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

Central Florida Cares
Health System

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revised April 5, 2021

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 (Providers) in understanding the monitoring process and planning operations to be successful in complying with requirements.
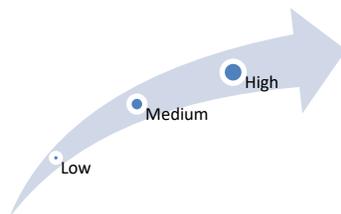
RISK ASSESSMENT

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
- Incident Reports
- Complaints
- Issues with Service Provision
- Performance Measures
- Accreditation Status
- Date of Last Contract Monitoring Visit
- Historical Corrective Action Plans

ON-SITE MONITORING SCHEDULE

High

Medium

Low

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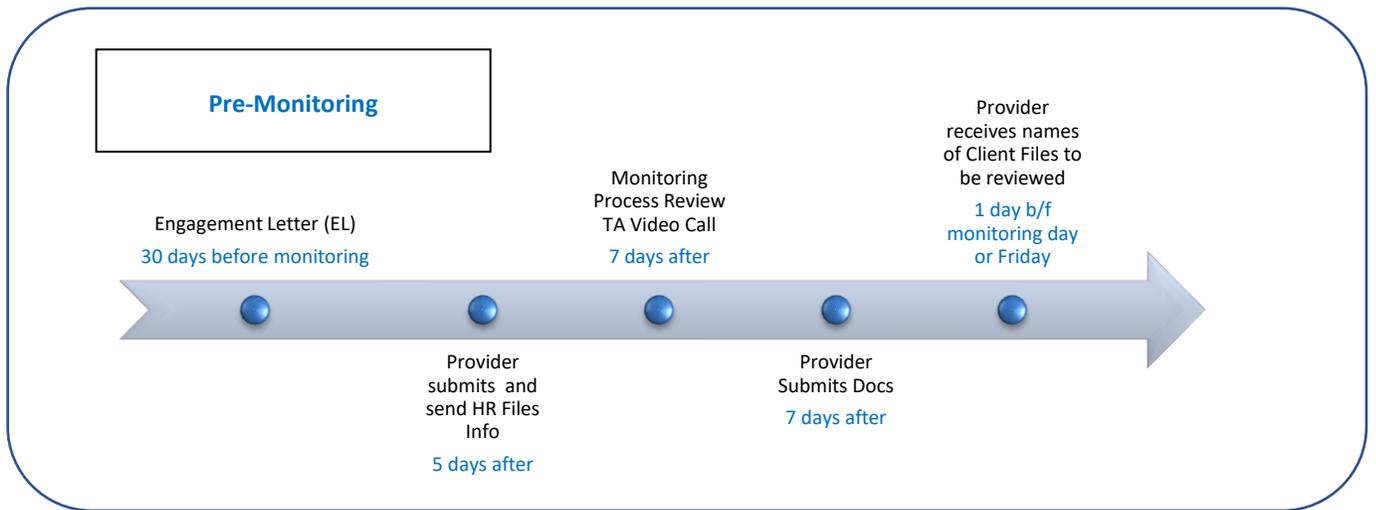[2] See Appendix A

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Providers will be assigned a risk level of low, medium, or high calculated by the Risk Assessment Tool. During the duration of the contract, all providers will be monitored, however, providers deemed high risk will be scheduled more frequently than providers deemed low risk. The monitoring scope will vary based on service provision, identified issues, and DCF Guidance Documents.

PRE-SITE VISIT ACTIVITIES

CENTRAL FLORIDA CARES HEALTH SYSTEM

The CFCHS Compliance Department typically takes the lead and assembles a monitoring team to develop the scope of the monitoring and establish the sample size of records to be reviewed. Other activities include:

- The assigned Contract Manager is responsible for obtaining, distributing, and presenting to the monitoring team any external monitoring, corrective action plans, licensure, and/or accreditation reports from reviews conducted within the past 12-36 months.
- Reviewing internal monitoring reports, corrective action plan follow-ups, complaints, performance measures, burn rates, mergers, acquisitions, changes in key administrative personnel, and any other variable that may influence changes in service provision.
- Based on the monitoring team's review outcome, the Contract Manager submits to the provider the engagement letter 30 days prior to the visit. This would include the scope, sample size, establishing roles and responsibilities of the monitoring team.
- Coordinating with the Provider dates, times, location for the on-site visit.
- Conducting with the provider a Pre-Monitoring Technical Assistance Video Meeting to set up clear expectations, coordination, and to answer any questions the provider may have.
- Ensuring the Conflict-of-Interest form is signed by the monitoring team.
- One business day prior to the onsite visit, send to the Provider a client list and covered service included in the scope.

Pre-Monitoring

Engagement Letter (EL)
30 days before monitoring

Provider submits and send HR Files Info
5 days after

Monitoring Process Review TA Video Call
7 days after

Provider Submits Docs
7 days after

Provider receives names of Client Files to be reviewed
1 day b/f monitoring day or Friday

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 for the on-site visit which could be face to face or virtual.

