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COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 4, POLICY 009

BEHAVIORAL HEALTH COMPLIANCE PROGRAM STANDARDS

POLICY NUMBER:	5-4-009
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	3.18.2021
EFFECTIVE:	3.1.2021
SUPERSEDES #:	Supersedes Policy #'s: PP 402 Compliance Program Standards (10-06-08)

A. PURPOSE: This policy defines and describes the Yolo County Health and Human Services Agency (HHSA) Behavioral Health (BH) Compliance Program and provides procedures for the HHSA Behavioral Health Compliance Plan ("Compliance Plan"), practice standards, employee participation, standards of ethical conduct, and the HHSA Behavioral Health Code of Conduct ("Code of Conduct".)

B. RELATED DOCUMENTS: N/A

C. DEFINITIONS:

- 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. The Behavioral Health Compliance Program ("Compliance Program"): is a federally required responsibility of Yolo County HHSA via the applicable State contracts as defined herein that is designed to detect fraud, waste, and abuse

that includes:

- a. Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the MHP contract, other applicable State contracts, and all applicable Federal and state regulations and requirements;
- b. Designation of a Compliance Officer;
- c. Establishment of a regulatory Compliance Committee;
- d. A system of training and education;
- e. Effective lines of communication between the Compliance Officer and employees;
- f. Enforcement of standards through well-publicized disciplinary guidelines; and
- g. Establishment and implementation of procedures described in the Compliance Plan.
- 3. The Behavioral Health Compliance Officer ("Compliance Officer"): is responsible for developing and implementing policies, procedures, and practices designed to ensure compliance with therequirements of the applicable State contracts and who reports directly to the Behavioral Health Director.
- 4. The Behavioral Health Compliance Committee ("Compliance Committee"): is a regulatory committee at the behavioral health senior management level charged with overseeing the Yolo County HHSA Compliance Program and its compliance with requirements under the applicable State contracts.
- **5. 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.

- **6. Behavioral Health Employees:** means Yolo County HHSA employees that participate in the provision of behavioral health services, including administrators and management.
- 7. 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
- **8. 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.
- **9.** A Credible allegation of fraud: may be an allegation, which has been verified by Yolo County 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.
- **10. Medicaid:** means Medical assistance provided under a State plan approved under Title XIX of the Social Security Act.
- **11. 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.
- **12. 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.

- **13. 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 mission of Yolo County HHSA is to promote a healthy, safe, and economically stable community. Yolo County HHSA's behavioral health programs support this mission by partnering with individuals, families and the community to foster recovery and wellbeing via the provision of culturally and linguistically appropriate services for the prevention and treatment of serious mental health and substance use disorder issues.

In further support of these objectives, Yolo County HHSA has implemented a Compliance Program, established by federal Medicaid Managed Care Regulations and monitored by the California Department of Health Care Services (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, promotes integrity, ethical conduct and adherence to applicable laws and professional standards.

The Behavioral Health Compliance Plan ("Compliance Plan") articulates the establishment and implementation of procedures and a system with dedicated staff for routine internal monitoring and auditing of 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 the applicable State contracts.

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).

E. PROCEDURE:

1. Behavioral Health Compliance Plan: Yolo County HHSA Behavioral Health

Programs have designed processes for combating fraud, waste, abuse and unethical conduct through the development of the Compliance Plan. The Compliance Plan details Yolo County HHSA's commitment to achieve and maintain compliance with all applicable state and federal standards regarding behavioral health care programs. The components of the Plan will 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:

- a. Conducting internal monitoring and auditing of Yolo County HHSA's behavioral health care programs through the performance of periodic audits to ensure that we do not fail in our efforts to adhere to all applicable state and federal laws and regulations;
- Implementing compliance and practice standards for Yolo County HHSA's behavioral health care programs through the development of written standards and procedures;
- c. Oversight of the Compliance Program, which includes designating a Compliance Officer to monitor compliance efforts, establishment of a Compliance Committee, management and supervisory responsibilities, and individual responsibilities;
- d. Conducting appropriate training and education for Yolo County HHSA behavioral health employees on how to perform their jobs in compliance with the standards of the Compliance Plan and all applicable laws, regulations, and policies, including annual training and education for the Compliance Officer and Senior Management;
- e. Establishing mechanisms to correct behavioral health care program noncompliance and respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate government entities;
- f. Developing open lines of communication, including discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct; establishing internal bulletin boards and information notices for dissemination of new or changed information to keep behavioral health care employees updated on compliance activities; and providing clear and ethical business guidelines for staff to follow; and
- g. Enforcing disciplinary standards through well-publicized guidelines.

- 2. <u>Behavioral Health Practice Standards:</u> The Compliance Plan establishes specific practice standards which have been implemented through several policies and procedures and are monitored by various internal activities. These Compliance Policies and Procedures reduce the possibility of erroneous claims and fraudulent activities by identifying risk areas and establishing internal controls to counter those risks.
- 3. Behavioral Health Employee Participation: The key to achieving compliance is employee participation and support. All Yolo County 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, Yolo County HHSA and County requirements. Behavioral Health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of Yolo County HHSA or the County may be subjected to progressive disciplinary action up to and including termination.
- 4. Behavioral Health Standards of Ethical Conduct: As outlined in the Compliance Plan, Yolo County HHSA expects that all behavioral health employees will conduct themselves in a manner consistent with the professional standards of their profession. Yolo County HHSA places great importance on its reputation for honesty and integrity. To that end, Yolo County HHSA expects that the conduct of behavioral health employees will comply with these ideals.

As Yolo County HHSA pursues its mission, each employee shall:

- a. Conduct all business activities in an ethical and law-abiding fashion, and
- b. Maintain a service culture that builds and promotes the awareness of compliance.
- 5. <u>Behavioral Health Code of Conduct:</u> In an effort to clearly define the expectations of Yolo County HHSA behavioral health employees, Yolo County HHSA has developed a written Behavioral Health Code of Conduct. This document will be distributed to all Yolo County HHSA behavioral health employees:
 - a. Each behavioral health employee shall be required to sign an acknowledgement that he/she has received, read and understood the copy of the Code of Conduct. This acknowledgement will be maintained in a file with the Yolo County HHSA BH Compliance Officer.
 - b. As a standard component of new behavioral health employee compliance

orientation, behavioral health employees will receive the Code of Conduct. In addition, the new behavioral health employee will be required to sign an acknowledgement that he/she has received, read and understood the Code of Conduct. This acknowledgement form shall be re-signed after reviewing the Code of Conduct on an annual basis.

F. REFERENCES:

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

Approved by:		
Haren Jare	3/22/2021	
Karen Larsen, Director	Date	
Yolo County Health and Human Services Agency		