



Tulare County Mental Health Organizational Compliance Plan

October 2022

Table of Contents

Introduction	3
Goals and Objectives.....	4
Standards and Procedures	5
Code of Conduct	5
Business Ethics	5
Confidentiality.....	6
Health and Safety.....	6
Employment Practices	6
Job Specific Laws and Regulations	7
Conflict of Interest	7
Billing, Coding, and Claiming Practices	7
Audits and Monitoring.....	8
Reporting Compliance Issues.....	8
Oversight.....	10
Compliance Committee	10
Compliance Officer	10
Training and Education	12
Communication.....	13
Enforcement	14
Monitoring and Auditing.....	15
Risk Assessment and Corrective Action	16

Introduction

The Tulare County Mental Health Department (TCMH) consists of the Tulare County Mental Health Plan (MHP) and Tulare County Drug Medi-Cal Organized Delivery System (DMC-ODS). TCMH is committed to providing high- quality health care services in compliance with all applicable federal, state, and local rules and regulations. In support of its goal of full compliance. TCMH has adopted this Compliance Plan and implemented a Compliance Program, based on guidance and standards established by the Office of Inspector General, U.S. Department of Health and Human Services (OIG, US DHHS). The intent of the plan is to promote prevention, detection, and resolution of activities that do not conform to federal and state laws and TCMH policies and procedures.

The Compliance Plan outlines the elements of the TCMH Compliance Program. Details regarding specific requirements of each element are located within the plan document itself or in policies and procedures referenced within the plan document.

Federal regulations require TCMH to have administrative and management arrangements or procedures, including a compliance plan, designed to guard against fraud and abuse. This Compliance Plan is aligned with federal state statutes, program integrity requirements, federal sentencing guidelines, MHP and DMC-ODS contracts with the California Department of Health Care Services (DHCS), and anti-fraud provisions in the Affordable Care Act. The arrangements or procedures must include:

1. Standards and Procedures: Written policies, procedures and standards of conduct that reflect the organization’s commitment to comply with all applicable federal and state standards.
2. Oversight: The designation of a Compliance Committee and Compliance Officer that are accountable to executive management.
3. Training and Education: Effective training and education for the Compliance Officer and employees.
4. Communication: Effective lines of communication between the Compliance Officer and employees.
5. Enforcement: Enforcement of standards through well-publicized disciplinary guidelines.
6. Monitoring and Auditing: Provision for internal and monitoring activities.
7. Risk Assessment and Corrective Action: Provision for periodic assessment of risk for fraud and abuse, prompt response to detected offenses, and development of corrective action initiatives.

The intent of the Compliance Plan is to clarify responsibilities for actions within the TCMH’s network, and to provide standards by which members of the workforce will conduct themselves. The Compliance Plan particularly supports the integrity of all health data submissions, as evidenced by accuracy, reliability, validity, and timeliness. The plan applies to all staff, volunteers, trainees, and contractors working in county owned or operated sites. It is also intended to communicate compliance standards and expectations to all external individual or organizational contractors and to all other entities providing services on behalf of TCMH.

The principal statutes impacting billing and cost claiming practices are the Federal False Claims Act, Civil Money Penalties Act, Federal Managed Care Regulations, HIPAA, the Balanced Budget Act of 1997, and the Medicare/Medicaid Fraud and Abuse and Anti-Kickback Statutes. These include the Stark Amendments related to physician referrals.

Goals and Objectives

The goals and objectives of the Compliance Plan include:

1. To create a working environment that promotes ethical values, exemplary behavior, and compliance with both the letter and spirit of all applicable laws.
2. To encourage employees, affiliated professionals, and contractors to demonstrate the highest ethical standards in the performance of their tasks.
3. To establish a Code of Conduct.
4. To Develop a disclosure system that requires TCMH to respond to reports of suspected violations of law or the principles of the program.
5. To identify situations in which the laws, rules, and standards of federal and/or state programs or other applicable laws may have been violated and facilitating the correction of such practices.
6. To implement procedures to ensure future compliance with laws and regulations of the Medicare and Medicaid programs and all other applicable laws and regulations.
7. To provide training and communication to ensure employees, affiliated professionals and contractors understand and comply with all applicable laws and regulations.
8. To minimize the risk of violations occurring through appropriate screening of employees and agents.
9. To assure documents are secured and retained as required by federal and state regulation.
10. To implement disciplinary practices based on the severity of the violation.
11. To assure that all requests and concerns are addressed promptly and appropriately.

Standards and Procedures

Comprehensive written manuals and procedures are in place for all areas of service provision, coding, billing, and oversight. All written manuals and procedures will be reviewed on an ongoing basis and updated as needed. All manuals and procedures will include the effective date to ensure current content. The TCMH Managed Care Division is the repository for TCMH policies and procedures. Amended and newly implemented policies and procedures are distributed to all providers for review and implementation.

Code of Conduct

TCMH is committed to clinical and service excellence, guided by appropriate ethical standards and applicable laws and regulations. The Code of Conduct provides guidance to all providers, including employees, contractors, interns, and volunteers and assists us in carrying out our daily activities with a high standard of ethical behavior and integrity. The Code of Conduct is not intended to be all-inclusive, and we rely upon your sense of fairness, honesty, and integrity to meet the challenges you may face in providing quality health care. The Code of Conduct is mandated by federal law and is a critical component of our overall Compliance Program. It is intended to guard against fraud and abuse at all levels of service provision.

While all providers are obligated to follow the Code of Conduct, managers and supervisors have a responsibility to ensure that those on their staff have sufficient information to comply with laws, regulations, and policies. We rely on managers and supervisors to help create a culture that promotes the highest standards of ethics and compliance, and which specifically encourages everyone in the organization to ask questions and raise concerns when they arise.

Providers are expected to adhere to the principles of the Code of Conduct. All efforts will be made to train staff in the policies, procedures, and laws that provides the basis of the elements of the Code of Conduct and to support their efforts to provide caring, efficient, and effective services. When a provider does not adhere to the Code of Conduct, sanctions, and progressive discipline, up to and including loss of job or termination of contract, will be applied as appropriate based on the circumstances of the violation.

Reference:

- Compliance Program policy [42-00]

Business Ethics

All providers will demonstrate integrity in their business practices to instill and preserve trust on the part of our clients and business partners. Among these practices are:

- Honesty and candor in communications with staff, clients, and the public.
- Compliance with established rules regarding contracts, purchasing, and payment transactions.
- Protection of County assets from loss, damage, or theft.

- No claim, invoice or cost report for goods, or services will be submitted for reimbursement if those goods or services were not delivered to or on behalf of TCMH; were previously reimbursed under a separate program; or were expended in violation of applicable rules.
- No provider will have as a personal possession and/or personal use goods or services that were purchased solely for use by TCMH.

Reference:

- Compliance Program policy [42-00]
- Fraud, Waste, And Abuse Prevention policy [00-11]

Confidentiality

Individuals with access to the records and information systems of TCMH will acknowledge their legal and ethical responsibilities to protect the confidentiality of medical, financial, and personal information and will use that information only in the performance of their jobs. Confidentiality of client information extends past employment or internship with Tulare County.

Reference:

- Principles and Practices of Confidentiality policy [00-04]

Health and Safety

Individuals in the workforce will comply fully with facility practices and policies designed to eliminate environmental hazards and promote workplace health and safety for clients and staff. County staff will comply with the Tulare County Workplace Violence Policy which outlines that prohibited behavior such as harassment, intimidation, violence, threats, coercion abuse or assaultive behavior. Additionally, this policy outlines the prohibition of weapons. Contract providers will comply with their organization's workplace violence policy.

Reference:

- Tulare County Workplace Violence Policy

Employment Practices

Managers and supervisors will strive to ensure that the work environment is free from discrimination in hiring, promotion, termination and other conditions of employment and career development. Employment may not be based on race, color, religion, national origin, sex, gender identification, age, marital status, sexual orientation, weight, disability, citizenship, or veteran status. Unlawful discrimination includes harassment of any individual based on any of these factors. County staff will comply with the Tulare County Equal Employment Opportunity/Discrimination/Sexual Harassment Policy. Contract providers will comply with their organization's Equal Employment Opportunity, Discrimination, and Sexual Harassment policies.

