
Annual Compliance Work Plan – Calendar Year 2026

Purpose and Organization

The Lake County Health Department and Community Health Center (LCHD/CHC) Compliance Work Plan describes activities in support of the agency's Compliance Plan during the calendar year 2026. It is used to provide a structured approach and specific objectives the agency plans to accomplish to improve its compliance program.

The Work Plan addresses aspects of the following seven elements of an effective compliance program, as described by the US Department of Health and Human Services, Office of Inspector General (OIG):

1. Written Policies and Procedures
2. Compliance Leadership and Oversight
3. Training and Education
4. Effectives Lines of Communication with the Compliance Officer and Disclosure Programs
5. Enforcing Standards: Consequences and Incentives
6. Risk Assessment, Auditing and Monitoring
7. Responding to Detected Offenses and Developing Corrective Action Initiatives

Compliance, Privacy and Security Workgroup

The Compliance, Privacy and Security Workgroup provides guidance and oversight to the agency's compliance program. The workgroup reviews privacy and security breaches, and compliance issues identified through audits, self-monitoring and complaints. It develops the annual compliance work plan and is responsible for meeting the objectives. The members are:

- Clinical Compliance Manager, Angela Smith
- Deputy Executive Director, Sam Johnson, Chair and Compliance Officer
- Director of Behavioral Health, Michele Esser
- Director of Finance and Administrative Services, Angela Cooper

- Director of Health Information and Technology, John Wurl
- Director of Human Resources, Lorraine Harris
- Director of Physical Health, Kim Burke
- Director of Prevention, Lisa Kritz
- IT Privacy and Security Operations Manager, Brenda Ruelas
- Revenue Cycle Manager, Natalie Jesse

2026 Work Plan Objectives (organized by OIG Element)

Element 1: Written Policies and Procedures

The Compliance, Privacy and Security Workgroup will review and update the compliance policies this year, in order to follow the Office of Inspector General's recommendation that compliance policies be reviewed annually, instead of the three-year cycle for most other health department policies.

The Code of Conduct has also not been reviewed since 2021. While not required or designed to be updated annually, the Workgroup believes that with the change in leadership and reformulation of the Workgroup itself, the department would benefit from a review of the Code and updating if necessary.

We are strengthening oversight of vendors who access or process sensitive data, ensuring they are meeting contractual and regulatory compliance standards. This activity is reflected in multiple objectives throughout the work plan.

Objective	Target Date	Lead
Create an inventory of critical business systems with associated data categories (i.e. PHI, PII, Finance).	March 2026	IT Privacy and Security Operations Manager
Review and update, as necessary, the Compliance policies.	June 2026	Deputy Executive Director
Review and update, as necessary, the Code of Conduct.	Dec 2026	Deputy Executive Director

Element 3: Training and Education

The training that was developed in 2025 and provided in person to client-facing staff was well received by staff and managers and attendees demonstrated strong comprehension in the after-training survey, so the trainings will be provided to those programs and sites that were not able to be scheduled in 2025.

Objective	Target Date	Lead
Provide training on privacy and security practices to client-facing staff in the clinical programs that did not receive the training in 2025.	Dec 2026	IT Privacy and Security Operations Manager

Element 5: Enforcing Standards – Consequences and Incentives

Existing policy states that the health department “shall obtain written Business Associate Agreements (BAA) from its Business Associates. Such BAAs shall contain satisfactory assurances that the Business Associate will use and disclose Protected Health Information (PHI) only for the purpose for which it was engaged by the LCHD/CHC, will safeguard the information from misuse, and only in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the accompanying regulations.” A review of previous privacy practices suggested that sufficient controls were lacking to ensure that all business associates were properly identified, and thus may not have signed BAA’s as required. A proper inventory of vendors is required before compliance can be enforced.

Objective	Target Date	Lead
Identify all vendors requiring Business Associate Agreements (BAAs).	April 2026	Director of Health Information and Technology

Element 6: Risk Assessment, Auditing and Monitoring

Following the previous objective of taking inventory of all existing vendors that require a Business Associate Agreement, the agency will obtain signed BAA’s from those vendors for whom it is required but which are missing.

With the increase of Artificial Intelligence (AI) technology, privacy and security risks have increased as well. We will begin to survey our vendors on their use of AI and what privacy practices they have in place to ensure the safety of our data. The survey results will help to identify vendors of higher risk so mitigating factors can be implemented.

The Finance team also plans to take stock of its current compliance activities by conducting an inventory of internal financial audits and monitoring activities and creating a central place to store results. In addition, we will explore options for having an external party provide additional coding and billing guidance for our dental processes, as this is a specialized field for which we do not have a depth of in-house expertise.

Objective	Target Date	Lead
Launch an AI and Security Survey through Airtable to assess vendor data use practices, privacy safeguards, and risk levels.	March 2026	Director of Health Information and Technology
Create a master list of internal financial audits and monitoring activities.	March 2026	Associate Director of Finance
Explore opportunities for an external dental billing audit to address identified gaps in the dental coding and billing process.	April 2026	Revenue Cycle Manager
Confirm that we have current BAAs for those vendors which require them.	June 2026	Director of Health Information and Technology
Centralize audit and monitoring results into a shared location for transparency and trend analysis.	Sept 2026	Associate Director of Finance