SAN LUIS OBISPO COUNTY HEALTH AGENCY
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Jeff Hamm
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HEALTH AGENCY COMPLIANCE PLAN

Contractor and Network Provider Edition

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*Note: This Compliance Plan and associated Code of Conduct are provided to the Health Agency's Contractors and partner agencies to assist with compliance with State and Federal Health Care regulations. All Contractors and have agreed to, "…comply with all provisions of the latest edition of the County Mental Health Compliance Plan and Code of Ethics." In addition, all employees of County contractors are required to receive, read and abide by its provisions. Where the term "employee", "County employee", or similar term appear in these documents, they refer to any person meeting the definition of "Workforce Member" in HIPAA regulations whether working for the County or for a contractor of the County.

INTRODUCTION

The San Luis Obispo County Health Agency (SLOHA) maintains a Compliance Program that supports our ongoing commitment to an ethical and professional way of conducting business. The Compliance Program has several purposes, which include:

- Compliance with laws, regulations and terms of contracts governing SLOHA's operations;
- Prevention, detection and correction of fraud, waste, and abuse;
- Support of the Health Agency's mission, vision and core values;
- Support for the County's vision statement and desired communitywide results.

The Compliance Program consists of several elements which include:

- A system of management and governance to ensure program effectiveness;
- A network of policies and procedures which provide direction and expectations to employees;
- Training programs that ensure employees understand policy, procedure and direction;
- Monitoring/auditing programs to detect non-compliance;
- A **Compliance Plan** providing structure and direction to ensure program effectiveness.

THE COMPLIANCE PLAN

The Health Agency Compliance Plan is mandated by the Code of Federal Regulations 42CFR 438.608, Section 8B2.1 of the US Sentencing Commission Guidelines Manual (hereinafter Federal Sentencing Guidelines), and the contract between the County and the CA. Department of Health Care Services. These jointly require the Health Agency to, "have administrative and management arrangements or procedures, *including a mandatory compliance plan*, that are designed to guard against fraud and abuse."

The practical purpose of the Compliance Plan (Plan) is to provide structure and direction to ensure the program supports the goal of compliance with the various laws, regulations, and contracts governing the Health Agency's operations. This Plan reflects the Health Agency's goal of providing the highest level of care and services to those we serve. In addition, this Plan and related policies and procedures combine to reduce the risk of fraud, waste and abuse within the Health Agency.

The Compliance Plan includes the following seven elements:

1. Written policies, procedures, and standards of conduct that articulate the organizations commitment to comply with all applicable Federal and State standards.
2. Designation of a compliance officer and compliance committee that are accountable to senior management.
3. Effective training and education for the compliance officer and the organization's employees.
4. Effective lines of communication between the compliance officer and the organization's employees.
5. Enforcement of standards through well-publicized disciplinary guidelines.
6. Provision for internal monitoring and auditing.
7. Provision for prompt response to detected offenses, and development of corrective action initiatives.

Organization of the Plan: This Compliance Plan describes ongoing compliance elements and, where appropriate, establishes the activities for the Health Agency Compliance Program. It is organized to mirror the seven elements mandated by 42CFR 438.608, and the Federal Sentencing Guidelines. All Health Agency employees shall comply with the elements of the Plan and support its intent to promote compliance with laws, regulations and policies. Please click on hyperlinks to open up relevant source documents and regulations.

THE SEVEN PLAN ELEMENTS

The San Luis Obispo County Health Agency (SLOHA) has adopted the following seven administrative and organizational elements designed to guard against fraud, waste, and abuse.

Element #1 - Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with applicable federal and state standards.

SLOHA has adopted written policies, procedures and standards that provide direction to employees for compliance with federal and state laws, regulations and standards.

