

**El Dorado County
Health and Human Services Agency
Behavioral Health Division**



**DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM
COMPLIANCE PLAN
January 2019**

***Report Fraud, Waste and Abuse!
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EL DORADO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Mission Statement

With integrity and respect we provide effective, efficient, collaborative services that strengthen, empower and protect individuals, families and communities, thereby enhancing their quality of life.



HHSA Vision

Transforming lives and improving futures



HHSA Values

Fiscal Accountability

We apply conservative principles in a responsible manner and adhere to all government guidelines when working with our stakeholders

Adaptability

We embrace and implement best practices based on an ever changing environment

Excellence

We provide the best possible services to achieve optimal results

Integrity

Our communication is honest, open, transparent, inclusive and consistent with our action

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I. Introduction

El Dorado County Health and Human Services Agency (HHS), Behavioral Health Division (BHD) Substance Use Disorder Services (SUDS) is committed to providing high quality care to clients and being of maximum service to the community. The services provided by the BHD-SUDS are reimbursed in large part by federal and State funding sources. It is the policy of the BHD-SUDS to comply with all applicable federal and State laws, regulations, and statutes, conditions of participation, and guidelines that govern reimbursement from all third-party payers.

The BHD's commitment to compliance includes:

1. Implementing compliance and practice standards through the development of written standards and procedures;
2. Designating a Compliance Officer to monitor compliance efforts and enforce practice standards, and identifying the responsibilities of other key participants in the Compliance Program;
3. Conducting appropriate training and education on practice standards and procedures regarding applicable laws, regulations, and policies;
4. Ensure open lines of communication for disseminating new or changed information to keep employees updated on compliance activities, providing clear and ethical business guidelines for staff to follow, and encouraging the reporting of fraud, waste, or abuse;
5. Conducting internal monitoring and auditing 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;
6. Establishing mechanisms to investigate, discipline, and correct non-compliance and respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate government entities; and
7. Enforcing disciplinary standards through well-publicized guidelines.

II. Legal Mandates for Compliance Activities

Requirements of a Compliance Program are set forth in 42 Code of Federal Regulations Sections 455.1 and 438.608. Further requirements for Program Integrity, which includes the Compliance Program, are established pursuant to the Drug Medi-Cal Organized Delivery System Intergovernmental Agreement between the State of California Department of Health Care Services (DHCS) and El Dorado County HHS, as well as through Information Notices issued by DHCS.

III. Compliance Program Description

A. Elements of the Compliance Program

The Compliance Program includes:

- 1) Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable requirements and standards under the contract between DHCS and HHSA, and all applicable federal and State requirements.
- 2) A Compliance Officer who is responsible for developing and implementing policies, procedures and practices designed to ensure compliance with the requirements of the contract and who reports directly to the Behavioral Health Director and the Board of Supervisors.
- 3) A Compliance Committee at the senior management level charged with overseeing the Compliance Program and its compliance with the program requirements.
- 4) A system for training and education for the Compliance Officer, BHD's senior management, and the organization's employees, volunteers, and interns for the federal and State compliance standards and requirements.
- 5) Effective lines of communication between the Compliance Officer and the BHD's employees, volunteers, and interns.
- 6) Enforcement of standards through well-publicized disciplinary guidelines.
- 7) 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 program requirements.

B. Scope of Compliance Program

The requirements of the Compliance Program apply to all individuals who provide services, including billing or coding functions, in support the Drug Medi-Cal Organized Delivery System (DMC-ODS) operated by or through the BHD, including employees, volunteers, interns, and others working on behalf of the BHD in the provision of DMC-ODS Services. These individuals are generally referred to within this document as the "BHD workforce" or "BHD workforce members".

In addition, the law specifies contractors that furnish, or authorize the furnishing of, Medi-Cal services, perform billing or coding functions, or are involved in the monitoring of services provided by the BHD, are covered under BHD Compliance Program. This includes contracted providers, contracted psychiatrists, and other network and organizational providers.

C. Proactive, Positive, and Preventive Approach

Although the BHD maintains a “zero tolerance” policy towards any illegal conduct that impacts its operations, compliance is approached with a proactive, preventative, and positive strategy. BHD assumes the BHD’s workforce members are honest and align with the agency’s culture of integrity. Building on this premise, the Compliance Program’s activities concentrate on motivating and preparing the BHD’s workforce to do the right thing through timely, effective, and continuous training, and by providing the business tools and technical assistance they need. It is not the intention to discipline or penalize the BHD’s workforce for honest mistakes or reasonable human errors. The Compliance Program is committed to establishing an environment free from intimidation and retaliation where complaints, problems, and errors can be openly discussed and resolved without fear. At the same time, BHD strictly enforces the Compliance Program and applies swift and appropriate disciplinary action for egregious, repeated, and/or intentional violations.

For more information, please see the County Board of Supervisors’ Policy E-5, Policy Prohibiting Discrimination, Harassment and Retaliation, and Reporting and Complaint Procedures at <https://www.edcgov.us/Government/BOS/Policies/Documents/E-5%20Discrimination%20Harrassment%202-13-18.pdf>

D. Oversight and Program Responsibility

Compliance is everyone’s responsibility, not just the responsibility of the Compliance Officer or the Compliance Committee. Therefore, the BHD takes a wide view of responsibility for compliance throughout its organization.

Please see Attachment A for the Compliance Program Organization Structure.

1. *BHD’s Workforce and Others Engaged in the Provision of Services through the Drug Medi-Cal Organized Delivery Operated by BHD*

When individuals become part of BHD, their conduct is expected to reflect HHSA and the County’s values. The BHD’s workforce have the individual duty to know and adhere to both the spirit and specific terms of the Compliance Program. All the BHD’s workforce members are personally responsible to comply with the

Code of Ethical Conduct, and the policies, procedures and standards developed by BHD in connection with the Compliance Program.

As noted above, all contractors and other individuals who support the Drug Medi-Cal Organized Delivery operated by or through the BHD are expected to adhere with the Compliance Program's requirements.

The BHD's workforce, the fiscal and administrative support teams, and others engaged in the provision of services through the Drug Medi-Cal Organized Delivery operated by the BHD are responsible for the following activities:

- Performing all duties in good faith and to the best of one's ability;
- Reading the Compliance Plan, which includes the Code of Ethical Conduct and acknowledging understanding of it by signing the Acknowledgement form (Note: Lack of awareness or misunderstanding of standards cannot be used as a defense for a charge of non-compliance with policy and/or law, or for unethical conduct.)
- Complying with the letter and spirit of the Code of Ethical Conduct, BHD policies and procedures, contractual obligations, as well as laws and regulations applicable to federal, State and local Drug Medi-Cal Organized Delivery System Services, and failing to comply with this may lead to civil and criminal liability, sanctions, penalties or disciplinary action;
- Consulting with a Supervisor, Manager, BHD Compliance Committee Co-Chair, or BHD Compliance Officer regarding any questions about the Code of Ethical Conduct, policy, procedure and/or practice.
- Promptly reporting in good faith any suspected violation of the Code of Ethical Conduct, agency policies and procedures, laws and regulations using one of the Compliance Program's available reporting methods (Note: "In good faith" means honestly or truthfully believing the information reported to be true. Employees are not exempted from the consequences of their own misconduct by self-reporting although self-reporting may be taken into account in determining the appropriate course of action);
- Helping to create a work culture that promotes the highest standards of ethics and compliance; and
- Cooperating and supplying information requested for internal compliance investigations.

2. *BHD Supervisors and Managers*

Supervisors and Managers, in addition to complying with the requirements listed above for the BHD's workforce, must be available to discuss the following with

each the BHD's workforce member and every Contractor for whom they are the primary liaison:

- The content and procedures in this Compliance Program.
- The legal requirements applicable to employees' and contractors' job functions or contractual, obligations, as applicable;
- That adherence to this Compliance Program is a condition of employment or contractual relationship;
- That appropriate disciplinary action will be taken for violations of the principles; and
- The requirements of the Compliance Program.

3. *Executive Management Team*

HSA's Executive Management Team will provide general oversight responsibility and strategic direction to the BHD's Compliance Program. The Compliance Officer will communicate the status and progress to the Executive Management Team.

The Executive Management Team is responsible for the following activities:

- Receives reports on all matters related to the Compliance Program from the Compliance Officer; and
- Provides input to the Compliance Officer on Compliance Program operations or other pertinent issues.

4. *Compliance Officer*

The BHD's Compliance Officer is delegated authority for the development, operation, and general oversight and management of the Compliance Program. In the capacity of this role, the Compliance Officer shall report directly to the Behavioral Health Director and will have a working relationship with County Counsel. The Compliance Officer will update the Executive Management Team on the status and progress of the Compliance Program.

The Compliance Officer is responsible for the following activities:

- Reporting directly to the Behavioral Health Director on all matters of the Compliance Program;
- Providing the Executive Management Team with reports on all matters related to the Compliance Program;

The Compliance Officer is responsible for the following activities, but may delegate these responsibilities to others for day-to-day implementation:

- Serving as the contact point for reports of fraud, waste, or abuse, or other compliance concerns;
- Investigating allegations of improper conduct and monitoring corrective action;
- Ensuring the Compliance Plan and information about the Compliance Program is distributed to the BHD's workforce and contractors;
- Overseeing and monitoring the implementation of the Compliance Program;
- Ensuring that an appropriate record-keeping system for compliance files is developed and maintained;
- Establishing methods, such as periodic audits, to improve the Compliance Program's efficiency and quality of services, and to reduce the Compliance Program's vulnerability to fraud and abuse;
- Periodically revising the Compliance Program in light of changes in the needs of the program or changes in the law;
- Developing, coordinating, and participating in a compliance training program;
- Determining if any of the BHD's workforce or contractors are excluded from participation in federal health care programs; and
- Performing other Compliance Program duties as assigned.

5. *Compliance Committee*

The Compliance Committee will assist the Compliance Officer in the development, implementation, monitoring, evaluation, and ongoing refinement of the Compliance Program.

The Compliance Committee will be Co-Chaired by the Clinical Manager and the Business Manager from the BHD's Quality Assurance / Quality Improvement / Utilization Review (QA/QI/UR) Team. In the capacity of this role, the Compliance Committee Co-Chairs shall report directly to the Compliance Officer. The Co-Chairs will update the Compliance Officer on the status and progress of the Compliance Program.

The Compliance Committee shall be comprised of BHD Managers, at least one Fiscal Manager, and trained representatives of each of the BHD's functional services areas if not otherwise represented by the BHD Managers. The Compliance Committee may collaborate with the BHD's Quality Improvement Committee for purposes of the Compliance Program.

The Compliance Committee meets as needed, but no less than twice per year.

The Compliance Committee Co-Chairs, and the Compliance Committee as a whole as appropriate, are responsible for the following activities, and may delegate performance of these responsibilities to others for day-to-day implementation:

- Providing the Compliance Officer with reports on all matters related to the Compliance Program;
- Recommending policy changes and other identified BHD compliance needs to the Compliance Officer;
- Receiving reports from the Quality Improvement Committee on all matters related to Compliance Program;
- Receiving reports from the QA/QI/UR Teams regarding compliance issues identified through chart and system audits;
- Tracking identified best practices and deficiencies;
- Developing training needs to share best practices and address any systemic issues;
- Advising Supervisors and Managers of compliance findings and trends;
- Reviewing policies and procedures and compliance standards to ensure that these standards are relevant and up-to-date;
- Updating the Compliance Plan at least annually; and
- Performing other Compliance Program duties as assigned.

Additionally, an ad hoc work group may be assigned to address specific issues or concern.

6. *County Counsel*

The Compliance Officer will collaborate with County Counsel in the development and implementation of the Compliance Program.

County Counsel shall be responsible for:

- Providing legal counsel and support to the BHD and Compliance Officer;
- Participating in the training and educational sessions regarding legal elements of the Compliance Program; and
- As requested, investigating complaints or other legal issues that are raised during the monitoring of compliance activities.

7. *El Dorado County Human Resources and HHS Personnel Unit*

The Compliance Officer will collaborate with El Dorado County Human Resources and HHSa Personnel Unit in the event a compliance issue results in a potential personnel-related matter.

The BHD's Compliance Program shall be implemented in compliance with the terms of the El Dorado County Board of Supervisors policies, El Dorado County Human Resources policies and procedures, negotiated labor agreements, and other County- and HHSa-specific personnel resolutions, policies and procedures.

