Health Agency Compliance Plan

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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 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

The Health Agency Compliance Plan is mandated by the Code of Federal Regulations 42 CFR 438.608, Section 8B2.1 of the US Sentencing Commission Guidelines Manual (hereinafter Federal Sentencing Guidelines), and the contract between the County and the California 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 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 activities of 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.

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
- Fraud, Waste and Abuse Prevention Policy
- Health Information Privacy and Security Policy and Procedure Suite
- Outside Employment (Incompatible Activities) Policy
- Social and Dual Relationships with Clients
- 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
- Standards of Conduct
- Conflicts of Interest
- Handling of Transactions, Assets and Cash
- Confidentiality and Privacy
- Prohibition on Retaliation
- Reporting of Activity that Violates the Code of Conduct

2. Fraud, Waste and Abuse Prevention
   SLOHA is committed to complying with all applicable laws and regulations. As part of this commitment, SLOHA has established a Compliance Program and Compliance Plan that includes a fraud, waste, and abuse prevention component. The Compliance Officer and the Quality Support Division Manager are responsible for oversight of fraud, waste, and abuse prevention.
3. 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.
4. 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.
5. 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. A Compliance Administrative Services Officer (ASO) also assists and executes day-to-day activities of the Compliance Program with oversite of the Compliance Officer. 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 Staff are Scott Gill and Gary Harper, who are the

Compliance Officer and Compliance ASO, respectively. Both the Compliance Officer and Compliance ASO can be reached at the contact information below.

Scott Gill & Gary Harper
2180 Johnson Avenue, San Luis Obispo, CA. 93401
(805) 781-4788 HA.Compliance@co.slo.ca.us

B. Compliance Steering Committee

The Health Agency Director has established a Compliance Steering Committee to provide consultation, feedback, and general assistance in the operations, development and refinement of the Compliance Program. The Compliance Officer chairs monthly Steering Committee meetings and maintains minutes of all meetings.

Members of the Committee are 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
- Compliance & Privacy ASO
- Health Agency Administrative Services Manager – Contracts/Health Applications/Facilities/Safety OR Support Services
- Behavioral Health Division Manager – Quality Support
- Behavioral Health Medical Records Supervisor
- Public Health Administration – Privacy Officer Designee
- Health Agency IT Supervisor

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

A. Compliance Officer Training

The Health Agency Compliance Officer and the Compliance & Privacy ASO shall attend training offered by recognized professional trade organizations like the Health Care Compliance Association on a regular basis. Such training shall include sessions that address documentation and billing standards and practices.

The Compliance & Privacy professionals shall remain active in 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. New Hire Orientation and Training

   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
   - 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, depending on their position and division, shall complete the following training at the time of hire and annually thereafter. See below for a matrix that describes requirements for specific divisions:

   - Compliance Plan Training
   - Code of Conduct Training
   - Health Information Privacy and Security Training
   - IT Acceptable Use (Attestation)
   - Fraud, Waste and Abuse Training
     42 CFR Part 2

		Court Title				
Department	Frequency	Code of Conduct 2023	Compliance Program Training 2023	Fraud, Waste, & Abuse Prevention Training 2023	Health Information Privacy & Security Training 2023	42 CFR Part 2 - Confidentiality in the Treatment of Substance Use Disorders
NeoGov Course Code	N/A	COC23POSTED	CP23POSTED	FWA23POSTED	HIPS23POSTED	42CFR2023 POSTED
Animal Services	At Hire & Annually	X	X			
Behavioral Health	At Hire & Annually	X	X	X	X	X
Public Guardian	At Hire & Annually	X	X	X	X	X
Administration	At Hire & Annually	X	X	X	X	X
Public Health (All PH Except Environmental Health)	At Hire & Annually	X	X		X	
Public Health (Environmental Health Only)	At Hire & Annually	X	X			

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 periodic trainings at program and division staff meetings 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, and posted on the Health Agency Internet (external) and Intranet (internal). 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.

B. Compliance Reporting

Employees can report suspected fraud, waste, and abuse or other violations by the following means:

- You may report through your supervisory reporting structure.
- You may report to the Health Agency Compliance Staff:
  - Scott Gill & Gary Harper
  - HA.Compliance@co.slo.ca.us **(805) 781-4788**
- You may contact the anonymous, toll-free hotline at **(855) 326-9623**
- You may e-mail the anonymous hotline at reportlineweb.com/sanluisobispo

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, Compliance & Privacy ASO, 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 staff, 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 Steering 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 discipline.

DOCUMENT HISTORY			
Effective Date	**Status: Initial/ Revised/Archived Description of Revisions**	**Author**	**Approved by**
10/01/15	Initial Release	Ken Tasseff	Jeff Hamm
02/01/16	Added ref. to Fraud, Waste and Abuse Policy; Added reporting Info.	Ken Tasseff	Jeff Hamm
11/01/20	Added ref. to new HA Director; Added ref. to new Compliance/Privacy PM; Updated Format.	David Michels	Mike Hill
8/29/24	Added ref. to new Compliance staff; Updated grammatical. Work Plan Appendix moved to stand alone document. Added matrix detailing required trainings and frequency for Staff. Accessibility Checked.	Gary Harper & Scott Gill	Nick Drews

Approved by: _____ Date: 09/13/2024

Nicholas Drews, Health Agency Director

Appendix A - 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