A. Compliance Policies and Procedures

SLOHA compliance related policies and procedures include but are not limited to:

- Code of Conduct
- Health Information Privacy and Security Policy and Procedure Suite
- Outside Employment (Incompatible Activities) Policy
- Policy on County Staff Receiving Gifts and Gratuities*
- Information Security Program: Acceptable Use Policy*
- Credit Card Policy*
- Cash Handling Policy*
- County Purchasing Manual*
- County Travel Policy*
- Claims for Services Policy*

* County wide policy and is maintained by another County department.

B. Additional Policy Information

1. Code of Conduct Summary:
   SLOHA maintains a Code of Conduct and Professional Ethics, the purpose of which is to establish and communicate standards of conduct for all employees, interns and volunteers of the Health Agency. The Health Agency Core Values along with the Health Agency Standards of Conduct provide broad guidance and expectations to individuals representing the Health Agency in any capacity. The Code of Conduct applies to every Health Agency employee and is attested to annually as in support of the Health Agency's Compliance Plan.

   The SLOHA Code of Conduct and Professional Ethics includes guidance on:
   - Health Agency Core Values
   - Conflicts of Interest
   - Handling of Transactions, Assets and Cash
   - Confidentiality and Privacy
   - Standards of Conduct
   - Prohibition on Retaliation
   - Reporting of Activity that Violates the Code of Conduct

2. Policy Availability
   Compliance Policies and Procedures are published on the SLOHA intranet site and are available to all individuals whose job functions relate to those policies and procedures.

3. Program Specific Compliance Related Policies
   The Behavioral Health Department and the Public Health Department have program specific compliance policies and procedures that are developed with input from the Compliance Officer.

These policies and procedures are reviewed periodically and are made available to all individuals whose job functions relate to those policies.

4. Policy Review Schedule
   Health Agency policies and procedures are reviewed every two years and updated as necessary.

Element #2 - The designation of a compliance officer and a compliance committee that are accountable to senior management.

The Health Agency Director has designated a Compliance Officer and established a Compliance Steering Committee that are accountable to the Health Agency Director.

A. Compliance Officer

The Compliance Officer reports directly to and has regular communication with the Health Agency Director. The Compliance Officer has authority and responsibility for the development, oversight and refinement of the compliance program. Duties include developing policy and procedure, coordinating training and education, conducting or arranging internal audits, identifying compliance issues and trends, investigating and resolving compliance complaints and promoting awareness and understanding of the legal and ethical standards of the compliance program. In addition, the Compliance Officer chairs the Health Agency Compliance Steering Committee.

The SLOHA designated Compliance Officer is:

Ken Tasseff
Compliance Program Manager
2180 Johnson Avenue, San Luis Obispo, CA 93401
(805) 781-4788
katasseff@co.slo.ca.us

B. Compliance Steering Committee

The Health Agency Director has established a Compliance Steering Committee, the purpose of which is to provide consultation, feedback, and general assistance in the operations, development and refinement of the compliance program. The Compliance Officer is the chair of the Steering Committee and convenes the committee on a monthly basis. The Compliance Officer maintains minutes of all Steering Committee meetings.

Members of the Committee are appointed by the Health Agency Director. Makeup of the Committee is composed of Health Agency employees representing the major Health Agency divisions as well as operational managers whose duties have a nexus to the compliance program.

Committee makeup is as follows:

- Compliance Officer
- Deputy Health Agency Director
- Health Agency Human Resources Administrative Services Officer
- Behavioral Health Division Manager – Quality Support
- Public Health Division Manager – Family Health Services
- Behavioral Health Division Manager – Drug and Alcohol Services
- Behavioral Health Medical Records Supervisor
- Public Health Administration – Privacy Officer Designee
- At-large member as determined appropriate by the Health Agency Director

Element #3 - Effective training and education for the compliance officer and organization's employees.

A. Compliance Officer Training

The Health Agency Compliance Officer shall complete training sufficient to satisfy the requirements to maintain certification by the Health Care Compliance Association as "Certified in Healthcare Compliance." Such training shall include sessions that address documentation and billing standards and practices.

