



**Shasta County Health and Human Services Agency  
Mental Health Plan  
Biennial Compliance Work Plan  
FY2021-2022 and FY2022-2023**

**I. Introduction**

The Shasta County Health and Human Services Agency (HHS), through its Mental Health Plan (MHP) is committed to compliance with all federal and state regulations in the provision of specialty mental health services and in seeking reimbursement for those services. The HHS Compliance Program ensures a high standard of ethical and legal conduct, including high quality services provided and all clinical and fiscal documentation to meet all quality assurance and reimbursement requirements for all federal and state third party payers. As part of the HHS Compliance Program, a biannual work plan is developed. This work plan outlines the compliance activities scheduled for FY2021-2022 and FY2022-2023.

**I. Work Plan Description**

The HHS develops a Compliance Work Plan biannually and conducts a review and update of the work plan every other year on alternate years. The Work Plan describes the activities to be implemented each year for the two year work plan period. The work plan assists the Compliance Officer and Compliance Committee in monitoring and improving the HHS Compliance Plan.

The biannual HHS Compliance work plan shall be completed and submitted to the Compliance Committee biannually for approval prior to the beginning of the first fiscal year for which it is effective.

**II. Work Plan**

The HHS Compliance Program is designed around the Federal Sentencing Guidelines (FSG). The work plan is organized around the seven elements of an effective compliance program as outlined in the FSG:

Seven Elements of an Effective Compliance Program

1. [Standards and Procedures](#)
2. [Oversight and Delegation of Authority](#)
3. [Training and Educational Programs](#)
4. [Reporting and Communication](#)
5. [Monitoring and Auditing](#)
6. [Enforcement of Standards](#)
7. [Prevention/Response/Risk Assessment](#)

## 1. Standards and Procedures

Shasta County HHSA adheres to a high standard of ethical and legal conduct. Shasta County HHSA shall comply with all applicable laws, regulations, rules or guidelines governing the delivery of specialty mental health services, including documentation and billing standards.

The HHSA promotes its Compliance Plan with written policies and procedures. Compliance policies and procedures are designed to guide staff and contractors in compliance activities. Compliance policies and procedures are posted on the HHSA intranet to ensure they are available to staff at all times. Compliance policies and procedures pertaining to Contractors are posted on the HHSA Internet Provider page to ensure they are available to Contractors at all times. The Compliance Officer (or designee) annually reviews the following Compliance policies: Codes of Conduct (Employee, Volunteer and Student, and Contractor), Compliance Auditing & Monitoring, Compliance as an Element of Performance, Compliance Officer and Committee, Compliance Program, Compliance Reporting and Investigation, Compliance Training, Confidentiality, Excluded Individuals and Entities, False Health Care Claims and Non-Retaliation Policy & Procedure. The HHSA requires all MHP staff, volunteers, students, and Contractors to annually execute the HHSA MHP Code of Conduct. Additionally, the Contractor Code of Conduct is included as a term and condition in provider contracts.

- *Compliance Officer (or designee) will maintain MHP staff signed Employee Code of Conduct forms.*
- *Compliance Officer (or designee) will ensure current Compliance policies are included in Compliance training.*



## **2. Oversight and Delegation of Authority**

The Compliance Officer is designated as the Director or Deputy Director of HHSA Business and Support Services Branch, who reports to the HHSA Director. (See Compliance Officer & Committee P-P).

The HHSA Business and Support Services Branch Director as Compliance Officer (or designee) chairs the Compliance Committee. The Compliance Committee shall include, but not be limited to: the Compliance Officer (or Deputy as alternate), Quality Improvement Coordinator, HHSA Program Manager with oversight for Managed Care and Compliance, Adult Services Director (or Deputy as alternate), Children’s Services Director (or Deputy as alternate), the HHSA Privacy Officer and other administrative or fiscal staff as determined by the Compliance Officer. (See Compliance Officer & Committee P-P).

- *Compliance Officer (or designee) shall publish Compliance Committee agendas and meeting minutes.*

### 3. Training and Educational Programs

The HHSA maintains a policy regarding mandatory compliance training (See Compliance and Education Training Program Policy). All new MHP employees, volunteers, and students receive Compliance Training upon hire. All employees, volunteers, students, and MHP contractors also receive mandatory Compliance Training annually. The Compliance Officer (or designee) tracks training dates for all employees, volunteers, students, and MHP contractors. Training sessions are provided monthly. All attendees are required to sign the appropriate Code of Conduct at the conclusion of the training. The training curriculum includes, at a minimum: Shasta County Compliance Program, Code of Conduct, False Claims Act and other relevant issues.

