



Monterey County Behavioral Health Compliance Plan

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Compliance Plan Overview

Monterey County Behavioral Health (“MCBH”) 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, MCBH 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 prevent fraud and abuse at all levels of MCBH.

The intent of the Compliance Plan is to clarify responsibilities for actions within the division, 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 our behalf.

The Compliance Plan outlines the elements of the MCBH Compliance Program. Details regarding the specific requirements of each element may be found in various policies and procedures that are included within the plan document itself or by reference.

The principal statutes impacting our 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.

How to use this compliance program

The goal of this compliance plan is to be understandable and easy to navigate. The compliance plan consists of three main elements:

- I. Compliance Program Summary
- II. Code of Conduct
- III. Listing of Compliance Policies

I: Compliance Program Summary

The development and distribution of written policies, procedures, and standards of conduct that promote commitment to compliance and that address specific risk areas.

A comprehensive Compliance Program Code of Conduct has been adopted for all members of the MCBH workforce. All staff are expected to acknowledge receipt of this code and to abide by its standards and principles; new members of the workforce will be given the code during orientation. Contractors will receive the code and will be expected to abide by it.

Existing policies and procedures have been reviewed and amended and, as indicated, new policies will be written to assure comprehensive guidance in support of the goal of full compliance.

The primary location for policies is the MCBH Quality Improvement website, located at www.mtyhd.org/qi. In addition, staff receives face-to-face or written training on new and amended policies as these are issued.

Comprehensive written manuals and procedures are in place for all areas of service provision, coding, billing, and oversight. A documentation guide for clinical staff is available on the QI website at www.mtyhd.org/qi under “Clinical Documentation,” and a documentation guide for Substance Use Disorder Providers is available under “Contract Providers” > “Substance Use Disorder”. Annually, and as needed, all written manuals and procedures will be reviewed and updated. All manuals and procedures will have effective dates to assure current content.

Supervisors will train new staff members in the specific compliance aspects of their assignments. Trainings on coding and clinical documentation are provided several times through the year and staff can sign up for the trainings on the QI website at www.mtyhd.org/qi under [Training](#).

Designation of a Compliance Officer and Compliance Committee to develop, implement and monitor the compliance program

The Compliance Officer has been named and the Compliance Committee is meeting and functioning, in accordance with MCBH Policy 104: [Compliance Plan](#).

Development and implementation of regular education and training

All members of the MCBH workforce will receive training on all aspects of the Compliance Program, including the plan, Code of Conduct, and related policies. New staff and trainees will receive training as they enter the system. It is the responsibility of the staff member’s supervisor to ensure that staff are attending trainings and sufficiently understand medical necessity to ensure services claimed are medically necessary.

Creation and maintenance of effective lines of communication between the Compliance Officer and staff/contractors to receive complaints

The Code of Conduct and compliance trainings detail the establishment of the Compliance Improvement Hotline (831-755-4545) for all staff and contractors. The code spells out the importance of the hotline; the goal of anonymity and confidentiality to the greatest extent possible; and prohibits retribution.

Complaints received by supervisors and managers also will be referred to the Compliance Officer for investigation as indicated.

Compliance posters and brochures have been developed to emphasize MCBH’s commitment to compliance and organizational integrity, to indicate methods to report exceptions, and to encourage participation by members of the workforce.

Performance of internal audits, studies and program reviews to monitor compliance, identify problem areas, and reduce identified problems

MCBH has implemented a comprehensive ongoing quality improvement process for review of its behavioral health system. Computer generated reports are available for supervisors and staff to track documentation compliance. Services provided by each County or contracted clinical team are reviewed following written protocols, and findings are submitted to the Compliance Officer, Quality Improvement Committee, and service providers for appropriate action as indicated. Parameters studied include timeliness of documentation, presence of medical necessity, timeliness of assessments and treatment plans, and consistency of progress notes with documentation standards, and appropriateness of billing practices. When Quality Improvement staff identifies services inconsistent with billing standards, they are disallowed and

moved to the non-billable service code (QIXX codes or “911”). When staff or supervisors identify an error they complete an error report which records the requested change so Quality Improvement staff can take action.