The Compliance Officer shall remain active in professional trade organizations such as the California Privacy, Security, and Compliance Official (CaPSCO); California Quality Assurance Committee (CalQIC); and/or other organizations as appropriate.

B. Employee Training

Employees shall participate in countywide, Health Agency, and department specific compliance related training and education. The Compliance Officer shall be responsible for providing or coordinating Health Agency compliance training while the Public Health Administrator/Health Officer and the Behavioral Health Administrator shall be responsible for ensuring that their employees participate in compliance related training specific to their departments.

1. Frequency: Compliance related training shall be conducted at a frequency consistent with state/federal regulations or contractual terms. When the frequency of training is not specified, training shall be conducted at a frequency sufficient to support an effective Compliance Program as determined by the Compliance Officer. Compliance training shall be a part of the orientation for all new employees.
2. Records of Training: Records of training shall be maintained by the Health Agency Human Resources office, the Compliance Officer, or the various divisions depending on who sponsors the training. Records may include copies of training materials, the types of training program offered, dates offered, and the individuals in attendance. Retention shall be for a period of six (6) years from the date of training.
3. Periodic Review of Training: The Compliance Committee shall periodically monitor, evaluate and assess the effectiveness of the Health Agency's compliance related training programs and shall revise such programs as necessary.

C. List of training in support of the Compliance Program

1. <u>New Hire Orientation and Training</u>

   New hire general compliance training and Code of Conduct training are mandatory for all new employees. The training curriculum addresses the following elements: Health Agency Compliance Program; Health Agency standards of conduct; the False Claims Act; whistleblower provisions; and other current and relevant topics. All new hires are required to complete the following compliance related training.

   - County New Hire Orientation – Including Discrimination and Harassment Prevention Training
   - Health Agency New Employee Welcome Session – Including IT Acceptable Use Training
   - Compliance Plan Training
   - Code of Conduct Training
   - Health Information Privacy and Security Training
   - Confidentiality Statement (Attestation)

2. Annual Staff Compliance Training

The Health Agency offers courses for annual training in support of the compliance program. The training covers core compliance content such as general compliance laws, ethical conduct, fraud and abuse prevention, and confidentiality. All employees shall complete the following training at the time of hire and annually thereafter.

- Compliance Plan Training
- Code of Conduct Training
- Health Information Privacy and Security Training
- Confidentiality Statement (Attestation)
- IT Acceptable Use (Attestation)
- Discrimination and Harassment Prevention Training

3. Annual Program Specific Compliance Training

As required, employees shall complete additional compliance training unique to their assigned division or program. Examples of program specific training include, Cultural Competency, Purchasing, Travel and Expense Reimbursement, Cash Handling Policy, etc.

Element #4 - Effective lines of communication between the compliance officer and the organization's employees. A well-publicized, toll-free, ethics and compliance hotline.

A. Compliance Communications

Ongoing periodic training, regular face-to-face visits to clinic locations, and regular articles in the employee newsletter create effective lines of communication between staff and the Compliance Officer. In addition, contact information for the Compliance Officer and the anonymous toll-free Compliance Hotline number are included in the Code of Conduct, reviewed in New Employee Compliance Training, included in periodic newsletters and posted on the Health Agency Intranet. Hotline Posters are posted at all SLOHA clinics and sites in staff work areas. The Health Agency encourages employees to provide input and recommendations on program effectiveness through training surveys, informal meetings, and open-door policies.

Element #5 - Enforcement of standards through well-publicized disciplinary guidelines.

