Policy and Procedure

Section: Provider Relations

Subject: Contract Compliance

Policy Number: PR 004, Contract Accountability Reviews, (Onsite)

Effective Date: May 1, 2012 (former PR 001)

Revision Date: April 1, 2016; December 6, 2016; July 1, 2019

Review Date: Annual

Policy Statement: Contract Monitoring, 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 the State of Florida Department of Children and Families (DCF). 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 Carisk Behavioral Health, the Managing Entity, and DCF are reviewed annually.

Policy: This policy establishes formal direction and procedures for Carisk staff to conduct onsite Contract Accountability Reviews (CAR) of Provider performance. Based on level of risk, Providers may receive a Contract Accountability Review (onsite) 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 Carisk'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 when there is no onsite review.

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 Program Manager will develop a Monitoring Schedule in collaboration with BBHC's Director of Administration that details the manner, frequency, and scope of the Contract Accountability Review, including the accreditation status of the Provider.

C. Contract Accountability Review (onsite) – Contract Accountability Review (CAR) completed on the Provider's premises. The goal is to conduct a thorough review while minimizing disruption to Provider operations, whenever possible.

➢ Site Visit Preparation - When the onsite CARs reviews are scheduled, preparing for the onsite visit involves:

a. A review of the contract and associated attachments, exhibits, the contract file, applicable state and federal laws, rules and regulations, including documents prepared by the Department of Financial Services and the Auditor General.

b. Completion of Conflict of Interest forms, in order to ensure that participating staff are impartial and unbiased. In cases where potential conflict of interest is noted, the manager of the team lead shall determine if the staff person is to participate in the Monitoring, or how participation will be modified to address the potential conflict.

c. Completion of pre-site activities such as analysis of information in the Provider Portal, IRAS, Quality Assurance reports and federal, state, regional and local entities which have recently assessed the Provider's business or service delivery practices; and evaluate Desk Review documents and accreditation reports provided in advance of the onsite activity. It is critical that all participating staff are familiar with the contract and relevant documents prior to the Site Visit. A comprehensive preparation enables the team to engage professionals of other disciplines in the Review as warranted and may reduce the duration of the onsite visit. While an efficient process is desirable, the primary goal is to conduct a thorough and valuable review of the provider's compliance with the contract.

d. Determination of client file/data sampling - Carisk uses the UM reports, produced from the data in the portal, to review low utilizers, high utilizers, clients with data outliers, and other questionable variables as a basis for the samples selected per program type. In addition to these red flag cases, Carisk selects a random sampling of clients served per program type to round out the client file selection so that a minimum of 5% not to exceed a total of twenty (20) clients' files are sampled, unless warranted by other factors.

e. Creation of the Monitoring Plan - The monitoring plan determines the scope of the monitoring and contains two sections. The first section is Current Concerns**,** this section includes a year to date (YTD) review of: Report and Invoice Submission, Exception Reports, Performance Measures, and Quality Items. The second section is Specific Items, this section includes the items that are to be reviewed, including the Scope of Limitations for accredited providers and the unique programs or services provided. The Monitoring Plan is then signed by the BBHC and Carisk managers of the team.

f. Communication with Provider - No later than two weeks before the scheduled on site monitoring, there will be communication with the respective provider. Communication will include a list of the items/areas to be reviewed. A list of record to be reviewed will be sent 3 days before the date scheduled for the site visit.

➢ Site Visit Activities

a. Entrance Conference at the Provider Site - The monitoring team conducts an entrance conference with the Provider's official representatives, as designated by the Provider. The Provider is informed of the purpose, scope and schedule of the site visit, according to the monitoring plan, including:

1) Activities, developments, and concerns since any previous contract compliance review
2) Special provisions of the current contract and changes in staff, consumers, state laws and rules
3) The sampling procedure, request of records or interviews and other procedures to be utilized
4) The scope of the compliance review
5) Anticipated time for the compliance review; and
6) Identification of key players

b. Methods and Tools - The quality and adequacy of services delivered by each Provider is determined, in part, through a review of records, observations of staff participating in the review, and interviews with consumers and Provider staff. Obtaining a variety of information from all three (3) methods allows for identification of findings that support one another. In a comprehensive review, each of the following methods will be used depending on the scope and/or purpose of the review. The monitoring team may determine conclusions that are supported and valid using less than the three methods. Information is analyzed and recorded on tools that have been developed based on the DCF Tools. The tools identify the specific requirements monitored, based on contract terms and condition, and have been approved by BBHC. The monitoring team will ensure that comments or explanations of noncompliant findings are documented in the tools, and that supporting documents for noncompliance are collected as part of the monitoring work papers, whenever such exist.

