



Behavioral Health and Recovery Services Compliance Plan and Program

San Mateo County Behavioral Health and Recovery Services (BHRS) is committed to providing high quality health care services in compliance with all applicable federal, state and local laws and regulations including those pertaining to Medi-Cal, Medicare, Drug Medi-Cal and HPSM. Our commitment extends from internal business operations to oversight and monitoring responsibilities related to contracted employees, private providers and agencies that enable BHRS to fully implement all aspects of Medi-Cal, Drug Medi-Cal, and Medicare benefits.

In support of our goal of full compliance, BHRS has adopted this Compliance Plan and implemented a Compliance Program. It is based on the guidance and standards established by the Office of Inspector General (OIG), Federal Department of Health and Human Services, the Department of Health Care Services for Medi-Cal (DHCS), Drug Medi-Cal, CMS regulations, and the Medicare Managed Care Manual. This document addresses the fundamental elements of a compliance plan and program, and establishes the principles, standards, and policies regarding compliance with applicable federal laws and regulations.

The BHRS Compliance Plan and Program fulfills the following best practices:

- Assures compliance with and conformity to all applicable federal and state laws governing BHRS
- Assures compliance with contractual obligations
- Detects violations of ethical standards
- Combats fraud and abuse
- Ensures effective education and training of all employees/staff; and
- Involves the BHRS Compliance & Delegation Oversight Committee & Compliance Officer in the Compliance Plan and Program

Unless otherwise stated, the term “All Employees” applies to all BHRS employees, temporary employees, interns, trainees and contractors working in county owned or operated sites.

This document 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 following topics will be presented in this Compliance Plan & Program:

- 1) Compliance Program Elements
- 2) Standards and Code of Conduct
- 3) Oversight
- 4) Training
- 5) Effective Lines of Communication
- 6) Documentation
- 7) Disciplinary Standards
- 8) Monitoring and Auditing
- 9) Prompt Response to Compliance Issues
- 10) Definitions
- 11) Compliance Policies and Procedures



The Compliance Program is designed to ensure operational accountability with all applicable contractual requirements, ethical standards and laws, and applies to all employees, participating providers and contractors. Our program was initially approved by the BHRS Director, the Governing Body, the Compliance and Delegation Oversight Committee and the BHRS Assistant Director/Compliance Officer.

I. COMPLIANCE PROGRAM ELEMENTS

A. Key Elements of Compliance Program

The following are critical to the BHRS Compliance Program. A more detailed explanation of each area follows the brief description below. After each description is the name and number of the related policy.

1. *Standards of Conduct:* Our Standard and Code of Conduct is intended to help BHRS as a whole and all individual employees, contractors, trainees and volunteers (our workforce) in carrying out daily activities with a high standard of ethical behavior and integrity. (Standards and Code of Conduct, 16-02)
2. *Policies and Procedures:* BHRS quality management staff review new and modified standards on a regular basis and develop new policies to meet updated contractual and legal obligations. (Policy Management, Development and Approval Process, 16- 02)
3. *Oversight:* The Compliance Program reflects an official commitment of the BHRS Governing Body, the Compliance and Delegation Oversight Committee, which adopted this program. The BHRS Compliance Officer, together with the Compliance and Delegation Oversight Committee, oversees the program's implementation, under the direction of the BHRS Director. The Compliance Officer and the Compliance and Delegation Oversight Committee have the oversight and reporting roles and responsibilities set forth in this Compliance Program. (Compliance and Delegation Oversight, 03-16)
4. *Effective Training and Education:* The Compliance Program incorporates training and education related to standards and risk areas, as well as continuing specialized education focused on the specific operations of departments and programs. BHRS communicates standards and procedures by requiring employees to participate in training upon hire and in other annual trainings. (New Employees , Screening and Orientation 04-02, Education Leave/Training Guidelines 96-06, Compliance with Documentation Standards for Mental Health System of Care Clients/Programs 91-05)
5. *Effective Lines of Communication:* BHRS promotes communication through a variety of meetings, committees, surveys and processes for employees, providers, and clients.
6. *Well Publicized Disciplinary Standards:* The Compliance Program encourages a consistent approach related to reporting compliance issues and adherence to compliance policies. It requires that standards, policies and procedures are consistently enforced through appropriate disciplinary mechanisms including, education, correction of improper behavior, discipline of individuals (suspension, sanctions, and termination), and



disclosure/repayment if the conduct resulted in improper reimbursement. (Non-Retaliation and Non-Intimidation for Reporting Compliance Concerns 16-05)

