



Compliance Plan

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OVERVIEW

LDH Mission

The Louisiana Department of Health has a mission to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. The Louisiana Department of Health is dedicated to fulfilling its mission through direct provision of quality services, the development and stimulation of services to others, and the utilization of available resources in the most effective manner.

Purpose of the Compliance Plan

The Louisiana Department of Health has developed this Compliance Plan to provide guidance to staff on the policies and procedures in place to ensure compliance with all applicable laws, regulations and policies as well as to ensure that public dollars are spent wisely and effectively.

The purpose of this Compliance Plan is to adopt and implement policies and procedures that enhance the integrity of the Department of Health and protect the assets of the Department. A further purpose of the Compliance Plan is to provide internal controls and procedures that promote adherence to statutes and regulations applicable to the Medicaid Program as well as other areas within the domain of the Louisiana Department of Health. This document provides guidance to all LDH employees and contractors regarding the operation of the Louisiana Department of Health Compliance Plan and the available methods through which compliance issues can and should be reported.

LDH staff must also comply with all policies and procedures found in this compliance Plan. All staff within the department are made aware of and trained in their responsibilities regarding compliance with applicable, law, statutes, regulations and policies. All components of this compliance Plan are shared with them on at least an annual basis including: who the current Compliance Officer is, lines of communication within the division, and the mechanism to respond to issues. Staff are also provided with documentation regarding training, education, disciplinary and non-intimidation/non-retaliation policies and procedures and routine identification of compliance risk areas.

The LDH considers this plan a fluid document, with changes being made as needed. Training for staff and contracted employees of the LDH is discussed later in this plan.

This plan was established to ensure that the LDH complies with the responsibilities to identify and prevent illegal conduct and to minimize losses from such conduct. Additionally, this plan seeks to prevent unwanted events from occurring and to facilitate the discovery of circumstances that might allow such events to occur. This plan also seeks to mitigate any negative impacts of such events by developing appropriate action plans.

Each employee and contractor of the LDH is responsible for adhering to the standards and the policies of this Compliance Plan.

What is Covered by our Compliance Plan

It is critical that LDH comply with all federal and state statutes, as well as any regulations, rules or policies applicable to LDH. This plan seeks to address the most critical of these to ensure that LDH is able to fulfil its mission while eliminating or mitigating the risks associated with a failure to comply with all applicable statutes, regulations and policies.

Content of the Compliance Plan

- **Compliance Professionals**
 - Compliance Officer is in the Office of the Secretary.
 - Compliance Committee consists of:
 - Compliance Officer
 - Director of Human Resources or designee)
 - Director of Division of Fiscal Management or designee
 - Medicaid Director or designee
 - Assistant Secretary of OPH or designee
 - Assistant Secretary of OAAS or designee
 - Assistant Secretary of OCDD or designee
 - Assistant Secretary of OBH or designee
 - Internal Audit Director
 - Director of Safety/Security and Administrative Services or designee
 - Other individuals who may serve at the request of the Secretary
 - Legal (non-member)
 - Compliance Liaison for each section (These persons will act as the points of contact for the agency for compliance investigations, ensure all staff within section receive compliance training appropriate to their job and answer questions staff may have about compliance issues)
 - Division of Fiscal Management
 - Bureau of Health Services Financing (Medicaid)
 - Office for Citizens with Developmental Disabilities
 - Office of Aging an Adult Services
 - Office of Behavioral Health
 - Office of Management and Finance
 - Office of Public Health
 - All 24 hour facilities
 - Additional Compliance Liaisons may be appointed as deemed appropriate by management

- Internal Audit – responsible for audit/monitoring
- Program Integrity – responsible for audit/monitoring of the Medicaid Program
- Compliance Investigator – reports directly to Compliance Officer – responsible for assisting senior management, Legal and Human Resources with investigating allegations of misconduct.

- **Risk Assessment and Internal Review Process**

The Compliance Risk Assessment & Internal Review Process addresses the risk assessment and internal review process. This process specifies that staff from the compliance, legal and Leadership team will at least annually:

1. Identify and prioritize risks
2. Develop internal audit work plans related to the identified risk areas
3. Implement the internal audit work plans
4. Develop corrective action plans in response to the results of any internal audits performed
5. Track the implementation of the corrective action plans in order to assess the effectiveness of such plans

- **Written Policies & Procedures**

- LDH Standards of Conduct
- Applicable Federal Statutes & Regulations
- Applicable State Statutes & Regulations
- State Policies (DOA)
- LDH Policies

- **Effective Training**

- All new employees are required to complete mandatory training.
- All employees receive annual compliance training through required on-line programs.
- Management is expected to ensure that all employees in their section are familiar with the compliance issues relevant to their role in LDH and communicating updates to the compliance plan and any training requirements as appropriate.
- The compliance officer, compliance committee and compliance liaisons are responsible for providing general education through updates to senior management, newsletters, e-mail or other means as appropriate.