E. Code of Ethics and Expectation Standards

All Behavioral Health Services employees upon hire and annually, sign an acknowledgement for the County's Code of Ethics and Expectation Standards.

The Code of Ethics and Expectation Standards governs the proper conduct of BHD employees to comply with the ethical and legal standards outlined in the Compliance Program. This requirement is also present in agreements with contracted providers.

BHD staff, interns and volunteers shall be informed that strict compliance with the Code of Ethics and Expectation Standards and adherence with the requirements of the Compliance Program is a condition of employment, interning and volunteering with the BHD.

A copy of the Code of Ethics and Expectation Standards and acknowledgment pages can be found in Attachment C.

F. Compliance Program Training

Mandated, comprehensive, ongoing training is central to the Compliance Program's positive, proactive and preventative approach to ensuring legal and ethical compliance.

Compliance training is provided during the HHSa onboarding training, annually, and as needed to all the BHD workforce members. The BHD workforce members may receive additional compliance training as is reasonable and necessary based on changes in job descriptions/duties, promotions, and/or the scope of their job functions.

Contracted providers are responsible for ensuring that their staff receive Compliance training on a similar schedule, no less frequent than annually.

Annual training has a threefold purpose:

- to maintain a high level of awareness of each person's ethical duty to be honest and to report suspected fraudulent activity;
- as a refresher on the Compliance Program requirements and activities; and
- to educate about specific, BHD compliance issues.

Training is also provided as needed to:

- Correct identified erroneous practices and operations.
- Respond to training requests from staff or management.
- Comply with new government mandated training requirements.
- Instruct on critical changes including organizational modifications, new or revised policies and procedures, and regulatory changes.

Examples of Compliance training include, but are not limited to, the following:

- Law and ethics, and violation consequences;
- Health Insurance Portability and Accountability Act (HIPAA);
- Relevant compliance issues such as healthcare fraud, waste, and abuse, applicable laws and regulations and Compliance Program guidelines;
- Recommended best practices to mitigate compliance violation(s);
- Emerging compliance issues;

Memos, informational notices, emails, and/or unit meetings may also be used to notify staff of changes in policies or procedures as part of the ongoing compliance training.

Participation in compliance training is documented through the BHD's electronic learning management system, myLearningPointe, or HHS electronic learning management system, Bridge.

G. Effective Communication; Reporting

Effective communication is the key to a successful Compliance Program, including providing the BHD's workforce and the public with open lines of communication for reporting suspected fraudulent activity, as well as to provide access to compliance information when needed.

The Compliance Officer maintains an "open door" policy and may be contacted directly by any of the BHD's workforce or member of the public to report any violations or suspected violations of law and/or the Compliance Program and/or questionable or unethical conduct or practices including, but not limited to, the following:

- Incidents of fraud, waste, and abuse
- Criminal activity (fraud, kickback, embezzlement, theft, etc.)
- Conflict of interest issues
- Code of Ethics and Expectation Standards violations; and
- Activities that may violate the ethical and legal standards and practices of the Compliance Program.

The BHD's workforce members are also encouraged to seek guidance from their Supervisor, Manager, Compliance Committee Co-Chairs, or the Compliance Officer if

they are unsure about whether they are following the Compliance Program's requirements correctly, if they need additional training, or if they have specific concerns or questions about the Compliance Program.

To promote meaningful and open communication, the Compliance Program includes the following:

- The posting of the BHD's Compliance Plan and other Compliance-related resources on the BHD's intranet site.
- Sending the BHD's workforce, as well as contracted providers and other HHSA staff members who support the BHD, announcements of updates to the Compliance Plan.
- The requirement that the BHD's workforce members report behavior that a reasonable person would, in good faith, believe to be suspected fraudulent activity.
- A confidential process for reporting suspected fraudulent activity.
- A standard that a failure to report suspected fraudulent activity is a violation of the Compliance Program.
- Complaints received by supervisors and managers also will be referred to the Compliance Officer for investigation, as indicated.
- Whenever possible, the name of the person reporting an incident is kept confidential. Keeping the reporter's name confidential must be done within the limits of the law and a promise of anonymity cannot be made. There may be certain occasions when a person's identity may become known or may need to be revealed to aid the investigation or corrective action process. In such instances, there will be no retribution for reporting behaviors or activities that a reasonable person acting in good faith would have believed to be inaccurate or fraudulent. See the El Dorado County Board of Supervisors' Policy E-5, Policy Prohibiting Discrimination, Harassment and Retaliation, and Reporting and Complaint Procedures, available at https://www.edcgov.us/Government/BOS/Policies/Pages/policy_manual.aspx
- A coordinated process between the Compliance Program and HHSA's Fiscal Unit to synchronize billing and compliance activities. HHSA Fiscal staff shall coordinate with the Program Manager with responsibility for the service area to which the billing applies for verification of the validity of claims. Any erroneous claims are voided before the State claim or payment to the provider is processed.

Report Fraud, Waste and Abuse!

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The phone number and the email address for reporting potentially inaccurate or fraudulent behaviors or activities will be posted on the BHD's public website and sent to contracted service providers. The Compliance Hotline is accessible 24 hours a day, 365 days a year. Messages left on the Compliance Hotline will be referred to the Compliance Officer and investigated. Follow-up calls may be scheduled; however, information regarding the investigation and status of any action taken relating to the report may not be available to the caller.

Additionally, posters encouraging the reporting of potential fraud, waste or abuse will be distributed to contractors and posted for the BHD's workforce and public to access. See Attachment B for a sample poster; however the actual poster(s) may differ from this sample but contain equivalent information.

H. Monitoring and Auditing

The Compliance Program includes monitoring and auditing systems designed to detect areas of improvement, training needs, best practices, and ethical or legal violations.

1. Monitoring

Monitoring is an on-going process to ensure processes are working as intended. It consists of checking and measuring that can be performed on a regular schedule or on an ad hoc basis. Monitoring includes reviews conducted during the normal course of operations to ensure corrective actions are being implemented and maintained; or, when no specific problem has been identified to confirm ongoing compliance.

