| | Shasta County Health and Human Services Agency<br>Managed Care, Compliance & Quality Management |
|---|---|
| | **Compliance Program Policy** |

## 1.0 Persons/Programs Affected *(Check all that apply)*

| ☒ All Staff | ☐ All Managers | ☐ All Supervisors | |
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*Each branch to have unique Persons/Programs Affected
*All employees include all employees–full-time, part-time and extra-help.*

## 2.0 Definitions

**Compliance Committee** means the Committee designated by the Compliance Officer to provide oversight to the Compliance Program. The Compliance Committee will provide general oversight to the Compliance Officer in the implementation of the Compliance Program.

**Compliance Officer** means the person designated by the Mental Health Director and is delegated authority for the implementation, administration, and oversight of the Compliance Program. The Compliance Officer is delegated authority for development and day-to-day operations of the Compliance Program.

**Compliance Program** means the internal policies, procedures and processes designed by the Shasta County Health and Human Services Agency (HHSA) to ensure federal, state and local rules, laws and regulations are met. The Compliance Program is designed to prevent and detect violations of any statute, regulation or guideline applicable to federal health care programs in the conduct of operations by employees and other covered entities/individuals.

**Compliance Workplan** means an annual report developed by the Compliance Committee which shall detail the activities to be undertaken during the year to ensure adherence to the Compliance Program.

## 3.0 Policy

The Shasta County Health and Human Services Agency (HHSA), through its Mental Health Plan (MHP), ensures that administration and staff adhere to a high standard of ethical and legal conduct. The HHSA requires its administration, management and staff to carry out their duties in an ethical and legal manner. To assure the HHSA adheres to these standards, HHSA MHP hereby establishes a Compliance Program, including policies

and procedures, in accordance with the "Seven Elements" as described in 42 CFR, including:

1. A written commitment to adhere to all relevant state and federal regulations (Standards and Procedures);
2. An appointed Compliance Officer and Compliance Committee accountable to senior management (Compliance Officer);
3. Open lines of communication between the Compliance Officer and all staff (Reporting and Communication);
4. A written plan addressing the training needs of the Compliance Officer and all staff (Training and Educational Programs);
5. Internal auditing and monitoring activities designed to prevent/detect infractions, and activities that ensure the ongoing development of system improvements (Monitoring and Auditing);
6. Established standards of conduct and publicized disciplinary guidelines should they be violated (Enforcement of Standards);
7. Established written timelines and procedures for prompt resolution of detected infractions (Response to Violations).

The goals of the HHSA regarding compliance are:

1. To establish standards of conduct and written policies and procedures for all MHP staff of the HHSA.
2. To provide direct oversight of the MHP compliance activities by the Compliance Officer.
3. To provide oversight of the Compliance Program by the Compliance Committee.
4. To provide a Compliance Officer to implement the Compliance Program.
5. To assure education, training, and communication about the standards and the Compliance Program requirements.
6. To maintain a system for monitoring, auditing, and reporting Compliance Program performance.
7. To maintain and enforce appropriate disciplinary mechanisms in accordance with Shasta County Personnel Rules and/or employee's bargaining unit Memorandum of Understanding for the consistent enforcement of Compliance Program requirements;

8. To sustain an appropriate mechanism for implementing corrective action;
9. To develop an annual Compliance Workplan, detailing activities the MHP will undertake during the upcoming year to continue to monitor and improve the Compliance Program.

## 4.0 Procedure

I. Compliance Program Authority (Element 2) (See Compliance Officer and Compliance Committee P-P for more detail)

A. Executive Oversight – (Element 2)
The Compliance Officer is the lead administrator for the Compliance Program and reports to a senior member of HHSA management. The Compliance Officer reports compliance issues directly to the Shasta County Health and Human Services Agency Director (Mental Health Director). The Compliance Officer is vested with the authority to implement the Compliance Program.

B. Compliance Officer – The Compliance Officer is responsible for the implementation, administration, and oversight of the Compliance Program. The Compliance Officer is delegated authority for development and day-to-day operation of the Compliance Program.

C. Compliance Committee – The Compliance Committee will assist the Compliance Officer in the development, implementation and ongoing refinement of the Compliance Program. See "Compliance Officer and Compliance Committee Policy" for membership.

D. County Counsel – The Compliance Officer will collaborate with County Counsel on an "as needed" basis when legal issues are in question with regards to compliance activities and/or investigations.

II. Compliance Program Overview:

A. Compliance Officer and Compliance Committee: The Compliance Officer, with assistance and support of the Compliance Committee, will be responsible for the development, operation, and general management of the Compliance Program as outlined in this and other departmental policies.

B. Code of Conduct (Element #1) – The HHSA, through its MHP, will adhere to its established Code of Conduct (See Code of Conduct P-P). This code will govern the proper conduct of all employees, affiliated professionals, and contractors.

