POLICY: The Spokane County Community Services, Housing, and Community Development Department (CSHCD), comprised of a Behavioral Health Organization, Counseling and Recovery Services (CARES) Division, Developmental Disabilities, and Housing and Community Development Services shall be referred to as the CSHCD Department in the following document, unless otherwise indicated. The CSHCD Department shall administer and monitor the department in accordance with the highest standards of honesty, accuracy, and accountability. To support this policy, the CSHCD Department shall adhere to its Compliance Plan contained in this policy and procedures format and shall require its provider network to comply with the Compliance Plan (referred to in previous versions of this policy as the Fraud and Abuse Plan/Policy).

1. INTRODUCTION

1.1. The CSHCD Department is strongly committed to ensuring compliance with all applicable laws, rules, regulations, and policies by which we conduct our daily business activities. The Spokane County Board of Commissioners (BoCC) and the Spokane County executive leadership (Chief Executive Officer-CEO, Chief Operations Officer-COO, and Chief Budgeting Officer-CBO) have oversight with respect to the effectiveness of the CSHCD Compliance Program. The CSHCD Department is audited annually by State and Federal regulators in accordance with their contracts and grants. The Compliance Program described in this document establishes a framework for adherence to all relevant legal requirements and a mechanism for preventing, identifying, and reporting any breach of those legal requirements. This Compliance Plan is not intended to set forth all of the substantive programs and practices of the CSHCD Department designed to achieve compliance in the many areas in which we operate as specified in Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations (MCOs) and Prepaid Health Plans (PHP). Rather, it is intended to further our day-to-day commitment that the operations of the CSHCD Department will comply with established legal and ethical standards.
2. POLICY AND PROCEDURE SECTION DESCRIPTION

2.1. The following policy sections outline the framework of the CSHCD Department's Compliance Plan:

2.1.1. Section One – Compliance;
2.1.2. Section Two - Compliance Officer and Compliance Committee;
2.1.3. Section Three - Compliance Education and Training;
2.1.4. Section Four - Standards of Conduct;
2.1.5. Section Five - Reporting and Investigation of Compliance Issues and Concerns;
2.1.6. Section Six – Whistleblower;
2.1.7. Section Seven – Monitoring;
2.1.8. Section Eight - Debarment/Excluded Party Policy;
2.1.9. Section Nine – Annual Compliance Risk Assessment; and
2.1.10. Section Ten - Revisions to the Compliance Plan.

3. DEFINITIONS

3.1. Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some unauthorized benefit to the person or some other person(s). It includes any act that constitutes fraud under applicable federal or state law (42 CFR 455.2). State statute defines fraud as an attempt to obtain more benefits or payments than you are entitled to, by means of willful false statement, willful misrepresentation or by concealment of any material facts, or by fraudulent scheme or device (74.09.210 RCW).

3.2. Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program (42 CFR 455.2).

3.3. Compliance Plan means a mandatory written document, which contains the policies, procedures, and standards of conduct that articulate the organization's commitment by which the CSHCD Department will comply with federal Medicaid program integrity requirements, state contractual requirements, conform to specific regulations to achieve and maintain compliance, and to guard against fraud and abuse (42 CFR 438.608(a)).

3.4. Compliance Officer means the person appointed by the CSHCD Department's Director to comply with the Compliance Plan with all applicable federal and state standards and is accountable to senior management (42 CFR 438.608(b)(2)).
3.5. **Compliance Committee** means the committee appointed by the Compliance Officer to comply with the Compliance Plan with all applicable federal and state standards and is accountable to senior management (42 CFR 438.608(b)(2)).

3.6. **Contractor, Agent, or Provider** means any contractor, subcontractor, agent, or other person, which or who, on behalf of the CSHCD Department, furnishes or otherwise authorizes the furnishing of Medicaid health care items of services, performing billing or coding functions, or is involved in the monitoring of health care provided by the CSHCD Department.

3.7. **Employee** means a person employed for wages or salary (includes temporary and permanent employees, and members of management).

4. **SECTION ONE – COMPLIANCE**

4.1. **Policy**

4.1.1. It is the policy of the CSHCD Department to comply with all applicable federal and state laws and regulations, including those related to the submission of claims and other documentation to federal, state, and other health care programs. Consistent with this compliance policy, and to comply specifically with §6031 and §6032 of the Deficit Reduction Act of 2005 (DRA), the CSHCD Department shall ensure that all Spokane County employees, executive leadership, and the Spokane Board of County Commissioners, as well as CSHCD Department’s subcontractors and/or agents are provided with:

4.1.1.1. Information regarding the federal and state false claims statutes;

4.1.1.2. The CSHCD Department’s anti-fraud policies; and

4.1.1.3. The role of such laws and policies in preventing and detecting fraud, waste, and abuse in federal and/or state health care programs.

4.1.2. The goal of the CSHCD Department’s Compliance Plan is to address the following program integrity requirements:

4.1.2.1. Documented policies and procedures for maintaining administrative and management arrangements and procedures, including a mandatory compliance plan.