Monitoring is most frequently performed by Supervisors and Managers, who have responsibility for reviewing staff performance and compliance with program requirements. Supervisors and Managers are responsible for running reports from Avatar on a regular schedule, reviewing the reports, working with staff to address any performance or compliance issues, and reporting any potential fraud, waste, abuse or other suspected fraudulent activity to the Compliance Office. Any inconsistencies, suspected violations or questionable conduct is to be reported, investigated, and if necessary and appropriate, corrected. A list of the Avatar reports that may be useful for these purposes is included as Attachment D.

The Compliance Officer and the Compliance Committee perform additional monitoring of operations to ensure compliance with applicable laws and the Compliance Program.

2. Auditing

Auditing is completed by the QA/QI/UR Team and is a more formal and objective approach to evaluate and improve the effectiveness of the BHD's processes and to ensure oversight of delegated activities. An audit is a formal review of compliance using a particular set of standards as base measures performed by someone with no vested interest in the outcomes.

Audits may relate to program operations, chart documentation, or other special topics, and may include but is not limited to site visits, interviews with personnel, review of written materials and documentation and data analysis. The BHD may perform internal audits as well as audits of its contracted providers.

The results of audits are forwarded to the Compliance Committee Co-Chairs for review. The results of audits are reported in aggregate data format or as a single audit format to the Compliance Officer and the Compliance Committee. These reports may also be forwarded to the Quality Improvement Committee, if appropriate.

When appropriate, the Compliance Officer informs the appropriate agency (e.g., DHCS or law enforcement) of reportable findings, such as fraud, waste, or abuse.

I. Investigative Processes

The Compliance Office has the authority to investigate any reported or otherwise identified potential compliance issue and will either conduct the investigation and/or refer the issue to a more appropriate area within or outside BHD, including but not limited to a Compliance Committee Co-Chair, County and/or State Fraud Units, County Counsel, HHS Personnel, County Human Resources, auditors, or health care consultants with the needed expertise.

Investigations are to be conducted promptly, objectively, thoroughly, confidentially, and within the limits of the law.

This Compliance Plan requires investigation of all reported or identified potential violations. When potential violations are reported or detected, the Compliance Officer, or designee, will perform the investigation, and determines whether:

1. A flaw in the Compliance Program failed to anticipate the problem;

2. Adequate training was provided on the issue;
3. Evidence exists that indicates the violation may be potential misconduct; and/or
4. There are any other contributing or mitigating factors to consider.

Detected potential misconduct shall be reported to HHS Personnel within five (5) working days of misconduct. Identified system issues shall be addressed through process re-design and/or training, and monitored by the Compliance Committee for effective implementation.

All individuals with knowledge of the potential misconduct are expected to cooperate with any investigation undertaken by HHS Personnel and/or County Human Resources to the full extent required by County Labor Agreements, County Personnel Rules, and law.

All individuals who participate in an investigation have the right to be free from discrimination, harassment and retaliation for their participation. For more information, please see the County Board of Supervisors' Policy E-5, Policy Prohibiting Discrimination, Harassment and Retaliation, and Reporting and Complaint Procedures at <https://www.edcgov.us/Government/BOS/Policies/Documents/E-5%20Discrimination%20Harrassment%202-13-18.pdf>

If the investigation results in no findings, the investigation file is closed.

However, the BHD may identify program improvements, corrective actions, disciplinary actions, return of overpayment, reporting to a State and federal agency, or other actions to be taken.

J. Responding to Investigation Findings and Developing Corrective Action Initiatives

In the event the investigative findings establishes that non-compliant activity has occurred, a plan of correction to address the non-compliant activity will be developed to systematically address the issue and implement changes in policy necessary to prevent further issues from arising.

Corrective actions may include, but are not limited to:

- Any necessary disciplinary or remedial actions directed to individuals in the BHD workforce or within the contracting process;
- Additional training;
- Suspension of billing;
- Adjustment of policies and procedures;
- Initiation of steps designed to reduce the error rate;

- Report and repay, if applicable, offenses to the appropriate government authority;
- Conduct periodic reviews of risk areas to verify corrective action taken;
- Expansion of auditing and/or monitoring activity;
- Disclosure of the matter to external required parties or agencies;
- Recommendations for sanctions or discipline;
- Restitution of overpayments;
- Referrals to external agencies or law enforcement, as appropriate, for further investigation and follow-up.

Corrective Action Plans (CAPs) will specify the tasks, completion dates, and responsible parties. The Compliance Officer and/or the Compliance Committee may be consulted for guidance in developing the corrective action plan. A corrective action plan must address the specific issue to prevent the occurrence of similar problems in other areas.

The Compliance Officer approves the plan prior to implementation and monitors the implementation to ensure successful and sustained resolution.

Developing and enforcing disciplinary standards helps create an organizational culture that emphasizes ethical behavior.

All BHD workforce members are responsible for complying with the Compliance Program. Failure to do so will be responded to fairly, firmly, consistently and in proportion to the real or potential risk of harm to the BHD. Any required disciplinary action is initiated by the appropriate management personnel, not by the Compliance Program. Most small, unintentional and short term infractions are met with education and training whenever possible. When employees must be disciplined, each situation is evaluated on a case-by-case basis following the County's Personnel Rules and procedures.

Violations by individual service contractors are handled according to the terms of their contract with the County.

Subsequent investigations may be conducted to determine if corrective action has been followed by the appropriate staff member(s).

- If the subsequent investigation indicates that corrective action was not taken, staff may be subject to disciplinary action and/or the case may be sent to the appropriate County, State or federal agency to be reviewed for possible administrative, civil and/or criminal action.
- Workforce members who have been informed of non-covered services or practices, but continue to bill for them, or workforce members whose claims must consistently be reviewed because of repeated over-utilization or other

abuse practices, could be subjected to actions in compliance with the disciplinary standards through the County's Personnel Rules and Policies.

K. Enforcing Disciplinary Standards through Well-Publicized Guidelines

The range of disciplinary actions that may be taken follow the County's Personnel Rules, as well as any actions that may be identified in Labor Agreements between the County and the various Bargaining Units.

