BROWARD BEHAVIORAL HEALTH COALITION

Policy and Procedure

Section: Provider Relations

Subject: Agency Pre-Qualification

Policy Number: PR010, Agency Pre-Qualification

Effective Date: March 15, 2014

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Policy Statement: Broward Behavioral Health Coalition, Inc., ("BBHC") is required to subcontract behavioral health services funded by the State of Florida in a manner that allows for open competition. BBHC invites applicants to join its Provider Network when a need is identified whereby interested entities (not-for-profit, and governmental) may submit an application to provide substance abuse and/or mental health services to adults and youth (persons under the age of 18). BBHC will contract with for-profit organizations when services are not available by not-for-profit and governmental organizations.

This Policy establishes the process, requirements, and procedures for entities seeking to enter the BBHC Provider Network and the evaluation of applications via the herein minimum requirements.

Scope: This Policy establishes the Pre-Qualification criteria for BBHC and provides direction to staff and interested applicants in applying for Pre-Qualification.

Attachments:

1. Application for Pre-Qualification
2. Administrative and Fiscal Self-Evaluation
3. Debarment/Suspension Statement
4. Working Agreement for SSI/SSDI – SOAR Initiative
5. Certification of Prohibition of Lobbying
6. Civil Rights Compliance Form
7. Mandatory Assurances
8. CLAS Plan Information
9. Program Description
10. Controlling Interest Form (Applicable only to for-profit organizations)

References: BBHC Procurement Policy; State of Florida Pamphlet 155-2, 65 E-14 F.A.C. and in the Attachments and Exhibits of the BBHC Contract and Provider Contract Handbook.

I. Roles and Responsibilities

A. BBHC

1. Shall ensure the development and implementation of a Pre-Qualification process and applicable forms for completion to ensure access to the BBHC Provider Network when it determines there is a need. The process shall include an appeals process whereby applicants may challenge the decision of BBHC.
2. Shall ensure the identification of a Network Management Development Committee to work independently in its review of applications for Pre-Qualification.
3. Shall review the written recommendations of the Network Management Development Committee and determine each as either 1) Pre-Qualified; or 2) Declined.
4. Establish an independent panel to review appeals and render a final recommendation to the BBHC Chief Executive Officer (CEO).

B. Network Management Development Committee

1. Shall ensure adherence to the Pre-Qualification Process and establish a Schedule of Events for any Pre-Qualification solicitations.
2. Shall be comprised of a minimum of three (3) representatives who possess a professional experience in at least one (1) of the following areas: public procurement/contract negotiation; 2) management of program development of behavioral health services; 3) and/or finance/accounting. The Committee shall reflect each of the above listed disciplines.
3. Shall convene meetings to consider applications submitted in response to a BBHC Request for Applications (RFA).
4. Shall work independently in its review of each application for Pre-Qualification and offer written recommendations to the BBHC CEO for membership to the BBHC Provider Network.
5. Applicants who are unsuccessful in its application may appeal the decision as described in **Section I.C. and II.D.3.**
6. Shall forward all successful applications to the Director of Provider Programs and Care Coordination for maintenance.

C. Appeals Panel

1. Shall receive and review all appeals to determine whether a procedural flaw was present in the application review process.
2. Shall offer a written final recommendation on application to the BBHC CEO.

D. Provider Relations Department

1. Shall develop a file maintenance system for all approved applications for pre-qualification.

2. At or after contract negotiations shall ensure the update of application materials prior to any contract award by BBHC to the Pre-Qualified Agency.
3. Shall ensure the Network Management Development Committee is identified and receives training in the Pre-Qualification process.
4. Shall ensure the Network Management Development Committee works independent of outside influence and adheres to applicable policies and procedures.
5. Shall ensure successful applicants meet the minimum requirements for Pre-Qualification to include accreditation standards if a provider is not accredited at the time of Pre-Qualification.

