

County Of San Diego
Health and Human Services Agency

Chapter: Compliance

Topic: Investigations

Key Words: Disclosures, investigations, repayment

SUBJECT: Disclosures

NO: HHSA- 5.5

PAGE: 1 of 2

DATE: September 1, 2004 (Revised)

REFERENCE: 63 FR 8987 (February 23, 1998)
63 FR 70138 (December 18, 1998)
65 FR 59434 (October 5, 2000)

SUPERSEDES: N/A

PURPOSE:

The County of San Diego Health and Human Services Agency is committed to complying with all applicable federal, state and local laws, statutes, regulatory mandates, and policies governing its many services and activities. This Policy and Procedure establishes guidelines for the coordination of activities between legal counsel and the Compliance Office relating to investigations of potential violations of laws or regulations requiring the return of prior payments to the government.

BACKGROUND:

On September 10, 2002, the County of San Diego Health & Human Services Agency ("HHSA") established the Compliance Program. The Compliance Program is structured on the guidance provided by the United States Department of Health and Human Services, Office of Inspector General in 63 FR 8987 (February 23, 1998), 63 FR 70138 (December 18, 1998), and 65 FR 59434 (October 5, 2000), et al. The Compliance Office is responsible for implementing a Compliance Program to ensure that HHSA services are provided in accordance with all applicable federal, state, and local laws and regulations. As part of HHSA's compliance efforts, it is necessary to establish a process to address and report violations of laws or regulations requiring the return of prior payments to appropriate governmental agencies.

POLICY:

1. HHSA will report to appropriate governmental agencies any violations of law or regulation that require the return of prior payments and will make any refund that may be necessary.
2. Where the Compliance Office determines that any violations of laws or regulations requiring the return of prior payments to the government have occurred, the Compliance Office will seek the guidance of County Counsel, or external legal counsel, at its discretion.
3. Communications with legal counsel relating to any violations of laws or regulations requiring the return of prior payments to the government shall be protected under the attorney/client privilege whenever possible.

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PROCEDURE:

1. The Compliance Office shall assess all credible reports of alleged violations of criminal, civil or administrative law and will consult with legal counsel.
2. If it is determined that the violation falls within the scope of an on-going investigation by a governmental authority, the Compliance Office, with the assistance of legal counsel, shall present to the investigating governmental authority relevant information pertaining to the violation. Such information shall be provided to such governmental authority without any reimbursement for prior payment, in anticipation that any payment due will be included in negotiations regarding the resolution of the investigation.
3. If the Compliance Office determines, with the assistance of legal counsel, that a violation occurred that does not appear to be within the scope of an on-going investigation, the Compliance Office and legal counsel shall report to the appropriate governmental authority any amount due as a result of the violation.
4. If it is determined that HHSA received a payment from a governmental health care or social service program as a result of a violation of law or requirement of a governmental health care or social service program, HHSA shall take all steps necessary to correct the problem and to prevent a recurrence.
5. The Compliance Officer will advise the HHSA Director and appropriate Executive Management staff as necessary.

QUESTIONS/INFORMATION:

Contact the Compliance Office at (619) 515-4244.

ATTACHMENTS:

None

SUNSET DATE:

This policy will be reviewed for continuance by September 1, 2006.

Approved:

Jean M. Shepard
Director