The purpose of this handbook is to inform network providers on what to expect before, during, and after an on-site monitoring visit by Central Florida Cares Health System, Inc.

Network Monitoring Handbook

A Guide for On-Site Monitoring Visits

Fiscal Year 2016 - 2017 Edition

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INTRODUCTION

It is the policy[1] of Central Florida Cares Health System, Inc. (CFCHS) that it will monitor its provider network to ensure compliance with laws and regulations, negotiated program descriptions, clinical quality, and contract requirements. Frequency of monitoring is determined by the annual risk assessment performed in July of each fiscal year. Monitoring tools and the Network Monitoring Handbook will be available on the CFCHS website to assist network providers in understanding the monitoring process and planning operations to be successful in complying with requirements.
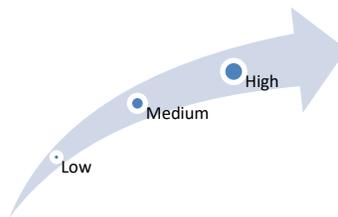
RISK ASSESSMENT

It is the policy[2] of Central Florida Cares Health System (CFCHS), Inc. to assess each subcontractor/provider annually to determine the level of risk. The level of risk assessed will be utilized in the development of the subcontracted provider monitoring schedule. This risk determination will be made utilizing a risk assessment tool developed by the CFCHS staff.

Risk factors include:

- Contract Amount
- Financial Ratios
- Type of Funding and Services
- Key Organizational Change
- Date of Last Contract Monitoring Visit
- Historical Corrective Action Plans
- Historical Surplus and Deficit Spending
- Data Submission
- Critical Incident Reports

ON-SITE MONITORING SCHEDULE

Providers will be assigned a risk level of low, medium, or high calculated by the Risk Assessment Tool. Providers deemed high risk will be monitored at minimum annually. Providers deemed medium risk will be monitored at minimum every two years. Providers deemed low risk will be monitored at minimum every

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[1] See Appendix A
[2] See Appendix A

three years. Providers that provide services to clients in an ALF-LMHL will be monitored annually with the ALF-LMHL tool. Additionally, CFCHS will monitor a sample of block grant services annually.

PRE-SITE VISIT ACTIVITIES

CENTRAL FLORIDA CARES HEALTH SYSTEM

The CFCHS Contract Manager assigned to the provider being monitored takes the lead and assembles a monitoring team based on the scope of the monitoring and the sample size of records to be reviewed. Other activities include:

- Developing a monitoring plan to include the scope, sample size, establishing roles and responsibilities for the monitoring team.
- Developing an agenda
- Notifying the provider of dates, times, and agenda for the on-site visit.
- Obtaining, distributing to the monitoring team, and reviewing any external monitoring, licensure, and/or accreditation reports from reviews conducted within the past 12-36 months.
- Determining if accreditation reports obtained contain services that have been monitored within the last three years and that are comparable to CFCHS services. If so, CFCHS will ensure that the monitoring scope does not duplicate these monitoring efforts. With the exception of ensuring services for which CFCHS funds are compliant with negotiated terms and conditions, investigating complaints, identifying problems that would affect the safety or viability of clients and/or staff, including provisions relating to consent decrees that are unique to a specific service and are not statements of general applicability' and ensuring compliance with federal and state laws and regulations, if this does not duplicate accreditation standards previously reviewed.
- Meeting with the monitoring team to ensure that all members understand their role in the monitoring process to ensure a smooth and efficient on-site visit.
- Review with the monitoring team any previous corrective action plans.
- Sign the conflict of interest of form

NETWORK PROVIDER

It is highly recommended that the provider assign a single point of contact for the duration of the monitoring process, from preliminary activities through closure of a corrective action plan, if necessary. This person should be available by phone or email and should be present in person during the on-site visit.

Activities expected of the single point of contact at this stage include:

- Coordinate with the CFCHS Contract Manager in terms of dates, times, and locations of the site visit.
- Provide upon request any external monitoring, licensure, and/or accreditation reports from reviews conducted within the past 12-36 months.
- Provide any other lists, materials, or documents upon request by the CFCHS Contract Manager.

- Review and distribute to pertinent staff the Network Provider Handbook and CFCHS Monitoring Tools, both of which are available on the CFCHS website. This is a critical step in ensuring the on-site visit goes smoothly and efficiently.
- Coordinate with the provider's internal team that will be assisting with the on-site visit.

ON-SITE MONITORING ACTIVITIES

ENTRANCE CONFERENCE
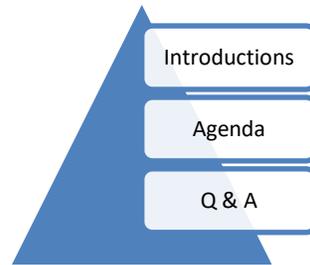
An entrance conference lasting approximately 15-30 minutes will occur before the site visit begins. The meeting will be facilitated by the Monitoring Team Lead which is the CFCHS Contract Manager. The entire CFCHS Monitoring Team will be present for the entrance conference. The main purpose of the meeting will be to introduce the team, present the site visit agenda, and discuss any questions the network provider may have about the visit.

Though greatly appreciated, please refrain from supplying free refreshments or gifts during the site visit. Gratuitous items may create the appearance of impropriety, which is against CFCHS ethical standards. CFCHS staff may purchase refreshments from the provider at fair market value if necessary, or may bring their own refreshments or make other arrangements.

SITE VISIT

Team: Generally, the CFCHS Monitoring Team will consist of a Lead Monitor (Contract Manager) and subject matter experts from the following CFCHS Departments:

- Quality
- Risk
- Finance
- Data
- System of Care

Length of Visit: The site visit could last anywhere from one day to one week or more depending on the scope and volume of records to be reviewed. The specific length of time for each individual site visit will be coordinated between the CFCHS Lead Monitor and the Provider's Single Point of Contact during the pre-site visit activities.

Environment: A private conference room or vacant office is necessary for the Monitoring Team to be able to work without disrupting provider operations. Additionally, an environment absent of distractions will allow the team to complete the site visit timely and accurately. Access to wireless internet is preferred, but not mandatory.

Method: The specific agenda for the site visit will be presented during the Entrance Conference. However, it can usually be expected that the following will occur during each site visit:

- Entrance Conference
- Review of Policies and Procedures
- Review of Personnel Records
- Review of Client Charts or E.H.R.s and Service Activity Logs
- Review of Incident Reports
- Interviews with Clients and Staff
- Tour of Facility
- Observation of data, financial, and billing processes
- Exit Conference

The CFCHS Monitoring Team will make every effort to:

- Create as little disruption to the provider's operations as possible while on site.
- Update the monitoring plan, as needed.
- Communicate frequently with provider staff during the monitoring visit to ensure there are no surprises during the Exit Conference.
- Debrief with the provider single point of contact at the end of each day.
- Supply completed monitoring tools to the provider single point of contact each day.

Activities expected of the provider single point of contact at this stage include:

- Coordinate with the CFCHS Contract Manager in terms of all on site activities.
- Act as the main liaison between the CFCHS Monitoring Team and the provider's staff during the site visit.
- Attend the daily debrief.
- Review and distribute completed tools to other provider staff as necessary.
- Provide any missing documents as outlined on completed tools preferably by the next day or by the exit conference at the latest.

CFCHS may adjust the scope if unexpected issues arise during monitoring.

EXIT CONFERENCE
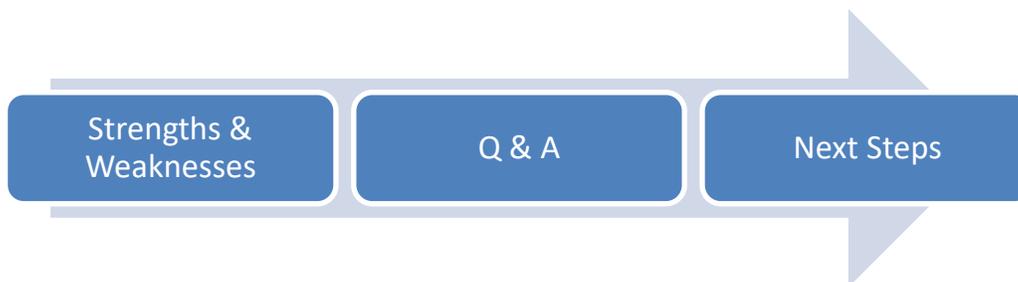
An exit conference will occur at the conclusion of the site visit, after the CFCHS monitoring team has met to organize and clarify all work papers with the CFCHS lead. Generally, an exit conference should last no longer than 60 minutes, depending on the scope of the site visit. The meeting will be facilitated by the CFCHS Monitoring Team Lead which is the CFCHS Contract Manager. The entire CFCHS Monitoring Team will be present for the exit conference, either in person or by phone or a combination. The main purpose

of the meeting will be to summarize the strengths and weaknesses discovered during the site visit, provide opportunity for any final questions and answers, and to discuss a timeline for next steps.

Activities expected of the single point of contact at this stage include:

- Assemble pertinent provider staff for the Exit Conference.
- Coordinate with the CFCHS Contract Manager in terms of all post-site visit activities.

NOTE: The exit conference marks the end of the on-site visit. Any findings reported at the exit conference cannot be disputed or further negotiated at a later time. Therefore, CFCHS encourages providers to communicate any questions, concerns, or disputes to the CFCHS monitoring team DURING the site visit. In the same manner, the CFCHS monitoring team will communicate all questions, concerns, and findings to the provider DURING the site visit; ensuring a fully transparent and open process.

POST-SITE VISIT ACTIVITIES

After the Exit Conference, the Lead will conduct the following activities off-site:

- Finalize the report and obtain all appropriate signatures, including the CFCHS monitoring team and CFCHS CEO.
- Deliver the report to the provider within 30 calendar days of the exit conference.
- Request provider response to the report within 30 calendar days of receipt of report, unless another due date is specified. Corrective actions due to client health and safety must be submitted and implemented immediately upon discovery.
- Review and distribute to CFCHS monitoring team, any corrective action plans received from provider.
- Submit acceptance or rejection of CAP in writing to provider.
- Conduct follow-up site visit if necessary.
- Report results to CFCHS Management Team and Quality Oversight Committee.
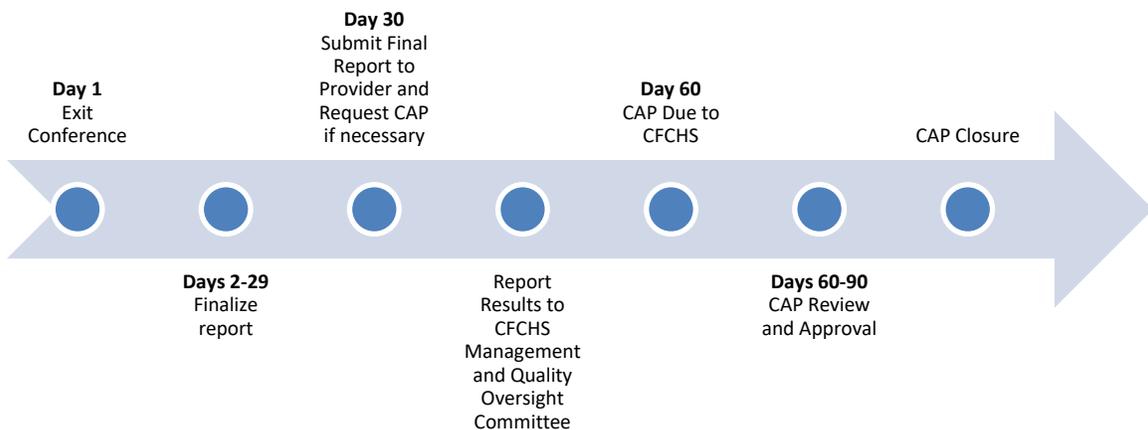
REQUIREMENTS

All Network Providers are required to abide by the following[3] and compliance will be tested during the site visit:

- The contract between CFCHS and the provider
- Contract GHME1 and all amendments which can be found at http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/contracts
- The submitted and approved Provider Program Description
- 65E-14, F.A.C.

REGULATORY HYPERLINKS

Below is a listing of the Florida Administrative Codes that apply to the Department of Children and Families funded programs. Copies of these rules may be obtained by clicking on the hyperlinks in the "Chapter No." column or from the Department of State website (https://www.flrules.org/default.asp).

Chapter No.	Chapter Title
	FLORIDA ADMINSTRATIVE CODES
65E-4	Community Mental Health Regulation
65E-5	Mental Health Act Regulation
65E-9	Licensure of Residential Treatment Centers
65E-10	Psychotic and Emotionally Disturbed Children- Purchase of Residential Services Rules
65E-11	Behavioral Health Services (Title XXI)
65E-12	Public Health Crisis Stabilization Units and Short-Term Residential Treatment Programs
65E-14	Community Substance Abuse and Mental Health Services- Financial Rules
65E-15	Continuity of Care Case Management
65E-16	Indigent Drug Program
65E-20	Forensic Client Services Act Regulation
65E-25	Sexually Violent Predator Program
65E-26	Substance Abuse and Mental Health Priority Populations and Services
65D-30	Substance Abuse Services Office
58A-5	Assisted Living Facilities

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[3] This list is not exhaustive of all required laws, rules, and regulations that a network provider must follow.

