

24 Assessment

Choose the correct answer by circling the corresponding letter on your answer sheet.

- 1. The overall goal of the DHS Compliance Program is compliance with all applicable laws, regulations, and other standards that govern the conduct of healthcare organizations and governmental entities.**
 - a. True
 - b. False

- 2. The Code of Conduct provides detailed information on all DHS policies; therefore, it is not necessary to refer to other DHS/facility policies or procedures.**
 - a. True
 - b. False

- 3. You must report:**
 - a. Only conduct that you are sure is inappropriate
 - b. Only conduct that you suspect to be illegal
 - c. Conduct that you suspect is illegal or in violation of a DHS/facility policy
 - d. Only conduct that could result in a loss of County funds

- 4. You should discuss suspected misconduct with:**
 - a. Your supervisor
 - b. Your Local Compliance Officer
 - c. The DHS Compliance Hotline
 - d. The County Fraud Hotline
 - e. Any of the above

- 5. Only DHS employees are required to follow the Code of Conduct.**
 - a. True
 - b. False

6. If you report suspected misconduct:

- a. Your supervisor can transfer you out of the unit to a less desirable position
- b. You are protected by federal and State law if you file a whistleblower lawsuit
- c. You are protected from retaliation by the County
- d. Both B and C

7. The federal False Claims Act prohibits creating inaccurate documents to support a claim to the federal government for payment.

- a. True
- b. False

8. DHS' goal is to ensure that all claims for reimbursement:

- a. Are accurate
- b. Conform to the applicable Federal and State laws and regulations
- c. Contain information in all required fields, regardless of whether we know that the information is correct
- d. Both A and B

9. It is appropriate to falsify DHS documents when:

- a. You need to meet a deadline
- b. Your boss asks you to
- c. You are unsure of the correct information
- d. It is never appropriate to falsify DHS documents

10. If you are required to have a professional license, certification or credential to do your job, you are responsible for making sure it is kept active and current.

- a. True
- b. False

- 11. If your family member owns a company that DHS is considering doing business with, you may participate in the decision of whether or not to do business with this company.**
- a. True
 - b. False
- 12. Federal and State anti-kickback laws strictly prohibit payments that are intended to encourage the referral of patients.**
- a. True
 - b. False
- 13. The selection of contractors/vendors is made based on technical excellence, price, service, and personal relationships.**
- a. True
 - b. False
- 14. You may accept certain gifts from individuals or organizations that have a business relationship with DHS, such as:**
- a. Gift certificates
 - b. Ticket to a sporting event
 - c. A box of candy intended for the work unit
 - d. Trips
- 15. It's okay to look at information about a patient, even if you don't need it to do your job, as long as you don't tell or show anyone what you read.**
- a. True
 - b. False

YOU ARE DONE!

Please turn in your answer sheet and signed Code of Conduct Acknowledgement to your supervisor/manager.

COMPLIANCE AWARENESS TRAINING

ASSESSMENT ANSWER SHEET

Date:	Please PRINT Name (Last Name, First):	Employee No.:	Department Name:	Pay Location:
		Dept. No.:	Work Area:	Phone No.:

Instructions: Please circle the best answer.

1. a b
2. a b
3. a b c d
4. a b c d e
5. a b
6. a b c d
7. a b
8. a b c d
9. a b c d
10. a b
11. a b
12. a b
13. a b
14. a b c d
15. a b

YOU ARE DONE!

Please turn in this Assessment Answer Sheet and your signed Code of Conduct Acknowledgement to your supervisor/manager.

**DEPARTMENT OF HEALTH SERVICES
COMPLIANCE AWARENESS TRAINING**

CODE OF CONDUCT ACKNOWLEDGEMENT

Instructions: After you have completed the Compliance Awareness Training, please complete this Code of Conduct Acknowledgement and submit it to your supervisor or trainer.

Date:	Please PRINT Name (Last Name, First):	Employee No.:	Department Name:	Pay Location:
		Dept. No.:	Work Area:	Phone No.:

I acknowledge that I have received the Department of Health Services' Code of Conduct and completed the Compliance Awareness Training. I agree to abide by the Code of Conduct as it relates to my job responsibilities. I understand that non-compliance with the Code of Conduct can subject me to disciplinary action up to and including discharge from service.

SIGNATURE _____

DATE _____

- c: Workforce Member
- Unit File
- Official Personnel/Contractor File

COMPLIANCE AWARENESS TRAINING ASSESEMENT ANSWER KEY

The correct answers are in **BOLD**.

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ASSESEMENT ANSWER KEY**

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**COMPLIANCE AWARENESS TRAINING
ASSESEMENT ANSWER KEY**

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