to institute compliance program	1.Train managers and supervisors/leaders on what compliance truly is and how to instill this within in their team thus	1. schedule training	1.A. develop training 1.B. advertise training 1.C. train	***All to operationalize***	On going

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
			developing a culture of compliance.				
		7. Define scope of compliance program consistent with current industry standards	1. Reiterate that Behavioral Health Compliance = fraud, waste, and abuse (define what that means)	1. obtain federal definitions	1.A. create definitions page to be used as a training tool 1.B. provide document to staff during trainings	***All to operationalize***	Review annually
		8.Evaluate the effectiveness of the compliance program on a periodic basis.	1. conduct one survey a year; interview at least 5 staff at various levels regarding the effectiveness of the Behavioral Health compliance program	1. develop survey for Behavioral Health	1.A. get survey approved by Compliance Committee 1.B. get survey approved by HHSA Director 1.C. implement survey 1.D. maintain survey and update as needed	***All to operationalize***	annually
		9. Assure the credibility and integrity of the Behavioral Health compliance program	1.maintain applicable P&P's; update the Compliance Plan; follow the rules	1. review updates with Compliance Committee and with HHSA Director	1.A. obtain approval from Compliance Committee 1.B. obtain approval from HHSA Director	***All to operationalize***	Review annually

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
			2. Behavioral Health Compliance Officer maintain yearly trainings and CEU's for CHC certification	2. participate in yearly trainings	2.A. track, document, and upload CEU's to HCCA web portal		
		10. Oversee a compliance education program for the workforce and executive leadership; and Behavioral Health compliance officer training	1. maintain compliance education program	1. review and update the compliance education program, as needed	1.A. obtain approval from Compliance Committee 1.B. obtain approval from HHSA Director	***All to operationalize***	annually
	Element 3. Screening, Evaluation of Employees, Physicians, Vendors, & Other Agents	1. Assure inclusion of compliance obligations in all job descriptions *(this could be one statement that says something like anyone who is providing reimbursable services must adhere to all federal, state, and local laws and regs)*	1. Start discussion with Human Resources on how to implement this. *(this will require Meet and Confer with the Unions)*	1. schedule meeting to discuss this inclusion with HHSA HR	1.A. develop proposed language in collaboration with HR 1.B. share language and request feedback from County Counsel 1.C. share with Compliance Committee 1.D. review and obtain final approval from HHSA Director	**Medical Director** **(Human Resources; County Counsel, HHSA Director; HHSA BH Compliance Committee)**	3 years

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		2. Assure inclusion of compliance accountabilities as an element of performance. *(this may not happen and if that's the case, remove)*	1. Start discussion with Human Resources	1. schedule meeting to discuss this inclusion with HHSA HR	1.A. develop proposed language in collaboration with HR 1.B. share language and request feedback from County Counsel 1.C. share with Compliance Committee 1.D. review and obtain final approval from HHSA Director	**Medical Director**	3 years
		3. Assure compliance sensitive exit interviews occur	1. Start discussion with Human Resources	1. schedule meeting to discuss this inclusion with HHSA HR	1.A. develop proposed language in collaboration with HR 1.B. share language and request feedback from County Counsel 1.C. share with Compliance Committee 1.D. review and obtain final approval from HHSA Director	**Medical Director** **(Human Resources; County Counsel, HHSA Director; HHSA BH Compliance Committee)**	3 years
		4. Monitor government sanction lists for excluded	1. Will develop with leadership who	1. With direction from HHSA Director, monitoring of	1.A. obtain evidence of monthly monitoring specific to Behavioral Health	**Deputy Mental Health Director** HHSA HR	On going

						HHSA BHCO	

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		individuals and entities (e.g., OIG, GSA, SDN, SDGIT) *(OIG Compliance Now to run monthly checks)*	should /can do this task	the OIG Compliance NOW checks could be done in collaboration with HHSA HR, QM, and Behavioral Compliance	1.B. share Behavioral Health related results with HHSA Director 1.C. as directed by HHSA Director, share results with County Counsel		
		5. Verify due diligence is conducted on 3rd parties (e.g., consultants, vendors, acquisitions)	1. Twice a year, request providers send verification they are checking their employees' credentials and naughty lists	1. create memo/letter/e-mail to send toproviders requesting the information	1.A. collaborate with contracts unit so that use of contract language is accurate in the written communication to the providers. 1.B. share language and request feedback from County Counsel 1.C. share with Compliance Committee 1.D. review and obtain final approval from HHSA Director	**Branch and Deputy Branch Directors**	On going