II. Procedures

A. Application Elements

1. Applications for Pre-Qualification will be accepted via a Request for Applications during the BBHC open enrollment period listed in the applicable RFA/solicitation advertised by BBHC.
2. Only a complete application for Pre-Qualification will be considered by BBHC. A complete application includes an answer for each item and the required supporting documentation submitted by the closing deadline posted in the Request for Applications. No exceptions will be considered or granted. By submission of the application for Pre-Qualification, each Applicant agrees if awarded funding by BBHC, it will 1) adhere to the requirements contained in any future awarded BBHC contract; 2) co-brand materials distributed/made available to its prospective/accepted clients and the general public; 3) services will be evaluated using the Performance Measures included in the BBHC subcontract; and 4) successful applications for Pre-Qualifications are not a guarantee of contract/funding and additional negotiation may be conducted by BBHC to determine the best value for BBHC and its clients.
3. Required Documents – The application of Pre-Qualification contains a list of questions and documents the applicant must complete as part of its response. Any question or document an Applicant determines to be Not Applicable for its agency must submit a justification clearly explaining why the item is not applicable. Items subsequently determined by the Network Development Committee to be applicable and for which the Applicant did not submit will result in the application being considered Non-Responsive. Additional documents may be required as contained in the Request of Applications.

B. Application Process - BBHC shall accept applications from entities interested in membership to its Provider Network when a need is determined. The review of applications consists of two (2) components: 1) Review of the *application for Pre-Qualification* and required documents as specified in this Policy and any subsequent RFA; and 2) the Site Visit.

1. Review of Application for Pre-Qualification and Required Documents - Only applications that are complete will be referred to the Network Management Development Committee for consideration. Complete applications are defined as those that include all items answered and the submission of all required documentation by the posted deadline. Any application received after the posted deadline is considered incomplete. Incomplete applications will not be reviewed. The Network Management Development Committee will conduct a Substantive Review – an assessment of the Applicant's credentials and documentation to assess the applicant's administrative, fiscal, and programmatic policies and procedures; financial stability; current certification status, licenses, corporate status, outcomes, and recipient satisfaction that presents reasonable likelihood of its capacity to meet BBHC's contractual requirements and quality expectations throughout the term of any awarded contract.

   If at any time during the review a finding is identified that may result in an Applicant not being pre-qualified, the review may be immediately suspended and/or terminated at the discretion of the Network Management Development Committee. The application will be determined to be non-responsive.

2. The Site Visit
   a. The Provider Relations Department, in collaboration with the Network Management Development Committee will conduct a Site Visit for all Applicants. BBHC may waive the Site Visit for current Pre-Qualified members of the BBHC Provider Network who are re-applying for Pre-Qualification.
   b. Applications will not be considered for those applicants who decline a Site Visit. The Site Visit will be scheduled by the Provider Relations Department and conducted within 60 calendar days of the close of the application period. Applicants will receive five (5) business days' notice of the date of the scheduled Site Visit.
   c. The findings of the Site Visit will be referred to the Network Management Development Committee for its consideration. Reviewers will: interview administrative, data, clinical staff, and consumers; validate the Administrative and Fiscal Self-Evaluation Form; conduct a walk-through of the facility; review personnel and client files including, but not limited to, treatment and service plans, psychosocial evaluation, eligibility determination, assessment, intake information, and case notes; verify the information in the application; and determine compliance with rules and regulations applicable to the services, which the organization is requesting to be pre-qualified.
   d. If during a Site Visit, a finding is identified for a current provider of BBHC that presents risk or harm to a client, staff or the public, or

involves the misuse or BBHC funds, the finding shall be referred to the Director of Provider Programs and Care Coordination for review.

C. Application Review - It is the responsibility of the Applicant to ensure submission meets the posted deadlines and requirements. All applications shall be submitted as required in the applicable solicitation. Applications will be opened on and considered after the posted deadline.

1. The Network Management Development Committee shall establish a schedule for reviews of each application that factors time to review written materials and conduct the Site Visit and is consistent with the Calendar of Events posted in the solicitation for applications.
2. The Network Management Development Committee shall work independently and consider only the criteria established by BBHC in its solicitation for applications and applicable policies and procedures.
3. Provider Relations shall review each Application for Pre-Qualification to identify its responsiveness in submitting the required materials.
4. Provider Relations shall return applications submitted past the deadline or determined non-responsive to the Applicant within five (5) business days of the deadline. These applications will not be opened or considered.
5. Provider Relations shall forward each application for Pre-Qualification that contains the required elements to the Network Development Management Committee.
6. The Network Management Development Committee shall forward its written recommendations to the BBHC Chief Executive Officer. The Committee shall offer one (1) of two (2) recommendations: Pre-Qualified or Declined.
7. Successful applications for Pre-Qualification (e.g. agencies determined Pre-Qualified) shall be valid for the length of the contract if the provider remains in good standing. BBHC reserves the right to void Pre-Qualification determination without cause.

D. Notice of Pre-Qualification

1. BBHC shall provide written notice of applicants accepted into the BBHC Provider Network via electronic posting on the BBHC website (www.bbhcflorida.org) by the date posted in the solicitation of applications Calendar of Events.
2. The successful Applicant must provide written acceptance of its Pre-Qualification to the Director of Provider Programs and Care Coordination within thirty (30) calendar days of posting of notice on the BBHC website.
3. Unsuccessful applicants may submit a written appeal to BBHC. Appeals will be considered within thirty (30) calendar days of the posting of applicants accepted into the BBHC Provider Network. Only appeals that present material weakness or flawed consideration of the application will be considered.

III. Definitions

Audited Financial Statements - the verification of the financial statements of a legal entity, with a view to express an audit opinion, and is intended to provide reasonable assurance, but not absolute assurance, the financial statements are presented fairly, in all material respects, and/or give a true and fair view in accordance with the financial reporting framework. The purpose of an audit is to provide an objective independent examination of the financial statements, which increases the value and credibility of the financial statements produced by management, thus increase user confidence in the financial statement

Auditor General of Florida - the State's independent auditor, that provides unbiased, timely, and relevant information which can be used by the Legislature, Florida's citizens, public entity management, and other stakeholders to promote government accountability and stewardship and improve government operations.

Authorized Organizational Official (AOO) - the designated representative of the applicant organization in matters related to a response to a solicitation. In signing an application, this individual certifies the applicant organization will comply with all applicable assurances and certifications referenced in the application. This individual's signature further certifies the applicant organization will be accountable for the accuracy of the information provided.

Behavioral Health Care Organization – An incorporated organization that provides substance abuse and/or mental health services.

Behavioral Health Care Professional(s) – An individual or group of individuals licensed in the State of Florida to provide substance abuse and mental health services.

Client or Consumer – An individual who is receiving services in any substance abuse or mental health program whose cost of care is paid, in part or in whole, by BBHC, Medicaid, or local match.
Community Mental Health Block Grant - A federal program funded under 42 U.S.C. for community mental health services.

Community-based Services – Behavioral health care services provided outside a state mental health facility/institution.

Continuum of Care/Services – Recovery-oriented systems of care will offer a full array of services, including pretreatment, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate services from which to choose at any point in the recovery process. Also, behavioral health care services will be available to assist individuals throughout the course of their behavioral health care needs in a comprehensive manner.

Contact Person - The designated Authorized Organizational Official (AOO) will assign and specify in their application a contact person. This individual is responsible to responding to any additional information requests made by BBHC, for the submission of the desk review materials, and for coordinating BBHC's on-site review.

Contract Team – A group with expertise in administrative, fiscal, data, and behavioral health care services and processes that review behavioral health care organizations and professionals for compliance with state and federal rules and regulations, best practices, and quality improvement processes.

Covered Services – A grouping of services that are similar in time, intensity, and function, and whose average unit cost is generally the same, as specified in the State Funding by Program and Activity. See Rule 65E-14.021, Florida Administrative Code (F.A.C.) for a complete listing of services that comprise the covered services.

Credentialing - The process of review and examination of a behavioral health professional's credentials, training, experience, and/or demonstrated ability, practice history and certification or license to determine if clinical privileges to practice in a particular place are to be granted.

Department of Children and Families (DCF) – A state government organization responsible, in part, for the planning of SAMH/Behavioral Health services.

Department of Financial Services - The State of Florida, Department of Financial Services or its head, the Chief Financial Officer, and the terms shall have the same meaning and be used interchangeably.

Emergency Preparedness Plan - Plan to address manmade and natural events that impact the delivery of operations, and/or safety of consumers, staff, and the public. This includes hurricanes, tornadoes, floods, lightning strikes, bomb threats, hostage situations, riots, fire, hazmat, and other weather related emergencies. At a minimum, the Plan shall specify the disposition of staff, clients/consumers, property, and records; staff notification and reporting procedures; transfer/re-location of consumers/records; and the continuation of services immediately before, during, and after the event; and the Plan to coordinate with emergency officials, partners organization, the ME and the consumer.