4.1.2.2. Written policies, procedures, and standards of conduct that are reviewed annually and updated as needed.

4.1.2.3. Written compliance plan that addresses the seven (7) elements of an effective compliance program including:

4.1.2.3.1. Standards and Procedures - Implementing written policies, procedures, and standards of conduct.

4.1.2.3.2. High-level Oversight and Delegation of Authority - Designating a Compliance Officer and Compliance Committee.
4.1.2.3.3. Employee Training - Conducting effective training and education.
4.1.2.3.4. Communication - Developing effective lines of communication.
4.1.2.3.5. Monitoring and Auditing - Conducting internal monitoring and auditing.
4.1.2.3.6. Enforcement and Disciplinary Mechanisms - Enforcing standards through well-publicized disciplinary guidelines.
4.1.2.3.7. Corrective Actions and Prevention - Responding promptly to detected offenses and undertaking corrective action.
4.1.2.3.8. Process in place to continually review the compliance program for effectiveness of the seven (7) elements.
4.1.2.3.9. Mechanism in place to ensure for monitoring and corrective action regarding the compliance program. Perform annual compliance risk assessments of the compliance program, accompanied by prioritizing the risks identified, determining the top three (3) vulnerable areas, and outlining a work plan for mitigating the high priority risks.
4.1.2.3.10. Perform annual compliance training required for all employees and contractors.
4.1.2.3.11. Document the code of ethics/standards of conduct, including employees and contractor attestations.
4.1.2.3.12. Mechanism in place to monitor employees and contractor compliance training attestations for the code of ethics/standards of conduct.
4.1.2.3.13. Documented attestations for code of ethics/standards of conduct for CSHCD SCRBD employees, and required in contract for contractors.
4.1.2.3.14. Documented conflict of interest policy and procedure.
4.1.2.3.15. Mechanism in place to monitor for conflict of interest.
4.1.2.3.16. Policy and procedure related to whistleblower protections, which includes no retaliation.
4.1.2.3.17. Documented policies and procedures related to the detection and prevention of fraud and abuse.
4.1.2.3.18. Confidential mechanisms in place for anyone, including contractors, to report compliance issues.
4.1.2.3.19. HIPAA and IS Security Program in place compliant with 45 CFR Parts 160 and 164, and the HI-TECH Act. (Refer to CSHCD MIS policies and procedures, and other documentation and system requirements associated with meeting these requirements.)

4.1.3 As part of this commitment to comply, the CSHCD Department has established and will maintain a Compliance Plan. Employees and contractors are expected to immediately report any potential false, inaccurate, or questionable compliance issues to their supervisors and/or other management, the Compliance Officer, or at either of the following CSHCD/SCRBHO websites by selecting “Report a Compliance Issue”: http://www.spokanecounty.org/1155/Mental-Health or http://www.spokanecounty.org/1286/Substance-Use-Disorder or the following numbers: U.S. Department of Health and Human Services, Office of Inspector General’s (OIG) National Fraud Hotline 1-800-4-47-8477 (1-800-HHS-TIPS); Washington State Auditor’s Hotline 1-866-902-3900.

4.1.4. The CSHCD Department is prohibited by law and policy from retaliating in any way against any employee, contractor, or agent who reports a perceived problem, concern, or fraud & abuse issue in good faith.

4.1.5. The CSHCD Department takes issues regarding false claims and fraud & abuse seriously and encourages all employees, management, contractors, or agents to be aware of the laws regarding fraud & abuse and false claims and to identify and resolve any issues immediately.

4.1.6. The CSHCD Department has adopted a specific policy regarding reporting suspected misconduct. The CSHCD Compliance Committee establishes a reporting system where employees or other agents can report suspected criminal conduct or other violations of law, regulations, or the CSHCD's compliance standards and policies by others within the organization without fear of retaliation.

4.2. Governing Mandates


4.2.4. RCW 48.80 - Health Care False Claim Act (FCA).

4.2.5. Other laws regarding privacy and confidentiality.

4.2.6. Other Washington Administrative Codes (WAC) and federal/state contract requirements.

4.3. Procedures

4.3.1. The CSHCD Department shall provide notice to all employees (including management), contractors, or agents about the federal and state false claim statutes, the role of such laws and policies in preventing and detecting fraud, waste, and abuse in federal health care programs, and the CSHCD Department's compliance standards and policies.
4.3.2. This policy may be amended by the Compliance Officer as necessary to reflect current laws and subject to approval in accordance with the CSHCD Department policies.

4.3.3. This policy will be included in the CSHCD Department orientation material, to be inserted into the Employee Handbook.

4.3.4. The CSHCD Department shall provide this policy to the CSHCD Department's contractors and agents. The CSHCD Department shall require that such agents, contractors, and their employees comply with the Compliance Plan and all applicable laws.

4.3.5. Pursuant to this policy, all CSHCD Department employees and agents have a duty to report any suspected wrongdoing, violation of applicable laws or regulations, or violation of the CSHCD Department's compliance standards or policies. Suspected misconduct may be reported directly to the CSHCD Compliance Officer, to the employee's supervisor, or by any other means established by the CSHCD Compliance Officer or the Compliance Committee. The CSHCD Department will treat such reports as confidential to the greatest extent possible.

4.3.6. The CSHCD Department prohibits any form of retaliation against any employee or agent for filing a bona fide report under the CSHCD Department's reporting policy.

4.3.7. The CSHCD's Compliance Committee has oversight for the Compliance Plan, including but not limited to policies, procedures, and communications. Additionally, it is responsible for ensuring all reported, suspected fraud or abuse are fully investigated and, if appropriate, are reported to the proper authorities.

4.3.8. The CSHCD Department will make diligent effort to recover improper payments or funds misspent due to fraudulent or abusive actions by the CSHCD Department or its contractors.

4.3.9. The CSHCD's Compliance Officer and Compliance Committee will receive, interpret, distribute, and implement regulatory guidance through the compliance related policies and procedures.