C. Compliance Standards (Element #6) – The Compliance Program establishes standards, including policies and procedures, to facilitate adherence to applicable laws and regulations.
   a. The Compliance Officer, in consultation with the Compliance Committee, will be responsible to identify those areas where there is a substantial risk for non-compliant conduct.
   b. The Compliance Officer or designee will ensure the development of compliance standards in all billing and clinical areas of service activities.
   c. Compliance, as an element of performance, will be addressed in job specifications and employee evaluations in compliance with the Shasta County Personnel Manual and appropriate Memorandums of Understanding.

D. Effective Reporting and Investigative Processes (Elements #3 &7) – the Compliance Officer or designee will be responsible for processing reports and conducting investigations of potentially non-compliant practices and conduct.
   a. Each employee will be responsible to notify his or her supervisor, in a timely manner, of any violations or suspected violations of the standards for ethics and legal conduct. As an alternative, an employee may follow the reporting procedures outlined in the Compliance Reporting and Investigation P-P.
   b. Reporting individuals will not be subject to reprisal for reporting, in good faith, action that they feel violates law or established standards. Any employee engaging in any action of reprisal for any good faith reporting shall be subject to discipline in accordance with Shasta County Personnel Rules and/or employee's bargaining unit Memorandum of Understanding, up to and including discharge. (See Non-Retaliation/Non-Retribution P-P)

E. Effective Communications and Training Programs to Alert Employees of Their Responsibilities (Elements #3 &4) – The Compliance Officer has the general responsibility to oversee the development and implementation of employee communications and training programs to achieve Compliance Program goals. The communication and training programs shall include the following areas:
   a. Active participation by the Compliance Officer (or designee) in training sessions that address documentation and billing standards and practices (See False Health Care Claims Policy & Procedure);

b. New employee compliance training and orientation that will include elements of ethical and legal issues (see Compliance Education and Training Program Policy and Confidentiality Agreement and Acknowledgement Policy); Employees shall be informed that compliance with the Code of Conduct and Compliance Program is a condition of their employment;
c. Specific training and education programs in high risk areas;
d. Ongoing reviews of ethical and legal issues in areas of substantial risk;
e. The Compliance Officer will be supported to attend outside educational/training opportunities as they arise, participate in professional opportunities, purchase trade manuals, and subscribe to relevant trade publications.
f. Shasta County will not employ or retain an employee who is sanctioned for knowingly violating either the Code of Conduct, or the Compliance Program. Shasta County will not knowingly employ any provider who is on either the Federal "List of Excluded Individuals/Entities" or the State Medi-Cal "Ineligible or Suspended" list. (See Excluded Individuals and Entities P-P).

F. Internal Monitoring and Auditing Activities (Elements #5 &7)
a. The Compliance Office or designee will participate in regular internal monitoring and auditing activities designed to detect ethical and/or legal violations. This will include investigations of suspected violations of legal and ethical standards as reported by employees to the Compliance Officer. (See Compliance Reporting and Investigation P-P).
b. Sample sizes for auditing activities will be determined by a variety of methods.
c. Frequency and focus of monitoring/auditing activities will be established at the beginning of the year by the Compliance Officer and Compliance Committee. These will be recorded in Committee meeting minutes and will serve as a guide throughout the year. Factors to be considered when establishing new monitoring/auditing activities, and their frequency, will include review and evaluation of the Compliance Program's effectiveness over the past year. The Compliance Officer and Compliance Committee shall:

i. Identify audits required to verify adherence to, and awareness of, ethics and compliance policies as audits are carried out;
ii. Review the results of periodic surveys to test awareness of Shasta County ethics and legal compliance policies and procedures;
iii. Conduct special audits as necessary to verify adherence to Shasta County ethics and compliance policies and procedures. These audits may include: on site visits, interviews with personnel, reviews of written materials and documentation and trend analysis.

G. Evaluation of Compliance Program – The Compliance Officer and Compliance Committee members will prepare an annual report on Compliance Program activities. This report shall be presented to the HHSA senior leadership, the Mental Health, Alcohol and Drug Advisory Board, and County Executive Officer. The Compliance Program will be monitored on an ongoing basis in order to meet the needs of HHSA. It is recognized that the regulatory environment is ever changing and that ongoing modification is critical to the success of any Compliance Program. Ongoing monitoring activities will include but may not be limited to:
   a. Obtaining employee feedback on how the Compliance Program can be more effective;
   b. Identify any areas where compliance efforts break down or pursuit of the seven elements is insufficient or inadequate.

## 5.0 Attachments

N/A

## 6.0 Revision History

| Date | No. | Action: |
|---|---|---|
| 05/27/2014 | 2014-09 | Adopted |
| | | |
| | | |

## 7.0. Other Agency Involvement

N/A

## 8.0 Authorization/Signatures

The above policy and procedure has been reviewed and is authorized for immediate implementation:

Donnell Ewert, MPH, Director — Date: 5/30/14

Micki Mills, Program Manager, Business & Support Services — Date: 5/29/2014
Compliance Officer
Managed Care Compliance Program