Topic: Internal monitoring and reviews	**Department:** Compliance/QI
Original effective date: 3/11/02	**Last revision date:** 11/1/19
Owner: VP for Quality and Compliance	**Frequency of reviews:** Annual
Internal/Regulatory Reference(s) (all that apply): 18 NYCRR 521.3(c)(6); NYS Social Services Law 363-d(2)(f)	
Related documents/Links:	

Policy: It is the policy of The Arc of Monroe that business, administrative and support functions promote personal and organizational outcomes.

Additional Information:

Types of audits that might be done:

- Compliance audits: These audits look at the things we need to get paid by the government. These are done according to a schedule based on census size. This is to make sure that there is a balanced audit sample size across programs..

  They may pick people to audit randomly, meaning they don't pick someone on purpose. They may also pick certain particular people to audit. This might happen if there have been issues there. An audit might help to see if the issues are still there.

  If there is a pattern showing that things aren't being done like they should, they may include more people in their check. That will help them figure out if it was just a simple error or of there is a more serious problem. Example: a more serious problem might be a process that just doesn't work well.

  Results are always shared with the program that was audited. This includes administrators and senior administrators. The CEO, COO, CFO, CGO and Chief HR Officer are also told if something was happening that shouldn't. This group is also called Executive Management Team or EMT. Example: on the audit form, there are lots of things that are checked. If any of the things that were checked wasn't right, EMT would be told.

Procedure	
Task:	**Responsible party:**
1. Audits will be done to make sure that staff are following laws and regulations. For example, they might look at the documentation that staff completes. They will look to see if it was done the way it should for us to get Medicaid or other government money. These checks will make sure that the compliance plan is working well. These checks will also help us find out if things are happening that shouldn't so we can fix them.	Quality Coordinators and comparable positions; VP for Quality and Compliance
2. Results will be shared with management.	Quality Coordinators

	and comparable positions; VP for Quality and Compliance
3. These audits might also look at specific processes. Example: we might look at purchasing. In this audit, we'd look to make sure that the right people have approved the purchase before it was made.	Quality Coordinators and comparable positions; VP for Quality and Compliance
4. Results will be shared with management . At the discretion of the quality coordinator or the VP for Quality and Compliance … or for serious or significant concerns … the executive management team (EMT) will also be notified.	Quality Coordinators and comparable positions; VP for Quality and Compliance
5. When things happen that shouldn't, programs write up a plan saying how they will keep it from happening again. Sometimes this means changing a process, providing training, or other things. Some of the checks we do are to make sure that these plans were put into practice – that we did what we said we were going to do. We might do these checks for state certification visits (bureau of program certification or BPC), internal quality audits, compliance cases and compliance audits. We might not look at every single case. Instead, we might look at a few cases, like a spot check. We might look at more if wee a pattern where plans weren't being put into practice.	Quality Coordinators and comparable positions; VP for Quality and Compliance
6. Other things we might audit: *Quality of services and supports *Risk areas we identified ourselves *HIPAA privacy *HIPAA security *Department of labor	Quality Coordinators and comparable positions; VP for Quality and Compliance; or designees
7. Every year we do a formal risk assessment. This is called a preventive risk assessment. Please cross-reference that policy.	VP for Quality and Compliance
8. Staff are required to help out with audits. This includes managers. This means they: *Have to answer questions honestly *Have to give the auditor the things they ask for. This includes an auditor who work for The Arc of Monroe *Cannot lie to the auditor *Cannot say things to make the auditor think things are one way when they are really another – like mislead the audit	All agency staff

9. Not cooperating with an audit may be seen as insubordination. Insubordination is misconduct and there could be supervisory actions taken.	Management and HR
10. Staff cannot: *Change documentation that was wrong to make it look right before giving it to an auditor *Write up missing documentation after the fact unless they are told to by a quality coordinator and/or the VP for Quality and Compliance/Compliance Officer. *Say they don't have information the auditor asks for when they really have it. Even if the information isn't completely right, they still need to share it with the auditor.	All staff
11. If staff does anything in bullet 10, there will be discipline. Staff could even lose their job.	Management and HR
12. We will contact our lawyers when it makes sense to do to. The VP for Quality and Compliance/Compliance Officer does not need permission from anyone to contact our lawyers.	VP for Quality and Compliance
13. The VP for Quality and Compliance will be notified of any outside audits that aren't routine. Routine audits would be BPC surveys and some financial audits that happen every year. If in doubt, let them know.	All staff

Document revision record:

Revision Date	Release Date	Reason for change	Approver
10/27/05	10/27/05	Reasons for changes not documented	P Dancer
12/29/06	12/29/06	Reasons for changes not documented	P Dancer
3/7/08	3/7/08	Reasons for changes not documented	P Dancer
6/23/08	6/23/08	Reasons for changes not documented	P Dancer
6/24/09	6/24/09	Reasons for changes not documented	P Dancer
7/13/09	7/13/09	Reasons for changes not documented	P Dancer
8/6/10	8/6/10	Reasons for changes not documented	P Dancer
10/5/10	10/5/10	Reasons for changes not documented	P Dancer
10/20/11	10/20/11	Reasons for changes not documented	P Dancer
6/5/12	6/5/12	Reasons for changes not documented	P Dancer
5/30/13	5/30/13	Reasons for changes not documented	P Dancer
10/24/14	1/1/15	Reasons for changes not documented	P Dancer
7/29/15	7/29/15	Reasons for changes not documented	P Dancer
5/22/17	5/22/17	Reasons for changes not documented	P Dancer
11/9/18	11/9/18	Reasons for changes not documented	P Dancer
12/24/19		Transitioned to new procedural format	P Dancer