



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 4, POLICY 007

IMPLEMENTATION OF THE BEHAVIORAL HEALTH COMPLIANCE PROGRAM

POLICY NUMBER:	5-4-007
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	3.18.2021
EFFECTIVE:	3.1.2021
SUPERSEDES # :	Supersedes Policy #'s: PP 400 Implementation of the Compliance Program (10-16-08) 6-4-007 Implementation of the Behavioral Health Compliance Program

- A. PURPOSE:** This policy describes how Yolo County Health and Human Services Agency (HHS) Behavioral Health (BH) will meet Federal and State requirements for implementing and maintaining a compliance program designed to detect fraud, waste and abuse.
- B. RELATED DOCUMENTS:** N/A
- C. DEFINITIONS:**
- 1. Applicable State Contracts:** are the Mental Health Plan contract and other State contracts 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. Abuse:** means 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.

3. **Behavioral Health Employees:** means HHSa employees that participate in the provision of behavioral health services, including administrators and management.
4. **Beneficiary:** means any person certified as eligible for services under the Medi-Cal program. In the behavioral health field, the term "beneficiary" may also be used interchangeably with behavioral health consumer, client, patient, or person who is eligible to receive Medi-Cal specialty mental health services from the Mental Health Plan (MHP), depending on the service setting and the preference of the beneficiary
5. **Fraud:** means an intentional deception or misrepresentation made by a person with the knowledge that the deception 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. **A Credible allegation of fraud:** may be an allegation, which has been verified by HHSa or the California Department of Health Care Services (DHCS), from any source, including but not limited to the following:
 - a. *Fraud hotline complaints.*
 - b. *Claims data mining.*
 - c. *Patterns identified through provider audits, civil false claims cases, and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.*
7. **Medicaid:** means Medical assistance provided under a State plan approved under Title XIX of the Social Security Act.
8. **Medi-Cal:** is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.
9. **Mental Health Plan (MHP):** is an entity that enters into a contract with the Department of Health Care Services (DHCS) to provide directly or arrange and pay for specialty mental health services to beneficiaries in a county as

provided in the California Code of Regulations (CCR), Title 9, Chapter 11. A MHP may be a county, counties acting jointly or another governmental or non-governmental entity.

10. Waste: is overutilization 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 system controls or bad decisions. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

D. POLICY: As a component of the broader Behavioral Health Compliance Program required by federal Medicaid regulations, the MHP contract between the Yolo County 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, Yolo County HHSA has designed processes for combating fraud, waste, abuse and unethical conduct through the development of HHSA Behavioral Health Compliance Plan ("Compliance Plan"). Implementation of this Compliance Plan is accomplished through written policies and procedures, and efforts are documented through various mechanisms.

All HHSA 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 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.

Network Providers shall be required to have a Compliance Program that address the provisions set forth in State/Federal guidelines and Yolo County contracts and/or policies. Network Provider staff shall be expected to understand and comply with Compliance organizational policies. Compliance Plans shall be sent to Yolo County HHSA at minimum, the timeframes outlined in Yolo County HHSA provider monitoring policies, when there have been significant updates to the Compliance Program or upon request from Yolo County HHSA or the Department of Health Care Services (DHCS).

1. Policies and Procedures

The purpose of the Compliance policies and procedures is to reduce the possibility of erroneous claims 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 the standards necessary to successful compliance. These policies and procedures will be reviewed annually to determine their continued viability and relevance.

The Compliance policies and procedures shall at minimum address the following:

- a. *Implementation of the Behavioral Health Compliance Program*
- b. *Oversight of the Behavioral Health Compliance Program*
- c. *Compliance Program Standards*
- d. *Standards for Risk Areas and Potential Violations*
- e. *Reporting Suspected Compliance Violations*
- f. *Non-Compliance Investigation and Corrective Action*
- g. *Disciplinary Guidelines*
- h. *Compliance Training*
- i. *Behavioral Health Reporting and Notification Requirements*
- j. *Disclosure of Ownership, Control and Relationship Information*

E. PROCEDURE:

- 1. Behavioral Health Compliance Log:** Documentation of violation investigations and results will be maintained by the Behavioral Health Compliance Officer ("Compliance Officer") in the Behavioral Health Compliance Log ("Compliance Log"). Information from the Compliance Log will be summarized and system level issues will be reviewed with the Behavioral Health Compliance Committee ("Compliance Committee") on at least a quarterly basis.

The Compliance Log shall contain the following:

- 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 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 will 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.

2. Electronic Behavioral Health Compliance Program Folder: The components of the Behavioral Health Compliance Program are kept in an electronic folder ("efolder"), (although materials protected by attorney-client privilege will be saved separately). This efolder shall contain the followings:

- 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 Compliance Officer's Duty Statement;*
- d. The HHSA Behavioral Health Code of Conduct;*
- e. A log of the Compliance Officer's education and training efforts;*
- f. A log of the HHSA behavioral health employee education and training efforts*

3. The Compliance Committee Binder and E-folder: The Compliance Committee

binder and e-folder shall contain the following:

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

F. REFERENCES:

1. Title 42, Code of Federal Regulations (CFR), Sections 438.608 and 455.2.
2. Yolo County's Mental Health Plan (MHP) Contract with the DHCS, Program Integrity Requirements
3. Yolo County's Intergovernmental Agreement with DHCS for DMC-ODS Services, Program Integrity Requirements
4. DHCS Program Oversight and Compliance Annual Review Protocol for Specialty Mental Health Services and Other Funded Services, Category 7, Program Integrity

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

3/22/2021

Date