4.4. **Information Systems**

4.4.1. The CSHCD Department will follow all state and federal requirements, as well as state contract requirements regarding existence and use of a Management Information System (MIS) system that can be used for utilization management and reporting of services. Under the authority of the Washington State contract, the CSHCD Department will monitor subcontracted provider agencies for compliance of all requirements.

4.5. **Provider Network Procedures**

4.5.1. **Provider Network Complying with Standards of Conduct.** Each provider, agency, or facility under contract to the CSHCD Department shall comply with federal and state requirements and the QM – 10 Compliance Plan, Section 4 Standards of Conduct, Sections 7.1 through 7.5.
4.5.2. **Provider Network Complying with Disciplinary Guidelines.** Each provider, agency, or facility under contract to the CSHCD Department shall comply with QM – 10 Compliance Plan, Section 5 Reporting and Investigation of Compliance Issues and Concerns, Section 8.1. and 8.2.

5. **SECTION TWO – COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE**

5.1. **Compliance Officer**

5.1.1. The Compliance Officer will be appointed (Attachment A) and report to the Director and Assistant Director of the CSHCD Department. The Compliance Officer will:

5.1.1.1. Staff the Compliance Committee;

5.1.1.2. Assist in the review, revision, and formulation of appropriate policies to ensure compliance with all regulatory requirements;

5.1.1.3. Work with divisions of the CSHCD Department to implement compliance policies in all appropriate regulatory areas;

5.1.1.4. Assist in developing, delivering, and documenting educational and training programs;

5.1.1.5. Receive information about possible non-compliance, coordinate investigations of suggested compliance incidents, document outcomes of any investigation, and make recommendations for corrective action;

5.1.1.6. Seek advice from legal counsel, provide compliance reports to appropriate legal authorities within the County and State, and to the Federal Government when required.

5.1.1.7. In collaboration with appropriate employees, develop effective corrective actions; and

5.1.1.8. On an annual basis, perform a review of the compliance program and prepare a compliance management report, approved by the CSHCD Compliance Committee, for higher levels of supervision and management (Spokane County Board of County Commissioners and executive leadership). Compliance reports may also be provided more frequently if needed.

5.1.1.9. Have authority to provide unfiltered reports to the highest levels of Spokane County leadership (Board of County Commissioners and/or executive leadership) with oversight by CSHCD Director or Assistant Director as needed.

5.1.1.10. Have authority to interview employees (based on consultation and approval from Spokane County legal counsel, Human Resources, and CSHCD leadership), and with union representation where applicable, review company contracts, review operations, seek advice from legal counsel, report to law enforcement, or recommend policy and procedure changes.
5.2. Compliance Committee

5.2.1. **Membership.** The Compliance Committee is responsible for oversight of the Compliance Plan. The Compliance Committee selection criteria includes the Compliance Officer, budgetary official, and other senior management members with the authority to commit resources. The Compliance Officer shall designate (Attachment B) a Compliance Committee composed of at least the Compliance Officer, Assistant Director, Fiscal Operations Manager, Integrated Behavioral Healthcare Manager, Quality and Data Systems Manager, and Staff Assistant (42 CFR 438.608(b)(2)).

5.2.2. **Responsibilities:** The Compliance Plan includes policies and procedures that govern the Compliance Committee and the criteria used to select members. The Compliance Committee's responsibilities include:

- 5.2.2.1 Compliance Plan/Policy Oversight;
- 5.2.2.2 Prioritize Risk Areas;
- 5.2.2.3 Commit Resources to Remedy Deficiencies;
- 5.2.2.4 Review Risk Assessments;
- 5.2.2.5 Review Compliance Work Plan;
- 5.2.2.6 Review Reported or Suspected Violations and Ensure Timely Investigations;
- 5.2.2.7 Receive, Interpret, Distribute, and Implement Regulatory Guidance through the Compliance Plan and Related Policies and Procedures; and
- 5.2.2.8 Report to higher levels of Spokane County Leadership with oversight by the CSHCD Compliance Officer, Director and/or Assistant Director as needed.

5.2.3. **Meetings.** The Compliance Committee will meet quarterly or more often as needed. The minutes of the Compliance Committee will be distributed to the Compliance Committee members and the CSHCD Director or Assistant Director within six (6) weeks after each meeting. All Compliance Committee meeting minutes are considered private, privileged, and confidential.

6. **SECTION THREE – COMPLIANCE EDUCATION AND TRAINING**

6.1. **Procedure**

- 6.1.1 The Compliance Officer shall be responsible for ensuring that the CSHCD Department policies are disseminated and available to all the CSHCD Department employees. The Compliance Officer will collaborate with the Compliance Committee and those with responsibility for education and to ensure there is a systematic and ongoing training program that enhances and maintains awareness of the CSHCD Department Compliance Plan, convey organizational standards for
integrity, convey the organization's commitment to compliance, explain purpose and importance for complying with federal and state regulations, alleviate fear of retribution for providing information regarding operational practices, while emphasizing compliance expectations.

6.1.2. The Compliance Officer will develop a system to document that training about compliance issues has occurred. Training attendance will be maintained as part of the training records of employees. Employees (permanent, temporary, and management) will be trained annually and during new hire orientation.

7. **SECTION FOUR – STANDARDS OF CONDUCT**

7.1. **General Federal Standards**

7.1.1. Provide safeguards necessary to ensure that eligibility is determined and services are provided in a manner consistent with simplicity and efficiency of behavioral health services' administration, which attends to the best interests of individuals (42 CFR 438.600(b)).

7.1.2. Certification of accurate, complete and truthful behavioral health services' data, which includes at least enrollment information, encounter data, date of service, and payor source (42 CFR 438.604(a)).

7.1.3. Implement administrative and management procedures, including a mandatory compliance plan, that includes procedures that are designed to guard against fraud and abuse (42 CFR 438.608(a)).

7.1.4. Prohibition of affiliations with individuals debarred, suspended, or excluded by federal regulation and agencies (42 CFR 438.610).

7.2. **Credentialing and Performance Standards**

7.2.1. Behavioral health agencies and facilities are properly licensed and/or accredited.

7.2.2. Behavioral health clinical employees are properly credentialled, licensed, and/or registered.

7.3. **Enrollment and Service Standards**

7.3.1. Enrollment, registration, authorization, and/or treatment of eligible Medicaid individuals, and/or other eligible non-Medicaid individuals as appropriate and allowed.

7.3.2. Provide only medically necessary and clinically indicated services and procedures.

7.3.3. Accurate identification and reporting of the diagnoses made and conditions treated.

7.3.4. Accurate recording and reporting the identity of the individual provider(s) and individual recipient(s) of services and procedures.

7.3.5. Accurate recording and reporting the nature of services and procedures.

7.3.6. Accurate recording and reporting the dates on which services and procedures were provided.
7.3.7. Accurate, timely, and comprehensive recording of the course of treatment, services, and procedures within behavioral health individuals' case records.

7.3.8. Contractors are required to have procedures outlining their methodology to verify services billed were actually provided to enrollees. The CSHCD's Department reviews agencies methodology during our annual clinical and encounter data validation (EDV) monitoring review.

7.4. **Business and Fiscal Standards**

7.4.1. Efficient and frugal stewardship of public funds and resources.

7.4.2. Utilization of public funds and resources only for the specific purposes for which these funds and resources are contractually intended.

7.4.3. Reporting only charges for reimbursement for services and procedures for which there is supporting documentation.

7.4.4. Billing only for services and procedures that were provided.

7.4.5. Efficient scrutiny and management of resources and inventory.

7.4.6. Thorough fiscal monitoring of the utilization of public funds and resources as contractually required.

7.4.7. Cooperation with contract monitoring regimes and fraud and abuse investigation.

7.4.8. Employees, managers and members of the governing body must be free from conflict of interest issues related to the provision of Medicaid services in the behavioral health system.

7.5. **Enforcement of Standards**

7.5.1. Employees, contractors, and agents of the CSHCD Department who engage in non-compliant behavior and fail to detect non-compliance may be subject to mandatory training/re-training or disciplinary action, up to and including termination. Compliant behavior includes employees performing work in an ethical and legal manner and understanding their obligation to help detect and prevent fraud and abuse.

7.5.2. Refer to the CSHCD Department's Policy GA – 1.7, Rules for Job Performance and Conduct for additional details pertaining to compliant behaviors.

7.5.3. Refer to Spokane County Job Classifications' Behavioral Standards of which all County employees are required to uphold: 710 – Standards of Conduct, which includes:

7.5.3.1. Being respectful, professional, trustworthy, and courteous;

7.5.3.2. Being a team player that helps the organization meet objectives;

7.5.3.3. Communicating effectively;

7.5.3.4. Maintaining trust and representing the County in a positive manner; and

7.5.3.5. Demonstrating honest and ethical behaviors.
7.5.4 Refer to the Spokane County Policy and Procedure Manual for more information regarding the disciplinary standards enforced when non-compliant or unethical behavior is found during a compliance report investigation: Policy #450-Reporting Improper Governmental Actions and Protecting Employees Against Retaliation (Whistleblower), Policy #730 - Corrective Action and Policy #800 – Discipline and Termination.

7.5.5 If the Compliance Officer, after consultation with Spokane County legal counsel, the Human Resource Department, the Risk Management Department, and the CSHCD Department Director or Assistant Director, believe that the integrity of the CSHCD Department’s investigation is compromised because of the presence of any employee under investigation, such employee shall be removed by CSHCD leadership from his or her current work activity until the investigation is complete.

8. SECTION FIVE – REPORTING AND INVESTIGATION OF COMPLIANCE ISSUES AND CONCERNS

8.1 Policy

8.1.1 Employees, contractors, and agents of the CSHCD Department are responsible for complying with the Compliance Plan adopted by the CSHCD Department and have a duty to promptly report any suspected wrongdoing or violation of applicable laws, regulations, or the CSHCD Department’s compliance standards or policies without fear of retaliation. Suspected misconduct may be reported directly to the Compliance Officer, the CSHCD Department Director or designee, Fiscal Operations Manager, or by any other means established by the CSHCD Compliance Officer or the Compliance Committee.

8.1.2 The CSHCD’s Compliance Officer is responsible for ensuring all reported suspected fraud or abuse and other potential compliance violations are fully investigated promptly and, if appropriate, are reported to the proper authorities promptly.

8.1.3 The CSHCD Department shall comply with the provision of the Federal False Claims Act United States Code (USC) 31 USC §3729-3733 and Qui Tam “Whistleblower Protection Provision.”