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		6. Assure corrective action is taken based on background/sanction check findings	1.When issues occur, collaborate with HHSA Human Resources as it relates to any BEHAVIORAL HEALTH staff who can bill for publicly funded services.	1. obtain evidence of sanction	1.A. keep evidence on file 1.B. inform HHSA Director 1.C. inform Compliance Committee 1.D. when needed, obtain necessary guidance from County Counsel	**Deputy Mental Health Director** **(Human Resources; County Counsel, HHSA Director; HHSA BH Compliance Committee)**	As needed
		7. Assure the organization has a process in place to identify and disclose conflicts of interests	1. verify a process in place	1. discuss with contract unit to identify and disclose conflicts of interests	1.A. research County website for related resource 1.B. include in contract language 1.C. develop form 1.D. obtain feedback from County Counsel; and incorporate feedback 1.E. review with HHSA Director and obtain signature approval 1.F. implement	**Deputy Mental Health Director** **(Human Resources; County Counsel, HHSA Director; HHSA BH Compliance Committee)**	12 months

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
			2. develop process	2. collaborate with contract unit regarding the process to identify and disclose conflicts of interests	2.A. implement		
			3. identify when the need for a Conflict of Interest in applicable	3. collaborate with contract unit regarding when a conflict of interest process is applicable	3.A. seek guidance from County Counsel 3.B. implement		
		8. Verify that appropriate background/sanction checks are completed by OIG Compliance Now	1. Confirm with HHSA HR that appropriate background/sanction checks are completed	1. Develop a process with HHSA HR whereby a copy of the result of the appropriate background or sanction checks are shared with Behavioral Health Compliance Officer	1.A. identify point of contact between Behavioral Health Compliance Officer and HHSA HR 1.B. obtain results from HHSA HR	**Deputy Mental Health Director HHSA HR; HHSA BH CO**	Monthly and as needed

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
	Element 4: Communication, Training, and Education on Compliance Issues	1. Assure general compliance training is conducted for all employees, physicians (prescribers), vendors and other agents	1. Upon hire and annually thereafter, train all Behavioral Health staff	1. maintain training	1.A. participate in various team meetings and train to compliance	**HHSA BH CO to facilitate trainings** HHSA BHCC to ensure all their staff are trained.	Annually and as needed
		2. Assure risk specific training is conducted for targeted employees *(e.g., medical staff)*	1. Create training specific to targeted employees	1. implement training	1.A. track training attendees with sign-in sheet and spreadsheet	***All to operationalize***	Annually and as needed
			2. Train all high-risk employees *[most Behavioral Health staff can create a ghost client and possibly steal benefits; subsume this into current training]; high risk employees like physician/prescribers and fiscal and any new employee where you're prone to have mistakes.]*	2. Create training specific to high-risk employees	2.A. track training attendees with sign-in sheet and spreadsheet		

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
		3. Provide HR and management with training to recognize compliance risks associated with employee misconduct	1.At least annually, provide management and HR compliance-related definitions, e.g., misconduct, fraud, waste & abuse *(look at P&P 12)*	1.Create handy and useful definitions document	1.A. provide document during training 1.B. track training attendees with sign-in sheet and spreadsheet	**HHSA BH CO to facilitate trainings** HHSA BHCC to ensure all their staff are trained.	annually
	Element 5: Conducting Auditing, Monitoring & Internal Reporting Systems	1. Conduct organizational risk assessments	1. Review elements of Behavioral Health compliance fraud, waste and abuse and risk assessment	1. Collect and analyze the information	*1.A.* compare the 7 elements of a compliance program to the current year's risk assessment *(this will inform the result of the following year's risk assessment)* 1.B. present results to HHSA Director 1.C. present results to Compliance Committee	*(It's best when performed by consultant, someone neutral outside of the agency. Otherwise it will take a team of people to review contracts, funding sources, billing, service delivery and P&P's.)*	Annually to 18 months
		2. Conduct compliance audits	1. Find Avatar report that might be helpful in identifying fraud, waste and abuse	1. develop report needs with System Software Specialist for Avatar	1.A. identify audit areas *1.B.* compare and analyze results of audit *(e.g., lapsed time b/w*	***All to operationalize***	24 months