7. *System for Routine Monitoring, Auditing, and Identification of Compliance Risks:* BHRS continues to implement monitoring and auditing reviews related to its own operations and those of entities over which BHRS has oversight responsibilities. BHRS identifies risk areas through an operational risk assessment as well as by examining information collected from monitoring and auditing activities. (Delegation Oversight & Audit Program 16-04, Compliance with Documentation Standards for Mental Health System of Care Clients/Programs 91-05, Compliance Policy for Funded Services Provided by Contracted Organizational Providers 04- 01)
8. *Procedures and Systems for Prompt Response to Compliance Issues:* Once an offense has been detected, BHRS is committed to taking all appropriate steps to respond to the offense and to prevent future similar offenses. BHRS makes referrals to external agencies or law enforcement as appropriate for further investigation and follow-up. (Compliance and Delegation Oversight Committee 03-16, Compliance Officer – Duties 03-15).

BHRS will promptly report any potential fraud, waste or abuse that is identified to the directly to the State Medicaid Fraud Control Unit. This shall be done via the DHCS Medical Fraud Hotline (1-800-822-6222), via email at Fraud@dhcs.ca.gov or via mail at Medical Fraud Complaint-Intake Unit, Audits and Investigations, PO Box 997413, MS 2500, Sacramento, CA 95899-7413.

II. STANDARDS OF CONDUCT AND CODE OF CONDUCT

The objective of the Standard of Conduct and Code of Conduct is to articulate broad principles that guide all employees for conducting their activities in a professional, ethical, and legal manner. The Code of Conduct can be found in the BHRS electronic policies and procedures manual on our website. It is reviewed by the Compliance and Delegation Oversight Committee annually. All Employees must review and attest that they have read and understood the Code at the time of hire or appointment and annually thereafter. The Code provides guidelines for business decision-making and behavior whereas Compliance Policies and Procedures are specific and address identified areas of risk and operations.

A. Review and Implementation of Standards

BHRS regularly reviews business operations against new standards imposed by applicable contractual, legal, and regulatory requirements to ensure that all employees understand and comply with changing standards. BHRS develops Policies and Procedures to respond to changing standards and potential risk areas identified by BHRS, the OIG, CMS, DHCS, and DMHC. BHRS identifies risk areas through an operational risk assessment as well as by examining information collected from monitoring and auditing activities. These activities include internal reviews, contract monitoring, and external reviews of BHRS operations by regulatory agencies. The Code of Conduct is reviewed annually by BHRS's Compliance and Delegation Oversight Committee as are BHRS compliance policies and procedures. Staff is informed of significant revisions as they apply, to their rights, responsibilities or job duties.

<http://smchealth.org/bhrs-documents>



B. Compliance with Policies and Procedures

Policies and Procedures are written to help provide structure and guidance to the operations of BHRS. Employees receive training in compliance and are responsible for following all policies and procedures relevant to their positions. The BHRS Compliance and Delegation Oversight Committee reviews and approves changes and additions to Compliance Policies and Procedures (a list of which can be found in Appendix D) and others as determined by senior management. Operational/department policies and procedures are approved by BHRS Managers and Directors. These are available to all employees through the BHRS intranet.

III. OVERSIGHT RESPONSIBILITIES

A. Governing Body

The BHRS Governing Body is the San Mateo County Board of Supervisors.

B. Compliance Officer

The BHRS Compliance Officer chairs the Compliance and Delegation Oversight Committee and is responsible for developing and implementing the Compliance Plan. The Compliance Officer may only delegate tasks set forth in this Compliance Program to other BHRS Employees upon authorization from the Director. (See below and Compliance Officer - Duties BHRS Policy 03-15)

Proper execution of compliance responsibilities and the promotion of and adherence to the Compliance Program shall be factors in the annual performance evaluation of the Compliance Officer.