A. Enforcement of Standards

The Health Agency is generally made aware of any violation of policy or standards through one of four methods; 1) during routine or investigative audits and/or monitoring; or 2) as a result of an employee report or complaint; or 3) as a result of a client report or complaint; or 4) as a result of a community complaint. The Health Agency will investigate reports of a violation of law, policy, or ethical practice. If an investigation finds a violation or misconduct has occurred, the Health Agency Director will consider discipline consistent with County Civil Service Standards. In addition:

- The County provides training on disciplinary guidelines to employees during new employee orientation. County and Department policies generally describe discipline as a possible outcome for violation of the policy.
- As a practice, the Health Agency achieves consistency and compliance through the appropriate application of progressive discipline pursuant to County Civil Service rules. Employee sanctions can range from oral counseling up to termination of employment.
- The Health Agency will not knowingly employ any person or provider in a related position who is on either the Federal "List of Excluded Individuals/Entities" or the State Medi-Cal "Ineligible or Suspended" list. Both lists will be reviewed prior to any offer of employment, and monthly against the roster of active employees.

Element #6 - Provision for internal monitoring and auditing.

A. Internal Monitoring and Auditing

The Heath Agency conducts internal auditing and monitoring to ensure compliance with state and federal laws and to prevent fraud, waste and abuse.

Internal *auditing* includes but is not limited to unannounced audits, corrective action reviews, sanction screening audits, and other retrospective audits for compliance with policy or regulations.

Internal *monitoring* includes but is not limited to on-going billing and coding reviews, utilization reviews, chart reviews, exclusion list check, risk assessments, IT system monitoring, compliance monitoring and other concurrent monitoring activities to ensure compliance.

B. Reporting of violations or suspected violations

The Health Agency requires employees to report in good faith, any known or suspected violation of a law, policies and/or procedure to their supervisor, manager or other management staff within their chain-of-command. Employees have the option of reporting their concerns to Human Resources or the Compliance Officer as well as through the confidential toll free compliance line at (855) 326-9623.

C. Investigation of Reports

The Health Agency will investigate all credible reports of policy/procedure violations or violations of laws/regulations. All investigations shall comply with Health Agency and County standards for conducting an investigation. Investigations may be conducted by the Compliance Officer, Human Resources staff, or management staff as assigned by the Health Agency Director. All personnel investigations conducted in the Health Agency must have the approval of the Health Agency Director.

Element #7 - Provision for prompt response to detected offenses, and for development of corrective action initiatives.

A. Investigation of Reports

Upon receiving a credible report of suspected or actual fraud, waste, abuse or other improper conduct or upon the identification of a potential or actual compliance problem in the course of monitoring and audits, the Health Agency will investigate the allegation based on the County's standards and the County Internal Investigation Guidelines. Investigations may be conducted by the Compliance Officer, Human Resources staff, or management staff as assigned by the Health Agency Director. All employee investigations conducted in the Health Agency must have the approval of the Department Head or the Health Agency Director.

B. Corrective Action:

After appropriate investigation, if a determination is made that there has been a violation of law, policy or procedure, the matter shall be assessed for appropriate corrective or mitigating action. Such action may include review and adjustment of policies and procedures if necessary, review and improvement in training if necessary, additional monitoring and oversight, referral to the Behavioral Health Quality Improvement Committee and/or the Compliance Committee, or consultation with County Counsel for recommendation.

If a determination is made that an employee has violated law, policy or procedure, the matter shall be referred to the proper manager within the chain of command for appropriate corrective action. Such action may include employee retraining or employee discipline.

County Health Agency Director	Date: October 1, 2015
Name: Jeff Hamm	Signature:
County Health Officer	Date: October 1, 2015
Name: Penny Borenstein, M.D.	Signature:
County Behavioral Health Administrator	Date: October 1, 2015
Name: Anne Robin	Signature:

Code of Conduct and Professional Ethics
(Contractors & Network Providers)

The purpose of this Code of Conduct and Professional Ethics is to establish and communicate standards of conduct for all agencies and individuals who subcontract with the San Luis Obispo County Health Agency. The Health Agency Core Values along with the Standards of Conduct described below provide broad guidance and expectations to individuals representing the Health Agency in any capacity including as a contractor or employee of a contractor. Compliance with this Code of Conduct along with adherence to related policies and laws provide a safe, ethical and productive work environment that supports client health and wellness.