- **Effective Communication (Reporting)**

- All employees have a duty to report any perceived misconduct or violation of the compliance plan. This includes any violations of laws, policies procedures or the Standards of Conduct.
- LDH policy will protect anyone from retaliation for a good faith report of misconduct or violation of any law, regulation or policy.
- Reporting should be through the appropriate chain of command (immediate supervisor, supervisor's supervisor, email to LDHReportFraud@la.gov, calling/emailing their compliance liaison, calling/emailing the Compliance Officer, Compliance Investigator or Internal Audit)

- **Enforcement of Standards (Discipline)**

- Any employee may be subject to disciplinary action up to and including termination if it is determined that their actions (or inactions) constituted a willful violation of law or a willful failure to adhere to LDH policies.
- Decisions regarding discipline will be coordinated with Human Resources and will comply will Civil Service guidelines as appropriate.

- **Auditing & Monitoring**

- Auditing is performed by various staff/organizations included but not limited to:
 - Internal Audit
 - Medicaid
 - Program Integrity
 - Contractors
 - DXC – SURS
 - UPIC
 - PERM
 - UNO
 - Rate and Audit
- Monitoring is performed by those responsible for given processes to ensure compliance in their areas of responsibility.
- Compliance Investigator who assists with internal investigations and provides support to Human Resources, Legal and Management when needed.

- **Response to detected offenses**

- LDH staff will promptly address all allegations of misconduct
- If an allegation warrants investigation or review, the allegation will be assigned to the appropriate section for review:
 - Internal Audit
 - Compliance Investigator
 - Program Integrity
 - Contractor
 - Appropriate LDH Program Manager/Program Monitor
 - Other LDH staff as appropriate
 - Other Outside agency as appropriate
- LDH will conduct an appropriate review or investigation of the allegations.
- If LDH determines through the review or investigation that a reportable event has occurred, LDH will notify OIG in writing within 30 days after making the determination that a reportable event exists. If the reportable event resulted in an Overpayment of funds from any Federal health care program, LDH will repay the Overpayment in accordance with LDH Overpayment procedures.
- LDH will report identified criminal misconduct to the appropriate law enforcement agencies.

Definitions

False Claim: a false claim is defined as a claim presented by an individual or provider to the Federal government when the individual or provider knowingly presents (or causes to be presented) a false or fraudulent claim for payment; knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; or knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the Federal Government. Codified at 31 U.S.C. § 3729

Fraud: Fraud is defined as an intentional misrepresentation of a material fact designed to influence another to act (or fail to act) to his or her detriment.

Health Insurance Portability & Accountability Act (HIPAA): a U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers

Ineligible Person: An Ineligible Person shall include an individual or entity who:

- Is currently excluded from participation in any Federal health care program; or
- Has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a)

Overpayment: Overpayment is defined as any funds LDH receives or retains under any Federal health care program to which LDH, after applicable reconciliation, is not entitled to under such Federal health care program.

Regulation: Regulation is defined as an official rule or administrative code. In government, certain administrative agencies have authority to control conduct within their areas of responsibility. These agencies have been delegated legislative power to create and apply these regulations.

Reportable Event: A Reportable Event is defined as anything that involves:

- A substantial Overpayment;
- A matter that a reasonable person would consider a probably violation of criminal, civil, or administrative law applicable to any Federal health care program for which penalties or exclusion may be authorized; or
- The employment of or contracting with a Covered Person who is an Ineligible Person

Standards of Conduct: Standards of Conduct are standards created by the Louisiana Department of Health in order to assist its employees and contractors in complying with state and federal laws and LDH policies.

Statute: Statute is defined as a law enacted by a legislative body.

Compliance Professionals - Organizational Structure

Purpose:

The compliance plan should have an established structure to ensure appropriate oversight responsibilities at each level within the organization and to ensure communication of issues through proper channels.

The Framework:

LDH's Compliance Plan has the following professional staffing components:

Compliance Committee

The first objective of the Compliance Committee is to ensure that management is taking appropriate action to maintain internal controls and to

comply with applicable laws and regulations. The committee also oversees the activity of the compliance plan to ensure that it is effective as defined by DHHS-OIG and CMS. Additionally, the committee monitors the development of processes to detect areas of significant risk and approaches to mitigate these risks. The Compliance Committee shall meet at least quarterly. The Compliance Committee may also meet whenever any member of the Committee feels that there are issues that require consideration by the Committee. The minutes of the Compliance committee shall be made available to OIG upon request. For the duration of the State Agency Compliance Agreement between the Office of Inspector General of the Department of Health and Human Services and the Louisiana Department of Health, LDH shall report to OIG, in writing, any actions or changes that would affect the Compliance Committee's ability to perform the duties necessary to meet its obligations within 15 days after such a change.

