



Policy and Procedure

Section: Provider Relations

Subject: Contract Compliance

Policy Number: PR 005, Contract Accountability Reviews, (Desk Review)

Effective Date: May 1, 2015 (former PR 001)

Revision Date: April 1, 2016

Review Date: Annual

Policy Statement: Contract Monitoring is an element of Contract compliance will be assessed on a continuous basis via the established procedures and standards for all programs and services within the Managing Entity (ME) Provider Network. The Provider Network is funded through State of Florida Department of Children and Families (DCF) funding. Therefore, to ensure adherence to uniform procedures and the delivery of services in accordance with applicable federal and state laws, rules, and regulations; the terms and conditions of the contract; and policies, and procedures established by Concordia Behavioral Health, the Managing Entity, and DCF

Policy: This policy establishes formal direction and procedures for Concordia staff and organizations contracted with the Managing Entity in activities related to conducting Contract Accountability Reviews (CAR) Desk Reviews of Provider performance. Based on level of risk, Providers may receive a Contract Accountability Review (desk review) to assess performance and compliance in administrative and programmatic requirements. This will provide reasonable assurance consumers/clients receive appropriate and quality services.

Procedures

I. Standards and Processes

- A. Continuous Monitoring is the constant oversight of Provider compliance achieved, in part, through contract management; review of financial reports developed by Concordia's Invoice Billing Unit; and through consideration of monitoring reports prepared by other funding sources, and financial reports prepared by auditors. At a minimum, an annual desk review of all contracts will be conducted.
- B. Risk Assessment - Assessment using pre-determined risk elements to identify which contracts present the greatest risk in the protection of consumers and public funds, and in adhering to the statutory requirements, see PR003 Risk Assessment Policy. After the completion of a Risk Assessment, the Provider Relations Specialist will develop a Review Plan that details the manner, frequency, and scope of the Contract Accountability Review.
- C. Contract Accountability Review (desk review) – Contract Accountability Review (desk review) is a basic review conducted on those Providers that were not monitored onsite during the fiscal year due on their risk level. As with all monitoring activities, the goal is to conduct the Review while minimizing disruption to Provider operations.



To optimize the resources available and improve quality for onsite monitoring, the desk review is designed to be a limited process; including but not limited to the following:

- a. Policies, Procedures and Plans;
 - Fraud, Waste and Abuse
 - Whistleblower
 - Incident Report
 - Complaint and Grievance
- b. Background screening as applicable based on program served.
- c. Contract and financial compliance (required reports, invoice validation and data submission),
- d. Utilization Management, as applicable
- e. Quality improvement plans, activities and outcomes.
- f. Credentialing of Assessors and Case Managers, as applicable
- g. Corrective Actions required by other funders
- h. Service Validation

D. Review of Items:

- a. All items required to complete the desk reviews will be requested from the Provider or the Concordia departments responsible.
 - i. Provider are sent a letter requesting all documentation required for the review
 - ii. Provider will have a period of no longer than 30 days to submit physically or electronically, all the required documentation.
 - iii. All submission will be reviewed and if documents are missing, Provider will be given a period of five (5) business days to complete all submissions.
- b. Once all the documentation is submitted the Concordia Team will review.

E. Contract Accountability Desk Review Report – Upon completion of the desk review, a Contract Accountability Desk Review report will be issued no later than thirty (30) days of the day the review was closed. This Report documents that appropriate contracting procedures are in place; the ability to provide service as contractually required and the extent to which the Provider has been fiscally responsible in accounting for public funds. The report will include an overview summary of the Provider's strengths, accomplishments and deficiencies.

A deficiency is identified as a finding indicating contractual non-compliance with the terms and conditions of the contract. Non-compliance may include a deficiency in internal control, fraud, illegal act, abuse and violation of contract provisions or grant agreements. Findings are deficiencies that will need a correction from the Provider to ensure the noncompliance is rectified. These corrections can be of different nature depending of the level of severity and the pervasiveness within the Agency. Based on these, the item may require actions as follow:

- a. Documentation: A type of corrective action that requires the Provider to submit any outstanding documentation verifying that the item has been resolved. An example of this is a training that a single staff may be due. The correction of the item, will be submitting said training certificate within 30 days of the CAR report. This is only applicable to findings that are not predominant within the Agency and do not imply a trend.
- b. Quality Improvement Plan: A type of corrective action utilized for clinical deficiencies identified for the first time, do not impact the safety of the clients and will require an extensive period of time to demonstrate the resolution. An example of this is identifying for the first instance that some treatment plan's



objectives are not measurable and/or objective. The Provider will require to implement trainings and an ongoing monitoring to ensure this is corrected in a long term basis.

- c. Corrective Action Plans (CAP): A type of corrective action required when the deficiencies identified are severe and prevalent within the Agency. These findings require a formal response and require a follow up process. See policy PR 006 Corrective Action Plan Policy.

Definitions: See attached PR Policy Definitions

CEO/President Approval:	CMO Approval:
Date:	Date: