

**YOUTH ADVOCATE PROGRAMS, INC.**

***MONITORING POLICY & PROCEDURES***

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*MONITORING POLICY AND PROCEDURES*

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# MONITORING POLICY AND PROCEDURES

## I. POLICY

YAP, Inc. has an internal monitoring policy designed to meet the following objectives:

- Evaluate the delivery of all contracted/eligible services.
- Confirm service hours reported by direct service staff are accurately reported.
- Establish consistent staff supervision to ensure all services meet acceptable quality.
- Ensure accurate billing-
- Protect agency and staff credibility; and
- Provide compliance with contracts, applicable laws and regulations and YAP, Inc.'s Integrity Compliance Plan.

Monitoring is regularly conducted at three levels:

- In each local program,
- In the program services department of The Support Center (TSC), and
- Through independent special monitors.

In each local program, the Program Director and all supervising personnel (Assistant Director, Coordinator, Behavioral Specialist Consultant/Mobile Therapist, etc.) are responsible for seeing that all reports submitted to The Support Center (TSC) are accurate in terms of service provided and hours/units of services reported. These reports include: treatment/service plans, activity reports, service encounter logs, progress reports/notes, and any requests for other payments such as check requests, invoices for payments, etc.

At TSC, Program Managers are responsible for reviewing all documents regarding billing, payroll, payments and reimbursements. Program Managers will review these documents using agency approved procedures before submitting the information to the Fiscal Department for payment to our employees and before processing the billing. Also at TSC, staff members in the Quality Assurance and Monitoring Department oversee an independent phone and letter monitoring system.

All YAP, Inc. employees are expected to understand and follow the procedures regarding monitoring. At any level, problems in the provision of quality services or the documentation of services should be discussed with the appropriate supervisor and corrective action taken. If fraud is detected, immediate steps must be taken. Any employee engaging in substantiated fraudulent activities is subject to disciplinary action, including immediate dismissal.

## II. PROCEDURES

### A. Local Programs

Local program monitoring is an effective means of ensuring program compliance with contracts and/or government laws and regulations and of detecting fraud. ***Therefore, all Program Directors must make ongoing, local monitoring a critical component of local program management.*** Program Directors must ensure that all staff members under their jurisdiction understand the need for accurate reporting and documentation and the consequences for failing to do so.

Even in larger programs where some management responsibilities are assigned to other staff, (such as Assistant Directors and/or Program Coordinators in advocate programs and Behavioral Specialist Consultant/Mobile Therapists in behavioral health programs), it remains the Program Director's responsibility to ensure that proper monitoring procedures are followed. Program Directors are also responsible for ensuring that Administrative Managers understand the importance of monitoring and use agency procedures to ensure that all paperwork is complete and accurate.

1. Components of Monitoring: To accomplish effective monitoring, Program Directors (or others in supervisory roles) must include the following components in their monitoring efforts:
  - a. Confirm that intake assessments and individual service/treatment plans are being used in all cases.
  - b. Conduct monitoring on a regularly scheduled basis as an ongoing part of supervision of direct service staff (Advocates, Therapeutic Staff Support, SCOH Workers, etc.). This includes reviewing all documents with individual direct service staff as well as conversation regarding the youth and family, their progress and any problems encountered in delivering services or treatment.
  - c. Inform all staff that their work may be monitored at any time, even if no signs of fraud or other problems exist. In a random manner, monitor the work of staff including accompanying them as they provide services or treatment.
  - d. Make personal visits or contact by telephone all active cases on a regular, periodic basis. At a minimum these family visits should be made by the Program Director, Assistant Director or Program Coordinator on a quarterly basis and should be used to measure the family's progress in meeting goals in the service or treatment plan.
  - e. Respond immediately to any comments and/or complaints from families,

youth, referring authorities and others who may be involved in the child/family case.

- f. Be sure that your staff are listing the correct telephone numbers on the encounter form or billing sheet. If it is handwritten please be sure that it is legible.
- g. If a client moves or there is a new phone number, please be sure to update that information in Evolv. If your program is not in Evolv, please send to your program manager a change in status with the new and updated information.
- h. At initial meetings Directors, please inform the families of the Monitoring Department and why this service is important and that the families should respond to our monitor's calls. Please hand out the Monitoring brochure. If you need additional copies contact the print shop.
- i. Please be sure that whoever fills out either the investigation form or satisfaction inquiry form that it is typed. I know this may add additional time, but this will help us out greatly.
- j. Directors and Regional leadership will be receiving monthly outcome reports from Monitoring Manager detailing the comments and percentages of families reached for their program for that month.

## 2. Review of Paperwork

Program Directors, supervisory staff and Administrative Managers will carefully review weekly activity sheets/service logs and be alert for "red flags" indicating a need for investigation. "Red flags" include, but are not limited to, the following:

- Family statements that service hours were not delivered as reported by a direct service worker;
- Consistently vague descriptions of activities by the direct service worker;
- Unvarying schedule of activities from week-to-week;
- Ongoing failure of the direct service worker to utilize allocated activity money;
- Total absence of request for activity reimbursement;
- Discrepancies between dates of activities reported by the direct service worker and

receipts submitted for those activities;

- Other inconsistencies or discrepancies on activity reports, progress notes or activity logs;
- Conflicts in reported hours: direct service worker claiming to be at two places at the same time;
- Disproportionate number of weekly reports or encounter service logs showing no telephone numbers or incomplete telephone numbers;
- Listing incorrect addresses or telephone numbers on activity reports or encounter service logs;
- Frequently failing to provide documentation on time.
- Mileage submission will also be reviewed for accuracy.

## **2. Letter Monitoring**

Approximately once per month, TSC sends a letter to families, whom we are not able to reach by telephone, a letter survey with billing sheet attached to the address on file for that client. Families are asked to respond to the letter survey, including reporting any discrepancies, by mail or by calling the Provider Hot line (1-800-324-5794), which is manned by an Independent Third Party vendor. This process serves the dual purpose of monitoring and opening communication lines between program staff and clients.

## **3. Telephone Monitoring**

Local program monitoring is also supplemented with regularly scheduled telephone monitoring conducted through TSC by monitors who work independently of local program staff and who are not directly affiliated with any particular office. Programs are generally monitored on a monthly basis; however, for programs where a client's length of stay is relatively short, weekly monitoring may be conducted.

Telephone monitors will call families and ask a series of scripted questions concerning hours and activities reported by the direct service staff as well as the quality of services provided. Information reported by families is documented by telephone monitors and then shared through written reports sent to local programs.

The work of the independent telephone monitors will also be audited on a random basis by the Director of Auditing and Monitoring or his/her designee. This review will match the independent monitors' telephone bills with their reports to ensure the documents correspond. This random audit is another quality control measure to make sure services

are delivered, properly documented and no intentional misrepresentation of hours has occurred.

#### **4. Integrity Compliance Plan**

Under YAP, Inc.'s Integrity Compliance Plan, all employees are required to report any and all actual or suspected fraud, abuse and other misconduct that violate the written standards of conduct or other laws, regulations or requirements. This report can be made to a supervisor, to a Compliance Officer or to any other mechanism so designated by YAP, Inc.'s Compliance Committee. Such complaints are logged on the compliance log and an investigation is initiated by TSC's Director of Auditing and Monitoring, or the Compliance Officer. In these cases, the local Program Director may be requested to conduct a fraud investigation as defined in section III.

#### **5. Special Monitoring**

From time to time, YAP, Inc. may, at its discretion, hire persons to conduct random visits to clients and families in order to determine if the direct service worker's service hours have been delivered as documented. Generally, Program Directors will meet with the independent investigators to discuss procedures and issues.

### **III. FRAUD**

#### **A. Advocate Monitoring Investigation Procedure**

Fraud is defined as the intentional misrepresentation or omissions by either providers or consumers to obtain services or payment for services. Fraud may include deliberate misrepresentation of need or eligibility; providing false information concerning costs or conditions to obtain reimbursements or certification; or claiming payment for services which were never delivered or received. Fraud is illegal and carries a penalty when founded. It constitutes willful misconduct and is grounds for immediate termination of employment from YAP, Inc.

Information indicating a need for an investigation may come from local Program Directors, Administrative Managers, supervisory staff, other direct service staff, referring authorities, TSC program staff, telephone monitors, staff reporting under the requirements of the Integrity Compliance Plan, family response to mail monitoring, and the Third Party Provider Hotline. Regardless of the method of discovery, the agency is obligated, both ethically and contractually, to conduct an intensive investigation when fraud is reported or suspected. Fraud detected in one active case may lead to the need to investigate all similar active cases and recent cases involving the employee under scrutiny.

#### **1. Fraud Investigations**

4/6/2017



An investigation must be conducted when fraud is reported or suspected. When conducting an investigation, staff should be cognizant of potential legal ramifications. It is extremely important that all phases of the investigation be carefully documented and that attention is paid to detail. The investigation must be conducted in a calm and objective manner. Care must be taken to avoid damaging an employee's credibility with the family.

At the same time, Program Directors must be aware that some direct service staff have, on occasion, coached families on how to respond to the agency monitoring system. On rare occasions, employees have threatened families in order to obtain a favorable report. A disreputable employee may, for example, use threats of institutionalization or reports of welfare fraud as leverage against families. The Program Director should always meet with the family or families involved in a face-to-face investigation and without the employee in question present. This responsibility can be delegated to an Assistant Director or Program Coordinator; however, it must be reviewed and approved by the Program Director. In some cases, however, the Program Director may request the Regional Director or Vice President to be involved in this phase of the investigation.

***All investigations are to be kept confidential and may be discussed only with appropriate agency personnel.*** During the initial investigatory proceedings, neither the employee under investigation nor the referring authority is notified that an investigation is underway, unless we are specifically required to do so under contract. However, the Program Director should alert his/her Regional Director, Vice President (where applicable), State President TSC's Director of Auditing and Monitoring, and Compliance Officer of the situation.

Investigations are not always easy to conduct. In addition to discussing the need for and components of an investigation with a Regional Director, Vice President or State President, Program Directors may also contact the TSC's Director of Auditing and Monitoring, and Compliance Officer for assistance and support in determining the scope and procedures to be followed or in completing the investigation's paperwork correctly.

***NOTE:*** Generally the employee is not suspended from his/her employment during the first phase of an investigation for fraud of service hours for two reasons: (a) the investigation may find that no fraud occurred or (b) the suspension will alert the staff person in question that an investigation is underway and provide an opportunity for that staff person to alert the family/client or otherwise contaminate the investigation. Suspension of an employee may become appropriate upon completion of the interviews with the family/client(s) depending upon the information and facts established during the investigation.

In other instances, it may be advisable to suspend without pay an employee who is under investigation prior to completing the first phase of the investigation (e.g., driving clients and/or their family members while under the influence of alcohol or drugs, alleged child

abuse, etc.). In such cases, the Program Director should follow the suspension process in Section XIII-H of the Personnel Policy Manual and notify the appropriate Regional Director, Vice President or State President.

If any dissatisfaction expressed by the client, families or other involved persons includes suspicion or allegation of child abuse by the direct service worker, state-regulated procedures must be followed and the allegation must be reported to TSC as described in Section XXII of the Personnel Policy Manual (Special Incident Reports).

#### **A. Fraud Investigation Procedure**

When there is indication that fraud may exist, the Program Director should set up a meeting at the family home. If discrepancies exist, or are suspected, with service to more than one client, the Program Director should interview all of these families. Each meeting should be scheduled within five (5) working days of the date that evidence of fraud is detected. Extensions of this five-day time limit may be necessary depending upon the number of families involved in the investigation, however. When additional time is required to complete the investigation, the Director of Auditing and Monitoring at TSC should be so notified. The Program Director conducts interviews with the parents and the youth in an effort to obtain more information about the suspect situation. The client file, including specific activity reports, service encounter logs, progress notes, and activity reimbursement records, is reviewed with the family. Through conversation with the family, the Program Director discusses reported activities and determines whether or not these activities actually took place. The Program Director should take extreme care to handle the family interviews in a non-threatening manner.

Once a discrepancy is confirmed, (e.g., service hours reported were not delivered), activity reports, and/or progress notes and service encounter logs for all other clients served by that employee are reviewed and those families interviewed. If misrepresentation is confirmed and the employee is working in more than one program, the investigating Program Director will notify the other involved Directors and TSC's Director of Auditing and Monitoring. Those Directors must then initiate investigations for those clients served by the direct service worker.

#### **B. Behavioral Health Monitoring Investigation Procedure**

Any staff member may present information to the Compliance Officer (CO) and/or the Monitoring Department that may warrant an investigation of a behavioral health (BH) program or BH transaction. When this occurs, the following steps must be followed:

1. Within two working days, the CO or the Director of Auditing and Monitoring will notify the CEO, President of BH, and State Leadership of the issue and contact the designated State representative(s) to pursue an investigation

2. All guidelines, as per monitoring investigation procedures will continue to be followed
3. The Program Director will complete a Behavioral Health Investigation Form as well providing information through either an excel spreadsheet or an Evolv report as a spreadsheet with identifying information relating to any billing issues
4. Investigation results are returned to the CO within 10 business days from the date of notification. If additional time is needed, the Program Director will notify the CO within 5 days of the initial notification to request an extension. The CO will determine the appropriate timeframe, confirm in writing, and inform the Monitoring Department
5. The CO will have the billing department verify the results of the investigation
6. The CO will forward the results of the investigation to the Director of Auditing and Monitoring and notify the CEO and President of BH of the investigation outcome.
7. The CO will contact the appropriate payers and State officials of the result of the investigation according to the YAP Compliance Plan and State regulations and procedures
  - Special Note: This procedure will be followed as closely as possible in the event payers and/or States prescribe a specific investigation procedure in accordance with law and regulations

### **C. Process for Self-Reports**

Upon completion of investigation, Program Director will complete an **Excel** spreadsheet or provide an Evolv report that will include the following:

1. Name of staff
2. Title of staff
3. Client name(s)
4. MA numbers
5. Dates of service
6. Type of service
7. Amount of time billed
8. The amount of time to be retracted

The spreadsheet is then forwarded to the CO along with the Behavioral Health Investigation Report, and termination PAF.

**\*\*\*\*Please remember to send any termination letters, and investigation reports to the Director of Auditing and Monitoring and HR\*\*\*\***

### **D. Documentation**

All interviews and other investigative measures taken are documented by the Program Director on the standard agency Monitor Investigation Report form. (See Attachment A)

The form must be fully completed, typed and signed by the Program Director. All handwritten notes along with the parent's statement obtained during the face to face interview should be signed by the parents and Program Director. Additionally, confirmation or denial of activities indicated on the activity reports and/or service encounter logs will be signified by writing "yes" or "no" beside the activities discussed. Families and/or clients are asked to sign summary statements at the conclusion of an interview.

Documentation of all investigations, including the Monitor Investigation Report and copies of applicable activity reports, progress notes and service encounter logs must be sent to the Director of Auditing and Monitoring and CO at TSC. This rule applies regardless of the outcome of the investigation.

#### **E. Possible Outcomes of Investigation**

It is the Program Director's responsibility along with their supervisor to evaluate evidence accumulated during an investigation and to determine if misrepresentation exists. A Program Director can request the assistance of the Regional Director, Vice President or State President and can request technical assistance from Director of Auditing and Monitoring, HR dept, CO, or inside counsel.

In general, a fraud investigation will produce one of the following outcomes:

- a. Lack of communication and/or other dissatisfaction with the direct service staff's services. In this situation, where no -misrepresentation is found, the Program Director will:
  - Send the Monitor Investigation Report to TSC indicating that no intentional misrepresentation was found and no billing adjustment is necessary, and
  - Work with the family and the employee to resolve the problem or assign another direct service staff person to work with the family.

**NOTE:** During the monitoring process, a family may report a problem that is not fraud related but which is serious and requires resolution. In these cases, a Satisfaction Inquiry Report (See Attachment B) form will be used. An inquiry must be resolved through face-to face contact with the client and/or parents and the form must be completed and returned within 10 business days to the Director of Auditing and Monitoring as well as the CO. The Director's signature on the Satisfaction Inquiry Report certifies that a meeting was held with the client/family and that the director has reviewed all of the appropriate activity reports. The parent is also required to sign this report indicating that the problem has been addressed. If the parent is unable to sign, it will be documented on the investigation form

If a program director determines misrepresentation also occurred, this should be

noted on the form and a Monitor Investigation Report should be completed. Both forms should be submitted together to the Director of Auditing and Monitoring and CO.

- b. Family and youth report that services reported by the direct service worker were not delivered and it appears that willful misconduct has occurred. (At this point, the Program Director has reviewed service with other families and will know the number of families and hours involved.) In this situation, the Program Director will:
- Meet with the employee and review the results of the investigation;
  - Advise the employee that the situation warrants termination;
  - Provide the employee with written notice of termination. The notice will include:
    1. The reason for the termination;
    2. Explanation of the right to appeal (See Personnel Policy Manual for Grievance Procedures); and
    3. Request that the employee refrain from further contact with the client(s) and family or families. (See Attachment D for Sample Letter)
  - Send the original Monitor Investigation Report and copies of the termination letter and documentation of interviews to the Director of Auditing and Monitoring at TSC. A copy of the termination letter and Monitor Investigation Report is forwarded to the Human Resources department and placed in the employees personnel file in the field office.
- c. At the conclusion of any fraud investigation, the Agency reserves the right to pursue criminal charges or file a civil claim for wages paid for services not rendered. The Chief Executive Officer (CEO) must approve any agency initiated legal action **prior to** the filing of any criminal/civil charges by YAP, Inc. staff.
- d. After termination, the Program Director with the approval of his/her supervisor notifies the referring authority and advises them of change in direct service workers. If the services have already been billed, the Program Director will verbally inform the referring authority that a credit in the billing process will occur and that written confirmation will be provided by YAP, Inc.'s fiscal department.
- e. At the conclusion of the appeal procedure or, if no appeal is filed, the original employee personnel file is sent to TSC. The file must include copies of all documentation including, and most importantly, the termination letter.

## **F. Special Situations Requiring Investigation by Regional Director/Vice President**

In the following special situations, the fraud investigations must be conducted by the Regional Director or the Vice President:

1. If a direct service worker is under investigation for the third time;
2. If a fraud investigation involves a large number of cases or direct care workers; or
3. If the direct service worker is a Program Director, Assistant Director, Administrative Manager, Program Coordinator or other administrative staff who as part of their duties was authorized by their Regional Director, Vice President or State President to provide direct service. If fraud is found in connection with a Program Director's, Assistant Director's, Administrative Manager's, Program Coordinator's or other administrative staff's work, it is grounds for immediate termination of employment with the Agency.

Compliance Officer, or inside counsel may also conduct investigations in the above stated special situations as required.

## **G. Other Investigations**

YAP's Monitoring Policy & Procedures describe the steps that are to be taken in response to concerns about possible abuses by YAP staff in reporting their work hours. Other types of investigations are likely to be more efficiently led by other personnel. In particular, investigations involving the submission of questionable receipts or expense reimbursement requests will be led by the Director of Auditing and Monitoring who will work with a Fiscal Department designee and the Compliance Officer as well as state leadership of his/her findings. Investigations concerning conflicts of interest or other ethical/compliance issues will be led by the Compliance Officer who will inform state leadership and inside counsel of his/her findings. Investigations concerning possible abuses of clients will be led by inside counsel who will inform state leadership and the Compliance Officer of his/her findings.

## **IV. TSC PROCESS**

### **A. Responsibilities**

1. TSC is responsible for ensuring that any reported fraud is investigated in a timely manner and resolved in a way that maintains the integrity of YAP, Inc. To do so TSC will adhere to the following procedures:
  - a. The Director of Auditing and Monitoring will maintain a log showing the status of all active investigations.

- b. The Director of Auditing and Monitoring will review all Monitor Investigation Reports for completion. If not complete, the Report will be returned to the local Program Director for corrections.
  - c. The original Monitor Investigation Report will be retained at TSC in a separate file maintained by the Director of Auditing and Monitoring and will audit the file periodically.
2. Upon receipt of a completed Monitor Investigation Report that shows the need for adjustments in billings, the Director of Auditing and Monitoring will make sure a copy of the termination letter is attached to the report if needed.
  3. Director of Auditing and Monitoring will forward the Monitor Investigation Report to Program Services who are responsible for that program and note the status on the monitoring log.
  4. If the fraudulent hours are known before the bill for the period is finalized and sent, the Assistant Chief will make the necessary revisions to the billing. The fraudulent hours will be removed from the job cost system. The service report is rerun and a notation is added explaining the change. These notations are critical to ensure a valid audit trail is established. This action should take place within five business days of receiving the Report indicating the need to adjust the billing.

The Assistant Chief will note on the Monitor Investigation Report the action taken and the date and initial the notation. The Monitor Investigation Report is then returned to the Monitoring Supervisor for placement in the permanent file. When received, the Monitoring Supervisor will note the status on the monitoring log.

5. If the bill has already been sent to the referring authority or if the fraud occurred over a period of two or more billing periods, the Assistant Chief of Program Services will make a reimbursement credit on the next available billing. A notation is made on the billing document showing the credit being provided for any fraudulent hours in previous billing periods. (Certain exceptions to this process apply (1) cost reimbursement bills where the Assistant Chief provides the information to the Cost Reimbursement Billing Manager where the adjustment is calculated and the billing adjusted; (2) New Jersey DYFS programs where the Assistant Chief makes the adjustment calculations and forwards the data to the Fiscal Department's Accounts Receivable Manager for processing; (3) Medical Assistance billing where adjustments can be for up to one year from the date of authorized service.) In all cases of adjustments for fraudulent hours, a notation regarding the credit adjustment is made on the services report to ensure a valid audit trail. This action should take place within three working days of receiving the notification that a credit adjustment is necessary.

The Assistant Chief will note on the Monitor Investigation Report the action taken and the date and initial the notation. A copy of the Report will be sent to the Accounts Receivable Manager so an adjustment can be made to the general ledger on a timely basis. The original report will be returned to the Monitoring Supervisor. When received, the Monitoring Supervisor will note the status on the monitoring log.

6. For any adjustments made under 6 or 7 above, a notation should be made on the service summary sent back to the field. This will enable local programs to track billings and adjustments made to local referring authorities.
7. If the terminated employee files an appeal and the appeal is denied, a copy of the written decision should be forwarded to the Director of Auditing and Monitoring by the State President or the Deputy CEO. The Director of Auditing and Monitoring should include this documentation with the permanent case file records.
8. If the terminated employee files an appeal and it is upheld, a copy of the written decision will be forwarded to the Director of Auditing and Monitoring by the State President or the Deputy CEO. The Director of Auditing and Monitoring will include this documentation with the permanent case file records. In such cases the Deputy CEO will provide instructions for billing adjustments if needed.

## **B. Reporting**

1. The Director of Auditing and Monitoring is responsible for preparing quarterly reports on the status of all fraud investigations and distributing them to the CEO, CO, and Chief of Performance and Quality Improvements.
2. State Presidents, Vice Presidents, Regional Directors, and Program Directors will receive copies of those quarterly reports that affect their programs.
3. In addition, Program Directors will receive individual reports every time there is an investigation that affects their program.
4. A special report is issued to the appropriate State President, Vice President, Regional Director and Program Director when a monitoring investigation report is 15 working days past due.
5. The Director of Auditing and Monitoring will immediately notify the CO along with the individuals listed in number (4) above if one or more of the following situations occurs: The monitoring investigation report is 20 working days past due; the potential amount of fraud is substantial; there have been previous problems in the program that might cause significant concern with the referring authority; or any other reason that the Director feels should be brought to the attention of TSC management staff. The CO will determine which, if any, additional TSC staff needs to be notified



**Attachment A: Monitoring Investigation Report**

**Youth Advocate Programs, Inc.**

INVESTIGATION REPORT

Program #

Youth

Advocate

WED

**Investigations must be resolved through face-to-face contact with client and/or parents and must be completed and returned within 10 business days under separate cover to the Monitoring Manager. Director's signature certifies meeting with the client and review of all appropriate activity reports.**

Result of investigation: (Attach separate piece of paper if necessary.)

Meeting with client or family held:

	Place	Date
<u>Participants:</u>		

Activity Reports reviewed: list by week ending date:

No adjustment is necessary because:

Adjust hours as follows:

<u>Week/Ending Date Adjustment</u>	<u># of Hours Submitted</u>	<u>Actual Hours Of Service</u>	<u>Job Cost/Billing In Hours</u>
------------------------------------	-----------------------------	--------------------------------	----------------------------------

Reason for adjustment/action taken:

Director's signature

Date

**NO CURRENT BILLING ADJUSTMENT NECESSARY**

All Fraud Caught Before End Of Month  
(Fraud found/resolved prior to billing)

1) Corrected Job Cost Hours:

W/E \_\_\_\_\_ # Hrs Adj. \_\_\_\_\_

W/E \_\_\_\_\_ # Hrs Adj. \_\_\_\_\_

W/E \_\_\_\_\_ # Hrs Adj. \_\_\_\_\_

W/E \_\_\_\_\_ # Hrs Adj. \_\_\_\_\_

W/E \_\_\_\_\_ # Hrs Adj. \_\_\_\_\_

2) Rerun Appropriate Weekly Service Summary (ies) for W/E(s): \_\_\_\_\_

\_\_\_\_\_  
Program Manager Signature Date

**BILLING ADJUSTMENT NECESSARY**

Prior Months

1) Adjustment in Billing for Referring Authority  
\_\_\_\_\_ # Hrs. x \$ \_\_\_\_\_ = \_\_\_\_\_

Date of adjustment to Ref. Auth. Bill:  
\_\_\_\_\_

2) Notation on Weekly Service Summary of Fraud Credit  
For Above Hours for W/E(s): \_\_\_\_\_

3) Notation on prior months bill:  
\_\_\_\_\_

\_\_\_\_\_  
Program Manager Signature Date

**ATTACHMENT B: Behavioral Health Investigation Report**

**Youth Advocate Programs, Inc.**

BEHAVIORAL HEALTH INVESTIGATION REPORT

Program# \_\_\_\_\_

Clients(s): \_\_\_\_\_

Staff (Name and Title): \_\_\_\_\_ W/E Date: \_\_\_\_\_

**Investigations must be resolved through face-to-face contact with client and/or parents and must be completed and returned within 10 working days under separate cover to the Compliance Officer who will then forward to the Monitoring Director. Director's signature certifies meeting with the client and review of all appropriate paperwork and logs.**

Result of investigation including how and when YAP became aware of issue, details of what was investigated and the investigative process: (Attach separate piece of paper if necessary. If Termination or Corrective Action done, please attach)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Meeting with client or family held:

	Place	Date
--	-------	------

Participants:

\_\_\_\_\_  
\_\_\_\_\_

ESLs reviewed; list by week ending date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School sign in sheets reviewed; list by School District if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Was the staff member interviewed? \_\_\_\_\_

Did staff admit to allegations? \_\_\_\_\_

Reason for adjustments and actions taken: \_\_\_\_\_

Director's signature	Date	Parent/Client signature	Date
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**ATTACHMENT C- Satisfaction Inquiry Report Form**

**YOUTH ADVOCATE PROGRAMS, INC.**

Satisfaction Inquiry Report

Program# \_\_\_\_\_

Youth: Advocate: \_\_\_\_\_ W/E Date: \_\_\_\_\_

Inquiry must be resolved through phone conversation or face-to-face contact with client and/or parents and must be completed and returned within 10 business days under separate cover to the Monitoring Manager. Director's signature certifies meeting with client and review of all appropriate activity reports.

Result of inquiry: (Attach separate piece of paper, if necessary.)

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Meeting with client or family held:

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Participants:

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---

Activity Reports reviewed, list by week ending date:

---

Action Taken: (If applicable.)