The Compliance Officer:

- Holds a full-time senior management level position at BHRS and reports directly to the BHRS Director.
- Receives training in compliance issues and/or procedures at least annually.
- Has the necessary authority to oversee compliance.
- Oversees compliance standards and procedures.
- Submits reports to the Director, the Compliance and Delegation Oversight Committee, and the San Mateo Health System Chief, including the BHRS Executive Team regarding compliance issues.
- Reports compliance issues involving the Director directly to the San Mateo Health System Chief and BHRS Executive Team.

C. Compliance and Delegation Oversight Committee

The Compliance and Delegation Oversight Committee is responsible for overseeing the Compliance Program, subject to the direction of the Director and the ultimate authority of the San Mateo County Board of Supervisors. The Compliance and Delegation Oversight Committee promotes understanding and adherence to the Compliance Program, advises the Compliance Officer and is responsible for oversight of the program subject to the



direction of the BHRS Director and the Governing Body. (BHRS Policy 03-16)

D. Managers/Supervisors

Managers and Supervisors must be available to discuss the following with each BHRS Employee under their direct supervision and every Contractor with whom they are the primary liaison:

- The content and procedures in this Compliance Program.
- The legal requirements applicable to employees and contractors job functions or contractual, obligations, as applicable.
- That adherence to this Compliance Program is a condition of employment or contractual relationship.
- That appropriate disciplinary action will be taken for violations of the principles and requirements in the Compliance Program.

IV. TRAINING

BHRS provides general and specialized compliance training and education, as applicable, to the San Mateo County Board of Supervisors and to employees to assist them in understanding the Compliance Program, including the Code of Conduct and Policies and Procedures relevant to their job functions. As a part of this process, all BHRS Employees are apprised of applicable state and federal laws, regulations, standards of ethical conduct and the consequences which shall follow from any violation of those rules or the Compliance Program. Information on all policies and compliance program elements are available on the BHRS website.

A. Documentation

Documentation requirements related to the training and education program are addressed in the following manner:

- Core annual training materials are available through a web based tool. Confirmation of completion of assigned courses is documented through the web based tool and reviewed by the Quality Manager and the Compliance Officer to ensure staff completes assigned trainings.
- Supplemental annual trainings may be conducted in-person, with sign-in sheets retained as evidence of training participation.

B. Compliance and Fraud, Waste, and Abuse (FWA) Trainings

BHRS employees and any new members of the Executive Team are expected to complete compliance training within 90 days of hire or appointment to the BHRS Governing Body and annually as a condition of employment. New BHRS Employees receive a copy of the Code of Conduct during employee orientation and must attest that they have read and understood it. New members of the BHRS Executive Team receive a copy of the Compliance Program and Code of Conduct during their orientation and annually thereafter.

Compliance trainings for BHRS Employees include information regarding:



- Health Insurance Portability and Accountability Act (HIPAA)
- Fraud, waste, abuse and neglect including the False Claims Act and the Fraud Enforcement and Recovery Act
- Compliance Program
- Code of Conduct
- Information on confidentiality, anonymity, and non-retaliation for compliance-related questions or reports of potential non-compliance.
- Review of the disciplinary guidelines for non-compliant or fraudulent behavior.
- Review of potential conflicts of interest and BHRS's disclosure/attestation system.

BHRS Employees may receive additional compliance training as is reasonable and necessary based on changes in job descriptions/duties, promotions, and/or the scope of their job functions.

Members of the Compliance and Delegation Oversight Committee and other senior managers are trained on how to respond appropriately to compliance inquiries and reports of potential non-compliance. This training also includes confidentiality, non-retaliation against employees, and knowing when to refer the incident to the BHRS Compliance Officer.

V. EFFECTIVE LINES OF COMMUNICATION

All Employees are encouraged to discuss compliance issues directly with their managers/supervisors or the Compliance Officer. All Employees are advised that they are required to report compliance concerns of suspected or actual misconduct or violations of law.

The Quality Management/ Compliance offices posts information such as policies and procedures (which includes the Code of Conduct as well as the Compliance Program) on the BHRS intranet, available to all BHRS Employees. Additional information will be posted as needed to update staff on changes in laws or regulations. The Compliance Officer also informs the San Mateo Health System Chief and BHRS Executive Team of any relevant federal and state fraud alerts and policy letters, pending/new legislation reports, updates, and advisory bulletins as necessary.

