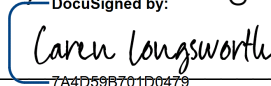
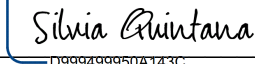




Broward Behavioral Health Coalition, Inc.	
Policy Title: Contract/Program Monitoring	
Policy Number: BBHC.0081	Contract Section (s): Contract No. JH343
Effective Date: 8/20/2020	Revision Date: 7/31/2023
Responsible Department: Continuous Quality Improvement (CQI)	
Approved by: <small>DocuSigned by:</small> Caren Longsworth, Director of Quality Improvement	
Signature: <small>7A4D59B701D0479...</small> 	Date: 8/6/2023
Approved by: <small>DocuSigned by:</small> Silvia Quintana, Chief Executive Officer	
Signature: <small>D999499950A143C...</small> 	Date: 8/6/2023

Policy: Contract Monitoring is a tool utilized to ensure contract compliance that will be utilized on an annual and an as needed basis in accordance with the established procedures and standards for all programs and services within the Broward Behavioral Health Coalition, Inc. (BBHC) Provider Network. The Provider Network is funded through the State of Florida Department of Children and Families (DCF (Department of Children & Families)). Review is conducted at least annually to ensure a Provider is adhering to uniform procedures, is delivering services in accordance with applicable federal and state laws, rules, and regulations; pursuant to the terms and conditions of the Provider's contract with BBHC; and in compliance with the policies and procedures established by BBHC and DCF.

Purpose: This policy establishes formal direction and procedures for BBHC staff to conduct Contract Accountability Reviews (CAR) of Provider performance. Based on the level of risk, Providers may receive either an Onsite Review or a Desk Review, to assess performance and compliance with administrative and programmatic requirements. This will provide reasonable assurance that the people served receive appropriate and quality services.

Procedures - Onsite Reviews

I. Standards and Processes

Site Visit Preparation - When the Onsite CAR monitoring is scheduled, preparing for the onsite visit involves:

- a. A review of the contract; its associated attachments and exhibits; the contract file; applicable state and federal laws; rules and regulations, including documents prepared by the Florida Department of Financial Services and the Florida Auditor General.
- b. Completion of Conflict-of-Interest forms by BBHC staff performing the Onsite CARs (CONTRACT ACCOUNTABILITY REVIEW) Review, to ensure that participating BBHC staff are impartial and unbiased. In cases where the Contract Monitor notes a potential conflict of interest, the team manager shall determine if the staff person is to participate in the Monitoring or how it will be modified to address the identified concern.
- c. Analysis of information in the Provider Portal, Incident Report Analysis System (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 BBHC staff participating in the Onsite CARs Review are familiar with the contract and relevant documents prior to the Site Visit. 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 person-served file and data sampling – Review UM (Utilization Management) reports, produced from the data in the portal, to review low utilizers, high utilizers, persons-served with data outliers, and other questionable variables as a basis for the samples selected per program type. In addition to these red flag cases, a random sampling of person-served per program type shall be selected to round out the person-served file selection so that a minimum of 5% of person-served files, 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 involves Current Status. This section includes a year to date (YTD) review of: Report and Invoice Submission, Customer Satisfaction, Incidents, Complaints/Grievances, Performance Measures, and other Quality Items.

The second section is Specific Items. This section includes the items

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 Program/Contract Monitor and countersigned by the BBHC Director of Quality Improvement.

- f. Communication with Provider - No later than two (2) 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 records to be reviewed will be sent three (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 and policies/procedures, 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 (3) methods. Information is analyzed and recorded on tools developed based on DCF Tools. The tools identify the specific requirements monitored, based on contract terms and conditions, 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) Treatment and Activity Records: Programmatic records are used for service validation, contractual compliance, fidelity, verification that services have 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 enough trained and/or credentialed staff and compliance with state and federal requirements.
 - 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 persons-served 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 or via phone. 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 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 people to be interviewed is selected.