- *Compliance Officer (or designee) will provide Compliance training on a regular basis.*
- *Compliance Officer (or designee) will maintain logs of attendance of Compliance Trainings.*
- *Compliance Officer (or designee) will maintain signed MHP staff Code of Conducts.*
- *Compliance Officer (or designee) will ensure Compliance training includes current Compliance policies.*



#### 4. Reporting and Communication

The HHSA maintains a reporting policy for all employees. Pursuant to policy (see Compliance Reporting Policy and Non-Retaliation Policy), employees are obligated to report observed or suspected misconduct or noncompliance with the law or MHP policies and procedures. Employees may advise their supervisor or contact the Compliance Officer directly. The Compliance Officer may be contacted by:

**24/7 Confidential Compliance Disclosure Line:** 530-229-8050 or toll free 1-866-229-8050

**Email:** [mhcompofcr@co.shasta.ca.us](mailto:mhcompofcr@co.shasta.ca.us)

You may also visit the website (<https://www.co.shasta.ca.us/index/hhsa/compliance>) for additional information.

The Compliance Officer (or designee) shall ensure that the annual Compliance Training provided to all MHP staff, volunteers, students, and contractors includes information on ways to contact the Compliance Officer. Additionally, the HHSA maintains a Non-Retaliation Policy to encourage employees, volunteers, students, and Contractors to, in good faith, report any suspected violations. The annual Compliance Training will include information about non-retaliation.

- *Compliance Officer (or designee) will maintain a confidential reporting log of any reported violations.*

## 5. Monitoring and Auditing

The HHS will conduct many types of auditing and monitoring activities (See Compliance Auditing & Monitoring Policy).

The HHS will continue to verify professional licenses of all licensed staff providing services under the MHP Contract. The HHS will verify monthly, sanctions for all staff providing services under the MHP Contract at the following federal and state databases:

1. List of Excluded Individuals/Entities (LEIE): [https://oig.hhs.gov/exclusions/exclusions\\_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp)
2. DHCS' Suspended and Ineligible Provider List: <https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx>
3. System for Award Management (SAM): <https://sam.gov/content/home>
4. Social Security Administration's Death Master File: [https://www.ssa.gov/dataexchange/request\\_dmf.html](https://www.ssa.gov/dataexchange/request_dmf.html)

MHP contracted providers will be monitored to contract terms regarding provider employee verifications utilizing the federal and state databases.

- *Compliance Officer (or designee) will maintain documentation of monthly federal and state databasessanction verification checks for MHP employees.*
- *Compliance Officer (or designee) will ensure verification, upon enrollment of providers, of a valid National Provider Identification number*
- *Compliance Officer (or designee) will ensure implementation of credentialing requirements (See DHCS Information Notice 18-019)*
- *Compliance Officer (or designee) will ensure providers comply with the terms of their agreement regarding sanction verification for their employees.*
- *Compliance Officer (or designee) will maintain documentation of MHP staff valid, unrestricted licenses/registration for all licensed/licensed waived MHP staff.*
- *Compliance Officer (or designee), will ensure the implementation of verification of all new MHP staff to the Social Security Death Master File (SSDMF), upon enrollment.*
- *Compliance Officer (or designee) will maintain documentation of verification of SSDMF for all enrolled providers.*
- *Compliance Officer (or designee) will conduct chart audits as clinically indicated.*
- *Compliance Officer (or designee) will audit, at random, MHP contracts to ensure sanction verification is conducted at contract initiation.*



## **6. Enforcement of Standards**

Enforcement of the Compliance Program is required to ensure all staff adhere to federal and state regulatory requirements for specialty mental health services and billing for those services. The Compliance Officer or designee, upon receipt of any oral, written, or electronic report of violation, will promptly conduct a confidential investigation. The Compliance Officer or designee will follow up with any finding of non-compliance. Any findings are reported to the Compliance Committee.

- *Compliance Officer (or designee) will maintain a log of investigations conducted and reports of findings to the Compliance Committee.*

## 7. Prevention/Response/Risk Assessment

The Compliance Officer or designee will ensure all MHP staff, volunteers, students, and contracted providers are not excluded from federal healthcare programs. On a monthly basis, all MHP staff, volunteers, students, and contracted provider staff providing services under the MHP contract will be verified on the federal and state databases as listed above. Should an employee, volunteer, student, or contracted provider employee be listed on the federal and state databases, the Compliance Officer or designee will immediately ensure no billings to federal payer sources for that individual are allowed. In the case of a MHP employee, volunteer, or student, they will also be reassigned to a position that is not funded in whole or in part by federal health care funds. In the case of a contracted provider employee, the contractor's employee will be removed from any duties in which the person's salary or the goods and services render, order, or prescribed are paid in whole or in part, by federal or state health care programs until such time the person is removed from the OIG/Medi-Cal/SAM.

- *Compliance Officer (or designee) will ensure monthly verification of the federal and state databases for employees.*
- *Compliance Officer (or designee), will ensure the implementation of verification of all new MHP staff to the Social Security Death Master File, upon enrollment.*
- *Compliance Officer (or designee) will ensure verification, upon enrollment of providers, of a valid National Provider Identification number*
- *Compliance Officer (or designee) will ensure providers comply with the terms of their agreement regarding sanction verification for their employees.*
- *Compliance Officer (or designee) will ensure all voids are processed timely.*