A. Establishment and Publication of Reporting Hotlines

All Employees have an affirmative duty under the Compliance Program to report all violations, suspected violations, questionable conduct or practices by a verbal or written report to their BHRS supervisor or the BHRS Compliance Officer. In the event any person wishes to remain anonymous, he/she may use the confidential reporting system described below to report compliance concerns.

B. Compliance Improvement Hotline

BHRS has established a confidential Compliance Improvement Hotline (Compliance Hotline) for all employees, contractors, providers and other interested persons to report any violations or suspected violations of law and/or the Compliance Program and/or questionable or unethical conduct or practices including the following:

- Incidents of fraud and abuse



- Criminal activity (fraud, kickback, embezzlement, theft, etc.)
- Conflict of interest issues
- Code of Conduct violations

The Compliance Hotline is accessible 24 hours a day, 365 days a year. A caller to the Compliance Hotline will be greeted by a pre-recorded message that provides information regarding Compliance Hotline procedures and the caller's right to anonymity. Messages left on the Compliance Hotline will be referred to the Compliance Officer and investigated. Follow-up calls may be scheduled; however, information regarding the investigation and status of any action taken relating to the report may not be available to the caller.

The compliance hotline information is as follows: COMPLIANCE HOTLINE 1-(650) 573-2695.

BHRS publicizes the Compliance Hotline via: e-mail notices and/or posting in prominent common areas, as well as on the BHRS intranet. (BHRS Policy 04-05)

C. Confidentiality and Non-Retaliation

BHRS takes all reports of violations, suspected violations, questionable conduct or practices seriously. Communications via the Compliance Hotline, and written or verbal reports to managers or supervisors or anyone designated to receive such reports shall be treated as privileged and confidential to the extent permitted by applicable law and circumstances. The caller/author need not provide their name.

The BHRS "Open Door" policy encourages employees to discuss issues directly with their managers, supervisors, the Compliance Officer, senior managers, members of the Compliance and Delegation Oversight Committee or the Director. These channels of discussion provide for confidentiality to the extent allowed by law.

BHRS maintains and supports a policy on Reporting Compliance Concerns and Non-Retaliation and Non-Intimidation which prohibits any retaliatory action against employees or contractors for making any verbal/written report in good faith. Discipline shall not be increased because an employee reported his or her own violation or misconduct. Prompt and complete disclosure may be considered a mitigating factor in determining an employee's discipline. The Compliance Officer will review employee disciplinary and/or other corrective action for violations, as appropriate, with the Compliance & Delegation Oversight Committee. (BHRS Policy 16-05).

VI. DOCUMENTATION OF COMPLIANCE

The Compliance Officer and Quality Management have established and maintain an electronic filing system for all compliance related documents. These tools are used to:

- Manage all Policies and Procedures.
- Organize and manage contracts.
- Organize and manage agendas, minutes, and meeting materials for Compliance and Delegation Oversight Committee meetings.
- Document compliance with the Department of Health Care Services Medi-Cal contract.



- Organize audit materials for regulators and provide web access to materials to regulators.
- Document incidents of potential fraud.
- Document internal audits and those of delegated entities.
- Complete staff attestations.
- Maintain Compliance training records.

A. Document Retention

All of the documents to be maintained in the filing system described above are retained for ten (10) years from end of the fiscal year in which the BHRS Medicare or Medi-Cal contracts expire or are terminated (other than privileged documents which shall be retained until the issue raised in the documentation has been resolved, or longer if necessary).

VII. DISCIPLINARY STANDARDS

BHRS Employees may be subject to discipline up to and including termination for failing to participate in BHRS Compliance efforts. All new and renewing contracts will include a provision that clarifies that a contract can be terminated because of a violation. The following are examples of conduct subject to enforcement and discipline:

- Failure to perform any required obligation relating to the Compliance Program or applicable law, including conduct that results in violation of any Federal or state law relating to participation in Federal and/or State health care programs.
- Failure to report violations or suspected violations of the Compliance Program or applicable law to an appropriate person or through the Compliance Hotline.
- Conduct that leads to the filing of a false or improper claim or that is otherwise responsible for the filing of a claim in violation of federal or state law.

