



COUNTY OF YOLO
HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 5, CHAPTER 4, POLICY 010

BEHAVIORAL HEALTH AUDITING AND MONITORING ACTIVITIES

POLICY NUMBER:	5-4-010
SYSTEM OF CARE:	BEHAVIORAL HEALTH
FINALIZED DATE:	04.15.2024
EFFECTIVE:	07.01.2023
SUPERSEDES # :	Supersedes Policy #'s: N/A

A. PURPOSE: Yolo County Health & Human Services (HHSA) is committed to adherence to federal and state behavioral health program requirements, including program integrity requirements regarding the detection and prevention of fraud, waste and abuse. As such, HHSA has dedicated resources to auditing and monitoring activities as part of a Behavioral Health Compliance Program (“Compliance Program”).

B. FORMS/REQUIRED ATTACHMENTS: N/A

C. DEFINITIONS:

1. Auditing: consists of retrospectively testing the established monitoring systems to ensure they are functioning as described.
2. Monitoring: is conducted in real-time and broad in scope to facilitate appropriate management action.
3. See Yolo County HHSA’s policy & procedure (P&P) on Implementation of the Behavioral Health Compliance Program for additional definitions as related to the Compliance Program.

D. POLICY:

As part of its Behavioral Health Compliance Plan (“Compliance Plan”), Yolo County HHSA conducts on-going program evaluation through auditing and monitoring processes. These processes determine if the Compliance Plan is working, whether individuals are

carrying out their responsibilities in a responsible manner, and that claims are being submitted appropriately.

All HHSa employees are expected to be familiar with the Compliance Plan and the appropriate processes necessary to perform his or her duties and how to obtain the requisite information in order to perform those duties in a manner consistent with legal, regulatory, HHSa and County requirements. Behavioral Health employees who act in violation of the Compliance Plan or who otherwise ignore or disregard the standards of HHSa, or the County may be subjected to progressive discipline, up to and including termination.

E. PROCEDURES:

1. In its oversight of the Compliance Program, the Behavioral Health Compliance Officer ("Compliance Officer"), Behavioral Health Compliance Committee ("Compliance Committee") and/or the Behavioral Health Quality Management Program ("QM Program") will facilitate the following auditing and monitoring activities:
 - a. Utilization Management Program: HHSa operates a Utilization Management Program that is responsible for assuring that beneficiaries have appropriate access to specialty mental health services as required in California Code of Regulations, Title 9, §1810.440 (b)(1)-(3) and the Mental Health Plan (MHP) contract. The Utilization Management Program will include:
 - i. Utilization Management Committee (UMC):
 - Utilization Management (UM) is the initial review and authorization of services.
 - UM reviews charts for completeness and accuracy and to ensure compliance with Medi-Cal documentation requirements prior to authorizing the billing for services rendered during the reassessment review. The charts reviewed will be those that include an initial request for services (first request for services); a request for add-on service(s) (to add services during a period in which services have already been authorized) or when there is a "significant change" in the client's condition. Clients may receive a brief assessment and record review during the annual process of updating the client's mandated Medi-Cal paperwork to determine if a full reassessment is warranted. In the Children's System of Care, the clinical supervisor performs all these duties independently. See HHSa's P&P on authorization and utilization review of outpatient specialty mental health services (SMHS) for information about Utilization Management and authorization functions.

- The chart documents reviewed during the UM processes include: The Client Intake packet; Client Assessment; Diagnostic Summary; Problem List; Treatment Plan or Care Plan for charts from programs for which they are required; and Discharge Summary, (if applicable). Medical necessity and access criteria are documented on the UMC form. See HHS P&Ps on outpatient SMHS and Substance Use Disorder (SUD) clinical documentation for program-specific requirements.
 - Clinical supervisors, program coordinators and clinical staff conduct the UM activities.
- ii. Utilization Review Process:
- UR is a review of the services to ensure that all medically necessary covered services are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished, in alignment with California Advancing and Innovating Medi-Cal (Cal-AIM) documentation reform requirements.
 - Clinical supervisors, program coordinators and clinical staff conduct the UR activities.
 - The chart documents reviewed during the UR process include, but are not limited to: Client Assessment; Problem List; Treatment Plan or Care Plan for charts from programs from which they are required; and Discharge Summary (if applicable).
 - Please see Yolo County's policy on Medi-Cal provider monitoring for more information.
- iii. Medication Monitoring:
- An independent contractor will audit at least 20 charts of clients receiving medication services. The charts will be randomly selected from all mental health systems. This audit shall be conducted at least five times per fiscal year. Each audit of at least 20 charts shall contain at least two (2) charts per prescribing doctor.
- b. Standards and Procedures Review:
- i. The behavioral health policies and procedures are reviewed on an ongoing basis as the Compliance Officer, Compliance Committee, or QM Program as new information and/or guidance is received. Periodically, behavioral health policies and procedures are audited by the Compliance Officer, Compliance Committee, or QM Program to determine if they remain current and effective. If any behavioral health policies and procedures are found to be inaccurate or ineffective, it will be updated as needed. All HHS policies and procedures, including revisions to same, including behavioral health

policies and procedures, must be approved by the HHS Director or designee.

- c. System Level Monitoring:
 - i. Staff Productivity: Clinical behavioral health employees will track productivity using a staff productivity report which tracks direct and non-direct service time. Clinical behavioral health supervisors will monitor this report.
 - ii. Medi-Cal Denial Reports: HHS fiscal staff or designee will review Medi-Cal Denial Reports at least quarterly to identify potential compliance issues.
 - iii. Electronic Health Record (HER) System [Avatar] Access: Monthly, the County Avatar Administrator will run a report to monitor the Avatar System User Access. This ensures that only active and authorized providers have access to the EHR.
 - iv. Internal Claims Submission Process: On a quarterly basis, HHS behavioral health fiscal staff audits and monitors billable services against internal behavioral health staff timesheets.
 - v. Productivity Review: At least quarterly, designated fiscal staff monitors timeliness of progress notes and accuracy of billable services to ensure there are no duplicated services or incorrect service codes.
 - vi. Service Verification: Service Verification is performed as outlined in Yolo County's Service Verification Policy.

- 2. Reporting Results from Auditing and Monitoring Activities: Any compliance issues that are detected through these activities will be reported to the Compliance Officer immediately. The Compliance Officer will document all incidents of non-compliance on the Compliance Log. This information will be reported at least quarterly to the Compliance Committee. For more information on these oversight committees and their responsibilities, please refer to HHS's P&P on *Oversight of the Behavioral Health Compliance Program*.
- 3. 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 Compliance Plan and HHS's policy on Non-Compliance Investigation and Corrective Action. Please refer to these documents for more information.

F. REFERENCES:

- 1. DHCS Information Notice 23-068: Updates to Documentation Requirements for all Specialty Mental Health (SMH), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

2. DHCS Yolo County Mental Health Plan Contract, Program Integrity Requirements
3. DMC-ODS Intergovernmental Agreement, Program Integrity Requirements

Approved by:

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Yolo County Health and Human Services Agency**

Date