County Personnel Rules can be found at:

<https://www.edcgov.us/Government/HumanResources/Documents/PersonnelRulesResolution015-2014.pdf>

Labor Agreements can be found at:

https://www.edcgov.us/Government/HumanResources/Pages/labor_agreements.aspx

L. Evaluation of the Program

The Compliance Committee monitors the Compliance Program on an on-going basis. Through monitoring, the Compliance Officer and Compliance Committee will assure that the Program is evolving to meet the needs of EDCMH. Monitoring includes, but is not limited to:

1. Obtaining employee feedback on how the Compliance Program can be more effective;
2. Identify any areas where compliance efforts break down; and
3. Modify the Compliance Program to incorporate changes in laws or regulations or EDC DMC-ODS business.

On at least an annual basis, the Compliance Committee will conduct a formal evaluation that demonstrates to the Compliance Officer and Executive Management Team that:

1. All written compliance communications were distributed to all targeted employees;
2. All contracted providers have received compliance communications pertinent to them;
3. Employees are being encouraged to report violations without fear of retaliation;
4. All scheduled trainings have occurred;
5. Auditing and monitoring of the Compliance Program has occurred;
6. Reported or identified potential violations or other problems identified in the audit process have been addressed appropriately;
7. The disciplinary process has been functioning as intended; and
8. The Compliance Program has been reviewed for possible improvements, both when violations or near misses have occurred and on a routine basis based on changing government standards or industry practices.

M. Compliance Program Documentation

To ensure successful implementation of the compliance standards, to track compliance violations, and to document the BHD's commitment to compliance, the BHD has developed the following documentation procedures:

1. Compliance Program Records

Compliance records and documentation are maintained by the Compliance Office to establish the performance of the Compliance Program. Examples of records may include, but are not limited to:

- Compliance Work Plan;
- Risk Assessments;
- Compliance Committee meeting notes;
- Exclusion List Checks;
- Compliance Log;
- Reports of Investigations and Corrective Actions; and
- Auditing and monitoring activities, results, recommendations and corrective action follow up.

Training and educational presentation overviews, handouts, attendance sheets, and participant evaluations are maintained by HHSA's Training Coordinator and/or BHD's Workforce Education and Training Coordinator.

2. Compliance Log

Documentation of violation investigations and results will be maintained by the Compliance Officer, or designee, in the Compliance Log. The Compliance Log shall be an electronic file stored in a secured Quality Improvement network drive on the BHD's computer network.

Information from the Compliance Log will be summarized and system level issues may be reviewed with the Compliance Committee and the QIC. Suggestions, feedback, and changes to the system from the QIC will also be documented in the Compliance Log.

The Compliance Log contains the following information, minimally:

1. The date or general time period in which suspected fraudulent action occurred;
2. Name of the reporting party and/or source of the allegation (via compliance hotline, direct contact with Compliance Officer, routine audit, monitoring activities, etc.);
3. Name of the provider(s) involved;

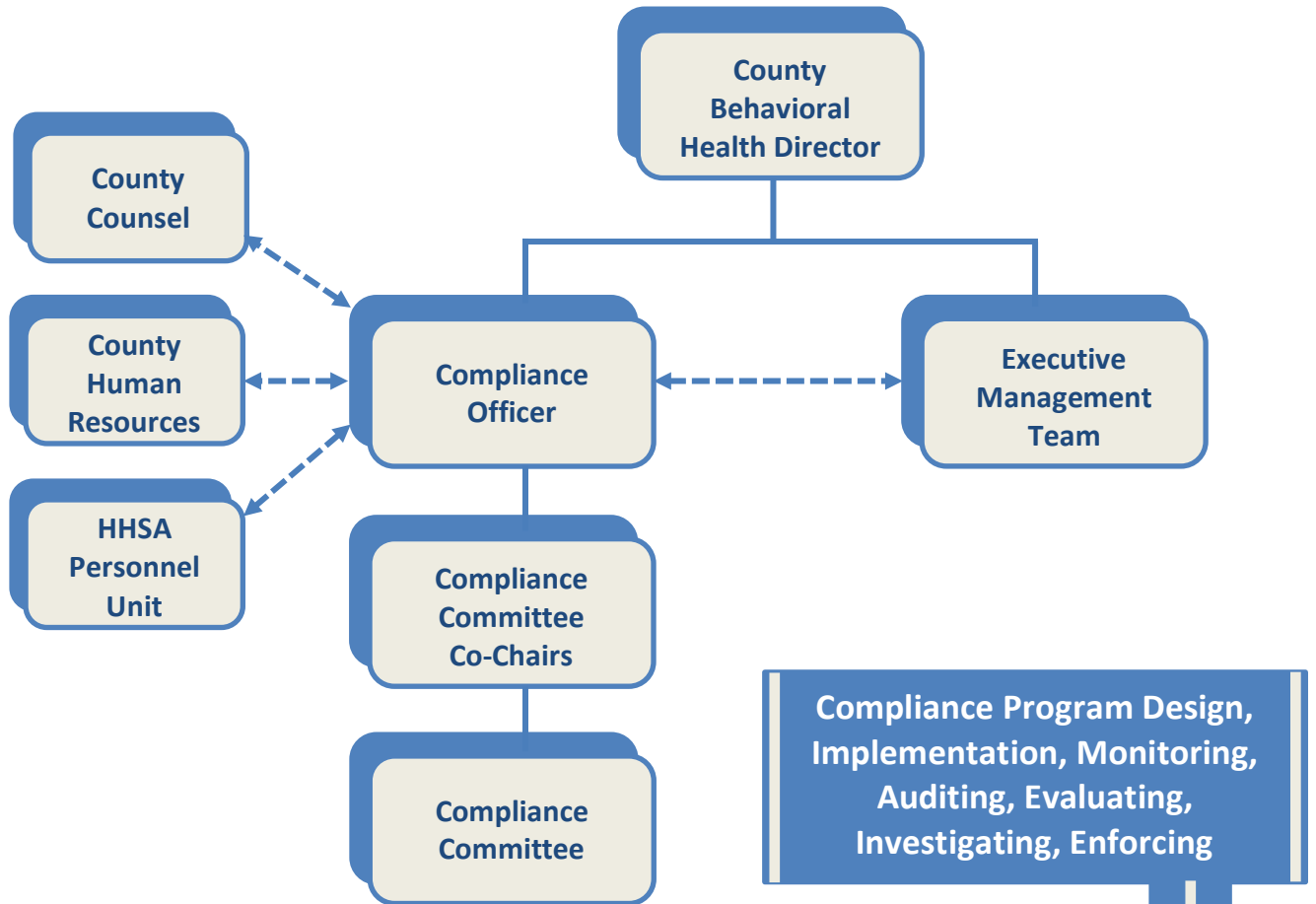
4. Name of the client(s) or chart number(s) involved; (although materials protected by attorney-client privilege will be filed separately)
5. Specific information regarding the investigation, including copies of interview notes, supporting reference materials, etc.;
6. Name of the person responsible for providing feedback to the staff person, if appropriate;
7. The corrective action taken, as applicable;
8. Recommendations for changes to the system from the Compliance Committee, QIC, or other parties.