A. Enforcement and Discipline

BHRS maintains a “zero tolerance” policy towards any illegal conduct that impacts the operation, mission or image of BHRS. Any employee or contractor engaging in a violation of laws or regulations (depending on the magnitude of the violation) may have their employment or contract terminated. BHRS shall accord no weight to a claim that any improper conduct was undertaken “for the benefit of BHRS”. Illegal conduct is not for BHRS’s benefit and is expressly prohibited.

The standards established in the Compliance Program must be fair and consistently enforced through disciplinary proceedings. These shall include the following:

- Written warnings and Corrective Action Plans
- Prompt initiation of education to correct the identified problem.
- Disciplinary action, if any, as may be appropriate given the facts and circumstances of the investigation including oral or written reprimand, demotions, reductions in pay, and termination.



In determining the appropriate discipline or corrective action for any violation of the Compliance Program or applicable law, BHRS does not take into consideration an economic benefit of any particular person or entity to the organization.

All Employees should be aware that violations of applicable laws and regulations could potentially subject them or BHRS to civil, criminal or administrative sanctions and penalties. Further, violations could lead to BHRS's suspension or exclusion from participation in Federal and/or State health care programs. Documentation of all actions taken will be done by the Compliance Officer according to the guidelines set forth in the Compliance Program.

VIII. MONITORING AND AUDITING

The Compliance Officer and/or Compliance & Delegation Oversight Committee audit BHRS operations to ensure compliance with applicable laws and the Compliance Program. Any inconsistencies, suspected violations or questionable conduct will be reported, investigated and if necessary and appropriate, corrected. The Quality Manager develops an auditing work plan that is approved by the Compliance and Delegation Oversight Committee that addresses risks, including, but not be limited to, areas of risk identified in the OIG's Annual Work Plan for Medicare Managed Care, Medicare Administration, and Medi-Cal. Focused audits are conducted based on audit reports from HPSM regulators including DHCS, DMHC, and CMS. In addition, Quality Management develops auditing Policies and Procedures that are reviewed by the Compliance and Delegation Oversight Committee.

A. Monitoring

Monitoring is an on-going process to ensure processes are working as intended. It consists of checking and measuring that can be performed daily, weekly, monthly or on an ad hoc basis. Monitoring should be completed by department staff. Monitoring includes surveillance conducted during the normal course of operations to ensure corrective actions are being implemented and maintained; or, when no specific problem has been identified to confirm ongoing compliance.

B. Auditing

Auditing is completed by independent compliance staff and is a more formal and objective approach to evaluate and improve the effectiveness of BHRS processes and to ensure oversight of delegated activities. An audit is a formal review of compliance using a particular set of standards as base measures performed by someone with no vested interest in the outcomes.

Internal Auditing is conducted by BHRS staff and/or others to provide independent, objective, and comprehensive reviews designed to evaluate and assess the adequacy and effectiveness of various areas of the services.

The Compliance Officer submits regular reports of all auditing and corrective action activities to the Compliance and Delegation Oversight Committee. When appropriate, BHRS informs the appropriate agency (e.g., DHCS, CMS or its designee including the appropriate



MEDIC, or law enforcement) of aberrant findings. (See Delegation Oversight and Audit Program Policy 16-04)

IX. PROMPT RESPONSE TO COMPLIANCE ISSUES

BHRS is committed to responding to compliance issues thoroughly and promptly and has developed policies to address the reporting of and responding to compliance issues. If an Employee becomes aware of a violation, suspected violation or questionable or unethical conduct in violation of the Compliance Program or applicable law, the Employee must notify BHRS staff immediately. Any reports of suspected violations may also be made to the Compliance Hotline.

The Compliance Officer will refer compliance issues involving the Director directly to the San Mateo County Board of Supervisors.

Reports of suspected or actual compliance violations, unethical conduct, fraud, abuse, or questionable conduct, whether made by the BHRS Executive Team, employees, contractors, or third parties external to BHRS (including regulatory and/or investigating government agencies), whether in writing or verbal, formal or informal are investigated. These are subject to review and investigation by the BHRS Compliance Officer and/or the Compliance & Delegation Oversight Committee, in consultation with legal counsel.