Reference:

- Tulare County Equal Employment Opportunity/Discrimination/Sexual Harassment policy [Personnel Rule 14]

Job Specific Laws and Regulations

All members of the workforce will adhere to federal, state, and county laws and regulations, as well as departmental, divisional, and other organizational rules as they apply to their specific scope of responsibilities. If a staff member believes there is a conflict between different legal or organizational requirements, this should be brought to the attention of the supervisor or manager for clarification and, if necessary, resolution. Licensed professionals in the workforce are also expected to abide by all rules and ethical obligations defined by their licensing boards and professional associations/organizations. Workforce members are required to abide by all relevant rules and regulations, which include, but are not limited to, the following areas:

- Reporting requirements for federal, state, and local regulatory agencies.
- Program, budgetary, and other fiscal requirements of federal, state or privately funded services.
- Copyright and patent laws regarding duplication of information or sharing software beyond the terms of the licensing agreement.

Reference:

- Compliance Program policy [42-00]

Conflict of Interest

All staff and providers will follow established rules concerning Incompatible Activities and Outside Employment, Political Activities, and Accepting Gifts or Gratuities.

Reference:

- State Contracts
- Tulare County Outside Employment and Prohibited Activities policy [Personnel Rule 7]
- Provider Contracts

Billing, Coding, and Claiming Practices

Only those services that are clearly documented, medically necessary, provided within scope of practice, and accurately coded may be accounted for as a provided service and/or billed. Billing and collections policies and procedures will be written and updated as regulations change, and all staff will adhere to their direction.

All providers will understand and support the following guidelines as these relate to the performance of their duties, to assure compliant billing and coding practices:

- To submit bills only for services rendered and medically necessary.
- To assure that medical records and other related documentation substantiate the billing of any service and are available for monitoring and audit.

- To document services clearly, accurately, and legibly and in a manner that meets the guidelines set forth by TCMH.
- To utilize the most up-to-date coding instructions, as appropriate for each individual program, when billing for Medicare, Medi-Cal, and other government programs.
- To provide and/or receive training in coding and documentation practices.
- To make available and/or utilize written policies and procedures directing correct billing and coding practices.

Failure to abide by regulations is not only ethically wrong but can lead to criminal and civil liability for the County, TCMH, contractors, stakeholders, and individual employees.

Reference:

- Deficit Reduction Act policy [00-15]
- Fraud, Waste, and Abuse Prevention policy [00-11]

Audits and Monitoring

All providers will cooperate fully and honestly with internal audits and monitoring programs, and with state and federal program reviews to assure compliance with regulatory policies.

Reference:

- Compliance Program policy [42-00]

Reporting Compliance Issues

TCMH documents all reports of alleged noncompliance. Any employee who reports concerns in good faith is protected by Federal and State law and TCMH policy from discrimination, harassment, and retaliation by TCMH. No employee will be penalized as the result of making a good faith report, whether the alleged activity is verified or not. There are several channels for reporting compliance issues (i.e., incident reporting, reports to the Tulare County HSA Compliance Officer, reports to supervisors or managers, etc.).

Anonymity: It is the goal of TCMH to ensure that its providers remain completely anonymous when reporting alleged noncompliance issues.

Compliance Improvement Hotline: TCMH has established a Compliance Improvement Hotline to provide a mechanism, outside of the chain of command, for those times when a member of the workforce prefers not to, or is unable to, approach a supervisor and/or manager with a concern. The caller may use the hotline anonymously. Callers are assured that no harassment or other retribution will occur as a result of a good-faith report to the hotline. This hotline is intended to be used to report activity/conduct that may be in violation of the Code of Conduct, including, but not limited to:

- Billing or reimbursement regulations; fraudulent transactions
- Conflict of Interest
- Falsification of documents

- Documentation irregularities

Compliance Hotline Telephone Number: (855) 513-8896 Compliance Fax: (559) 713-3730

Compliance e-mail: complianceofficer@tularecounty.ca.gov

Reference:

- Compliance Program policy [42-00]
- Fraud, Waste, and Abuse Prevention policy [00-11]
- Major Incident and Unusual Occurrence Incident Reporting policy [00-26]

Oversight

Compliance Committee

The Compliance Committee provides organizational support, creates agency-wide awareness of the Compliance Program, and advises the Compliance Officer and executive management on the development and implementation of the Compliance Program. The Compliance Committee consists of management representatives and may include the Mental Health Director, Mental Health Medical Director, Mental Health Deputy Director, Unit Managers, the Compliance Officer, Quality Improvement Unit Manager.