These standards apply to every individual who works for the Health Agency, any subcontractor, or any individual receiving compensation through employment or contract with the Health Agency (Hereinafter, Workforce Member). In addition to compliance with this Code of Conduct, licensed workforce members are expected to adhere to the licensing and/or certification regulations and Codes of Ethics for his/her profession. In the event of a conflict between this Code of Conduct and a Code of Conduct governing a workforce member's licensure, licensed individuals must consult with a supervisor for guidance. It is each individual's duty to read and comply with this Code of Conduct and Professional Ethics.

Health Agency Core Values

Integrity

- We are dedicated to high ethical and moral standards and uncompromising honesty in our dealings with the public and each other.
- We are committed to maintaining the public trust and respect through a commitment to the highest standards of professional ethics.

Collaboration

- We celebrate teamwork by relying on the participation and initiative of every workforce member.
- We work cooperatively within and between departments and the public to address issues and achieve results.

Professionalism

- We are each personally accountable for the performance of our jobs in a manner which bestows credibility upon ourselves and our community.
- We consistently treat customers, each other and the resources entrusted to us with respect and honesty.

Accountability

- We assume personal responsibility of our conduct and actions and follow through on our commitments.
- We balance the needs of the community with the fiscally responsible administration of resources.

Responsiveness

- We provide timely, accurate, and complete information to each other and those we serve.
- We solicit feedback from customers on improving programs and services as part of a continuous improvement process.

Compassion

- We perform our jobs with empathy and kindness for our customers and each other.
- We believe in the worth of each person and are committed to safeguard personal dignity with awareness and respect.

Health Agency Standards of Conduct

I. Respect for Others

The County and its subcontractors are committed to providing a work environment in which all individuals, whether workforce members, clients, or members of the public, are treated with honesty, respect and professionalism. All workforce members shall support this commitment when dealing with co-workers and members of the public.

A. Discrimination and Harassment

Discriminatory Harassment:

San Luis Obispo County maintains a zero-tolerance policy prohibiting discriminatory harassment in the workplace. Workforce members must not harass anyone because of race, color, gender, marital status, national origin, religion, medical condition, physical or mental disability, sexual orientation, gender identity or expression, or because the person is 40 years old or older. Workforce members also must not harass anyone for opposing discrimination or for participating in the discrimination complaint process.

Sexual Harassment:

San Luis Obispo County maintains a zero-tolerance policy prohibiting sexual harassment in the workplace. Sexual harassment is a form of sex discrimination that is illegal under both state and federal law and constitutes workforce member misconduct for which disciplinary action, up to and including termination, may result. San Luis Obispo County requires that all workforce members treat the public and other workforce members with courtesy and respect.

B. Cultural Competence

The Health Agency is an organization which serves an increasingly changing and diverse population. Conducting business in a manner that respects cultural differences and demonstrates cultural competence is important in achieving our mission as an agency. All workforce members shall provide services to clients that honor cultural beliefs, interpersonal styles, attitudes and behaviors. All workforce members shall receive and read the SLO County Behavioral Health Division's Cultural Competence Plan and agree to abide by its conditions.

C. Interpersonal Communications in the Workplace

All personal interactions, including those with co-workers, clients, supervisors, the public, and individuals at other agencies, are to be conducted with respect, courtesy, and consideration. Workforce members shall not disparage, demean, belittle, or be disrespectful in their communications with others. Workforce members shall treat others in a manner that supports positive relationships.

D. Violence in the workplace

The County will not tolerate acts of violence or threats of violence by workforce members. San Luis Obispo County requires that all workforce members treat the public and other workforce members with courtesy and respect. Off duty violence or threats of violence may also be subject to discipline depending on the nexus to the workforce member's job as well as the discredit such conduct may bring to the County or Contractor. Violation of this policy by a workforce member will result in discipline up to and including termination.

II. Conflicts of Interest

Workforce members shall avoid any situation which involves or may give the appearance of a conflict between their personal interest and the interest of the County. Workforce members shall notify their supervisor as soon as they become aware of any actual or potential conflict of interest. Contractors must notify the County Behavioral Health Department of any actual or potential conflicts of interest.

