



YOLO COUNTY
ALCOHOL, DRUG AND MENTAL HEALTH DEPARTMENT
POLICY AND PROCEDURES MANUAL

SUBJECT: Auditing and Monitoring Activities

POLICY

As part of its Compliance Plan, the Yolo County Alcohol, Drug and Mental Health Department (ADMH) conducts on-going program evaluation through auditing and monitoring processes. These processes determine if the ADMH Compliance Plan is working, whether individuals are carrying out their responsibilities in an ethical manner and that claims are being submitted appropriately.

Each ADMH employee is expected to be familiar with the ADMH Compliance Plan and the appropriate processes necessary to perform his/her duties and/or how to obtain the requisite information pertinent to performing his/her duties in a manner consistent with legal, regulatory, and departmental requirements. Employees who act in violation of the ADMH Compliance Plan or who otherwise ignore or disregard the standards of ADMH may be subjected to progressive disciplinary action up to and including termination.

PROCEDURE

Auditing and monitoring are different concepts. Auditing consists of retrospectively testing the established monitoring systems to ensure they are functioning as prescribed. Monitoring uses systems to direct and correct day-to-day operations. Monitoring systems are real-time and broad in scope to facilitate appropriate management action.

Auditing Activities

A routine audit helps determine if any problem areas exist and provide the ability to focus on the risk areas that are associated with those problems. There are several types of audits that occur under the Compliance Program:

- 1) **UR Committee Chart Review:** The UR Committee reviews a report generated by designated staff that lists all charges by client number, clinician and number of minutes billed. The UR Committee matches this billing information to the progress note in the chart to determine if the billing code is accurate, the documentation meets Quality Improvement Committee (QIC) regulations, and if the minutes billed compares to the documented activity. This process is completed annually on 5% of the charts.
- 2) **Medication Monitoring:** The Medication Monitoring Committee reviews at least 5% of the charts annually for those clients receiving medication services.
 - a. Documentation is being completed correctly and in a timely manner (per

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- QIC regulations);
- b. Services provided meet medical necessity criteria
- 3) Chart Audit: Supervising Clinical staff conduct a monthly random audit of two charts to compare billing with chart documentation. This audit seeks to confirm that:
- a. Bills are accurately coded and accurately reflect the services provided (as documented in the client's chart);
 - b. Documentation is being completed correctly and in a timely manner (per QIC regulations);
 - c. Services provided meet medical necessity criteria; and
 - d. Incentives for unnecessary billing do not exist.
- 4) Standards and Procedures Review: The policies and procedures are reviewed and evaluated annually by the QIC to determine if they are current and complete. If they are ineffective or outdated, they are updated to reflect changes in government regulations and standards.
- 5) System Level Monitoring: The QIC annually reviews data on service utilization, clients with high service utilization patterns, staff productivity, cost of services and cost per client information. When available, service utilization and cost utilization data will be analyzed and reviewed with data from other comparable counties. Designated staff will provide data quarterly on the number of clients, service utilization, service cost and staff productivity.
- 6) Medi-Cal Denial Reports: The Compliance Officer or designee will review Medi-Cal Denial Reports quarterly to identify potential compliance issues.

Monitoring Activities

ADMH monitoring activities are an on-going process that monitors billing, timesheets, and chart documentation to assure that all services are accurately billed, accounted for and charted.

- 1) Claims Submission Process: Designated staff matches the chart documentation and the timesheets while entering the billing information into the computer system. This process is completed on 100% of the charts.
- 2) Timeliness of Chart Documentation: Designated staff documents the timeliness of progress notes and service plans for each service delivery staff on a weekly basis.

Reporting Results from Auditing and Monitoring Activities

The auditing activities listed above will be conducted directly by the Compliance Officer (or his/her designee) or by a committee of which the Compliance Officer is a member. Any compliance issues that are detected through these activities will be reported to the Compliance Officer immediately. If a designee is responsible for conducting a specific audit, that designee will promptly notify the Compliance Officer of any detected compliance issues.

While performing the on-going monitoring activities outlined above, designated staff will immediately report any detected incidences of non-compliance directly to the Compliance

Officer.

The Compliance Officer will document all incidences of non-compliance on the Compliance Log. This information will be reported to the Compliance Committee. The Compliance Officer will summarize the Compliance Log and report it to the QIC quarterly. For more information on these oversight committees and their responsibilities, please refer to PP 401 Oversight of the Compliance Program policy and procedures.

Investigation and Corrective Action

When compliance issues are reported by staff or detected via auditing/monitoring activities, the Compliance Officer will initiate an investigation. If non-compliance is evidenced, the Compliance Officer will follow a course of corrective action outlined in the ADMH Compliance Plan and PP 406 Non-Compliance Investigation and Corrective Action policy and procedure. Please refer to these documents for more information.

REFERENCES

PP 401 Oversight of the Compliance Program
PP 406 Non-Compliance Investigation and Corrective Action
Yolo ADMH Compliance Plan

APPROVED BY:

ADMH Director

Date