The duties of the Compliance Committee include:

1. Analyze the regulatory and legal requirements and identify specific areas of risk.
2. Assess policies and procedures that address areas of risk for possible incorporation into the Compliance Program.
3. Work with appropriated stakeholders to develop Standards of Conduct and Practices, and other policies and procedures that promote adherence to the Compliance Program.
4. Recommend and monitor the development of internal systems and controls to achieve the organization's standards, and policies and procedures as part of its daily operations.
5. Develop and monitor communication methods and training programs to ensure that employees, affiliated professionals, and contractors receive proper information regarding the Compliance Program, including their responsibilities under it.
6. Determine the appropriate strategy/approach to promote compliance with the program and detection of any potential violations.
7. Develop a system to solicit, evaluate, and respond to suspected cases of noncompliance.
8. Monitor internal and external audits and other reviews for the purpose of identifying issues and deficient areas experienced by mental health service organizations and subsequently develop and implement appropriate corrective and preventive action.
9. Develop and work with study groups assigned to focus on identified risk areas, to develop standards, and to formulate appropriate policies and procedures for compliance with ethical and legal standards.
10. Assign duties to individuals to ensure implementation of the Compliance Program and maintain an up-to-date listing of assigned duties.

Compliance Officer

The Compliance Officer is a delegated authority for the development, operation, and oversight of the Compliance Program. The Compliance Officer reports directly to the Agency Director, Mental Health Director, or designee and has a working relationship with County Counsel.

The ideal candidate:

1. Is knowledgeable in areas of compliance, organizational development, quality assurance, and fiscal operations.
2. Works collaboratively with other managers and employees to accomplish common goals.
3. Has excellent communication skills, both oral and written, and is proficient with a computer.
4. Has demonstrative ability to manage various projects and programs.

The Compliance Officer has the following responsibilities:

1. Design and implement the Compliance Program.
2. Advise executive management and the Compliance Committee regarding compliance issues, including regulatory, fiscal, and operational policies.
3. Serve as a member of the Compliance Committee to participate in establishing TCMH policy and operational oversight.
4. Develop and chair the Compliance Committee.
5. Maintain a document control system for all reports and operations of the Compliance Committee, including minutes of meetings, audit and monitoring reports, corrective actions, disciplinary actions, reviews/investigations, disclosures, government inspections, training, and education activities.
6. Facilitate development of compliance Code of Conduct and Practice, as well as policies and procedures for each operational and administrative component of the MHP and DMC-ODS.
7. Monitor and keep current with laws, regulations, standards, and organizational guidelines.
8. Develop, coordinate, and participate in a multifaceted educational and training program that focuses on the elements of the Compliance Program and seeks to ensure that all appropriate employees, affiliated professionals, and contractors are knowledgeable of, and comply with, applicable state and federal standards.

Training and Education

All members of the workforce will receive training on the Compliance Program, including the plan, Code of Conduct, and related policies. Staff will receive training as they enter the workforce and annually thereafter. Supervisors are responsible for ensuring that staff are attending trainings and understand their duties and responsibilities.

The Compliance Committee, in collaboration with management, Quality Improvement, and other stakeholders, will establish training requirements under the Compliance Plan. Training materials and rosters will be maintained as required by current regulations.

Reference:

- Compliance Program policy [42-00]

Communication

Effective lines of communication between the Compliance Officer and employees are critical for the adherence to and effectiveness of the Compliance Program. TCMH maintains an environment in which staff and contractors are encouraged to develop a mindset focused on preventing problems. Communication consists of formal trainings, posters, email, intranet, internet, or other forms of communication as appropriate.

TCMH employees and contractors are expected to report any activity that may violate the Compliance Program's mission, standards, and any applicable law, regulation, rule, or guideline. TCMH prohibits retaliation against any person making a report. Any employee or contractor who engages in any form of retaliation will be subject to disciplinary action.

