

RISK-BASED MONITORING PLAN

Risk Indicator	Timeline	Method	Procedures
Amount of funding	Annually	OSAS Matrix review quarterly	Oakland County Auditing Division conducts annual financial audits. OSAS reviews provider allocations to determine the need to modify thought out funded system
Clinical quality	2x yr as needed	<ul style="list-style-type: none"> • Bi-annual pgm review • investigate client or public complaint 	OSAS contract managers review client files for compliance, interviews clients, conduct investigations, and provides ongoing technical assistance to providers (See Provider Review Tool) to address quality of clinical practices.
Credential/Licensure /Paneling	1x yr throughout yr	<ul style="list-style-type: none"> • Annual administrative pgm review • w/request to panel 	Review all licenses on the state website after each administrative program review to ensure there are no paneled providers with suspensions or debarments (See Program Monitoring & Attachment E Provider Contract).
Accreditation	Every other yr	RFP Process	Require providers to include accreditation letters and reports prior to each funding cycle. (See RFP)
SA License	every other & annually	RFP and Program Reviews	Require providers to include substance abuse license prior to each funding cycle. This is also monitored during the yearly program review conducted by program managers (See RFP).
Business /Billing Practices	<ul style="list-style-type: none"> • annually and as needed 	<ul style="list-style-type: none"> • contract requirements • address as issues arise Review audit requirements (State) Matrix >500,000 Federal <500,000 Federal • OC Auditing Financial Reviews Biannual, • OC Auditing Review, Subcontractor Review Package 	<p>Contract Managers conduct yearly administrative site reviews. (See Provider Administrative Review).</p> <p>Oakland County Auditing Division conducts yearly reviews. OC Auditing & OSAS partner to coordinate & review provider audit packages. Based upon OC Auditing findings, provider reviews modify contract requirement, procedures and provide in-services as needed.</p>

Additional Risk-Based Monitoring for Providers Showing Evidence of Non-Compliance

1. Meet with Provider to discuss identified areas of non-compliance and instruct provider to provide a written plan for how issues of non-compliance will be resolved
2. Increase site visits (standard visits are two times per year, visits are increased to 3 or more)
3. Increase sample size
4. If necessary, launch full investigation and pull every client file for review
5. Increase technical assistance
6. Hold payment until issues are resolved
7. Close Admissions