Compliance Officer

The compliance officer is responsible for managing and maintain the compliance plan. She will report to the compliance committee at least semi-annually, or as needed. The duties of the compliance officer include:

- Ongoing assessment of compliance risk to the organization
- Day to day oversight and implementation of the Compliance Plan
- Review and monitor adherence to compliance plan
- Developing and implementing, with the assistance of management, appropriate policies, procedures, and practices to ensure compliance with the plan, as well as training programs under the plan
- Monitoring through the oversight of internal audits, program integrity reviews, audits/reviews conducted by contractors, monitoring reviews conducted internally by LDH and external audits
- Working with LDH staff and others to investigate allegations of non-compliance and determining corrective action plans as appropriate
- Monitor regulatory changes, industry changes and issues
- Serve as resource for compliance research and guidance
- Monitor and manage compliance hotline and other mechanisms established to receive reports of non-compliance
- Recommending revisions to the Compliance Plan as needed
- Serving as a contact point for employees or contractors to report alleged violations while maintaining the anonymity of the reporting individual if requested, and the confidentiality of the report.
- Preparing periodic (at least quarterly) reports to LDH Leadership on compliance matters, and providing written documentation of these reports to OIG upon request for the duration of the State Agency Compliance Agreement between the Office of Inspector General of the

Department of Health and Human Services and the Louisiana Department of Health.

- Serving as Chair of the Compliance Committee

Compliance Liaisons

Each division will have a designated Compliance Liaison. The Liaisons will be the primary points of contact for compliance questions within their division. The Compliance Liaisons are supported by the Compliance Officer as needed. The Compliance Liaisons will be appointed by the following members of LDH management for their respective offices:

- Assistant Secretary of the Office of Aging and Adult Services
- Assistant Secretary of the Office of Developmental Disabilities
- Assistant Secretary of the Office of Behavioral Health
- Assistant Secretary of the Office of Public Health
- Director of Bureau of Health Services Financing
- Undersecretary to appoint Compliance Liaison for the Office of the Secretary

Risk Assessment & Internal Review Process

Purpose:

The purpose of the risk assessment component of the Compliance Plan is to identify those areas that pose the greatest risk to LDH. This risk assessment will include an assessment of risks associated with LDH's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.

Policies:

The Compliance Risk Assessment & Internal Review Process Policy addresses the risk assessment and internal review process. This policy specifies that staff from the compliance, legal and Leadership team to at least annually:

1. Identify and prioritize risks
2. Develop internal audit work plans related to the identified risk areas
3. Implement the internal audit work plans. Develop corrective action plans in response to the results of any internal audits performed
5. Track the implementation of the corrective action plans in order to assess the effectiveness of such plans

Each year LDH Internal Audit (IA) will prepare questionnaires to send by email to LDH employees in leadership positions across the department. The Compliance Committee will assist in the development of the questionnaires and may make recommendations on who will receive the questionnaires. The Compliance Committee will also ensure that the questionnaires are designed in such a way as to elicit not only information relative to the overall risks of LDH, but also specific information relative to the risks associated with LDH's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.

LDH Internal Audit also requests input from executive management on their areas of concern.

The risk assessment and management input is used to develop an audit plan for the following fiscal year.

Risk Assessment process:

- The risk assessment questionnaire is designed with the input of the Compliance Committee to capture the respondent's estimation of the risks inherent in areas for which they are responsible in the following areas- Operational, Financial, Personnel, Legal/Compliance/Regulatory, Information Technology (IT), and Department Specific.
- The Compliance Committee ensures that the questionnaires are designed in such a way as to elicit not only information relative to the overall risks of LDH, but also specific information relative to the risks associated with LDH's participation in the Federal health care programs, including but not limited to the risks associated with the submission of claims for items and services furnished to Medicare and Medicaid program beneficiaries.
- The employees who are to receive the questionnaire are determined by review of the organizational charts for LDH and its agencies and selection of those employees with significant responsibilities over controls. The Compliance Committee also offers input on which employees should receive the questionnaires.
- Respondents are given a date to return questionnaires and any questionnaires outstanding past that date are tracked.
- Once completed questionnaires are received they are reviewed and any follow-up questions are sent to respondents by Internal Audit staff.
- After questionnaires and follow-up responses are compiled, the risk areas noted are reviewed.
- Risk areas are placed by respondent's area of responsibility on a risk heat map. The Heat Map is divided into 4 quadrants that represent likelihood and impact of risk as shown in the matrix below.