1) Records Review – Records are reviewed to assess compliance with different terms and conditions of the Contract.
   a) Surveys, Treatment and Activity Records, and Interview Records: These records verify correct invoices; verification through a review of programmatic records, the services have actually been delivered; eligibility of clients served; and with applicable Florida Administrative Code provisions and the Florida Statutes.
   b) Personnel Records, Payroll Records, and Organization Charts. A review of the Provider's administrative policies and records will also be conducted to determine contract compliance. These records are reviewed to assure the Provider has an adequate number of appropriately trained and/or credentialed staff as required by the Contract.
   c) Invoices and Supporting Documentation - Used to verify that expenditures have been made in adherence to the approved budget, the contract, and applicable federal and state laws, rules and regulations. The same records may be reviewed to verify the contractual terms for services to clients have been met during the Review.

2) Interviews - The interview technique is a systematic collection of verbal information. Prepared questions, asked by the interviewer, are designed to gather basic information about the selected individuals' opinions and attitudes. The answers are either written or recorded. Interviews may be conducted on site. Interviews will be held in a location that allows for privacy, whenever possible. Separate interview questions may be developed for each group of staff, board members, clients and their families or guardians. All respondents in each category shall be asked the same set of questions in order to assure comparability of responses and to reduce

bias. Questions should be commensurate with staff's training, licensure, and area of expertise. A random sample of persons to be interviewed is selected.

3) Observations and Tools - Observation and/or interviews are used as the primary techniques only when a document is not available for review. The observation and interview techniques are often used in combination with other data collection methods.

4) Exit Interview - Upon completion of the site visit, an exit interview with the Provider's representatives involved in the review is conducted. During this meeting, a review of the preliminary findings is presented, using the exit memo document. The Provider has the opportunity to furnish additional or supporting documentation not provided during the site visit. The discussion includes when the Report will be sent, how it will be delivered and to whom it will be sent, timeframes and method for the Provider to submit a response and a review of critical and/or potential areas of concern. The exit interview includes providing feedback concerning exceptional practices implemented by the Provider.

   NOTE: In some cases, the CAR may be extended for a mutually agreed upon period of time to allow Provider to submit or correct items, as per their request.

D. Contract Accountability Review Report – Upon completion of the onsite CAR, a 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 a comprehensive 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. The Report shall contain a description of the findings, including the facts that led to the conclusion; and a description of the standard against what is measured, i.e., federal, statutes, rules or policy, etc.

   Findings are deficiencies that will need a correction from the Provider to ensure the noncompliance is rectified. These corrections can be of differing nature depending on 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 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 need to implement trainings and ongoing monitoring to ensure this is corrected on 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.

. Report Fields - Below is a description of additional data fields and directions on what information is required in each Report.

a. Contract Overview: A brief summary of the contract being reviewed. It contains enough information for readers to become acquainted with the Provider.

b. Scope and Purpose: This section provides a brief overview or outline of the review.

c. Administrative Items: This section reflects the Provider's compliance with the terms and conditions of its contract including financial management, eligible expenditures, audit compliance, personnel standards, and other provisions related to the direct services delivered to consumers.

d. Programmatic Items: Assessment of direct services and activities carried out by the Provider through a review of, in part, consumer files, interviews with consumers and/or staff, and observation of service delivery.
Each section, Administrative Items and Programmatic Items, will have a final sub sections summarizing the findings identified under each category.

e. Findings/Deficiencies: This section details the results derived from the Review and addresses areas of noncompliance with the terms and conditions of the contract. Each finding/deficiency in the report will note the type of resolution required.

Definitions: See attached PR Policy Definitions