IV. Compliance Plan Review

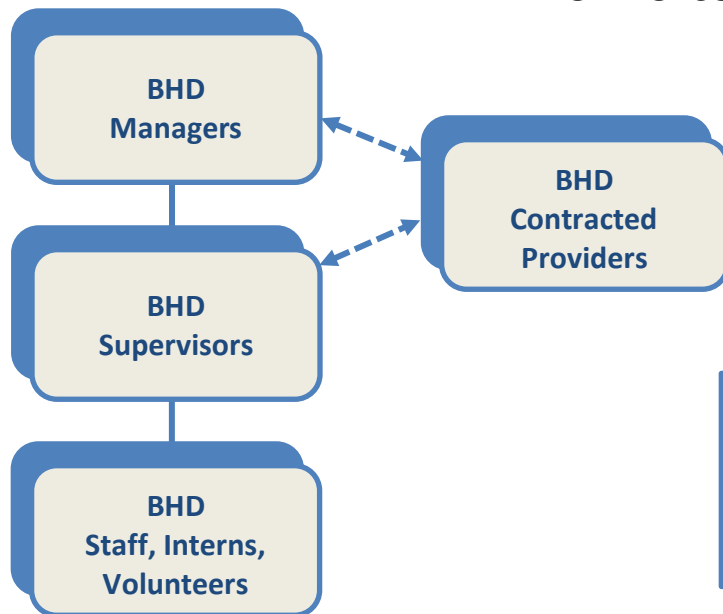
The BHD's Compliance Plan shall be reviewed on an annual basis and revisions to the Compliance Plan shall be made as needed. Interim changes may be at any time upon approval by the Compliance Officer by issuing an addendum to the Compliance Plan.

Attachment A
Compliance Program
Organization Structure

Compliance Program Organization Structure



BHD Workforce



Responsibility to know and adhere to both the spirit and specific terms of the Compliance Program

Attachment B
Compliance Poster

Compliance is Everyone's Responsibility

Concerns?

**Report
Fraud,
Waste &
Abuse**

**If you have
questions or
concerns
about
potential
Fraud, Waste,
or Abuse:**

- ♦ Call the anonymous Compliance Hotline: (530) 621-6346
- ♦ Send an email to FWA@edcgov.us
- ♦ Send a letter to the Compliance Office at the address below
- ♦ Contact the Behavioral Health Compliance Officer, Jamie Samboceti at (530) 621-6339



**El Dorado County
Behavioral Health Compliance Officer
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619**

Attachment C
Code of Ethics and Expectations
and Acknowledgment

El Dorado County Code Of Ethics

- In the performance of your governmental duties, be sensitive to circumstances that could be misconstrued as a special favor, something to be gained personally, acceptance of a favor or as an influence in the outcome of your duties.
- Be cognizant that private promises of any kind may conflict with one's public duty and responsibilities.
- Always perform your governmental duties conscientiously.
- Always act responsibly with confidential information received in the performance of your governmental duties.
- Outside activities should be compatible with the objective performance of your duties or delivery of government service.
- Treat all individuals encountered in the performance of your duties in a respectful, courteous and professional manner.
- Promote only decisions that benefit the public interest.
- Conduct and perform job duties diligently and promptly.
- Faithfully comply with all laws and regulations applicable to the county and impartially apply them to everyone.
- Promote the public interest through a responsive application of public duties.
- Demonstrate the highest standards of personal integrity, truthfulness and honesty in all public activities.
- Uphold these principles being ever conscious that public office is a public trust.

I acknowledge that I have been provided a copy of the El Dorado County Code of Ethics. I understand this Code of Ethics applies to all County employees and that it is my responsibility to review this policy and to request clarification on any issues that I do not understand. This signed copy of the Code of Ethics will be retained in my official personnel file.

Employee Signature

Date

Employee Expectations

Health and Human Services Agency, County of El Dorado

This document reflects the primary expectations of all employees within the Agency and is reflective of the County "Employee Expectations Standards" and "El Dorado County Code of Ethics" which both apply to all County employees. Your supervisor will review expectations associated with your primary assignments and area of responsibility. This is intended to be representative of expectations rather than a comprehensive list of attributes.

Purpose:

This document is a standardized, employee centered, performance evaluation tool, equipped with universal benchmarks that are designed to be used across the Agency for employee expectations.

What to Expect:

- ❖ **A Framework for Dialogue** – This tool engages all employees in professional development.
- ❖ **Common Expectations** – This tool outlines common Agency expectations ensuring all employees are knowledgeable of and evaluated by a set of baseline employee standards, regardless of the division in which they work.
- ❖ **Open Feedback Loops** – This tool enables open feedback loops through the measurement of Agency benchmarks by all participants. Divisions are able to gather valuable feedback that will promote cross-collaborative Agency growth.
- ❖ **Time Bound Approach** – This guide should be utilized during employee orientation, monthly, semi-annual, and yearly evaluations.

Measureable Benchmarks:

- Attendance
- Punctuality
- Work Habits
- Professional and Technical Skills
- Work Performance
- Customer Service Skills
- Communication Skills
- Team Work
- Judgment
- Initiative
- Adaptability
- Health and Safety
- Appearance

Additional Supervisor and Manager Benchmarks:

- Evaluations
- Coaching Teambuilding
- Staff Utilization
- Discipline Handling

Attendance

Employee:

- Adheres to established departmental attendance policies and work schedules.
- Discusses leave plans with supervisors.
- Receives prior written approval for scheduled leaves, overtime or alternate work schedule.
- Appears for work each day except for paid leave, excused absences, injury or illness.
- Contacts supervisor/management in advance of scheduled starting time to discuss any possible modifications.
- Updates phone message, calendar and e-mail settings to reflect out of office status.
- Keeps electronic calendar up-to-date and makes accessible to supervisor.
- Completes timesheet daily.
- Is familiar with the Personnel Rules¹ and pertinent bargaining unit agreement².
- Coordinates with supervisor and team members to ensure coverage.
- Takes allowed break periods.