RISK MATRIX

Likelihood	5 Very Likely	Medium	Medium	High	High	High
	4 Likely	Medium	Medium	Medium	High	High
	3 Moderate	Low	Medium	Medium	Medium	High
	2 Unlikely	Low	Low	Medium	Medium	Medium
	1 Rare	Low	Low	Low	Medium	Medium
		Trivial	Minor	Moderate	Major	Severe
		1	2	3	4	5
		Impact				

Based on available staff auditor resources and capabilities and based on the Internal Audit Section’s knowledge of the auditable areas and the input previously described, the director and staff informally assess the risks related to the potential audit areas. Risk factors such as the date and results of the last audit, potential financial exposure and potential loss, potential public perception, major changes in operations, and impact of government regulations are considered. Based on the input previously described and assessed risks, the director prepares an audit plan to outline the priorities of the Internal Audit Section for the year.

Findings will be developed through the audit process and communicated to management through Internal Audit Reports. Management will be provided the opportunity to comment on the findings and if they agree with the findings, management will be expected to develop a corrective action plan and report the details of the corrective action plan to the Internal Audit Unit. A decision may be made by Internal Audit, with the input of the Compliance Committee, to conduct follow up audits where serious findings were identified to ensure that the findings have been resolved.

Written Policies & Procedures

Purpose:

The purpose of the Policies & Procedures section of the plan is to define areas of law/regulation covered by the plan and related policies & procedures to ensure compliance with those laws and regulations. This plan does not seek to define each statute, regulation or policy that impacts the LDH or the policies and procedures that the LDH has put in place to ensure compliance. Rather this policy seeks to provide broad guidance on the implementation of mechanisms to ensure compliance in those areas likely to have the most risk of non-compliance and the greatest impact on LDH. Additionally, this section of the plan is to provide guidance for addressing compliance issues and concerns that have been identified. Every employee is responsible for understanding their job requirements and how laws,

regulations and policies impact their job. Each employee should see their supervisor or department head for direction regarding policies and procedures to ensure compliance with the laws, regulations and policies relevant to their position.

Standards of Conduct:

At LDH we have a goal to ensure that the citizens of Louisiana receive quality healthcare and that the funds entrusted to the LDH by the citizens of Louisiana are used in the most effective manner to achieve that goal. In order to achieve that goal LDH must create an environment that nurtures the highest standards in ethics and integrity. To that end, LDH has developed Standards of Conduct that include but are not limited to:

- Compliance with State & Federal Laws and Regulations
- Adherence to State Policies
- Adherence to State Ethics Guidelines
- Avoiding the appearance of, or actual, conflicts of interest

LDH shall annually (and more frequently, if appropriate) assess and update, as necessary, the Policies and Procedures, and make any new or revised Policies and Procedures available to employees. For the duration of the State Agency Compliance Agreement between the Office of Inspector General of the Department of Health and Human Services and the Louisiana Department of Health, LDH shall make these Policies and Procedures available to OIG upon request.

Identified Risk Areas

Risk areas for LDH may be separated into three major categories: 1.) LDH overall; 2.) the Medicaid Program (BHSF); and 3.) 24-hour Facilities. Each of these areas have their own unique risk factors.

LDH Overall

- Failure to meet the objective of ensuring healthcare to citizens;
- Potential for loss of funding
 - Failure to meet CMS requirements for Federal participation
 - Decision of the Legislature/Governor
- Cyberattack
- HIPAA Privacy & Security Rules

Medicaid Program

- PMPM Payments to MCOs
- Eligibility
- Oversight of MCOS

- Underutilization
- Quality of Care
- Collection and Submission of Quality Data
- Employment of Excluded Individuals
- HIPAA Privacy & Security Rules

24-Hour Facilities

- Quality of Care
 - Adequate Staffing
 - Medication Management
 - Appropriate Use of Psychotropic Medications
 - Resident Safety
- Submission of Accurate Claims
 - Proper Reporting of Resident Case-Mix
 - Therapy Services
 - Screening for Excluded Individuals & Entities
 - Restorative and Personal Care Services
- HIPAA Privacy & Security Rules

Proper Reporting to CMS

Correct reporting to CMS and other agencies is an issue for all employees of the Department. Ensuring the accuracy of reports submitted to CMS, OIG, the Louisiana Legislature and any other bodies that have oversight responsibilities for the LDH is critical. If we fail to properly report to these bodies it can negatively impact the Department's ability to receive all of the Federal matching dollars to which the Department, and the citizens of Louisiana, are entitled, but can also subject the Department to significant fines and penalties. Improper reporting also undermines the public's trust and confidence in the Department. To ensure proper reporting, the LDH will adhere to the following standards:

- All reports to CMS will be completed in accordance with CMS regulations
- Internal Audit will review major reports to CMS such as the CMS-64 and CMS-37 to ensure that the reports accurately reflect the expenditures of the Department

Claiming of Only Allowable Charges for FMAP

Fraud

Fraud is defined as an intentional misrepresentation of a material fact designed to influence another to act (or fail to act) to his or her detriment. The LDH's anti-fraud program focuses on implementing policies and procedures to prevent the perpetration of fraud by LDH employees, contractors, vendors, providers and

recipients. The anti-fraud program also includes methods of identifying fraudulent acts, mitigating the impact of the fraud by collecting any overpayments and preventing further fraudulent payments, and referring such incidents to the appropriate law enforcement agencies. Anyone may report suspected fraud by calling the Compliance hotline, reporting to a compliance liaison via e-mail or phone call or reporting to the Compliance Officer via e-mail or phone call.

Employee Responsibilities Regarding Identified Compliance Concerns

All employees will receive training that enables them to identify potential compliance issues and to address those issues appropriately, by ensuring their own compliance and the compliance of their subordinates or the reporting of matters of non-compliance.

Employees have an affirmative responsibility to report suspected violations through appropriate mechanisms. If LDH is conducting an internal investigation into non-compliance, all LDH employees and contractors are required to fully cooperate with the investigation. Employees should answer all questions truthfully but should not make assumptions or guess at answers to questions. A response of "I don't know" is appropriate if the employee in fact does not know the answer to the question. Employees are also expected to cooperate with law enforcement agencies

Failure of an employee to comply with this Compliance Plan may subject an employee to discipline as outlined below.

Checks of Employees in OIG Excluded Persons Database

All applicants to the LDH will be checked in the OIG Excluded person's database prior to hire. Additionally, monthly checks of employees in the Excluded person's database will be conducted to ensure that previously employed staff have not been subsequently excluded. Current employees are required to disclose immediately if they become excluded from Medicaid or any federal health care program. See LDH Exclusion Screening and Disclosure Policy for further information.

Compliance for Vendors and Contractors

Vendors and Contractors who do business with the LDH are expected to comply with basic regulatory, legal and ethical standards, including the LDH Standards of Conduct, fraud, non-retaliation policy and the use of our Compliance hotline. Vendors and contractors should also be aware of the federal and state False Claims Act. Additionally, contracts with vendors who are paid with funds from any Federal health care program shall require that such vendors screen all employees against the HHS/OIG List of Excluded Individuals/Entities (LEIE) database.

Compliance for Providers

Providers who participate in Louisiana Medicaid are expected to comply with all laws and regulations applicable to the provision of services that are submitted to LDH or and Managed Care Organization in the Louisiana Medicaid program for payment.

Compliance for Recipients

Applicants for Louisiana Medicaid are expected to provide truthful and accurate information when applying for Medicaid benefits. Additionally, applicants are expected to update LDH with any changes that might impact their eligibility such as changes in income, household status or assets.

Training

Purpose:

The purpose of conducting a training program is to ensure that all employees are familiar with relevant rules, regulations and policies to their individual job function and their responsibilities under this Compliance Plan.

Policies:

All employees will receive training on the Compliance Plan within 90 days of hire and annually thereafter. This will ensure that all employees have an adequate level of understanding of the Compliance Plan and related policies to comply with the requirements of the plan and policies during the performance of their job responsibilities. For the duration of the State Agency Compliance Agreement between the Office of Inspector General of the Department of Health and Human Services and the Louisiana Department of Health, LDH shall make available to OIG, upon request, training materials and records verifying that all employees and Leadership have received their required training.

LDH has required training for all new hires that include but is not limited to the following:

- LDH Compliance Training for Covered Persons
- Louisiana Code of Governmental Ethics
- Prohibited Political Activity
- Basic HIPAA Privacy
- LDH Electronic Mail Policy
- LDH Work Schedules Attendance Policy
- LDH Proper Expenditures of Budgeted Funds

- LDH Sexual Harassment in the Workplace Policy
- CPTP Preventing Sexual Harassment
- General Safety and Loss Prevention
- Office of Risk Management Defensive Driving
- LDH Drug Free Workplace Policy

Many of the above trainings must be repeated by all LDH employees on a regular basis.

In addition, for the duration of the State Agency Compliance Agreement between the Office of Inspector General of the Department of Health and Human Services and the Louisiana Department of Health, LDH Leadership shall receive at least 2 hours of training annually. This training shall address the responsibilities of Leadership with respect to review and oversight of the Compliance Plan. The training shall address the risks, oversight areas, and strategic approaches to conducting oversight of a State Medicaid Agency. This training may be conducted by an outside compliance expert.

