



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: THE COMPLIANCE PROGRAM

Policy No.: A264
Supersedes: December 24, 2019
Revised: October 26, 2021
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PURPOSE:

To define the requirements of the Rancho Los Amigos National Rehabilitation Center (RLANRC) Compliance Program.

POLICY:

The RLANRC Compliance Program is a comprehensive strategy to prevent, detect and correct instances of unethical or illegal conduct. RLANRC, under the direction of the Chief Compliance Officer, will continue to develop, assess and refine the Compliance Program to ensure its effectiveness.

The RLANRC Compliance Program consists of the following elements:

- I. A Chief Compliance Officer and Compliance Committee responsible for implementing and monitoring the compliance program
- II. A Code of Conduct, as well as compliance policies and procedures
- III. Education and training programs for all affected workforce members
- IV. Effective lines of communication, including a hotline to receive complaints
- V. A system to respond to allegations of improper/illegal activities and to develop effective corrective action plans, as necessary
- VI. Auditing and other evaluation techniques to monitor and ensure compliance
- VII. Enforcing standards consistently through appropriate disciplinary action

The overall goal of the RLANRC Compliance Program is to ensure that RLANRC and its workforce members comply with applicable laws, regulations and standards. However, the focus of the Compliance Program is on laws that govern health care business practices, and on adherence to government and private health plan requirements.

EFFECTIVE DATE: September 1, 2007

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY: 

I. Chief Compliance Officer and Compliance Committee

A senior member of RLANRC management, who reports directly to the Chief Executive Officer on compliance matters, serves as the Chief Compliance Officer. The Chief Compliance Officer is responsible for overseeing the RLANRC Compliance Program. Additionally, each DHS hospital and the Office of Managed Care has a senior manager serving as the Local Compliance Officer to assist in coordinating and directing the Compliance Program. The Local Compliance Officers are also responsible for implementing compliance-related activities at each of their respective facilities.

A Compliance Committee, comprised of the Chief and Local Compliance Officers and other representatives from key areas of DHS such as Finance, Nursing, and the Audit and Compliance Division, meets periodically and is responsible for guiding and assisting in the implementation of the Compliance Program. Some of the responsibilities of the Compliance Committee include:

- Analyzing the health care environment and the legal requirements with which DHS must comply
- Identifying areas of particular compliance risk and recommending resource allocation based on these risks
- Developing policies to ensure compliance with applicable laws and regulations

II. Code of Conduct

The RLANRC Code of Conduct provides guidance to our workforce on the basic standards and principles under which RLANRC conducts its business. Each workforce member has a personal responsibility to comply with the laws, regulations, policies and the Code of Conduct, applicable to his/her job functions, as well as, report any activity that appears to violate these laws, regulations, policies or the Code of Conduct.

All workforce members are to receive the Code of Conduct at the start of service. At the completion of the Compliance Awareness Training, (discussed in Section III below), each workforce member will sign an acknowledgement stating that they will abide by the Code of Conduct as it relates to their job responsibilities and that they understand that non-compliance with the Code of Conduct can subject them to disciplinary action up to and including discharge from service.

III. Education and Training

Upon the establishment of the Compliance Awareness Training, all workforce members are required to receive Compliance Awareness Training within three months of their start of service and at least every two years thereafter. This training is intended to enhance workforce members' understanding of the Compliance Program and the Code of

Conduct. The training will make workforce members aware of compliance issues that they may encounter and discuss their role in the Compliance Program.

Additionally, compliance-related education on various topics (e.g., coding, billing, HIPAA, etc.), will be provided on an episodic and as needed basis.

IV. Effective lines of communication, including a hotline to receive complaints

As outlined in the Code of Conduct, there are several resources workforce members can use to obtain guidance on ethics or compliance issues or to report a suspected violation. These resources include his/her supervisor or manager, the Local Compliance Officer, the Audit and Compliance Division or the DHS Compliance Hotline.

The Audit and Compliance Division manages the Department Health Services Compliance Hotline. This is a toll free number that workforce members can call to report a suspected violation of law, regulation or policy. Every attempt will be made to maintain the reporter's confidentiality, within the limits of the law and the practical necessities of conducting the investigation. Due to these limitations, DHS cannot guarantee confidentiality. Callers to the Hotline may choose to remain anonymous. The DHS Compliance Hotline is operated simultaneously with the Los Angeles County Fraud Hotline, which is managed by the Auditor-Controller.

Non-Retaliation – RLANRC will not retaliate against anyone who reports a suspected violation in good faith. Workforce members are protected from retaliation by County Code Section 5.02.060, as well as by the State of California and federal "whistle-blower" protections.

V. A system to respond to allegations of improper/illegal activities and to develop effective corrective action plans, as necessary

RLANRC will investigate all reports of alleged improper/illegal activities to determine their validity. RLANRC will treat all reports of alleged misconduct seriously and appropriately.

Generally, the Audit and Compliance Division will investigate suspected compliance violations that may result in an inappropriate claim for payment, or that may have an unknown extent or consequence. In appropriate situations, the Audit and Compliance Division may refer a case for investigation to the relevant DHS facility/program, County Counsel, the Office of County Investigations or other appropriate entity.

The Audit and Compliance Division will maintain records of the nature and results of any investigation conducted. A report of the result of the investigation and recommended corrective actions (e.g., disciplinary actions, operational changes, self-disclosures, etc.) will be forwarded to the appropriate management.

VI. Auditing and other evaluation techniques to monitor and ensure compliance

The Audit and Compliance Division, in consultation with the DHS Compliance Committee, periodically conducts a risk-assessment and develops an annual Compliance Audit Plan to validate compliance with various laws, regulations and DHS policy. In addition, each DHS facility monitors for compliance in various areas, as part of their ongoing management and oversight activities.

VII. Enforcing standards consistently through appropriate disciplinary action

Where there are violations of law, regulation or policy, particularly those relating to health care business practices, RLANRC ensures that appropriate disciplinary action is taken in accordance with its Employee Evaluation and Discipline Guidelines.

AUTHORITY: Department of Health and Human Services, Office of the Inspector
General, Compliance Program Guidance
Deficit Reduction Act of 2005
County Code Section 5.02.060

**CROSS
REFERENCE:** DHS Employee Evaluation and Discipline Guidelines
DHS Code of Conduct
DHS Policy 301.2 Reporting Fraud and Suspected Misconduct
DHS Policy 1000

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