BHRS will promptly report any potential fraud, waste or abuse that is identified to the directly to the State Medicaid Fraud Control Unit. This shall be done via the DHCS Medi-Cal Fraud Hotline (1-800- 822-6222), via email at Fraud@dhcs.ca.gov or via mail at Medi-Cal Fraud Complaint-Intake Unit, Audits and Investigations, PO Box 997413, MS 2500, Sacramento, CA 95899-7413.

Fraud, waste and abuse issues are presented to the Compliance and Delegation Oversight Committee. An ad hoc work group may be assigned to address the specific issues or concern.

A. Self-Reporting

BHRS will make appropriate referrals to the Centers for Medicare and Medicaid Services (CMS) or the MEDIC; the California Department of Health Care Services (DHCS) Medi-Cal Managed Care Division's (MMCD) Program Integrity Section; DHCS Audits and Investigations; DMHC; other agencies, as appropriate; or law enforcement for further investigation and follow-up of cases involving FWA.

B. Participation Status Review and Background Checks

BHRS will not hire, contract with, or retain on its behalf, any person or entity that is currently suspended, excluded or otherwise ineligible to participate in Federal and/or State health care programs; and/or has ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion. BHRS maintains policies on participation status for all employees and providers. (Agency Provider Certification 98-12, Credentialing Committee 98-08, Credentialing for County Licensed Professionals 98-16)

X. DEFINITIONS

<http://smchealth.org/bhrs-documents>

Policy 16-03: Attch B BHRS Compliance Plan and Program

Attachment Last Revised: 08-25-25



“Abuse” means practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to Federal and/or State health care programs, or in reimbursement for services that are not medically necessary or that fail to meet established and recognized standards for health care.

“All employees” means BHRS employees, senior managers, managers, supervisors, interns, temporary employees, contractors, who provide health or administrative services for BHRS members.

“Audit” means a formal review of compliance with a particular set of internal (e.g., policies and procedures) or external (e.g., laws and regulations) standards used as base measures.

“Centers for Medicare & Medicaid Services (CMS)” means the Centers for Medicare & Medicaid Services, the operating component of the Department of Health and Human Services (DHHS) charged with administration of the Federal Medicare and Medicaid programs.

“Standard of Conduct and Code of Conduct” means the statement setting forth the principles and standards governing BHRS activities to which all employees and contractors are expected to adhere.

“Compliance & Delegation Oversight Committee” means the committee designated by the Director to implement and oversee and participate in carrying out the provisions of the program.

“Compliance Program” means the program developed and adopted by BHRS to promote, monitor and ensure that operations and practices comply with applicable laws, regulations and ethical standards.

“Contractor” means any contractor, subcontractor, agent, or other person who provides or authorizes the provision of health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by BHRS.

“Contractor Agreement” means any agreement with a Contractor.

“Department of Health Care Services (DHCS)” means the California Department of Health Care Services, the State agency that oversees the Medi-Cal program.

“Department of Managed Health Care (DMHC)” means the California Department of Managed Health Care that oversees California’s managed care system.

“Federal and/or State Health Care Programs” means any plan or program providing health care benefits, directly through insurance or otherwise, that is funded directly, in whole or in part, by the United States Government (other than the Federal Employees Health Benefits Program), including Medicare, or any State health care program” as defined in 42 U.S.C. § 1320a-7b (f) including the California Medicaid program, Medi-Cal.

“Fraud” means an intentional deception or misrepresentation made by a person or entity with the knowledge that the deception could result in some unauthorized benefit to itself, him/herself or some other person and includes any act that constitutes fraud under applicable Federal or State laws including, without limitation, knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit.

“Governing” or “Oversight Body” means the San Mateo Health County Board of Supervisors.



“Manager / Supervisor” means an Employee in a position representing BHRS who has one or more employees reporting directly to them. With respect to Contractors, the term “supervisor” shall mean the BHRS Employee that is the designated liaison for that Contractor.

“Mandatory Exclusion” means an exclusion or debarment from Federal and/or State health care programs for any of the mandatory bases for exclusion identified in 42 U.S.C. § 1396a-7(a) and the implementing regulations including a conviction of a criminal offense related to the delivery of an item or service under Federal and/or State health care programs; and/or a felony conviction related to the neglect or abuse of patients in connection with the delivery of a health care item or service; and is related to health care fraud and/or related to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance.

“Medicare” means both Part C (Parts A and B) and Part D of Medicare.