Punctuality

Employee:

- Is at work station at the beginning of the shift.
- Reports absences/tardiness in advance, whenever possible.
- Is on time for work assignments, appointments, meetings, etc.
- Returns from lunch and break periods on time.
- Does not work before or after scheduled hours without prior approval.

Work Habits

Employee:

- Exhibits ability to learn and appropriately apply instructions and policies to new or unusual situations.
- Establishes appropriate priorities.
- Properly utilizes time, materials, equipment and resources.
- Follows instructions and supports departmental and County rules, regulations, policies and procedures.
- Consistently produces work products that meet established quantity and quality expectations.
- Gives professional attention to assigned tasks.
- Supports and contributes to a respectful work environment.
- Makes sincere effort to do work efficiently with a minimal amount of error.
- Meets established deadlines.
- Complies with County and department policies, rules, and regulations.
- Observes and follows chain of command.
- Observes and follows confidentiality requirements.
- Keeps up to date on procedural changes.

¹ http://www.edcgov.us/Government/HumanResources/Policies_and_Procedures.aspx

² http://www.edcgov.us/Government/HumanResources/Labor_Agreements.aspx

Professional Technical Skills

Employee:

- Exhibits autonomy and confidence in necessary professional/technical skills of work assignment.
- Identifies and completes training to maintain and enhance professional/technical skills.

Work Performance

Employee:

- Meets deadlines.
- Consistently produces work products which meet the requirements of the assignment and are professional, accurate, thorough and complete.
- Handles assigned workload in a responsible and timely manner without outside help and in accordance with established standards.
- Maintains accuracy of work, even with fluctuating workloads.
- Notifies supervisor promptly when it becomes evident a deadline may not be met.
- Advises supervisor of problems that arise or negative customer interactions.
- Is dependable, accountable, and productive.
- Attends to personal business outside of work time (i.e. lunch, breaks, before/after work).

Customer Service Skills

Employee:

- Interacts and relates with others in a positive, tactful, professional, friendly, business-like, and informative way.
- Cooperates in order to achieve objectives.
- Establishes and maintains effective working relationships with peers, supervisors, professional staff, external partners and the public.
- Use a positive public service approach by being willing to assist others.
- Actively participates in assigned and informal teams.
- Is patient and courteous with coworkers and public.
- Responds to requests for assistance and other inquiries in a timely manner.
- Provides answers with any relevant and readily available advice and/or options.
- Is knowledgeable about the business of the County, the agency, and their customers.
- Refrains from checking personal electronic devices (phone, laptop, tablet, etc.) during customer interactions, meetings, trainings; keeps devices from being disruptive during work hours.

Communication Skills

Employee:

- Presents information effectively, verbally and in written form.
- Listens attentively and respectfully.
- Communication is organized and logical, uses correct grammar, appropriate language, and delivered/conveyed with confidence.
- Returns phone calls and emails within one working day, whenever possible.
- Engages in open, honest dialogues.
- Does not engage in gossiping or inappropriate conversations.
- Follows proper email etiquette and agency standards for email use.

Teamwork

Employee:

- Actively participates in all group efforts.
- Cooperates and offers assistance to other group members on a regular basis.
- Is an active and cooperative team member.
- Is willing to help others when needed or directed.
- Informs supervisor when assignments are complete.
- Volunteers for special projects.
- Shares information and ideas to improve operations and outcomes.
- Is receptive to constructive feedback.
- Works toward objectives that promote the success of the agency.
- Seeks help when needed.
- Is receptive to alternative methods and ideas.

Judgement

Employee:

- Makes sound decisions and recommendations in a timely fashion using the best information available.
- Uses facts, experience, common sense, analytical thought.
- Considers the impact of alternatives.
- Recognizes priorities and limitations.
- Uses tact in interactions with peer group, professional staff, and the public.
- Identifies problems and uses sound judgment and logic to generate, analyze, and evaluate effective and innovative solutions.
- Uses proper implementation and appropriate procedures.
- Requests advice and interpretations when needed.
- Alerts supervisor of problems.
- Adheres to department policy/procedures³.
- Adheres to the County Code of Ethics⁴.
- Does not use County resources (office buildings, vehicles, internet use, mobile devices, e-mail, copy/fax machine, computers) for personal use.

Initiative

Employee:

- Is able to get things done without specific direction.
- Is self-motivated.
- Seeks professional and personal growth opportunities and attends training that enhances professional behavior.
- Supports new ideas/methods/practices and efforts of others to bring about constructive change.
- Takes timely corrective action to avoid/resolve problems.
- Implements positive change without direction.

³ HHSAs Policies can be found here: <http://edcnet/HHSA/StaffOnly/policies.asp>

⁴ County Code of Ethics can be found here: <http://edcnet/HR/ethics.html>

Adaptability

Employee:

- Is flexible with changing job assignments, policies, procedures, situations and environment.
- Maintains effectiveness despite disruptions to work routine.
- Accepts new ideas with constructive attitude.
- Asks thoughtful questions.
- Demonstrates positive acceptance of new ideas and procedure.
- Provides constructive criticism through appropriate channels.
- Follows supervisor and team lead direction and instructions.
- Adjusts work priorities to meet/accommodate new requirements.
- Keeps supervisor informed of areas of difficulty and training needs.
- Is able to change approach or method based on circumstances to achieve desired results.

Health and Safety

Employee:

- Adheres to County and departmental safety, health and security requirements.
- Uses equipment, materials and resources in a safe manner.
- Applies rules and regulations related to safe practices and procedures.
- Employee demonstrates awareness of factors and circumstances creating potential safety risks for self and/or others.
- Is familiar with California Government Code 3100-3109, which states that all public employees are obligated to serve as disaster service workers.
- Has undergone disaster service response training; reviewed training materials.
- Does not allow members of the public to access County facilities outside of business hours.

Appearance

Employee's:

- Appearance and attire is appropriate to job assignment.
- Special attire is worn in appropriate areas.
- Identification is worn according to departmental standards.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Manager and Supervisor Section

Evaluations

Supervisor/Manager:

- Completes evaluations in a timely manner.
- Meets with employees regularly.
- Monitors and tracks successes and learning opportunities.