8.1.3.1 Federal False Claims Act: 31 USC §3729-3733

8.1.3.1.1 One (1) of the purposes of the Federal False Claims Act is to combat fraud and abuse in government programs.

8.1.3.1.2 While the False Claims Act imposes liability only when an individual acts "knowingly," the Act does not require that the person submitting the claims have actual knowledge that the claim is false. A person or entity who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information can also be found liable under the Act.

8.1.3.2 Qui Tam “Whistleblower Protection Provision”
8.1.3.2.1. Allows a person with actual knowledge of allegedly false claims to come forward to file a lawsuit on behalf of the U.S. government.

8.1.3.2.2. The Federal False Claims Act also includes protections for people who file qui tam lawsuits. An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his employment as a result of the employee's false claims is entitled to all relief necessary to make the employee whole.

8.2. Procedure

8.2.1. Duty to Report. Employees, contractors, and agents of the CSHCD Department are responsible for complying with the Compliance Plan policies. All CSHCD Department employees, contractors, and agents have a duty to promptly report any suspected wrongdoing or violation of applicable laws, regulations, or the CSHCD Department's compliance standards or policies.

8.2.2. Methods of Reporting. The CSHCD Department shall establish a reporting system whereby employees and other agents can promptly report suspected fraud and abuse or other violations of law, regulations or the CSHCD Department’s compliance standards and policies by others within the organization.

8.2.3. To report a suspected violation:

8.2.3.1. Report suspected violation to the Compliance Officer at (509) 477-7561, any member of the Compliance Committee, or the CSHCD Department Assistant Director at (509) 477-4510 or designee, OR

8.2.3.2. Call the OIG’s National Fraud Hotline 1-800-447-8477; Washington State Auditor’s Hotline 1-866-902-3900; OR

**REMEMBER: The OIG’s National Fraud Hotline and the Washington State Auditor’s Hotlines above are confidential. The law, Spokane County, and the CSHCD Department policies prohibit retaliation. Employees are required to report suspected violations.**

8.2.3.3. Submit a written report or email to the Compliance Officer, Compliance Committee member, the CSHCD Department Director or designee.

8.2.3.4. Submit a compliance report (with the option of doing so anonymously or not) through either of the following:

8.2.3.4.1. CSHCD/SCRBHO websites and selecting “Report a Compliance Issue”:
http://www.spokanecounty.org/1155/Mental-Health or
http://www.spokanecounty.org/1286/Substance-Use-Disorder; and
8.2.3.4.2. Download and complete the standard compliance reporting form from the websites listed in 8.2.3.4 and mail the form to the attention of the CSHCD compliance officer, with the option to submit the report anonymously or not.

8.2.4. Regardless of how a report is made, to be useful in the detection and prevention of misconduct, the report must contain specific information regarding the suspected misconduct, including:

8.2.4.1. Reason you believe a violation has occurred;
8.2.4.2. How you discovered the suspected violation;
8.2.4.3. Date suspected behavior or violation was discovered;
8.2.4.4. Date the situation occurred;
8.2.4.5. How the conduct occurred or is occurring;
8.2.4.6. Information regarding the specific nature of the incident and/or conduct;
8.2.4.7. Name of individual and/or group you suspect of committing the violation; and
8.2.4.8. Any other information that you may have to help with the investigation or understanding of the situation.

8.2.5. Employees may report suspected violations anonymously. The CSHCD Department encourages persons making anonymous reports to maintain contact with the Compliance Officer, so the Compliance Officer may obtain any additional information needed to properly investigate the report.

8.2.6. Confidentiality of Reports. The CSHCD Department shall treat reports of suspected violations or misconduct as confidential to the greatest extent possible. The CSHCD Department shall take reasonable steps to maintain confidentiality of the identity of any person providing information to the CSHCD Department. However, the CSHCD Department cannot guarantee complete confidentiality of the identity of persons who make reports, due to the CSHCD Department's obligations to investigate, take appropriate action to correct violations or misconduct, and its obligations to report certain issues to state and/or federal authorities. Additionally, the CSHCD Department cannot make promises regarding a person's liability or steps the CSHCD Department may take in response to the report.

8.2.7. Investigations and Reporting. It is the CSHCD Department's policy to take all reports of misconduct or wrongdoing seriously. The CSHCD Compliance Officer has oversight for the Compliance Plan, including but not limited to policies, procedures, and communications. Additionally, the Compliance Officer is responsible for ensuring all reported suspected violations are fully investigated/logged/tracked and, if appropriate or
required by contract, are reported to the proper authorities in a timely manner. Any such report, regardless of how or to whom the report was made, shall be forwarded to the Compliance Officer who shall ensure the following steps, as applicable, are taken:

8.2.7.1. A written record of the report shall be made. The Compliance Officer or designee shall take reasonable steps to obtain all necessary information such as:

8.2.7.1.1. Date report received;
8.2.7.1.2. Name, title, and contact information for the person making the report;
8.2.7.1.3. Description of the allegation (who, what, where, when, how);
8.2.7.1.4. Supporting evidence;
8.2.7.1.5. Date range of alleged violation occurrences;
8.2.7.1.6. Scope of allegation (number of services, persons affected, or funds expended);
8.2.7.1.7. Site location of the alleged violation;
8.2.7.1.8. Persons involved in the alleged violation;
8.2.7.1.9. List of all authorities reported to as of date;
8.2.7.1.10. Date of review by Compliance Officer or designee;
8.2.7.1.11. Date of reports made to oversight authorities (BOCC, MCFU, DSHS, etc.);
8.2.7.1.12. Investigation process, conclusion, and resolution;
8.2.7.1.13 Corrective Actions; and
8.2.7.1.14 Signatures and date report closed.