A. Kickbacks and Commissions

Workforce members may not receive payment or compensation for business conducted for the Health Agency except as authorized under County policy. The Health Agency prohibits the acceptance of kickbacks and commissions from suppliers or others.

B. Client or Vendor Referral

Workforce members shall not refer a client to themselves, or to a vendor with whom they have a financial or personal relationship without disclosing and receiving permission from their supervisor in advance.

C. Incompatible Employment

Consistent with State law, the County prohibits workforce members from engaging in any activity for compensation which is inconsistent, incompatible, or in conflict with the law or professional standards. Workforce members engaged in outside employment which is or has potential to be a conflict of interest shall notify their supervisor immediately.

III. Handling of Transactions, Assets, and Cash

A. Claims for Services

One of the primary reasons for a Compliance Plan and a Code of Conduct is to prevent fraud, waste and abuse in programs that receive federal and/or state healthcare funding, either directly or indirectly. Workforce members must comply with all laws and regulations regarding claims for services. Workforce members shall take reasonable precautions to ensure that claims are prepared and submitted accurately and timely and are consistent with all applicable laws, regulations, rules and guidelines. Workforce members engaged in coding and billing of services shall understand the regulations and best practices governing coding and billing for services. Any workforce member violating laws, statutes or policies regarding claims for services will be subject to discipline up to and including termination. Contractors found violating laws, statutes or policies, or failing to enforce same will face sanctions by the County up to and including termination of contract.

B. Travel and Expense and General Expense Reimbursement

When a workforce member's position requires spending contractor funds or incurring any reimbursable travel or personal expenses, that individual must comply with all Contractor policies and procedures related to travel or personal expense reimbursements.

C. Cash Handling

Workforce members who have access to Contractor funds in any form must follow the prescribed procedures for cash handling as detailed in the Contractor's policies and procedures.

D. Purchasing

Purchasing decisions must be made consistent with Contractor policy No purchasing decisions may be made based on considerations that workforce members, their family members or friends will benefit.

E. Contractor Assets

All workforce members shall to the best of their ability, protect and safeguard the assets of the Contractor and the Health Agency. Assets may include but are not limited to: structures and offices, furniture and fixtures, county owned vehicles, copiers, fax machines, County owned telephones, keys/fobs, computers, cameras, testing equipment, medical equipment, supplies, or any other property of owned by the Contractor. Assets owned by the County generally will include any software assets or information used by the Contractor in the course of business with the County. Workforce members must promptly report any missing or misused equipment or assets to their supervisor.

F. Use of County and/or Health Agency logo, letterhead, or identification

Workforce members shall not use the County and/or Health Agency logo, letterhead, identification stationery or other County identifying material unless authorized by the County.

IV. Confidentiality and Privacy

Workforce members may in the course of their work, learn information which is confidential under federal and state law, or which is considered confidential and/or proprietary by the Contractor or the Health Agency. Examples include but are not limited to personal health information (PHI), personally identifiable information (PII), financial information, and employee and payroll information. Workforce members shall keep confidential all such information, whether verbal, written or in electronic form. Workforce members shall not discuss client or family information with anyone not immediately involved with a client's care, treatment or operations without that client's legal authorization. In addition, workforce members shall not discuss client or other confidential information with anyone who does not have an authorized need to know.

Workforce members shall not access or attempt to access any information unless the information is relevant to their job and they are authorized to access it. The logon ID, computer password and electronic signature assigned to workforce members by the Contractor or Health Agency are to be used solely by the workforce member and shall not be shared with any other individual.

V. Other Standards of Conduct

A. Mandatory Reporting

Any allegations of abuse, neglect, or mistreatment of a client or workforce member must be reported to the appropriate supervisor and other officials as required by law and investigated in accordance with applicable policies, rules and regulations. Such Mandatory reporting includes but is not limited to: Child Abuse, Elder Abuse, Tarasoff Warnings, Gunshot Wounds, etc.