Coaching/Teambuilding

Supervisor/Manager:

- Provides direction and helps with goal setting.
- Regularly provides feedback to employees.
- Works with subordinates to develop skills.
- Provides recognition of good performance.
- Takes the lead to resolve conflicts.

Staff Utilization

Supervisor/Manager:

- Operates unit within budget and staffing levels consistently without asking for frequent exceptions.
- Manages workforce following County Human Resource policy framework.
- Manages workforce within appropriate job classifications.
- Utilizes staff appropriately and consistently.
- Ensures department goals, priorities and timelines are met.

Discipline Handling

Supervisor/Manager:

- Handles disciplinary matters privately and appropriately.
- Follows County guidelines in disciplinary actions.
- Works with subordinates to provide opportunities for corrective action.
- Provides appropriate direction, goals and feedback.

Supervisor's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

EMPLOYEE EXPECTATION STANDARDS

1. ATTENDANCE

Appears for work on time each day except for paid leave, excused absence, injury or illness. Calls appropriate supervisor in advance of scheduled starting time. In the event the supervisor is unavailable, the employee should advise management.

2. PUNCTUALITY

Employee arrives at work in time to be at workstation at the beginning of the shift and works until lunch, with exception of morning break time. Returns from lunch and is at workstation on time, working until closing time, with exception of afternoon break time. Employee does not work before or after their scheduled work hours without advance approval of a supervisor.

3. COMPLIANCE WITH RULES AND REGULATIONS

- Complies with rules and regulations of the department and County, as directed.
- Observes chain of command.
- Observes confidentiality requirements.
- Keeps up to date on procedural changes.

4. COOPERATION

- Is a team member.
- Is willing to help others when needed, at supervisor's request.
- Informs supervisor when assignments are complete so unit needs can be assessed.
- Volunteers for special projects, when their assignments are complete.

5. ACCEPTANCE OF NEW IDEAS AND PROCEDURES

- Remains flexible. Accepts new ideas without complaining.
- Asks thoughtful questions and demonstrates positive acceptance of new ideas and procedures.
- Provides constructive criticism through normal channels when presented with new ideas or regulation changes.

6. APPLICATION OF EFFORT

- Gives business-like attention to assigned task.
- Shows a consistent amount of work produced in accordance with department standards.
- Makes a sincere effort to do work efficiently, with a minimum of error.
- Meets established deadlines.
- Uses available resource materials.

7. QUALITY OF JUDGMENT

- Recognizes priorities and limitations.
- Uses common sense and tact in dealing with peer group, professional staff, and the public.
- Anticipates future problems and takes preventive action.
- Uses proper implementation of appropriate procedures.
- Requests advice and interpretation when needed from supervisor, lead person, or manager.
- Must alert supervisor to problems.
- Adheres to departmental policy/procedure, except in emergency situations with consent of lead worker, supervisor, or manager.

8. PUBLIC AND EMPLOYEE RELATIONS

- Demonstrates professional, friendly, business-like attitude with public and other agencies/departments.
- Works well with peers, supervisors, subordinates, and professional staff. Is a good "team" member.
- Is courteous and does not disturb other workers.
- Is patient with coworkers and the public.

9. VOLUME OF WORK PRODUCED/QUALITY OF WORK

- Handles assigned workload in a responsible and timely manner without outside help in accordance with established standards.
- Maintains accuracy of work, even with fluctuating workloads.
- Produces professional work products.

10. PERFORMANCE IN NEW WORK SITUATIONS

- Remains flexible and able to adjust to changing situations, i.e., changes in supervisors, regulations, procedures, an reassignment within office, in event of operational need.
- Follows directions.
- Adjusts work priorities to meet new requirements.
- Accepts change with constructive attitude.
- Seeks supervisor's guidance in an appropriate manner. Keeps supervisor informed of areas of difficulty and training needs.

Print Name

Signature

Date

Attachment D
Avatar Reports to Help with
Compliance Monitoring

Avatar Reports to Help with Compliance Monitoring

QI, Program Managers, Outpatient Coordinators

Home View

- Note Timeliness Widget

Favorites

Favorites - Management

- Attending practitioner
- Client Merge – QI Only
- Delete/Re-Assign To Do
- Program Transfer
- Review/Co Sign Notes
- Supervisor

Additional Chart Items

Other

- Service Authorization

Reports

Crisis

- Crisis Non-Billable Notes
- No Crisis Activity for 30 Days
- Staff (Call Log and Notes)
- Crisis Hospitalization Assessment Summary

Coordinators

- Program Coordinator Child To Do
- Program Coordinator Adult To Do
- Appointment Enter/Update Report
- Appointment Status Report
- Attending Practitioner Clients and Service Level
- Attending Practitioner History
- Attending Practitioner Missing
- Call Intake Report

- Contract Provider To Do
- ASAM Justification Report
- ASAM Assessment Summary Report
- Number of ER and PCC Visits
- Placement and Program Movement
- Progress Note Audit Report
- Progress Note Corrections
- Progress Notes Draft Over Prompted Days
- Progress Notes Entered Within Prompted Time
- Progress Notes Homicidal or Suicidal
- Progress Notes without Co Sig
- Release of Information Expiration
- Request for Service Type of Discharge
- Request for Service with No Discharge
- Service Authorization Expiration
- Service Authorization Unauthorized Services
- Service Authorization Usage

Quality Improvement

- Admission by Referral Source
- SUD Diagnosis
- SUD Diagnosis to SUD Discharge
- Assessment Legal Class Expiration
- Assessment Notice of Action Report
- Assessment Substance Use Disorder
- CSI Out of County Clients
- CSI Unknown Information Report
- Diagnosis General Health Conditions
- Diagnosis No Updated of a 799.9
- Diagnosis Usage
- Discharge Type
- Hospitalization (Non PHF) Monitor
- Progress Note Billable Note at Jail
- Progress Note Interrupter Used
- Progress Note Urgent
- Request for Psychiatric Appointment
- Treatment Plan (Missing/Not Valid)
- Treatment Plan (Unauthorized Services)
- Chart Access
- CWS Access
- PM Access
- Report Access