8.2.7.2. Whenever conduct that may be inconsistent with a legal requirement or policy is reported, the Compliance Officer will determine whether there is reasonable cause to believe that a material compliance issue exists and if the alleged wrongdoing is a violation of state or federal law (and if so, whether the violation is a criminal offense), a violation of the CSHCD Department's compliance standards and policies, poses a risk to individuals or the public, or otherwise puts the CSHCD Department at risk of economic injury, civil or criminal liability, or injury to the CSHCD Department's reputation;

8.2.7.3. If a preliminary review identifies problems, an initial inquiry, as well as a full investigation if deemed necessary, into the matter will be undertaken. Legal counsel for the CSHCD Department will provide oversight and appropriate assistance to every investigation. Responsibility for conducting the inquiry will be decided on a case-by-case basis in consultation with Spokane County legal counsel, Human Resources, Risk Management the
CSHCD Compliance Officer, and CSHCD leadership. The results of all inquiries will be forwarded to the Compliance Officer, Spokane County legal counsel, the CSHCD Department Director and Assistant Director;

8.2.7.4. CSHCD Department employees will be expected to cooperate fully in all inquiries undertaken pursuant to the CSHCD Department’s Compliance Plan. To the extent practical and appropriate, confidentiality of such inquiries and information gathered will be maintained;

8.2.7.5. When a compliance complaint or incident involves a subcontracted provider, the CSHCD SCREHO Compliance Officer ensures, as part of the investigation, that it is reviewed for FWA either before or as it is evaluated by the fiscal department for repayment.

8.2.7.6. The investigation may include, as appropriate, review of documents, witness interviews, audits of CSHCD Department practices, and other appropriate actions. The person responsible for conducting the investigation shall keep a record of all activities undertaken in the course of the investigation. The final investigation report shall be provided to the Compliance Officer (if conducted by someone other than the Compliance Officer), and to the CSHCD Department Director or designee and/or others, as necessary and appropriate;

8.2.7.7. After consultation with Spokane County legal counsel, the CSHCD Compliance Officer, Director, and Assistant Director will comply with contractual reporting requirements (state and federal), associated with the merits of the compliance report, which generally includes reporting the compliance matter as soon as discovered with written information to follow within one business day.

8.2.7.8. The Compliance Officer, or other person conducting the investigation, shall take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation; and

8.2.7.9. The Compliance Officer will maintain a log reflecting all compliance issues reported via the reporting line, e-mail, or mail receipt, and the results of investigation of those issues. The log will include the date of reporting the complaint, the method of reporting complaint, name of individual reporting complaint (if provided), name of individual suspected of the non-compliant behavior or violation, a description of the suspected behavior or violation, the CSHCD divisions and contracts affected, the provider type involved, the nature of the complaint, the approximate dollars involved, the current status, the resolution, and the legal and administrative disposition of the case. A copy of the log will be provided to the Compliance Committee and to the CSHCD Department Director or designee upon request.
8.2.7.10. The compliance issue log will note any issues remaining open and/or unresolved and will be treated as a private, privileged, and confidential document. The compliance log will be password protected and access to the original log will be limited to the Compliance Officer, the CSHCD Department Director, the CSHCD Department Assistant Director, or designee, and others on a “need to know” basis with the Compliance Officer’s approval.

8.2.7.11. The Compliance Officer will provide a quarterly summary report regarding compliance issues to the Compliance Committee.

8.2.7.12. A summary of the reported compliance complaints received in the previous quarter will be reviewed during each quarterly Compliance Committee meeting.

9. SECTION SIX – WHISTLEBLOWER

9.1. It is the policy of Spokane County (Spokane County Policy No.450) and the CSHCD Department to (1) encourage reporting by its employees of improper governmental action taken by a Spokane County Officer or employee; and (2) to protect CSHCD Department employees who have, in good faith, reported improper governmental actions in accordance with Spokane County Policies and Procedures, and State and Federal Law. These include improper actions that:

9.1.1. May be a violation of any Federal, State, or local law or rule;
9.1.2. Are an abuse of authority;
9.1.3. Are of substantial and specific danger to public health and safety; or
9.1.4. Are a gross waste of public funds or resources.

9.2. No Retaliation: False Reports

9.2.1. The CSHCD Department prohibits any form of retaliation or harassment against any employee or agent for filing a bona fide report under the CSHCD Department’s reporting policy or for assisting in any investigation regarding compliance matters. Concerns about possible retaliation or harassment should be reported to the CSHCD Department Director or designee. Retaliation against any employee, contractor, individual, or other person who reports in good faith is prohibited. Any person who retaliates against an employee or other persons who reports a concern will be subject to discipline up to and including termination.

9.2.2. However, if after investigating any report, the Compliance Officer, Spokane County legal counsel, the CSHCD Director and Assistant Director, in conjunction with the Spokane County Human Resource Department, determine that the report is not bona fide; that an employee has knowingly or willfully fabricated information regarding the report; that an employee has knowingly or willfully distorted, exaggerated, or minimized information to either injure someone else or to protect himself or herself, disciplinary action may be taken in a timely, consistent and effective manner against the individual who filed the report or gave the false information.

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9.2.3. Employees making legitimate complaints of Fraud and Abuse are protected by the Whistle Blowers Protection Act and are not subject to any type of disciplinary action by the CSHCD Department.

