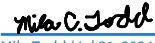




Section: Compliance	Policy Name: Compliance Program Auditing and Monitoring	Policy Number: 10.07
Owner: Chief Compliance Officer	Reviewed By: Mila C. Todd	Total Pages: 3
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By:  Mila Todd (Jul 31, 2024 14:50 EDT)	Date Approved: Jul 31, 2024
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> CCBHC	Effective Date: 01/01/2014

Policy: The Southwest Michigan Behavioral Health (SWMBH) compliance program will perform ongoing evaluation and thorough monitoring of and as part of its compliance program, and will report regularly to the organization’s senior officers. Compliance reports created by ongoing monitoring and auditing efforts, including reports of suspected noncompliance, will be maintained by the Compliance Officer and reviewed with the SWMBH Compliance Oversight Committee (COC) and Board of Directors as required.

Purpose: The purpose of this policy is to articulate SWMBH’s commitment to an ongoing process of evaluation and monitoring to ensure the successful implementation and effectiveness of its compliance program.

Scope: SWMBH Program Integrity & Compliance Department

Responsibilities: SWMBH’s Program Integrity & Compliance Department is responsible for developing and implementing an ongoing auditing and monitoring process, to assess its own program effectiveness, as well as monitor for compliance violations within the Region.

Definitions: None

- A. **Compliance Activities.** Those activities as defined by the MDHHS OIG in its Quarterly Reporting Guidance Document. For purposes of this Policy, Compliance Activities include audits (both routine and ad hoc), investigations (regardless of source of origin), data mining activities,



financial adjustments including recoupments, manual prepayment reviews, and provider disenrollments that are the result of compliance activities.

Standards and Guidelines:

A. Audit and Monitoring Plan.

1. SWMBH PI-C shall create an Annual Audit and Monitoring Plan which outlines the routine audit and monitoring activities to be completed each Fiscal Year. Activities included in the Audit and Monitoring Plan shall include, at minimum:
 - i. Medicaid Services Verification in accordance with the MDHHS Technical Requirement.
 - ii. A review of Block Grant funded services.
 - iii. Data Mining.
 - iv. Other planned activities based on risks identified through risk assessments, audit or investigation findings, data-mining, HHS or MDHHS OIG workplans, or other methods.
2. The Audit and Monitoring Plan shall include a description of the frequency and methodology by which each activity will be completed. Acceptable audit methodology examples include:
 - i. Record review.
 - ii. Beneficiary interviews to confirm services rendered.
 - iii. Provider self-audit protocols.
3. Unplanned/ad hoc audits may be completed as part of a Compliance investigation. These should be completed and reported in accordance with SWMBH Policy 10.08 and Procedures 10.08.01 and 10.08.02.

B. Auditors. Internal staff or external sources involved in any audits will:

1. Possess the qualifications and experience necessary to adequately identify potential issues with the subject matter to be reviewed;
2. Be independent of the specific functional area examined;
3. Have access to existing audit resources, relevant personnel and all relevant areas of operation;
4. Specifically identify areas where corrective actions are needed.

C. Reporting.

1. The Chief Compliance Officer will provide and present written evaluative reports on compliance activities to the Chief Executive Officer, Compliance Oversight Committee, and Board of Directors on a periodic basis but not less than annually.
2. SWMBH will ensure all compliance activities are reported to the MDHHS OIG in accordance with SWMBH Policy 10.08.

References:

42 CFR §438.608



Federal Register Volume 64, No. 219
SWMBH Operating Policy 10.08
SWMBH Operating Procedures 10.08.01 and 10.08.02
MDHHS Medicaid Services Verification Technical Requirement

Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
01	6/30/2020	N/A	Moved to new template	Mila C. Todd
02	07/26/24	Throughout.	Removed reference to MHL. Added paragraphs A(1)-(3) and C(2).	Mila C. Todd

10.07 Compliance Program Auditing and Monitoring

Final Audit Report

2024-07-31

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