New members of LDH Leadership shall receive this training within 30 days after becoming a member of Leadership.

Communications – Reporting

Purpose:

The reporting process establishes a method for receiving allegations or concerns of potential non-compliance. This component provides for the appropriate investigation and follow-up of such reports. LDH also maintains a hotline that allows for individuals to remain anonymous and also helps to prevent retaliation against individuals who report in good faith.

Policies:

LDH has established the following policies that address the purposes of the reporting component of the Compliance Plan:

- The Compliance Reporting Policy requires the reporting of any reportable incident and establishes the anonymous e-mail available for employees, contractors, vendors and members of the public to report suspected instances of non-compliance. This policy also provides for the publicizing of the existence of the email address as well as several other methods of reporting reportable incidents.
 - Reportable incidents include but are not limited to:
 - Any instance where an employee or contractor has reason to believe that another employee or contractor is engaged in or plans to engage in conduct prohibited by this Compliance Plan;

- Any instance where an employee or contractor has reason to believe that any other person or entity associated with the LDH plans to violate the standards of conduct or the policies and procedures contained in this Compliance Plan or any other statutes, regulations or policies to which the LDH is subject;
 - Any instance where an employee or contractor is instructed, directed or requested to engage in conduct prohibited by this Compliance Plan or any other statutes, regulations or policies to which the LDH is subject;
 - Any instances, issues or questions associated with LDH's policies, conduct, practices or procedures with respect to a Federal health care program believed by the individual to be a potential violation of criminal, civil or administrative law.
 - Any other instances about which employees or contractors believe involve illegal or questionable activity.
- The Compliance Review & Investigations Policy establishes the procedures for evaluating complaints and referring them for appropriate review or investigation. This policy requires that upon receipt of a report of a reportable incident, the Compliance Officer or her designee shall gather all relevant information from the individual and make a preliminary good faith inquiry into the allegations set forth in every disclosure to ensure that he or she has obtained all of the information necessary to determine whether a further review should be conducted. This policy further requires that for any disclosure that is sufficiently specific so that it reasonably (1) Permits a determination of the appropriateness of the alleged improper practice, and (2) provides an opportunity for taking corrective action, LDH shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted. The Compliance Officer will maintain a disclosure log and shall record each disclosure in the disclosure log within two business days of receipt of the disclosure. The disclosure log shall include a summary of each disclosure received (whether anonymous or not), the status of the respective internal reviews, and any corrective action taken in response to the internal reviews.
- The Non-retaliation policy is incorporated into the Compliance Reporting Policy and the Compliance Review & Investigations Policy and prohibits retaliation and/or retribution against individuals who report in good-faith.

Enforcement of Standards – Discipline

Purpose:

The objective of the Discipline component of the Compliance Plan is to provide for consistent enforcement of appropriate disciplinary action when employees willfully violate the compliance plan.

Policies:

It is the policy of the LDH that any employee may be subject to discipline, up to and including termination, for a willful violation of law or a willful failure to adhere to the Compliance standards. Note that there is a difference between willful or intentional misconduct and mistakes or misunderstandings.

Disciplinary action may be taken against any employee who:

- Authorizes or participates, directly or indirectly, in any action that constitutes an intentional violation of applicable laws or LDH policies.
- Fails to promptly report a compliance incident or withholds information concerning a violation of which he or she becomes aware.
- Supervises a person involved in a compliance violation to the extent that the circumstances reflect failure of the supervisor to provide appropriate supervision of the employee.
- Attempts to retaliate or participates in retaliation, directly or indirectly, against a person who in good faith reports a compliance incident or encourages others to do so.
- Makes a report of a compliance incident which is known (or reasonably should have been known) by the reporting person to be false or misleading.
- Fails to cooperate fully with an investigation/review of a potential compliance issue.

Disciplinary action for willful violations of law or willful failure to adhere to the Compliance standards include but are not limited to:

- Education on Compliance Plan and/or policies and procedures
- Written reprimand
- Suspension
- Reduction in pay
- Termination

Nothing in this policy shall prevent LDH from requiring additional education or training for an employee who has been found to have unintentionally violated a law or failed to adhere to the Compliance standards. Additionally, no disciplinary actions will be taken against Classified Civil Servants that is in violation of Civil Service Rules.

Auditing & Monitoring

Purpose:

The objective of the audit and monitoring component of the Compliance Plan is to detect non-compliance and develop corrective actions to ensure compliance. LDH has an audit and monitoring program that consists of multiple components including but not limited to:

- Internal Audit

- Program Integrity
- Program Monitoring
- Compliance Investigator

Auditing is a methodical examination and review performed by someone independent of the transaction or event. LDH has an Internal Audit Unit that performs audits across the Department based on a risk assessment and audit plan. The Program Integrity Unit conducts audits of providers/recipients in the Medicaid Program and oversees audits of providers/recipients conducted by contractors. Additionally, multiple outside entities conduct audits of LDH.