Evidence-Based Practices (EBP) - Treatment and practices which have been independently evaluated and found to increase successful and sustained treatment. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence replication by different implementation teams at different sites is possible with similar positive outcomes.

Federal Audit Clearinghouse - An office within the United States Federal government in charge of receiving, processing and distributing to U.S. Federal agencies the Single Audit reporting packages of thousands of recipients of Federal assistance. OMB designated the U.S. Census Bureau to serve as the Federal Audit Clearinghouse. It operates and maintains an online database of Single Audit information submitted by recipients going back to 1997.

Fiscal Year - Is a period used for calculating annual ("yearly") financial statements in businesses and other organizations.

Florida Single Audit Act (FSAA) - Establishes uniform state audit requirements for state financial assistance provided by state agencies to non-state entities to carry out state projects.

General Revenue – General sources of income the State collects and receives into the Treasury for public use.

Local Match – Funds received from governing bodies of local government, including city commissions, county commissions, district school boards, special tax districts, private hospital funds, private gifts both individual and corporate, bequests and funds received from community drives or any other sources. See Section 394.67, F.S. and 65E-14.005 F.A.C.

Management Letter - An analysis of findings prepared by a certified public accountant as part of an auditor's report to a company's board of directors.

Managing Entity (ME) – Pursuant to s.394.9082. F.S., local organization contracted by the Department of Children and Families to oversee behavioral health services through regional systems of care. These entities may not provide direct services; rather, they allow the Department's funding to be tailored to the specific behavioral health needs in the various regions of the State.

Program/Covered Service Actual Expenses & Revenue Schedule – Expenditures and capital expenditure by line-item category, revenues by source, and administrative and support functions broken down by each program and covered services funded with Substance Abuse and Mental Health funds, other state-designated Substance Abuse and Mental Health funds, and non-SAMH funds.

Performance Measures – Quantitative indicators, outcomes, and outputs that can be used by BBHC to objectively measure a provider's performance and are used to improve services.

Pre-Qualification – A process by which behavioral health organizations and/or behavioral health care professional (s) are evaluated to determine their ability to successfully adhere to the requirements of BBHC, the State of Florida, and/ or other regulatory entities in the provision of behavioral health care services.

Quality Improvement/Continuous Quality Improvement - A management technique to assess and improve internal operations and network services. It focuses on organizational systems rather than individual performance and seeks to continuously improve quality. The process involves setting goals and implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. Quality improvement activities will assess compliance with contract requirements, state and Federal law and associated administrative rules, regulations, and operating procedures and validate quality improvement systems and findings.

Request for Applications (RFA) – The solicitation process utilized to obtain applications from eligible agencies interested in contracting with BBHC for the delivery of behavioral health care services.

Schedule of Bed-Day Availability Payments – Ensures bed-day reimbursed by the BBHC based on availability were not also paid for by a third-party contract or funds from a local government or another state agency for services that include bed-day availability or utilization.

Schedule of Related Party Transaction Adjustments – Indicates by Covered Service, required related party transaction adjustments.

Schedule of State Earnings – Identifies eligible local match to determine if requirements are met and computes amounts due to BBHC.

Substance Abuse Mental Health (SAMH) – The State Department of Children and Families office responsible for local oversight of the Department's contract with BBHC.

Substance Abuse Prevention and Treatment Block Grant - A federal program funded under 42 U.S.C.

Substantive Review - An assessment of the Applicant's credentials and documentation to assess the applicant's administrative, fiscal, and programmatic policies and procedures; financial stability; current certification status, licenses, corporate status, outcomes, and recipient satisfaction that presents reasonable likelihood of its capacity to meet BBHC's contractual requirements and quality expectations throughout the term of any awarded contract.

System of Care - A service delivery approach intended to develop and maintain partnerships and establish a seamless and integrated process for meeting consumers' cross-system needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based care practices; cultural competence; community-based services; accountability; and full participation of consumers, families, and youth at all levels of the system.