

**Madera County Behavioral Health Services  
Annual Compliance Work Plan  
Fiscal Year 2012-2013**

**I. INTRODUCTION**

Madera County Behavioral Health Services (BHS) is committed to compliance with all federal and state regulations regarding the provision of services and reimbursement for various behavioral health services provided by staff and contractors. The BHS Compliance Program was initiated December 2003 in response to a new California Department of Mental Health mandate. The impetus of this State mandate came from federal Medicaid Managed Care regulations, in particular 42 CFR 438.608 Program Integrity Requirements, that strongly recommended entities receiving federal health care funds establish compliance programs.

The compliance efforts of BHS help ensure services are of the highest quality and clinical and fiscal documentation meets all quality assurance and reimbursement requirements of federal and state payers. A second and equally important focus is privacy and adherence with all relevant privacy and security laws. This work plan outlines the Compliance Program activities scheduled for fiscal year 2012-2013.

**II. WORK PLAN PURPOSE**

The BHS Annual Compliance Work Plan describes activities to be implemented each year. It is used to direct, monitor, and improve BHS's compliance efforts. The Work Plan outlines ongoing, routine activities as well as one-time projects unique to this year.

The Work Plan Report will document the completion of and summarize compliance activities, providing analysis where appropriate. The report will organize the supporting documents for each year's compliance activities to ensure ready access to information as needed.

The Work Plan is completed and submitted to the Compliance Committee for approval by July 15<sup>th</sup> of each year.

**III. WORK PLAN**

The Compliance Program is built on the components of an effective compliance program as outlined by the Federal Sentencing Guidelines (FSG), and is consistent with Mental Health Plan Integrity requirements set forth in 42 Code of Federal Regulations 438.608, and the Deficit Reduction Act of 2005. The Work Plan is organized to reflect the seven components of an effective compliance program outlined in the FSG:

- A. Compliance Personnel
- B. Compliance Standards
- C. Training and Education
- D. Communication
- E. Monitoring and Auditing
- F. Enforcement
- G. Risk Assessment

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**A. Compliance Personnel**

The Federal Sentencing Guidelines advise “High-level personnel of the organization shall ensure that the organization has an effective compliance and ethics program and shall exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program.” Best practice in this area calls for the assignment of a Compliance Officer to a position of authority in the organization adequate to compel adherence to compliance related policies and procedures, complete compliance investigations, render compliance decisions, and report directly to organizational leaders. The following describes the Compliance Program components associated with Compliance Personnel.

1. Compliance Officer (C.O.) – The Compliance Officer is a BHS Manager who reports to the BHS Assistant Director and has direct access to the Director and County Counsel as needed. The Compliance Officer is a member of the Management Team, Quality Management Committee and Anasazi Committee.
2. Compliance Committee– The Senior Management Team functions as the Compliance Committee. This assures that the highest levels of the BHS administration participate regularly in compliance review and decisions.
3. Quality Management Committee – The Quality Management Committee meets quarterly and is responsible to approve the annual QI Plan and monitor its implementation throughout the year. The Committee also addresses quality management issues that may arise not related to the plan. Because Compliance is equally committed to quality and many indicators within QI Plan are directly related to compliance efforts, this is an important committee position for the Compliance Officer.
4. Anasazi Committee – The Anasazi Committee is responsible for the development and implementation of the electronic integrated medical record and fiscal system–Anasazi. As a member of this committee, the Compliance Officer guides and ensures decisions about clinical records, billing and cost accounting systems are in compliance with all applicable laws, rules and regulations.
5. Med Monitoring Committee – The Med (medication) Monitoring Committee meets monthly and is charged with ensuring medication practices are provided safely, effectively and in compliance with the law. A pharmacist monitors a random sample of medication services to assure compliance with the State Medication Monitoring Regulations and BHS medication monitoring guidelines and provides a verbal and written report of findings and recommendations to the Committee. In addition, the Committee addresses and makes recommendations to Management regarding all medication related issues and problems.

**B. Compliance Standards**

BHS promotes its commitment to compliance through the development and distribution of policies and procedures in response to new laws and regulations that affect the Compliance Program.

The following new P & Ps will be updated or developed this fiscal year:

Updates:

1. P & P: CMP 01:00 Compliance Program
2. P & P: CMP 02:00 Compliance Officer
3. P & P: CMP 03:00 Compliance Committee
4. P & P: CMP 07:00 Anonymous Compliance Reporting

New:

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5. Omnibus Compliance Policy for Services Funded by Federal Health Care Programs
6. Voluntary Reporting of Overpayments and Disclosure of Material Deficiencies
7. Federal Anti-Kickback Prohibitions
8. Whistleblower Protections

**C. Training and Education**

Training and education are key components of the Compliance Program. Training ensures the BHS workforce receive information about the Compliance Program when they begin employment and at least annually thereafter as “refreshers” that reinforce the BHS culture of compliance. The Compliance Officer publishes training materials and keeps attendance records of trainings.