B. List of Excluded Individuals – Credentialing

Any workforce member who becomes or may be placed by the state or federal government on a List of Ineligible Individuals must immediately notify their supervisor. An Ineligible Person is any individual who is currently excluded, suspended, debarred or otherwise ineligible to participate in government procurement contracts, federal health care programs, has been convicted of a criminal offense related to the provision of health care items, or is currently excluded on a state exclusion list. These lists are maintained by the U.S. Office of Inspector General Website at: https://oig.hhs.gov/exclusions/exclusions_list.asp and the California Dept. of Health Care Services at: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp. Contractors must notify the County Health Agency of any workforce member appearing on a List of Excluded Individuals or Entities (LEIE).

C. Business Records

- All documentation produced by workforce members or Contractors, including but not limited to reports, letters, forms, and entries in client records, shall be truthful and accurate to the best of their knowledge.
- All records and documents shall be protected and retained as required by professional standards, governmental regulations and contractual obligation with SLO County.
- Workforce members shall follow the approved record retention schedules and federal or state record retention requirements.

- Workforce members must not destroy or alter any information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction.

D. Licensure and//or Certification

All workforce members who are required to possess professional licensure or certification as a condition of their job must maintain licensure or certification consistent with the requirements of the applicable licensing or certifying board. In addition, all workforce members who drive a vehicle (either Contractor owned or personal) in the course of doing business must maintain their driver license in good standing.

Workforce members must notify their supervisor any time their professional license, certificate, or driver license (if they drive on Contractor business) becomes restricted, revoked, or expired. In addition, workforce members must notify their supervisor if they are being investigated for a matter that may negatively affect their licensure or if they anticipate problems with their licensure.

VI. Prohibition on Retaliation

The Contractor and the Health Agency maintain a zero tolerance policy prohibiting any adverse employment action against those who in good faith report, or support someone who reports violations of policy or state/federal law, or engages in other legally protected activity. The Contractor and Health Agency further prohibit retaliation against anyone who participates (as witnesses or accused) in investigations into complaints of alleged misconduct. Disciplinary action, up to termination will be taken against a workforce member who is found to have violated this policy.

VII. Reporting of activity that violates this code of conduct

Any *workforce member or Contractor* who knows or suspects that there has been a violation of policy, or a violation of state or federal law, shall immediately notify a supervisor, manager, or the *Health Agency* Compliance Officer of the violation or suspected violation. Regulations require the County to report violations*, including Contractor violations,* to some state agencies within 24 hours. As such, immediate reporting is essential to meet this statutory timeline. The violation must be reported whether it was committed by the person reporting the violation, or another individual and it must be reported whether intentional or accidental.

To report a violation:
Contact your immediate supervisor
Call the Health Agency Compliance Officer at: (805) 781-4788 or;
Call the toll free Compliance Hotline at (855) 326-9623

Appendix B - Related Laws, Regulations and Agreements

The foundation of the Compliance Plan is based on section 8B2.1 of the US Sentencing Commission Guidelines Manual which mandates compliance with various state and federal laws and regulations that apply to the Health Agency. Key regulations and agreements related to health care compliance include but are not limited to:

- Health Insurance Portability and Accountability Act (HIPAA)
- California Confidentiality of Medical Information Act (CMIA)
- Improper Payments Information Act 2002 (IPIA)
- Patient Safety and Quality Improvement Act of 2005
- Federal False Claim Act / California False Claim Act
- Federal Anti-Kickback Statute
- Stark Law
- Deficit Reduction Act of 2005 – Section 6032
- Medicare Regulations
- Medicaid Regulations
- Medi-Cal Regulations
- Code of Federal Regulations Title 42
- Federal Whistleblower Protections (31USC Sec. 3730(h))
- Agreement between the CA. Department of Health Care Services and San Luis Obispo County