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Director's Signature

Date

**ATTACHMENT D — SAMPLE TERMINATION LETTER**

(ON PROGRAM LETTERHEAD)

[Date]

[Employee’s Name]  
[Address]  
[City, State, Zip]

Dear [Employee Name]:

Effective today, [date], you are terminated from your position as a [insert position] for Youth Advocate Programs, Inc. for gross misconduct. This termination resulted from an investigation which shows that you [reason, e.g., fraudulently reported hours, refused to do work assigned, failed to report child abuse, etc.] on [dates].

All authority to perform any duties as an employee of YAP, Inc. is terminated upon receipt of this letter. As of today, you are asked to refrain from any further contact with any clients and their families. Before leaving the premises today, you will return all YAP, Inc. property issued to you to perform your job, specifically (list items, e.g., beeper, keys, etc.). If you fail to return this property, YAP, Inc. retains the right to institute either civil or criminal charges to recover the property or the worth of the property.

YAP, Inc. further retains the right to institute either civil or criminal charges to recover wages/activity money paid to you for services you did not render.

If you wish to exercise your rights to appeal this termination, you have 10 working days to file a written appeal with the State President. A copy of the appeal process, Section XIX, Grievance Procedures, Personnel Policy Manual is attached to this letter.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment

- cc: Employee Personnel File
  - Regional Director/State Vice President
  - Vice President - Operations
  - TSC Director of Quality Assurance/Monitoring

## **V. FIELD AUDITS**

Each year, programs are internally audited by the Auditing and Monitoring Department. There are a few reasons for this:

1. To ensure that we are in compliance with the requirements and expectations of the local Referring Authority.
2. To ensure that we are providing the quality of services and following best practices and standards that we strive for as an agency.

The auditing process is meant to be helpful and a learning experience. Any areas of strength will be noted and shared, as well as areas for improvement. All strengths, needs, action steps, and timelines will be shared with you, your local leadership, the CEO. The Auditing Department will work with you to help answer any questions you may have or to guide/direct you to resources within the company that can assist you in strengthening areas of improvement. The Auditing Department will follow up with your program at the designated time to review the progress that the program has made in correcting the problem areas.

### **Internal File Audit Procedure**

The following guidelines are minimum requirements to be implemented on a Regional basis when Evolv is fully implemented. Any level of file audit may exceed these minimum requirements and may be determined at the local program level or the state Quality Improvement level. Files that will be audited will be chosen randomly by the auditor.

### **Behavioral Health and Advocate files**

1. A 5% self-audit will be completed in the local office every 12 months. For programs with fewer than 50 clients, 5 files must be reviewed.
  - a. Results of the file audit will be compiled and sent to Regional Quality Improvement personnel
  - b. Regional Quality Improvement personnel will review the results, determine any additional action required.
2. A 10% file audit will be completed annually by Regional Quality Improvement personnel and will include at least one closed chart per review. For programs with fewer than 50 clients, 5 files must be reviewed.
  - a. Results of the file audit will be compiled and sent to TSC's Monitoring Department
3. TSC's Monitoring Department will complete a 10% file review of each Advocate Program every 24 months. For programs with fewer than 50 clients, 5 files must be reviewed.

### **Personnel files**

1. A 5% self audit will be completed in the local office every 12 months. For programs with fewer than 50 employees, 5 files must be reviewed.
  - a. Results of the file audit will be compiled and sent to Regional Quality Improvement personnel
  - b. Regional Quality Improvement personnel will review the results, determine any additional action required and then send the results to TSC's Monitoring Department
2. A 10% file audit will be completed annually by Regional Quality Improvement personnel. For programs with fewer than 50 employees, 5 files must be reviewed.
  - a. Results of the file audit will be compiled and sent to TSC's Monitoring Department
3. TSC's Monitoring Department will complete a 25% file review every 24 months.

### **Post Audit Actions**

When serious compliance or quality issues are identified, corrective action must be implemented which could include training all staff or an individual staff, reviewing and revising office processes, and refunding improperly billed service. Follow up must occur on those items within a reasonable time frame (4 to 8 months).