



**Shasta County Health and Human Services Agency
Managed Care, Compliance & Quality Management**

Compliance Program Policy

1.0 Persons/Programs Affected (Check all that apply)

<input checked="" type="checkbox"/> All Staff	<input type="checkbox"/> All Managers	<input type="checkbox"/> All Supervisors	

*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 has the authority for and may delegate responsibility 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 fraud, waste and abuse, and 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 a biennial report developed by the Compliance Committee which shall detail the activities to be undertaken during the next two (2) years and a review of the prior biennial Compliance Workplan to ensure adherence to the Compliance Program.

3.0 Policy

The Shasta County HHSA, through its Mental Health Managed Care 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, the HHSA MHP



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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 (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 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 to:

1. Establish standards of conduct and written policies and procedures for all MHP staff and providers of the HHSA;
2. Provide direct oversight of the MHP compliance activities by the Compliance Officer or designee;
3. Provide oversight of the Compliance Program by the Compliance Committee;
4. Provide a Compliance Officer to implement the Compliance Program;
5. Assure education, training, and communication about the standards and the Compliance Program requirements;
6. Maintain a system for monitoring, auditing, and reporting Compliance Program performance;
7. 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. Sustain an appropriate mechanism for implementing corrective action; and



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9. Develop a biennial Compliance Workplan, detailing activities the MHP will undertake during the upcoming two (2) years 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 shall be the HHS Business and Support Services Director (or Deputy Director as alternate) and reports to the Shasta County Health and Human Services Agency Director (Mental Health Director). The Compliance Officer is vested with the responsibility and authority to implement the Compliance Program.
 - B. Compliance Officer – The Compliance Officer is vested with the responsibility and authority for implementation, administration, and oversight of the Compliance Program. The Compliance Officer has the authority to delegate responsibility for the 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 Committee membership.
 - D. County Counsel – The Compliance Officer or designee 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 or designee, 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 HHS, through its MHP, will adhere to its established Code of Conduct (See Code of Conduct P-P).
 - C. Compliance Standards (Element #6) – The Compliance Program establishes standards, including policies and procedures, to facilitate adherence to applicable laws and regulations.



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- i. The Compliance Officer or designee, in consultation with the Compliance Committee, will be responsible to identify those areas where there is a substantial risk for non-compliant conduct.
 - ii. The Compliance Officer will ensure the development of compliance standards in all billing and clinical areas of service activities.
 - iii. 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.
- i. 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.
 - ii. 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 or designee 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:
- i. 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);
 - ii. 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;
 - iii. Specific training and education programs in high risk areas;



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- iv. Ongoing reviews of ethical and legal issues in areas of substantial risk;
 - v. The Compliance Officer or designee 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.
 - vi. Shasta County will not employ or retain an employee who knowingly violates either the Code of Conduct, or any element or standard of the Compliance Program. Shasta County will not knowingly employ any provider who is on: the Federal "List of Excluded Individuals/Entities" or the State Medi-Cal "Ineligible or Suspended" list or the System for Award Management (SAM) list. (See Excluded Individuals and Entities P-P).
- F. Internal Monitoring and Auditing Activities (Elements #5 & #7)
- i. The Compliance Officer or designee will participate in regular internal monitoring and auditing activities designed to detect fraud, waste or abuse. This will include investigations of suspected violations of legal and ethical standards as reported by employees to the Compliance Officer or designee. (See Compliance Reporting and Investigation P-P).
 - ii. Sample sizes for auditing activities will be determined by a variety of methods.
 - iii. The Compliance Officer or designee and Compliance Committee shall:
 - a. Identify audits required to verify adherence to, and awareness of, ethics and compliance policies as audits are carried out;
 - b. Review the results of periodic surveys to test awareness of Shasta County ethics and legal compliance policies and procedures;
 - c. 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 Program will be monitored on an ongoing basis in order to meet the needs of the MHP. 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;



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b. Identifying 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
04/10/2017	2014-09.2	Updated Language

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, M.P.H., Director
Shasta County Health and Human Services Agency

5/16/17

Date

Tracy Tedder, Compliance Officer
Director, Business & Support Services
Shasta County Health and Human Services Agency

5/12/17

Date