COMPLIANCE OFFICER

DEFINITION

Under direction, coordinates and facilitates continuous improvement of clinical, service quality and risk management program compliance, utilization management, HIPAA; ensures that the programs meet state and federal regulatory standards; acts as the Compliance Officer for assigned area; and performs related duties as required.

REPORTS TO

Director of Mental Health.

CLASSIFICATIONS SUPERVISED

This classification exercises direct supervision over program technical and clerical staff.

EXAMPLES OF DUTIES

The following are the duties performed by employees in this classification. However, employees may perform other related duties at an equivalent level. Each individual in the classification does not necessarily perform all the duties listed.

Develops, implements, and maintains the County’s regulatory compliance activities, which may include specific program areas such as HIPAA; coordinates and facilitates continuous quality improvement of clinical, service quality, services delivery, beneficiary satisfaction, continuity and coordinate of care, access to services, and performance; investigates and follows-up on compliance and program integrity compliance issues; assures that policies are accurate, current and in compliance with federal and state regulations; reviews and updates policies as laws change; interprets and disseminates information on regulatory matters; assists departments in ensuring billing and quality management staff have accurate and complete information regarding which mental health and health services can be claimed for reimbursement, and that such information is maintained and distributed appropriately; oversees Quality Improvement activities to include Performance Improvement Projects (PIP), contractual requirements, and corrective action plans; collaborates with department and agency management and supervisors on matters of compliance deemed potentially illegal, unethical or otherwise improper for review; investigates and makes appropriate recommendations; ensures that matters requiring external reporting or disclosure, such as regulatory enforcement, are reported within requirements; designs, implements and maintains systems that assure quality and integrity; optimizes risk management processes and procedures to ensure effective compliance with all applicable federal and state regulations; serves as a team facilitator to quality and compliance teams; represents the County at meetings, and before boards, commissions and committees; identifies agency education needs related to risk prevention, legal issues and compliance as well as HIPAA or other related area compliance; delivers or coordinates education sessions; assists staff with
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training and guidance to meet compliance and integrity objectives; may assist in the coordination of activities with other governmental units pertaining to compliance areas; reviews the work of staff, prepares and submits federal, state, county and departmental/county mandated financial, operational and statistical reports; and performs other duties as required.

TYPICAL PHYSICAL REQUIREMENTS

Sit for extended periods; frequently stand and walk; normal manual dexterity and eye-hand coordination; corrected hearing and vision to normal range; verbal communication; use of office equipment including computers, telephones, calculators, copiers, and fax machine.

TYPICAL WORKING CONDITIONS

Work is performed in an office environment; occasionally works outside; continuous contact with staff and the public.

MINIMUM QUALIFICATIONS

Knowledge of:
- Operations and activities of assigned department as they relate to compliance requirements.
- Principles and practices of Quality Improvement.
- Disclosure and reporting requirements in compliance areas.
- Principles and practices of risk assessment in compliance areas.
- Methods and techniques of investigating and resolving compliance issues.
- Modern office practices, methods and procedures, including computers and assigned software.
- Maintenance of filing and information retrieval systems.
- State and Federal laws and regulations with particular emphasis on compliance requirements within the assigned areas.
- Practices and techniques of needs assessment, evaluation and report preparation.
- Principles of supervision, training and performance evaluations.

Ability to:
- Direct programs that ensure compliance with mandated requirements.
- Work collaboratively with peers both inside and outside the agency to accomplish common goals and maintain up to date practices.
- Supervise, train, discipline and evaluate subordinates.
- Delegate assignments to lower level staff.
- Conduct investigations, gather information and draw appropriate conclusions.
- Make complex decisions using sound judgment.
- Assist with interpreting, explaining and applying a variety of Federal, State and County policies, rules, procedures and regulations.
- Work with considerable initiative and independence while exercising good judgment.
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in recognizing the scope of authority.
• Prepare clear, concise and accurate records and reports.
• Work with a computer and specialized software.
• Effectively represent the department in answering questions, responding to inquiries, providing assistance and dealing with concerns from the public and staff.
• Communicate effectively both orally and in writing.
• Understand and carry out oral and written directions.
• Establish and maintain effective relationships with those contacted in the course of work.

Training and Experience: Any combination of training which would likely provide the required knowledge and experience is qualifying. A typical way to obtain the required knowledge and abilities would be:

Education

Equivalent to Bachelor’s degree from an accredited college or university with major coursework in health administration, business/public administration, or a closely related field.

Experience

Four (4) years of experience in the Mental Health field performing Quality Assurance or Utilization Review support staff or clinical duties.

Note: Additional professional experience performing program management recommendations regarding Quality Assurance or Utilization Review may substitute for up to two (2) years of the required education on a year-for-year basis.

DESIRABLE QUALIFICATIONS:

Three (3) or more years of work in fiscal/clerical programs working with Medi-Cal oversight, Quality Assurance, HIPAA requirements and/or Utilization Management.