“Medicare Drug Integrity Contractors (MEDICs)” means a private organization contracted with CMS to assist in the management of CMS’ audit, oversight, and anti-fraud and abuse efforts in the Medicare Part D benefit.

“Office of the Inspector General (OIG)” means the Office of the Inspector General for the Department of Health and Human Services.

“Policies and Procedures” means the written policies and procedures regarding the operation of BHRS’s Compliance Program and its compliance with applicable law, including those relating to Medicare and California’s Medicaid program, Medi-Cal.

“Waste” means an overutilization or misuse of resources that result in unnecessary costs to the healthcare system, either directly or indirectly.

BHRS Compliance Policies and Procedures located at smchealth.org

<u>90-09</u>	5150 Designated Facilities
<u>92-12</u>	Psychiatric Utilization Management Committee
<u>93-07</u>	72 Hour Hold/5150 Policy and Procedures
<u>93-10</u>	Practice Standards (Scope of Practice)
<u>93-11</u>	Critical Incident Reporting, Including Breaches and Security Incidents, for Mental Health and AOD Providers
<u>97-05</u>	72 Hour Holds - Authorization to Write
<u>98-10</u>	Concerns/Complaints About MHP Individual and Organizational Contract Providers
<u>98-11</u>	Quality Management Compliance Review of Outpatient Private Providers
<u>98-12</u>	Agency Provider Certification-Medi-Cal

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<u>98-14</u>	Fingerprinting of BHRS Providers
<u>00-04</u>	Medical Records Management
<u>01-09</u>	Shredding of Client Material--Confidentiality
<u>03-15</u>	Compliance Officer-Duties
<u>03-16</u>	Compliance and Delegation Oversight Committee
<u>04-04</u>	Compliance Policy for Funded Services Provided by Members of The MHP Workforce
<u>04-05</u>	Compliance Improvement Hotline
<u>05-08</u>	Adverse Events, Reporting
<u>07-04</u>	Claims Processing Guidelines and Procedures
<u>16-02</u>	Standards and Code of Conduct
<u>16-03</u>	BHRS Compliance Plan and Program
<u>16-05</u>	Non-Retaliation and Non-Intimidation for Reporting Compliance Concerns
<u>16-06</u>	Restrictions Guidelines: Compliance with the Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
<u>16-07</u>	Payment of Last Resort and Services to Individuals with Other Health Coverage (OHC): Compliance with the Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
<u>16-08</u>	Office of Management and Budget (OMB) Circular A-133: Compliance with Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
<u>16-09</u>	Americans with Disabilities Act (ADA), Section 504, and Unruh Civil Rights Act: Compliance with Substance Abuse Prevention and Treatment Block Grant (SAPTBG)
<u>16-10</u>	Continuing Education for Alcohol and Other Drug Treatment Providers: Compliance with the Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Restrictions and Guidelines.
<u>17-02</u>	Delegation Oversight & Audit Program



<u>18-03</u>	Utilization Management Program
<u>19-02</u>	Standard Pre-Service Organizational Determinations
<u>19-03</u>	Expedited Pre-Service Organizational Determinations
<u>19-04</u>	Utilization Management Program – Interrater Reliability Testing
<u>19-07</u>	Provider Selection and Retention (Mental Health Network of Care)
<u>20-01</u>	Continuity of Care for Specialty Mental Health and Drug Medi-Cal Organized Delivery System
<u>20-06</u>	Utilization Management of Inpatient Psychiatric Services
<u>22-04</u>	Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services
<u>22-06</u>	Electronic Communications Policy (General Guidelines)
<u>22-07</u>	Electronic Communications Policy (for Communication with Clients)
<u>23-02</u>	Utilization Management (UM), Audit, Oversight and Recoupment Standards for Specialty Mental Health Services (SMHS)
<u>23-03</u>	Utilization Management (UM), Audit, Oversight and Recoupment Standards for Substance Use Disorder (SUD) Services
<u>23-04</u>	5150 Certification Review Hearings (AB2275)
<u>24-03</u>	Emergency Procedures at BHRS Facilities for Utility/Environmental Disruptions
<u>24-04</u>	Service Verifications
<u>25-03</u>	5270 Certification Review Hearings
<u>25-04</u>	Credentialing and Re-Credentialing BHRS Providers