**1. New Hire Compliance Training**

It is the policy of BHS all new employees, on-site contractors, extra help employees, temporary employees, volunteers and interns receive General Compliance & Privacy Training within the first week of employment. New Hire Compliance Training is provided by Compliance Officer. The training curriculum includes the following elements: BHS Compliance Program overview including 7; Code of Ethical Conduct; False Claims Act; Whistleblower Provisions; and Privacy/Security. In addition, the Compliance Handbook which includes the Code of Ethical Conduct is distributed at this time. New workforce members are required to sign and return the Compliance Program Handbook Acknowledgement and Agreement form within 30 days.

**2. Annual Compliance Training**

In August, the Compliance Officer based on input from the Compliance Committee makes needed updates to the Compliance Program Handbook. In July, all workforce members are required to individually review the Compliance Program Handbook and re-sign the Compliance Program Acknowledgement and Agreement form.

Also at this time, supervisors are required to select a compliance topic relevant to their program and to provide training on that topic to their staff. Supervisors document this training by submitting a brief description of the training along with an attendance sign in sheet to the Compliance Officer.

**Other Annual Compliance-Related Training**

- a. All workforce members must review all BHS policies and procedures.
- b. All clinical staff are mandated to complete the online Documentation Training.

**D. Communication**

Training and education efforts, as well as compliance policies and procedures, encourage employees to question, seek guidance and submit reports of suspected compliance violations. BHS recommends individuals communicate with their supervisor whenever possible, as this will usually be the most efficient and effective method for addressing concerns. However, the Compliance Program emphasizes that the first priority is *to report* and *to question*; therefore, employees may always contact the Compliance Officer directly. Compliance training materials and posters throughout the BHS clinics campus list Compliance Officer contact information. Methods of reporting include:

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1. Compliance Officer office phone;
2. Compliance Officer email;
3. Compliance Officer office walk in or appointments;
4. The confidential "Anonymous Email" allows individuals to communicate anonymously with the Compliance Officer.
5. Compliance and Privacy Tips (Compliance Officer all staff emails)

**New:** The Privacy & Compliance Tips email program will be on a quarterly schedule rather than being distributed randomly throughout the year.

The Compliance Officer will maintain a confidential reporting log, with information from every contact directed to the Compliance Officer.

Compliance Program materials, trainings, reports, committee agendas/minutes and other non-confidential documents are posted in the Compliance Folder in Public Share—the Department's online document repository—available to all workforce members.

#### **E. Monitoring and Auditing**

BHS conducts monitoring and auditing activities to assess, and when necessary respond to, program functioning relative to federal and state laws, regulations and guidelines.

Ongoing monitoring activities will continue including:

1. Ineligible Persons Screening for Staff and Contractors (See Compliance P & P 10:00 Ineligible Persons Screening for details)

NOTE: To date, no staff or contractor has been found ineligible.

2. Policy and Procedure Monitoring

**New:** Data from the P & P Monitoring Reports will be analyzed for trends and patterns to identify staff training needs.

3. Late Anasazi Progress Notes (See Clinical P & P 19:00 Late Anasazi Progress Notes)

**Major New Initiative:** The Compliance Program and the Quality Improvement / Performance Improvement Program (PIP) Committee are partnering to develop a "service verification" monitoring system for all programs. The goal is to ensure services billed to Medi-Cal are actually received by the beneficiaries. As this is a major undertaking and gets to the core of preventing fraud and abuse, this will be the central focus of the Compliance Program for the next year or two.

#### **F. Enforcement**

Enforcement within the Compliance Program assures that BHS fully adheres to laws, rules and regulations when it is determined that it has not met federal, state and/or county compliance requirements. The Compliance Officer makes recommendations about enforcement but the final decision regarding enforcement is ultimately the Director's responsibility. The Compliance Officer and the Management Team/Compliance Committee work together to investigate, design and implement a response and monitor the outcomes for each compliance violation identified. The primary steps in any enforcement or corrective response are:

- Stop current activity that has initiated investigation and enforcement.

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- Identify repayments, or other actions, that must be made to retroactively address non-compliant activity.
- Report and repay, or make other restitution, per BHS policy and procedure.
- Design and implement process improvement plans that prevent repetition of the error.
- Monitor process improvement plans to ensure effectiveness.

***Do the right thing!***

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**G. Risk Assessment**

The Compliance Committee has determined the Department's highest risk is in not having a service verification system. As outlined above in Section E. Auditing and Monitoring (above, the Compliance Program will focus on developing a Department-wide monitoring system to ensure Medi-Cal services billed have been received by beneficiaries.

No new risk assessment activities will be launched this year. Of course, if serious new compliance risks emerge, the Compliance Program will address them promptly and thoroughly.