9.2.4. All CSHCD Department employees, contractors, and agents in addition to individuals, visitors, and vendors will be provided the same opportunities and expectations for compliance reporting.

10. SECTION SEVEN – MONITORING

10.1. Policy

10.1. The CSHCD Department has both internal and external monitoring responsibilities. Internal monitoring is an independent review function within CSHCD Department divisions to review financial, programmatic, information systems (IS), and operations as a service to management. Internal monitoring provides assistance to the CSHCD Department leadership and management to assist in the efficient and effective discharge of their responsibilities. External monitoring is an independent function to review financial, programmatic, and regulatory compliance of external providers that contract with the CSHCD Department. CSHCD monitoring personnel shall provide a review of contracted providers to determine contractual and regulatory compliance in program integrity, fiscal, Information Systems, HIPAA/HI-TECH compliance, fraud and abuse reporting, policies and procedures, HIPAA training, fraud and abuse training, encounter data validation, employee files, facilities, clinical charting, records retention, and customer satisfaction, grievance process and reporting, requirements, and adherence.

10.2. Activities

10.2.1. Attainment of the overall objective involves activities relating to:

10.2.1.1. Reliability and integrity of information – review the reliability and integrity of financial and operating information and the means used to identify, measure, classify, and report such information;

10.2.1.2. Compliance with policies, plans, procedures, laws, and regulations – review the systems established to ensure compliance with those policies, plans, procedures, laws, and regulations which could have a significant impact on operations and reports, and determine whether the organization is in compliance;

10.2.1.3. Safeguarding of assets – review the means of safeguarding of assets and, as appropriate, verifying the existence of such assets;

10.2.1.4. Economical and efficient use of resources – appraise the economy and efficiency with which resources are employed; and

10.2.1.5. Accomplishments of established objectives and goals for operations or programs – review operations or programs to ascertain whether results are consistent with established
objectives and goals and whether the operations or programs are being carried out as required to assure compliance, payment, and quality.

10.2.2. Monitoring personnel will report the results of all reviews to the appropriate levels of management, including any circumstances that are significant violations of CSHCD Department controls, policies, or procedures or any other matter that the monitoring personnel determines is of sufficient importance.

10.3. Procedure

10.3.1. Desk Check Monitoring. Desk check monitoring is an annual and/or ongoing process of reviewing providers' performance using all available data and documentation in making assessments of providers' performance and compliance with contract service requirements. This process takes place within the offices of the CSHCD Department and does not generally involve providers' participation beyond submission of requested information.

10.3.2. On-Site Monitoring. The CSHCD Department will normally conduct at least one (1) on-site monitoring of each provider annually. The monitoring personnel will notify providers of the time and date for their scheduled on-site monitoring visit. Notification will generally be provided two (2) to four (4) weeks prior to the scheduled visit and will include identification of the areas to be monitored, any documentation required to be made available and key employees that may need to be present. Programmatic monitoring is further detailed in CSHCD Department Policy Number QM-8.

10.3.3. Monitoring Focus. The monitoring personnel will review some or all of the areas identified below during the monitoring visit or desk monitor. Other areas for review may apply depending on activity type, providers, etc. The extent of the review of these areas will vary from one activity to another.

10.3.3.1. Financial Management Review;
10.3.3.2. Policies and Procedures;
10.3.3.3. Facilities/Property/Equipment Management;
10.3.3.4. Programmatic Requirements (Program Integrity);
10.3.3.5. Personnel Records (Employee Files)
10.3.3.6. Information Systems (IS)
10.3.3.7. Record Keeping Review
10.3.3.8. Prior Monitoring or External Audit Review.

10.3.4. Monitoring Results. An official letter or report documenting the results of each monitoring visit or desk check review will be sent to the Contractor's designated official (Director, Chief Executive Officer (CEO), etc.), typically within forty-five (45) days of the monitoring visit.
10.3.5. **Follow-up Action.** If concerns or findings identified during the monitoring visit or desk check review require corrective action by the provider, the provider must complete those actions and provide a written response to CSHCD's corrective action report within the time frame mandated in the monitoring letter. In the event that the provider fails to meet a target date for making required actions and/or fails to provide a written response to CSHCD's corrective action report, a written request for response will be sent to the provider's official designee. If responses or corrective actions are determined to be unacceptable, partial or all payment may be withheld due to contract non-compliance until satisfactory actions are taken by the contractor.

10.3.6. **Appeal of Monitoring Findings.** The provider may appeal a review "finding" in writing to the CSHCD Department Director or designee and request mediation. Appeals must occur within thirty (30) days of receipt of the initial notification. The CSHCD Department Director or designee will review the finding and supporting documentation and determine if corrective action will be required. The Director, at his/her discretion, may prescribe an alternative, mutually agreed upon resolution.

10.3.7 **Closing of Monitoring Report.** An official letter/report stating that a provider's monitoring report is complete and closed will be sent by CSHCD when all findings and recommendations identified in a monitoring report have been addressed by the contractor to the satisfaction of the CSHCD Department.