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
					treatment plan & b/w assessments;) 1.C. develop corrective action plan with deficiencies discovered. Compare this to the previous year's deficiencies that are not corrected but still appear 1.D. share audit results with HHSA Director along with CAP 1.E. share audit result with Compliance Committee 1.F. implement CAP 1.G. monitor CAP		
		3. Analyze compliance audit results (e.g., track, trend and benchmark)	1. compare Avatar reports quarterly	1. track, trend, and analyze	1.A. establish benchmark & track 1.B. identify trends 1.C. share audit results with HHSA Director	***All to operationalize***	24 months

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
					1.D. share audit resultwith Compliance Committee		
			2. Provide timely feedback to management on compliance concerns based on audit results	2. Include findings on the Compliance Committee meeting agenda	2.A. discuss at Compliance Committee		
		4. Develop an annual compliance audit plan *(ask KL where she's most worried about fraud, waste and abuse)*	1. implement compliance audit plan	1. (1st year: conduct a compliance audit; (2nd year: update and improve compliance audit plan)	1.A. incorporate OIG guidance 2.A. incorporate guidance from DHCS Triennial Review	***All to operationalize***	Annually once implemented
		5. Employ auditing methodologies that are objective and independent	1. will use Avatar reports to assist with the process	1. develop report needs with System Software Specialist for Avatar	1.A. identify audit areas 2.A. compare and analyze results of audit *(e.g., lapsed time b/w treatment plan & b/w*	***All to operationalize***	Annually once implemented

					assessments;)		
		6. Monitor management's	1. Will verify with HHSA Director that	1. Include management	1.A. discuss at Compliance Committee	***All to operationalize***	Annually once

Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
	implementation of CAP's	there is follow up toCAP's (as applicable)	CAP implementation updates to Compliance Committee agenda			implemented
Element 6. Enforcing Disciplinary Standards Through Well-Publicized Guidelines	1. Recommend remedial action be taken for non-compliant individuals and entities that have been excluded from government programs *(review Tuolumne County's P&P)*	1. Consistently recommend thatthose staff and entities be prohibited from billing.	1. Provide recommendation on to HHSA Director and HHSA Behavioral Health Compliance Committee	1.A. Document recommendation	***All to operationalize (Question: do we want a P&Pthat supports these actions?)***	As needed
		2. Consistently recommend the staffperson be removed from a position associated with reimbursable services	2. Provide recommendation to HHSA Director and HHSA Behavioral Health Compliance Committee	2.A. Document recommendation		
Element 7. Identifying& Responding to Detected Offenses &	1. Assure development of corrective action plan in response to noncompliance	1. Create CAP template	1. Provide CAP template to users	1.A. Track use of CAPtemplate 1.B. discuss with HHSADirector	***All to operationalize***	As needed

Developing Corrective Action Initiatives						

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23

	Element	Goal	Objective	Plan	Step	Responsible Party	Timeline
	(Investigations & Remedial Measures)				1.C. discuss with HHSA Behavioral Health Compliance Committee		
		2. Monitor the effectiveness of the CAP in response to noncompliance	1. Review CAPmonthly	1. Include CAP implementation updates to Compliance Committee agenda	1.A. discuss at Compliance Committee	***All to operationalize***	As needed
		3. Assure remedial efforts are implemented to reduce risk	1. Quarterly, or as necessary, review the remedial effortstaken to reduce risk.	1. Review documented efforts	1.A. Discuss with HHSA Director 1.B. discuss at Compliance Committee	***All to operationalize***	As needed
		4. Recommend measures to address substantiated incidence of retaliation.	1. Create a HHSA Behavioral Healthspecific "process"	1. Documentand track incidences	1.A. Discuss with HHSA Director 1.B. discuss at Compliance Committee	***All to operationalize***	As needed

			2. Have at least one conversation with IT about making more accessible an online process for reportingfraud, waste and abuse	2. Document the outcome ofthe conversation	2.A. Discuss with HHSA Director 2.B. discuss at Compliance Committee		

Yolo HHSA Behavioral Health Compliance Plan Goals
FY 20-21, FY 21-22, FY 22-23