Enforcement of standards through well-publicized disciplinary directives

The Code of Conduct and related policies detail the investigation of suspected noncompliance. The County Sanctions Policy addresses failure to comply with client privacy and confidentiality laws. Enforcement of violations shall follow well-established County and Civil Service rules for progressive discipline. In certain circumstances, consequences could include loss of job, loss of contract, and/or civil or criminal liability.

Included within MCBH policies is the assurance that MCBH and its contracting entities will not hire, engage, or retain an “ineligible person.” An ineligible person is defined as any individual or entity who:

- a. Is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs, or has been convicted of a criminal offense related to the provision of health care items or services; and
- b. Has not been reinstated in the Federal and State health care programs after a period of exclusion, suspension, debarment, or ineligibility;

The details of this procedure are outlined in [Policy 142: Excluded Providers](#).

Prompt corrective action in response to detected offenses

In the event that investigation establishes that non-compliant activity has occurred, corrective actions may include, but not be limited to:

- Any necessary disciplinary or remedial actions directed to individuals in the workforce or within the contracting process
- Suspension of billing
- Modification of the coding and billing system where necessary
- Adjustment of policies and procedures
- Initiation of steps designed to reduce the error rate
- Expansion of auditing and/or monitoring activity.

II: Monterey County Behavioral Health Code of Conduct

Introduction

Monterey County Behavioral Health (MCBH) is committed to clinical and service excellence, guided by appropriate ethical standards and applicable laws and regulations. This Code of Conduct provides guidance to all MCBH employees, contractors, trainees, and volunteers (our “workforce”) and assists us in carrying out our daily activities with a high standard of ethical behavior and integrity. The Code 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 required by federal law and is a mandatory and critical component of our overall Compliance Program. It is intended to guard against fraud and abuse at all levels of behavioral health services

While all members of the workforce are obligated to follow the Code of Conduct, our managers and supervisors have a special responsibility to ensure that those on their staff have sufficient information to comply with laws, regulations, and policies. They must help to create a culture within MCBH 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.

The following discussion provides a summary of the conduct that is expected of all staff in the MCBH workforce and mechanisms that are in place to support this effort. Although the principles cannot cover every situation that may arise, they are intended to provide meaningful guidance and direction. If you are unclear about how these principles apply to a specific activity, you should discuss this with your supervisor, manager, or the Compliance Officer.

Compliance with applicable laws

Members of the workforce (directly employed or employed through its contracts) will comply with all applicable rules, laws, and regulations, and be knowledgeable about which of these apply to specific areas of responsibility. Staff will be proactive in seeking out knowledge of relevant laws and policies and will attend trainings as scheduled. These legal obligations include, but are not limited to:

- A. Confidentiality of Information: Individuals with access to the records and information systems of Monterey County Behavioral Health will acknowledge their legal and ethical responsibilities to protect the confidentiality of medical, financial and personnel information and will use that information only in the performance of their jobs. Confidentiality of client information extends past employment or internship with Monterey County Behavioral Health and its contracted providers.
- B. Environmental 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. Staff and volunteers will comply with the [Monterey 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. In the case of incident that is out of compliance with this policy, staff must complete an incident report as per [Monterey County Policy 123: Unusual Incident Reporting](#).

- C. **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. At all times staff will remain in compliance with the [Monterey County Equal Opportunity and Non-Discrimination Policy](#) Job-Specific Laws and Regulations: All members of the workforce will adhere to federal, state, and county laws and regulations, as well as departmental (Health), divisional (Behavioral Health), 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 with regards to duplication of information or sharing software beyond the terms of the licensing agreement.

Conflict of interest

All County staff will follow county and departmental rules concerning Incompatible Activities and Outside Employment, Political Activities, and Accepting Gifts or Gratuities. This is outlined in [Form B1.4: Declaration of Outside Employment or Activity](#)

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

Billing and coding practices

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

- To submit bills only for services actually 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 defined in the MCBH Documentation Guide.
- 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.

Details regarding appropriate coding can be found on the QI website in the [Clinical Documentation Guide](#) and [Substance Use Disorder \(SUD\) Documentation Guide](#).

Business ethics

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

- Honesty and candor in communicating with other staff, clients, and the public.
- Compliance with County rules in regard to contracting, purchasing or payment transactions.
- Protection of the assets of the county 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 MCBH; were previously reimbursed under a separate program; or were expended in violation of applicable rules.
- No staff member will have as a personal possession and/or personal use goods or services that were purchased solely for Behavioral Health's use.

Audits and monitoring

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

Reporting compliance issues

MCBH will document all reports of alleged noncompliance. Any employee who reports concerns in good faith is protected by MCBH policy and Federal and State law from discrimination, harassment, and retaliation by MCBH and/or its contractors. No member of the workforce will be penalized as the result of making a good faith report, whether the alleged activity is verified or not. All usual methods and channels for reporting compliance issues will continue to be used (i.e., Critical Incident Reporting, reports to the Monterey County Health Department Privacy Officer, reports to the Compliance Officer, reports to supervisors or managers, etc.).

Maintaining Anonymity: MCBH understands the desire of its workforce and its contractors to remain completely anonymous when reporting alleged noncompliance. As a reminder, the use of internal County telephones is not fully anonymous as these phones have unique identifiers (caller ID) that are visible when contacting the Compliance Hotline. For full anonymity, we recommend the use of a non-County telephone or a cellular phone in addition to "blocking the caller ID" of the phone. Turning off the caller ID of a non-County phone may require the use of a function such as *67. Accomplishing this on a cellular phone may require changing settings on the actual phone or contacting the service provider. Please consult with your service provider and your telephone user manual to ensure you fully understand how to block the caller ID on your telephone and service provider combination.

Compliance Improvement Hotline: MCBH 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 by the MCBH and/or its contractors 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 Improvement Hotline Telephone Number: (831) 755-4545 Compliance

Improvement Fax: (831) 755-4350

Compliance e-mail 415QI@co.monterey.ca.us

Non-Compliance with the Code of Conduct

Members of the workforce 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 provide the basis of the elements of the Code and to support their efforts to provide caring, efficient and effective services. When a workforce member does not adhere to the Code of Conduct, and depending on the circumstances, sanctions and progressive discipline, up to and including loss of job or termination of contract, will be applied in congruence with the [Monterey County Personnel Policy and Practices Resolution No. 980394](#) MCBH's contractors may have Code of Conduct requirements as part of their organization's employment stipulations.

III: Compliance Polices

Monterey County Behavioral Health (MCBH) employees are required to comply with all pertinent MCBH and County policies. The policies, which can be found at www.mtyhd.org/qi under "Policies," include, but are not limited to, the following:

Policy Number and Name	Description
103 Program Audits by Outside Agency	Mandates by policy MCBH and its contractor's compliance with all relevant external audits
104 Compliance Plan	Mandates staff and contract providers abide by the content of the Compliance Plan
107 Licensure Requirements and Verification of Licensure	Licensed, license-eligible, and waived staff are mandated to maintain their licensure or registration in accordance to their respective licensing boards
109 Contract Monitoring	Ensures compliance by MCBH contractors to contract terms and relevant regulations
117 State Fair Hearing	Outlines a beneficiary's rights to a State Fair Hearing as part of the grievance resolution process
123 Unusual Incident Report	Incident reports required by all staff and contracted providers
126 Posting of Grievance Process Procedure	County Clinic managers and contract providers are responsible for ensuring the grievance process is posted in clinics at all times
128 Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)	Describes the Beneficiary Problem Resolution Process (Grievance, Standard Appeals, Expedited Appeals)
129 Medical Records Documentation	Outlines requirement of timely documentation, provision of notice of privacy practices, medical necessity criteria
132 Credentialing and recredentialing	Notes that MCBH will not contract with or employ individuals or contract with agencies excluded from participating in federal reimbursement
142 Excluded Providers	Process for ensuring claims are not made for providers on the excluded professional list
303 Medical Records Confidentiality	Outlines process for ensuring medical record confidentiality

321 Obtaining Authorization to Use, Exchange, and Disclose Confidential Behavioral Health Information	Policy for obtaining authorization prior to disclosure
322 Protected Health Information Breach Notification and Mandatory Reporting	Process for notification in the case of breach of PHI
408 Protection of Sensitive Records	Access to sensitive records will receive special confidentiality protection
422 Utilization Review Program	Outlines internal utilization review procedures
443 Scope of Practice	Scope of practice for MCBH professionals
451 Cultural and Linguistic Services	Procedures for culturally appropriate beneficiary services
467 Medical Record Review Annual Updates	Requirements for minimum timeframe for updates of clinical documentation and utilization review
467A Supervisor Electronic Medical Records Review and Annual Update	Requirements for supervisor oversight of clinical documentation updates and utilization review
493 Quality Improvement Action Request	Mechanism for MCBH Quality Improvement to address non-compliance by service staff
494 Service Verification	Process for verifying services have been provided and fraudulent claims are not currently being made
506 Control of Medications and Medical Supplies	Ensures compliance with Federal and State regulations regarding control, storage, and dispensing of medications
Declaration of Outside Employment, Activity or Enterprise B1.4	Declaration of Outside employment

