



# COUNTY OF YOLO

## HEALTH AND HUMAN SERVICES AGENCY

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### BEHAVIORAL HEALTH CODE OF CONDUCT

**Purpose:** Our Code of Conduct provides guidance to all Yolo County Health and Human Services Agency (HHS) 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 HHS 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 HHS 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. HHS 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 HHS

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 HHS 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



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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.

HHS 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.



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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 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.



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#### **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?



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**A:** As long as you honestly have a concern, our policy prohibits you from being reprimanded or disciplined. As an HHS 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, HHS 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.



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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