



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 4, POLICY 008

OVERSIGHT OF THE BEHAVIORAL HEALTH COMPLIANCE PROGRAM

POLICY NUMBER:	5-4-008
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	3.18.2021
EFFECTIVE:	03.01.2021
SUPERSEDES # :	Supersedes Policy #'s: 6-4-008 Oversight of the Behavioral Health Compliance Program PP 401 Oversight of the Compliance Program (10-16-008)

A. PURPOSE: Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) is committed to adhering with Federal and State health care behavioral health program requirements, including program integrity requirements regarding the detection and prevention of fraud, waste and abuse. As such, Yolo County HHSA has dedicated resources to the implementation and oversight of a Behavioral Health Compliance Program ("Compliance Program".)

B. RELATED DOCUMENTS:

1. Behavioral Health Compliance Officer Duty Statement

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: The successful implementation and maintenance of the Compliance Program requires the efforts and support of all Yolo County HHS behavioral health employees, including administrators and management. To guide these efforts and perform day-to-day operations, Yolo County HHS has developed a Behavioral Health Compliance Plan, appointed a Behavioral Health Compliance Officer ("Compliance Officer"), convened a Behavioral Health Compliance Committee ("Compliance Committee"); and is operating a comprehensive Behavioral Health Quality Management Program (QM Program). The roles and responsibilities of each are outlined herein.

All Yolo County HHS 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, HHS and County requirements. Behavioral Health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHS 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 HHS at minimum, the timeframes outlined in Yolo County HHS provider monitoring policies, when there have been

E. PROCEDURE:

1. **Compliance Officer:** The Compliance Officer is empowered to provide oversight to Yolo County HHS's adherence to the Compliance Plan, and is responsible for

overseeing the implementation and day-to-day operations of the Compliance Program. The Compliance Officer:

- a. Is a main point of contact for behavioral health employees regarding compliance issues;
- b. Plays an integral role in linking behavioral health employees to information regarding the requirements of the Compliance Program and compliance training resources;
- c. As a required member of the Compliance Committee, assists with the oversight and monitoring of the Compliance Program;
- d. Has direct access to the HHSA Director¹ and senior behavioral health management.

The 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, as needed;
- d. Developing, coordinating, and participating in a compliance training program;
- e. Facilitating and participating in the Compliance Committee meetings;
- f. Monitoring behavioral health employees and contractors for possible exclusion from participation in federal or state health care programs or from maintaining other prohibited affiliations;
- g. Collaborating with Yolo County HHSA Human Resources to arrange for background checks of behavioral health staff and contractors, including fingerprint checks when applicable;
- h. Receiving and logging of reports of potential compliance issues;
- i. Conducting compliance investigations and monitoring corrective action plans;
- j. Reporting compliance issues to the Compliance Committee, the Director, or to the appropriate federal and/or state authorities.

k. Other duties as assigned

2. **Compliance Committee:** In coordination with the functions performed by the 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 Compliance Officer, the Compliance Committee is responsible for the following compliance activities:

- a. Receiving reports on compliance issues and corrective actions from the Compliance Officer;
- b. Collaborating with the Compliance Officer regarding compliance violations and corrective actions;
- c. Collaborating with Yolo County HHSA BH Quality Management (QM) regarding compliance policies, procedures, and processes;
- d. Reporting to Yolo County 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 systems for compliance files and logs;
- g. Ensuring that an internal review and audit system is developed and implemented, which will include identifying compliance issues, recommending corrective action, and reviewing the implementation of corrective action;
- h. Developing compliance training programs for employees, providing in-person trainings to divisions as required, and documenting and monitoring compliance with mandatory trainings;
- i. Receiving summary information and reports on calls made to the Confidential Compliance Line;
- j. Reviewing audit results to identify issues and recommending corrective action that pertains to compliance issues;

- k. Ensuring the corrective actions are taken;
- l. Meeting as needed and no less than quarterly; And
- m. May conduct Compliance projects as directed by the Executive Leadership Team.

3. **Programs, QM and Fiscal/Administration:** The Compliance Officer and Compliance Committee work in collaboration with Program, QM and Fiscal/Administration to review Yolo County HHSA and Network Provider’s behavioral health program policies and procedures and to detect potential and actual compliance violations. The efforts of Programs, QM and Fiscal/Administration exemplify Yolo County 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 Compliance Officer, Compliance Committee, Program, QM and Fiscal/Administration ensures that the practices and standards of the Compliance Plan are fully implemented and maintained.

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. DHCS Program Oversight and Compliance Annual Review Protocol for Specialty Mental Health Services and Other Funded Services, Category 7, Program Integrity
4. Yolo County’s Intergovernmental Agreement with DHCS for DMC-ODS Services, Program Integrity Requirements

Approved by:



Karen Larsen, Director
Yolo County Health and Human Services Agency

3/22/2021

Date