Monitoring is an internal observation and assessment process performed by individuals who take part in the transaction or event. Many programs within LDH include monitoring or oversight to ensure that the programs are compliant with relevant laws, regulations and policies. Additionally, all sections of LDH are responsible for conducting self-assessments to ensure that operations are effective and efficient.

Policies:

Both Internal Audit and Program Integrity have policy and procedure manuals that dictate the policies and procedures for those Units. Additionally, various sections within LDH that employ Program Monitors have procedures respective to their internal monitoring activities.

Response

Purpose:

The purpose of the response component of the Compliance Plan is to establish a process for disclosing identified violations and making repayments or other remediation in a timely manner.

Policies:

It is the policy of LDH that any errors resulting in receipt of an overpayment from any Federal health care program by the Department will be quantified, disclosed to the proper agency/authority and promptly reimbursed to the proper payer. The Overpayments Policy provides for the specific procedures relevant to this section of the Compliance plan.

In accordance with the U.S. Department of Health and Human Services, Office of Inspector General guidelines on Self-Disclosure, the LDH will disclose evidence of potential violations of Federal criminal law involving fraud, bribery, or gratuity violations, potentially affecting any Federal awards, as mandated in 45 C.F.R. § 75.113. Additionally, LDH management will evaluate any conduct that may create a liability under the Civil Monetary Penalty Law (CMPL), 42 U.S.C. § 1320a-7b that does not clearly fall within the scope of 45 C.F.R. § 75.113, and report such instances as deemed appropriate by LDH management.

For the duration of the State Agency Compliance Agreement between the Office of Inspector General of the Department of Health and Human Services and the Louisiana Department of Health, LDH shall notify OIG, in writing and within 30 days of discovery, of any ongoing investigation or legal proceeding known to LDH conducted or brought by a governmental entity or its agents involving an allegation that LDH has committed a crime or has engaged in fraudulent activities. This notification shall include a description of the allegation, the identity of the investigating or prosecuting agency, and the status of such investigation or legal proceeding. LDH shall also provide written notice to OIG within 30 days after the resolution of the matter and a description of the findings and/or results of the investigation or proceeding.

LDH will make these disclosures to both the HHS awarding agency and to HHS-OIG. Such disclosure will be made using the Grant Self-Disclosure Submission Form found on the HHS-OIG website, or using whatever mechanism is recommended by HHS-OIG.

SUPPLEMENTAL REFERENCE MATERIAL

Major Federal Statutes, Regulations & Policies

42 CFR Chapter IV

Informational Bulletins from CMS (CMCS Informational Bulletins)

State Health Officer Letters

State Medicaid Director Letters

Major State Statutes, Regulations & Policies

Louisiana Revised Statutes – numerous including sections of Titles 14, 17, 22, 28, 30, 33, 36, 37, 39, 40, 44, 45, 46, 47, 51

Division of Administration Policies

Policy #	Title
PPM 1	Issuance of Policy and Procedure Memoranda
PPM 7	Responsibility for Fiscal Approval
PPM 10	Property Insurance Claims Recover Funds
PPM 33	Request for New or Substitute Positions
PPM 49	General Travel Regulations
PPM 50	Attorney Case Handling Guidelines and Billing Procedures
PPM 51	Contracts for Maintenance, Equipment and Services
PPM 52	Changes in Approved Budget Repair and Replacement of Damaged Property Covered Under the
PPM 53	State's Risk Management Program
PPM 54	Fee Schedule for Cooperative Purchasing
PPM 55	Professional and Social Services Categories
PPM 56	Delegated Procurement Authority; Standard and Special Delegations
PPM 59	Procurement Preferences; Application
PPM 64	Printing Procedures
PPM 67	Travel in State-Owned Aircraft
PPM 68	Revenue and Expenditure Accounting
PPM 69	Unemployment Compensation
PPM 70	Report of State Aid to Local Recipients
PPM 73	Taxable Compensation

LDH Policies

Policy #	Title
1.2	Communications with Respect to Persons with Disabilities
2.3	Recoupment of Payroll Overpayments

- 3.1 Blood-borne Pathogen Policy
- 4.1 Employee Substance Abuse and Drug Free Workplace
- 5.1 Tobacco Free Workplace Policy
- 6.1 Emoluments
- 8.1 Request for and Issuance of Legal Opinions
- 9.1 Inquiries Concerning State Lands
- 10.1 Travel Regulations
- 11.1 Investments
- 13.3 LDH Audit Requirements for Contracts
- 14.1 Liability Limitation Schedule
- 15.1 Information Sharing Within LDH
- 17.1 General Privacy Policy
- 18.1 Client and Participant Privacy Rights
- 19.1 Uses and Disclosures of Client or Participant Information
- 20.1 De-identification of Client and Participant Information and use of Limited Data Sets
- 21.1 Uses and Disclosures for External Research Requests, Internal Research Needs and Waiver of Privacy Rights for Research Purpose
- 22.1 Minimum Necessary Information
- 23.1 LDH Business Associate Relationships
- 24.1 Administrative, Technical and Physical Safeguards Policy
- 25.1 Enforcement, Sanctions and Penalties for Violations of LDH HIPAA Privacy Policies
- 26.2 Crisis Leave Pool
- 27.1 Overtime Compensation for Disaster Operations Work
- 28.4 Leave Policy for Classified LDH Employees
- 29.2 Family and Medical Leave Act Policy
- 30.1 Employee Discipline
- 31.1 Certification of Compliance of Personnel Actions
- 32.1 Vacancy Announcements
- 33.1 Employee Performance Evaluation System
- 34.2 Equal Employment Opportunity
- 35.3 Grievance Policy
- 36.1 Appointment and Pay of Student Employees
- 37.2 Relocation Expenses
- 38.1 General Training
- 40.2 Verification of Credentials
- 41.1 DHH Policy on Nepotism
- 42.2 Disclosure & Retention of Public Records
- 44.1 Disclosure of Outside Employment
- 45.2 Overtime Policy
- 46.2 Reference Checking
- 47.1 Criminal History Records Checks of Applicants & Employees

- 48.2 LDH Employee Drug Testing Policy
- 49.1 LDH Fair Labor Standards Act Determinations Policy
- 50.2 Pay Policy
- 52.2 LDH Employee Recognition and Rewards
- 53.3 Optional Pay Adjustments (CS Rule 6.1 6.2)
- 54.2 Waiver of Pay Reduction Upon Voluntary Demotion
- 55.2 Temporary Appointments
- 56.4 Sexual Harassment Policy
- 57.1 General Safety/Loss Prevention Manual
- 58.3 Corporate Liability "LaCarte" Purchasing Card
- 59.2 Telecommunications
- 60.2 State Vehicles
- 61.2 LDH Movable Property
- 63.2 Rulemaking Policy
- 65.2 LDH Emergency Preparedness (All Hazards Response)
- 66.2 Electronic Mail Policy
- 68.1 Weapons in the Workplace
- 69.2 Policy Issuance System
- 70.1 Rental and Leasing of Real Property
- 72.1 Public Information
- 73.1 Discrimination in Services Provision
- 74.1 Uniform Fee Schedule for Copies of Public Records
- 75.2 Restraint and Seclusion
- 76.3 LDH Abuse and Neglect
- 77.2 Time Administration and Time Entry
- 79.1 Departmental Stationery and Business Cards
- 81.2 Americans with Disabilities Act
- 82.1 Teleworking
- 83.1 Insurance Solicitation Policy
- 85.1 Workplace Violence
- 86.1 Employee Conduct
- 104.1 Employee Lactation Support
- 106.3 LDH Mail Handling Policy and Procedures for the LDH Administration Building
- 109.1 Transitional Return to Work
- 110.1 Ebola Virus Disease Policies and Reporting Mechanisms
- 111.4 Travel Card
- 112.1 System for Award Management
- 113.1 Unused Airline Tickets
- 114.1 Employee Worker's Compensation Post-Accident Drug Testing Policy
- 114.1 LDH Employee Workers' Compensation Post-Accident Drug Testing Policy
- 115.3 LDH Emergency Employee Database (EED) Policy

- 116.1 Dual Career Ladder - Engineer 5
- 117.1 Longevity
- 118.1 Collection & Write Off Policy and Procedure
- 120.1 Pay for Extraordinary Qualifications (CS Rule 6.5(g))
- 123.1 Small Entrepreneurship (Hudson and Veteran Initiatives) Certification Program Policy
- 124.1 Request for Proposal Evaluation Guidelines Policy
- 125.1 Work Schedules, Attendance and Punctuality
- 127.1 Water Vessel Operator Safety Program
- 128.1 LDH Policy on Paying Membership Dues, Licenses and Subscriptions
- LDH Compliance Reporting Policy
- LDH Compliance Review & Investigations Policy
- LDH Overpayments Policy
- LDH Excluded Persons Policy

OTS Policies & Procedures

- Information Security Policy
- Chain of Custody
- Change Management Policy
- End User Agreement
- Exception Request Form
- Incident Response Plan
- Risk Acceptance Form
- Third Party Information Security Questionnaire
- IT Data Sanitization Procedures