	FLORIDA STATUES	
394	Mental Health	
397	Substance Abuse Services	
408	Health Care Administration	
427	Special Transportation and Communication Services	
435	Employment Screening	
	INCORPORATED DOCUMENTS	
12	Behavioral Health Network (BNet)	
13	Indigent Drug Program (IDP)	
14	Projects for Assistance in Transition from Homelessness (PATH)	
15	Florida Assertive Community Treatment (FACT)	
16	Temporary Assistance for Needy Families (TANF)	
32	Family Intensive Treatment (FIT)	
	CF Operating Procedures	
40-5	Acquisition of Vehicles for Transporting Transportation Disadvantage Clients	
50-2	Security of Data and Information Technology Resources	
60-10	Auxiliary Aids and Services for Persons Who Are Deaf or Hard-of-Hearing	
60-16	Methods of Administration-Equal Opportunity in Service Delivery	
60-17	Chapter 7 HIPAA Breach Notification Procedure	
60-25	Employee Security Background Screening	
155-18	Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reasons of Insanity or Incompetent to Proceed due to a Mental Illness	
175-85	Prevention, Reporting and Services to Missing Children	
180-4	Mandatory Reporting to the Inspector General	
215-6	Incident Reporting and Analysis System (IRAS)	
215-7	Child Fatality Notification Requirements	
	CODE OF FEDERAL REGULATIONS	
20 CFR	Employees' Benefits	
45 CFR	Public Welfare	
31 CFR	Money and Finance: Treasury	

	OTHER
	2010 DCF-HHS Settlement Agreement
	CFCHS FIS Guide
	CFCHS TANF Guide
	PAM 155-2
	Block Grant Requirements Manual for Managing Entities
	Executive Order No. 11-116
	Section 504 ADA
	PATH Administrative Workgroup: National Definitions Document
	Public Health Service Act Title V Sec. 522.290cc-22 (b)(7) A)

MONITORING TOOLS AND PROTOCOLS

FORMAT

Each Monitoring tool is labeled for the program or service being monitored[4].

Each monitoring tool contains a heading where the following information will be recorded by the monitoring team:

- Reviewer Name
- Date
- Provider Name

Each monitoring tool lists the reference and the requirement to be tested for compliance. From left to right on each tool you will find the following columns:

- Citation: indicates the reference citation from law, rule, policy, or contract
- Requirement: the verbiage of the citation to be tested during site visit
- Record 1, Record 2, Record N: these columns will be used by the monitoring team to document a record identifier and compliance status with the requirement.
- Comments: this column will be used to make pertinent notations about compliance or non-compliance.

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[4] See Appendix B

SCORING

Compliance with each requirement will be scored using the following point system:

- Yes = 1 point
- No = 0 points
- N/A = will not be figured into the denominator of the total score

Compliance rate for an individual tool will be calculated as follows:

1. Sum the points earned for each requirement
2. Divide the total points earned by the number of requirements applicable

Thresholds:

- 85% or above – full compliance
- 84% or below – requires a corrective action plan

Scoring exception: If any one requirement on a tool scores 0%, a CAP will be requested.

Any deficiencies discovered during the site visit that affect client safety will require immediate corrective action by the network provider.

APPENDICES

Appendix A – CFCHS Policies
1. Subcontractor Risk Assessment
2. Subcontractor Monitoring

Appendix B – CFCHS Monitoring Tools
1. For all providers:
    a. Administrative/ Policies and procedures
    b. Human Resources
    c. Service Validation
    d. Auxiliary Aid
    e. Incident Reporting
    f. Client and Staff Interviews
2. Program specific:
    a. Mental Health Client Record
    b. Mental Health Residential Treatment
    c. Crisis Stabilization/Short-Term Residential Treatment
    d. Assisted Living Facilities with a Limited Health License (ALF-LMHL)
    e. Florida Assertive Community Team (FACT)
    f. Civil/Forensic Case Management
    g. Temporary Assistance for Needy Families (TANF)
    h. Substance Abuse State Licensed Programs
    i. Family Intervention Specialist (FIS)
    j. Family Intensive Treatment Team (FITT)
    k. Federal Substance Abuse Prevention and Treatment Block Grant Compliance