11. **SECTION EIGHT – DEBARMENT/EXCLUDED PARTY POLICY**

11.1. **Policy**

11.1.1. The CSHCD Department confirms the importance of compliance with 42 USC 1320a-7a(a)(6), which imposes penalties for "arranging or contracting (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in a federal healthcare program ... for the provision of items or services for which payment may be made under such a program." Therefore, prior to employing or contracting with any person or entity for whom the CSHCD Department intends to submit claims for services, or in whom significant billing responsibilities will lie, the CSHCD Department will take appropriate steps to confirm that the person or entity has not been excluded from participation in federal programs. Suspension and Debarment rules are found at Title 2, Code of federal Regulations, Part 180 – Office of Management and Budget (OMB) Guidelines on Debarment and Suspension. Steps will include checking the person's or entity's name against the Department of Health and Human Services (DHHS), OIG Debarment List and the System for Award Maintenance (SAM). The Compliance Officer or his/her designee will provide training to employees with responsibility for personnel functions regarding how to access those lists. If the CSHCD Department learns that a person or entity is excluded, the CSHCD Department will not hire or use such person or entity.
11.1.2. At least annually or before contracting, the CSHCD Department will confirm that none of the persons or entities appears on the federal DHHS/OIG Debarment List, the SAM, or the state Labor and Industries Debarred Contractors list.

11.1.3. If the CSHCD Department learns that any of its current employees or contract entities have been proposed for exclusion or have been excluded, it will remove such persons or entities from any involvement in a responsibility for federal health insurance programs until such time that the CSHCD Department has confirmed that the matter has been resolved and will notify State and Federal agencies within ten (10) business days.

11.1.4. CSHCD has a policy and procedure regarding Policy Integrity, AD – 8. Please refer to this policy for full details.

12. SECTION NINE – ANNUAL COMPLIANCE RISK ASSESSMENT

12.1. An annual compliance risk assessment of the CSHCD Department will be led by the CSHCD Compliance Officer.

12.2. The identified risks will be prioritized, and the top three vulnerable areas will be determined during the compliance risk assessment process and documented with a work plan for mitigating the high priority compliance risks.

12.3. The CSHCD Compliance Work Plan will be approved by the CSHCD Compliance Committee, CSHCD Compliance Officer, CSHCD Director, and CSHCD Assistant Director.

12.4. The CSHCD Compliance Work Plan will be reviewed annually by the CSHCD Compliance Officer and updated as needed.

13. SECTION TEN – REVISIONS TO THE COMPLIANCE PLAN AND PROGRAM

13.1. The CSHCD Compliance Plan and Program are intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system, as a whole. The CSHCD Compliance Plan and Program will be reviewed continually to assess its effectiveness and updated as needed.

14. SECTION ELEVEN – GUIDELINES AND POLICY REFERENCES

14.1. Guideline Sources:


useMedMngdCare.pdf

14.2 Related Policies and Procedures: All CSHCD policies and procedures can be found on the website at http://www.spokanecounty.org/3139/Policies- Procedures, including:

14.2.1. QM - 10 Compliance Plan;
14.2.2. GA - 1.9 Conflict of Interest Policy
14.2.3. MIS - 8 Service Encounter and Data Certification Policy;
14.2.4. AD - 8 Policy Integrity Policy;
14.2.5. MIS - 39 Information Systems Security Incident Procedures – Responses Reporting Policy;
14.2.6. MIS - 57 Confidential Information Policy;
14.2.7. MIS - 12 Information Systems Monitoring Policy;
14.2.8. QM - 8 Program Monitoring Policy;
14.2.9. QM - 3 Grievance System Policy;
14.2.10. QM – 14 Fraud and Abuse Compliance Provider Payment Suspensions;
and
14.2.11. GA – 1.7 Rules for Job Performance and Conduct.
Spokane County Community Services, Housing, and Community Development Department
Spokane County Regional Behavioral Health Organization
Compliance Plan

ATTACHMENT A - COMPLIANCE OFFICER APPOINTMENT

On Behalf of the Spokane County Regional Behavioral Health Organization (SCRBHO):

Date: November 1, 2017
Subject: Appointment as CSHCD SCRBHO Compliance Officer

The Spokane County Community Services, Housing, and Community Development Department (CSHCD) Director appoints as “SCRBHO Compliance Officer” for the Spokane County Regional Behavioral Health Organization (SCRBHO), Kathleen Torella, Director. In the performance of your duties, you will be bound by all applicable state and federal guidelines and will have direct access to me, as necessary. As Compliance Officer, you will be responsible for development, implementation and ongoing monitoring of all policies and procedures to ensure conformance with generally accepted operational and administrative practices regarding BHO compliance. Additionally, you will be responsible for establishing and chairing the SCRBHO Compliance Committee and submitting periodic reports on the committee’s activities and other compliance activities as required.

Your appointment as Compliance Officer is effective this date and will remain in effect until withdrawn in writing.

______________________________
Kathleen Torella, Director
Spokane County Community Services, Housing, and Community Development Department

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Spokane County Regional Behavioral Health Organization
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ATTACHMENT B - SCRBHO COMPLIANCE COMMITTEE APPOINTMENT

Effective Date: November 1, 2017
Compliance Officer: Kathleen Torella, Director

HIPAA Privacy and Security Officer: Wade Colvin, Quality and Data Systems Manager
Member: Laura Schultz, Fiscal Operations Manager
Alternate Fiscal Member: Kathy Downs, Senior Accountant
Member: Wade Colvin, Quality and Data Systems Manager
Alternate IS Member: Kurt Beilstein, Data Systems Supervisor
Alternate IS Member: Kim Atwood, Data Information Analyst
Member: Joanne Napier, Staff Assistant
Member: Tonya Stern, Assistant Director
Member: Vacant, Integrated Behavioral Healthcare Manager

Signed: __________________________

Kathleen Torella, Director
Spokane County Community Services, Housing, and Community Development Department
CSHCD SCRBHO Compliance Officer