- 3) Observations and Tools - Observation and interviews are used as the primary techniques only when a document is not available for review. They can be 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. The Provider can 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 the method by which the Provider is to submit a response, and a review of 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 to allow the Provider to submit or correct items, as they may request. However, documentation corrected or submitted after the exit interview could still result in a finding.

- B. Contract Accountability Review Report – Upon completion of the Onsite CAR, a report will be issued within thirty (30) days of the review's closing. This Report documents whether appropriate contracting procedures are in place; the ability to provide service as contractually required, and documents whether 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 weakness in internal control, fraud, an illegal act, abuse, or the 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 which it is measured, such as reference to the applicable federal, state, or local statute, rule, regulation, or policy.

Findings require 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 follows:

- 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 training that a

single member of staff may be due to complete. The corrective action would require submitting a 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, which 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 new objectives, appropriate training, and ongoing monitoring to ensure this is corrected long-term.
- 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 a follow-up process.

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

- a. Contract Overview: A 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 fiscal management, eligible expenditures, audit compliance, personnel standards, policies and procedures, 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, observation of service delivery if applicable, and a facility tour(s).
- e. Findings and 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 or deficiency in the report will note the type of resolution required.

Both the "Administrative Items" and "Programmatic Items" sections shall include a final subsection summarizing the findings identified under each category.

Desk Reviews:

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 to their risk level as it pertains to the service provided. As with all monitoring activities, the goal is to conduct the review while minimizing disruption to Provider's operations.

To optimize the resources available and improve quality of service, the Desk Review is designed to be a limited process; including but not limited to the following:

- a. Policies, Procedures and Plans:
 - Risk Management
 - Accessibility Plan
 - Emergency Preparedness Plan
 - Auxiliary Aid Plan
 - Cultural and Linguistic Competency Plan
 - Fidelity of Evidence Based Model Plan
- b. Background screening, as applicable based on program served
- c. Contract and financial compliance (e.g., required reports, invoice validation, licenses, accreditation if applicable, and data submission)
- d. Utilization Management, as applicable
- e. Quality improvement plans, activities, and outcomes
- f. Credentialing of Assessors, Case Managers, and Peers, as applicable
- g. Corrective Actions required by other funders
- h. Service Validation
- i. Chart reviews for clinical compliance

A. Review of Items:

- a. All items required to complete the Desk Reviews will be requested from the Provider responsible.
 - i. The Provider will be sent a letter requesting all documentation required for the review.
 - ii. The Provider will have no longer than 30 days to submit, physically or electronically, all the required documentation.
- b. During the monitoring if documents are missing, the Provider will be given a period of twenty-four (24) hours to complete all re-

submissions. Once all the documentation is submitted, it will be reviewed.

- B. 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 from the day the review was closed. This report documents that appropriate contracting procedures are in place; the ability to provide a 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 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 vary depending on the level of severity and pervasiveness within the Agency. Based on the findings, the item may require further action as follows:

- 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 training that a single member of staff may be due to complete. The corrective action would require submitting a 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 which do not impact the safety of the persons served 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 new objectives, appropriate training, and ongoing monitoring to ensure this is corrected long-term.
- 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 a follow-up process.

REFERENCES:

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE
This was formerly an approved Carisk policy. It has been transferred to a BBHC policy. It was approved by the Board, pending any revisions by BBHC's attorney.	8/27/2020
Added the Contract/Program Monitor's signature to the Monitoring Plan, information regarding records review, the exit interview, and desk review.	7/22/2021
Updated verbiage from Contract Review to Contract Monitoring. Corrected the parties responsible for signing the monitoring plan and fixed grammatical errors.	7/14/2022
Grammatical changes. Changed "client" to "person served." Changed "QI Manager" to "Director of Quality Improvement." Updated time frame for submission of missing Desk Review documentation to "24 hours".	7/31/2023

- The Director of Quality Improvement and Chief Executive Officer are responsible for all content in this policy.