



**COUNTY OF YOLO**  
**HEALTH AND HUMAN SERVICES AGENCY**  


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**POLICIES AND PROCEDURES**

**SECTION 5, CHAPTER 4, POLICY 014**

**DISCIPLINARY GUIDELINES**

<b>POLICY NUMBER:</b>	5-4-014
<b>SYSTEM OF CARE:</b>	BEHAVIORAL HEALTH
<b>FINALIZED DATE:</b>	03.18.2021
<b>EFFECTIVE:</b>	03.01.2021
<b>SUPERSEDES # :</b>	Supersedes Policy #'s: PP 407 Disciplinary Guidelines (10-06-08) 6-4-014 Disciplinary Guidelines

- A. PURPOSE:** The purpose of this policy and procedure is to set forth the guidelines for consistent and appropriate disciplinary action for compliance violations, consistent with the principles of progressive discipline and current agreements between Yolo County and employee unions.
- 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. **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 the requirements 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 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.

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.

The Yolo County HHSA 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.

Yolo County shall make available investigation results and additional documents at the request of DHCS or other state and federal entities, in consultation with County Counsel.

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. 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, Yolo County HHS 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 HHS or the County may be subjected to progressive disciplinary action up to and including termination.
  
2. The Yolo County HHS disciplinary action plan for compliance issues is based on:
  - a. The Yolo County Code of Ordinances Title 2, Chapter 6- Personnel Merit System;
  - b. Any relevant County or HHS policies and procedures;
  - c. Applicable MOU's, if any, based on the status or classification of the employee. Complete copies of MOUs are available to employees on the Yolo County Human Resources webpage. Employees shall be either provided a copy of the MOU, as applicable at the time of hire, or provided information about how to access MOU information. Additionally, employees are able to contact Human Resources for assistance.
  
3. When an alleged compliance violation has been discovered, corrective action shall be taken. The 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 DHCS, any licensing boards and any other appropriate state or federal agency;
  - g. Referral to law enforcement authorities if appropriate; or
  - h. Other corrective actions as deemed necessary.

4. 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 Yolo County HHS policies and procedures; and any applicable MOU:
  - a. Falsifying personnel records, 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;
  - h. Willfully disobeying a reasonable order or refusal to perform the job as required (insubordination).
  
5. Internal Disciplinary Actions: The range of disciplinary actions that Yolo County HHS can use to discipline a behavioral health employee may include one or more of the following, based upon the severity of the violation:
  - 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).
  
6. Additional actions may apply in accordance with the Department of Health and Human Services Office of the Inspector General (OIG) Federal Guidelines for Compliance Violations and other federal agency requirements. These actions may include and not be limited to:
  - a. Administrative actions for 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-

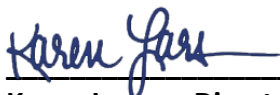
utilization, repeated late entries, or other practices of concern;

- b. Loss or suspension from participation in state or federally funded programs, such as Medi-Cal, Medicare, e.t.c. Additionally, fines, sanctions and penalties may be assessed, in a monetary amount established by federal or state entities 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).)
- c. 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.
- d. Loss or suspension of license if a waived, registered or licensed classification.

**F. REFERENCES:**

- 1. HHS Behavioral Health Code of Conduct
- 2. Yolo County Code of Ordinances Title 2, Chapter 6- Personnel Merit System
- 3. Memorandum of Understanding between County of Yolo and Yolo County Stationary Engineers, Local 39 (General Unit),
- 4. Memorandum of Understanding between County of Yolo and Yolo County Supervisor and Professional Employee's Association
- 5. Memorandum of Understanding between County of Yolo and Yolo County Management Association
- 6. 31 U.S.C. §3729(a)
- 7. 28 C.F.R §85.3(a)(9)
- 8. 42 C.F.R §438.608

**Approved by:**



**Karen Larsen, Director**  
**Yolo County Health and Human Services Agency**

3/22/2021

**Date**