Reports may be made anonymously using any of the following reporting methods:

- By Phone: (855) 513-8896
 - The Compliance hotline is available during business hours and is maintained by the Compliance Office. All calls are confidential, and every caller has the option to remain anonymous.
- By Fax: (559)713-3730
- By Mail:

Compliance Officer
5957 S Mooney Blvd
Visalia, CA 93277
- By e-mail: complianceofficer@tularecounty.ca.gov

All reports will be logged and documented. Documentation will include the process and results of the investigation, corrective action taken, and any follow-up performed or required. The goal of all reporting methods is to provide opportunities for the identification, investigation, correction, and prevention of inappropriate activities. The Compliance Officer will monitor and address patterns and report ongoing investigations and the outcome of investigations to the Compliance Committee.

Employees and contractors are encouraged to contact their respective supervisor or manager to as clarifying questions regarding practices, procedures, or compliance standards and policies before contacting the Compliance Officer.

Reference:

- Compliance Program policy [42-00]

Enforcement

TCMH is committed to fair and reasonable enforcement of compliance standards. Compliance standards, including standards of enforcement and discipline, will be communicated to TCMH employees and contract providers. Following a thorough investigation, if it is determined that any employee knowingly committed a violation, the employee will be subject to appropriate disciplinary action on a case by case basis.

For TCMH employees will be subject to disciplinary action in accordance with County of Tulare Personnel Rule 12. Disciplinary actions may include:

- Reprimand
- Suspension
- Demotion
- Discharge

Contract providers must have a formal discipline policy to address compliance related behavior or practices.

Reference:

- Compliance Program policy [42-00]
- Staff Credentialing policy [45 10-15]

Monitoring and Auditing

TCMH is required to verify that all services provided are accurately documented, signed, and billed appropriately. To meet this requirement, TCMH has implemented a comprehensive ongoing quality improvement process to monitor compliance with applicable laws, regulations, rules, and guidelines. Audits will be performed as appropriate to investigate indications of non-compliance identified through monitoring activities, reporting, and other means of detection.

Quality improvement processes includes, but is not limited to the following activities:

- Medical records reviews and audits

Medical records are reviewed monthly following written protocols and findings are submitted to the Quality Improvement Committee, service providers, and the Compliance Officer as appropriate. Parameters reviewed include timeliness of documentation, medical necessity, timeliness of assessments and treatment plans, compliance with documentation standards, and appropriate billing practices.

- Medical records reviews and audits

Medication monitoring and utilization reviews are conducted monthly to ensure compliance with documentation and billing standards. Findings are submitted to the Quality Improvement Committee, service providers, and the Compliance Officer as appropriate.

- Credentialing

TCMH screens service providers upon hire to verify professional license (if applicable) and background, and to ensure they are not excluded from, or ineligible to participate in Federal or State health care programs. Ineligibility screening is conducted monthly thereafter.

- Billing, Payments, Adjustments, Overpayments

Claim and billing records are reviewed to ensure only services actually provided are being billed and that they are billed correctly. Adjustments will be made as appropriate to correct errors identified through claims, billing, and utilization reviews and refund overpayments.

Reference:

- Compliance Program policy [42-00]
- Utilization Review Committee Peer Review of Outpatient Medical Records policy [45-04-02]
- Processing Disallowed Claims policy [45-04-030]
- Reporting overpayments and recoveries for DMC-ODS services policy [70-09]

Risk Assessment and Corrective Action

Upon report or reasonable indication of noncompliance, the Compliance Officer, or designee, will promptly investigate to determine whether a material violation of applicable law, regulation, rule, guideline, program instruction or the requirements of the Compliance Program have occurred. As appropriate County Counsel and/or Human Resources will be notified of the alleged violation.

When an alleged violation is detected, the Compliance Officer will take appropriate steps to secure all records, documents, and other evidence relevant to the review. Records of the review will include:

- Documentation of the alleged violation
- A description of the review process, including objectivity of the reviewers and methodologies used
- Copies of interview notes and key documents
- A record of witnesses interviewed, and documents reviewed
- The results of the review, including any disciplinary action taken and/or corrective action implemented

As appropriate, corrective actions may include, but are not limited to:

- Disciplinary action
- Refund of overpayment
- Training
- Modification of coding and billing system
- Modification or implementation of policies and procedures
- Expansion of auditing and/or monitoring activity

Reference:

- Fraud, Waste, and Abuse Prevention policy [00-11]
- Compliance Program policy [42-00]