Monterey County Information Technology Appendix A - Familiarity Checklist for Individual County Employees	Outlines the responsibility of employees to protect information technology, use of encryption and maintenance of county equipment
Monterey County Equal Opportunity and Non-Discrimination Policy	Outlines county policy to not engage in unlawful discrimination
Monterey County Personnel Policies and Practices Resolution No. 98-394	Outlines progressive discipline process
County Employee Specific Information and Technology Policies	
Monterey County Information Security & Privacy Appropriate Use Policy	Outlines permissible use of information technology equipment and information resources in the County
Monterey County Information Security & Privacy Security Policy	Establishes County-wide information security practices which protect and secure County information and information technology from intrusion and misuse
Monterey County Information Security & Privacy Data Privacy Policy	Establish practices for protecting the privacy of personal and/or personally identifiable information that may be collected through the use of the County's information technology resources
Monterey County Information Security & Privacy Social Media Usage Policy	Ensures against potential dissemination of inaccurate information in the use of social media related to County activities
Monterey County Information Security Standards	Establishes security standards for all devices that connect to the County information network

Attachments

Compliance Notification Poster



COMPLIANCE IMPROVEMENT HOTLINE:

Monterey County Behavioral Health 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 with a concern. The caller may use the hotline anonymously.

Callers are assured that no harassment or other retribution by MCBH and/or its contractors 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 Improvement Hotline Telephone Number:

- **Local: (831) 755-4545**
- **Toll Free: (844) 287-8041**

Compliance Improvement Fax: (831) 755-4350

Compliance e-mail 415QI@co.monterey.ca.us

Employee Compliance Plan Review Attestation

Option name in Avatar: Compliance Attestation

Frequency: All current employees must complete as soon as reasonably possible and all new employees hired after July 1, 2015 will complete at the onset of employment or volunteer service

Option: Employees will go into the electronic medical record to sign off verifying they have reviewed the Monterey County Behavioral Health Compliance Plan, including the Code of Conduct.

My signature below confirms that I have reviewed and understand the Monterey County Behavioral Health Code of Conduct, Compliance Plan and my role in reporting 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

Date: _____

Name _____

Signature _____

Supervisor/Manager Compliance Plan Attestation

Option name in Avatar: Compliance Attestation

I understand that by signing below I understand my role as a Supervisor or Manager involves the following elements to ensure my employees are adequately trained on the compliance plan:

- I understand that complaints received by supervisors and managers also will be referred to the Compliance Officer for investigation as indicated
- It is the responsibility of the supervisor to ensure that staff are attending trainings and sufficiently understand medical necessity to ensure all services claimed are medically necessary. This includes every new staff member attending the clinical documentation overview training.
- I understand the Monterey County Non-Discrimination Policy which outlines my role ensuring 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. At all times staff will remain in compliance with the Monterey County Equal Opportunity and non-discrimination policy.
- I understand my responsibility to train staff on job-specific laws and regulations. All members of the workforce will adhere to federal, state, and county laws and regulations, as well as departmental (Health), divisional (Behavioral Health), 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.
- I understand that I need to keep employees informed of the Compliance Plan, the Compliance Improvement Hotline, and keep the Compliance Improvement Hotline Poster posted in the office.

Date: _____

Name _____

Signature _____

Attestation of Quality Improvement Staff Indicating Understanding of Maintaining Confidentiality of Compliance Hotline

Option name in Avatar: Compliance Attestation

I _____ understand that I must maintain confidentiality of all telephone calls, faxes, e-mails, and other communication relating to compliance reports.

This includes:

- Only discussing reported compliance concerns with other QI staff members for the purpose of investigation or resolving reported concern.
- Not discussing compliance hotline reports with staff outside of this office unless directed to do so by the Quality Improvement Service Manager.

I understand that failure to comply with the above will result in progressive discipline.

Date: _____

Name _____

Signature _____