



SAN LUIS OBISPO COUNTY HEALTH AGENCY

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HEALTH AGENCY COMPLIANCE PLAN

Including Biennial Work Plan for Calendar Years 2015 – 2016

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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 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. 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
- 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 Health 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.

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

Appendix A - Biennial Compliance Program Work Plan – Calendar Years 2016-2017

Purpose and Organization

The San Luis Obispo County Health Agency Biennial Compliance Program Work Plan (Work Plan) describes activities in support of the Agency’s Compliance Plan during the calendar years 2015 -2016. It is used to provide a structured approach to implementing ongoing activities such compliance program audits as well as “one time” projects intended to improve processes or program results. The Work Plan is organized to mirror the seven elements of the Compliance Plan.

Element #1 – Written Policies, Procedures and Standards

Policy and Procedure Work Plan for Calendar years 2015-16

1. Review and update the Health Agency Outside Employment Policy
Scheduled completion – Spring 2015
2. Review and update the Health Information Privacy and Security Policy and Procedure
Scheduled completion – Summer 2015
3. Review and update the Health Agency Code of Conduct
Scheduled completion – Fall 2015
4. Review and redesign the Health Agency Policy and Procedure Intranet Page
Scheduled completion – Fall 2015
5. Review and update two additional Health Agency policies (TBD)
Scheduled completion – 2016

Element #2 - Designation of a Compliance Officer and Compliance Committee

- A. For Compliance Plan cycle 2015-2016, The Health Agency Director has designated the Compliance Program Manager as the Compliance Officer for the Health Agency.
- B. The Compliance Committee is scheduled to meet on the following dates during the 2015-16 biennial Compliance Plan cycle:

2015: Jan. 6, Feb. 3, March 3, April 7, May 5, June 2, July 7, Aug. 4, Sept. 1, Oct. 6, Nov. 3, Dec. 1.
2016: Jan. 5, Feb. 2, March 1, April 5, May 3, June 7, July 5, Aug. 2, Sept. 6, Oct. 4, Nov. 1, Dec. 6.

Element #3 – Effective Training and Education

- A. Develop/update training for the following compliance topics
 1. Health Information Privacy and Security (Develop internal training with focus on updated P&P.
 2. Health Agency Compliance Plan (Develop internal training with focus on updated Compliance Plan)
 3. Code of Conduct (Develop internal training with focus on updated Code of Conduct)
 4. Fraud, Waste and Abuse (Develop internal training with focus on updated F,W,&A T P&P)
- B. Develop specialty training for select Community Based Organizations and Network Providers.
 1. Mandatory contract-based training (Compliance Plan, Code of Conduct)
 2. Discretionary training to support overall regulatory compliance (HIPAA, Law and Ethics)
- C. Develop specialty training / acknowledgements for non-Health Agency service providers such as custodians and construction contractors.
- D. Provide periodic training to support ethics and integrity.
 1. Provide annual Discrimination and Harassment Prevention training
 2. Provide annual IT Acceptable Use training
 3. Provide annual Cultural Competency Training
- E. Add Code of Conduct Training to New Employee Welcome Training

Element #4 – Communication between Compliance Officer and Employees

Communications Work Plan for Calendar years 2015-16

- Develop and deploy survey of compliance program awareness during the 2015-16 Plan cycle.

Element #5 – Enforcement of Standards through Disciplinary Guidelines

Enforcement Standards Work Plan for Calendar years 2015-16

1. Develop Supervisor/Manager training on appropriate discipline and documentation standards for employee violations.
2. Establish practice that all material policy violations be supported with written documentation to employee.
3. Automate process for checking the List of Excluded Individuals/Entities.

Element #6 – Internal Monitoring and Auditing

Monitoring and Auditing Work Plan for Calendar years 2015-16

1. Work with new Department Automation Specialist (Security DAS) on analyzing, updating and implementing additional electronic security measures during the 2015-16 Plan cycle.
2. Work with Supervising Health Information Technician on risk analysis of coding and billing system during the 2015-16 Plan cycle.

Element #7 – Response to Violations and Development of Corrective Actions

Response and Corrective Action Plan for Calendar years 2015-16

- The Compliance Officer will develop logs to track response and corrective actions to allegations of wrongdoing.

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