Compliance Plan Policy

Effective Date Revision Date	04/17/2007 02/19/2016 Cupmy Roman CaSonya Thomas, Director			
Policy	The Department of Behavioral Health (DBH), with the leadership and guidance from its Compliance staff, establishes and maintains a Compliance Plan that is consistent with federal guidelines regarding essential element requirements that promote a culture of ethics, integrity and quality service.			
	DBH maintains a Compliance Program designed to demonstrate th Department's commitment and efforts to comply with applicable laws an regulations; to develop and maintain policies and procedures to serve a guidance for staff; to establish mechanisms for employees to rais compliance concerns; to ensure concerns are appropriately addressed; t educate and empower staff to make an informed decision that conforms wit applicable laws and regulations; and to take appropriate action when nor compliance is identified.			
Purpose	The objective of the Compliance Plan is to serve as the foundation for the DBH Compliance Program.			
Responsibility	The DBH workforce, including its contract providers, is responsible for maintaining a compliant workplace by adhering to DBH and County policies as well as local, State and federal laws, rules and regulations. The DBH Office of Compliance is a resource for the Department and often serves as the lead for Compliance Program efforts.			
	In addition to the Office of Compliance, DBH staff from both its Mental Health and Alcohol and Drug Programs plays an integral role in adherence to the Compliance Plan. These programs perform audit and program evaluations of DBH clinics and contractors.			
	When audit or program evaluation findings reveal anomalies, non- compliance, or egregious violations, the results are referred to the Office of Compliance for review and appropriate action.			
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Compliance Plan Policy, Continued

Elements of a Compliance Plan The DBH Compliance Plan consists of the essential elements required for effective compliance as recommended by the U.S. Department of Health and Human Services' Office of Inspector General. DBH contract providers are also required to have a compliance plan with the essential elements, which include the following:

Element	Description
Designation of a Compliance Officer and Compliance Committee	 The Compliance Officer of a health care agency must have the following attributes: Well-qualified Member of senior management Supported by a Compliance Committee
	Additionally, the person shall complete compliance related job duties, including, but not limited to, the following:
	 Reports to agency or department director Provides organizational support and compliance expertise Creates an awareness of Compliance Program guidelines Assists in identifying potential risk Contributes to the Compliance Program in a regulatory manner Reports compliance concerns and risks to executive staff Recommends mitigating and corrective action
	The Compliance Committee shall be comprised of the following individuals:
	 Trained representatives of each of the relevant functional departments Senior management

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Compliance Plan Policy, Continued

	Element	Description
Elements of a Compliance Plan, continued	Development of Compliance policies and procedures, including standards of conduct.	 The following are examples of policies, procedures and standards of conduct: Written <u>Code of Conduct</u> articulating the commitment to maintain a compliant work environment by all levels of staffing, detailing the fundamental values of the agency, providing the framework for compliance action, and empowering staff to make compliant and ethical decisions. Included in the Code of Conduct is an acknowledgment form that employees are required to read, sign and adhere to. <u>Standard Practice Manual</u> (SPM) and <u>Outpatient Chart Manual</u> (OCM) containing policies, procedures and processes that provide a structured point of reference for staff to comply with federal, state and local rules, regulations and laws. <u>Scope of Practice and Billing Guide</u> to provide guidance regarding coding, billing and scope
	Open lines of communication.	 of practice for disciplines rendering services. Open communication is essential to maintaining an effective compliance program. Therefore, it is critical that the agency have open communication to increase the agency's ability to identify and respond to compliance issues. The following are examples of open lines of communication: Alternative methods of communication to identify noncompliance such as a compliance hotline Development of a compliant work environment for staff to report noncompliance without fear of retaliation Alternative methods to communicate compliance hot topics and issues to staff such as web blasts, tweets, and newsletters

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Compliance Plan Policy, Continued

Elements of a	Element	Description
Compliance Plan, continued	Appropriate Training and Education for staff, including Compliance staff.	The purpose of training is to ensure that all levels of staff are fully capable of executing compliance with rules, regulations and other standards. Examples of education include, but are not limited to, the following:
		 Education and training for staff on relevant compliance issues such as healthcare fraud and abuse, applicable laws and regulations and Compliance Program guidelines Recommended best practices to mitigate compliance violation(s)
		 Education and training for the Chief Compliance Officer and designated Compliance Staff to increase knowledge regarding emerging compliance issues
	Auditing and monitoring procedures.	As an effective compliance program, Compliance develops auditing and monitoring plans to minimize areas of risk associated with non-compliance. The following are examples of Compliance auditing and monitoring procedures:
		 Audit plan to assess elements associated with an individual billing such as NPI, taxonomy and licensure
		 Unscheduled reviews of programs Analysis of prior risk assessments, audits or findings to re-evaluate concerns or risks Development of an Annual Work Plan that addresses and prioritizes risk areas of the
	Investigation and remediation of compliance violations.	agency to review, audit or monitor It is the expectation that agencies will respond to detected deficiencies. The following are examples of actions to take when an issue arises:
		 Respond to detected offenses and develop corrective action to prevent recurrence Report and repay, if applicable, offenses to the appropriate government authority Conduct periodic reviews of risk areas to verify corrective action taken

Compliance Plan Policy, Continued

Elements of a	Element	Description
Compliance Plan, continued	Enforcement of compliance standards.	Developing and enforcing disciplinary standards helps create an organizational culture that emphasizes ethical behavior. The following are examples of the enforcement of compliance standards:
		 Development and posting of well-publicized disciplinary guidelines
		 Enforcement of disciplinary standards consistently across the agency
		 Investigation and documentation of potential violations, regardless of the staff level
		 Execution of corrective action and referral of disciplinary action
		 Routine checks of all levels of staff against government sanction or exclusion lists
	of the policies and proc	n to this policy, the DBH Compliance Plan consists redures in the <u>Related Policies</u> section of this retail the essential elements.
Compliance		ance standard, policy and/or procedure warrants

Violations

A violation of any compliance standard, policy and/or procedure warrants investigation regardless if the clinic or employee is DBH or a contract agency. DBH expects its workforce to cooperate and be forthcoming when involved in a Compliance Investigation.

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Compliance Plan Policy, Continued

Compliance For questions regarding compliance matters, please contact: Contacts

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Related Policies DBH Standard Practice Manual: COM0914 <u>Code of Conduct</u> COM0917 <u>Compliance Auditing and Monitoring Policy</u> COM0920 <u>DBH Compliance Committee</u> COM0919 <u>Compliance Hotline Policy</u> COM0927 <u>Fraud, Waste and Abuse Prevention Policy</u> COM0933 <u>Ineligible Persons Policy</u>