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

- Coordinate with the CFCHS Compliance Department in terms of dates, times, document submission, platforms for virtual meetings, or if face to face 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, policy/procedures, or documents upon request by the CFCHS Compliance Department.
- Review and distribute to pertinent staff the Monitoring Scope, 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.

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ENTRANCE CONFERENCE

Introductions

Schedule and Process

Scope

Q & A
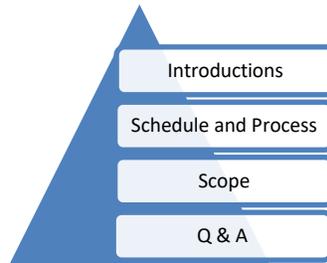
An entrance conference lasting approximately 15-30 minutes will occur before the site visit begins. The meeting will be facilitated by the Monitoring Team Lead which is the CFCHS Compliance Department. If available or necessary, the entire CFCHS Monitoring Team will be present for the entrance conference. The main purpose of the meeting will be to introduce the team, finalize pending details related to the schedule, process, and scope, and discuss any questions the Provider may still have about the monitoring.

Though greatly appreciated, please refrain from supplying free refreshments or gifts during face-to-face site visits. 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 and subject matter experts from the following CFCHS Departments:

- Contract
- Compliance
- 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. There is also the possibility that the length may change once the team is onsite, regardless of what was discussed during the pre-site visit. If that occurs the Lead Monitor will coordinate this with the Provider Single Point of Contact.

Environment:

Face-to-face onsite visit- 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.

Virtual Onsite- Access to a virtual platform for document share, or remote electronic health record (E.H.R) access may be required based on previously agreed terms. A private room may be needed to conduct staff or client interviews if applicable.

Client Record Access:

If client records need to be reviewed, the Provider must make those charts available in a timely manner. If access to the Provider electronic health record is necessary to view the charts, that could be done via the Provider's computer systems. If access needs to be granted to the Monitoring team via a web portal, then the team can access the portal on their own CFCHS issued computers once access is granted by the Provider.

Method:

The specific agenda for the site visit will be presented during the Entrance Conference. However, it can usually be expected for a combination of the following to occur during each monitoring:

- Entrance Conference
- Review of Policies and Procedures
- Review of Personnel and training records
- Review of Client Charts (via hard copy or via electronic health record) and Service Activity Logs
- Review of Incident Report log
- Review of Complaints and Grievance log
- Interviews with Clients and Staff
- Tour of Facility
- Observation of data, financial, and billing processes
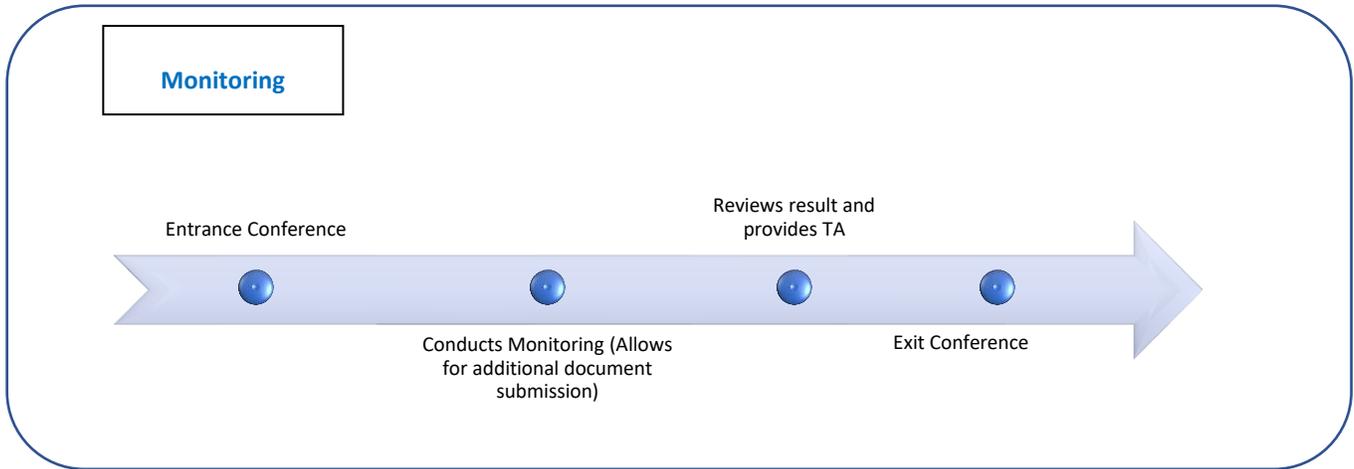- Secret Shopper Calls
- Exit Conference

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 to include the scope, as needed, and communicate this to the Provider Single Point of Contact
- Communicate frequently with Provider Single Point of Contact as well as the Provider staff to ensure there are no surprises during the Exit Conference.
- Debrief with the Provider Single Point of Contact at the end of each day.
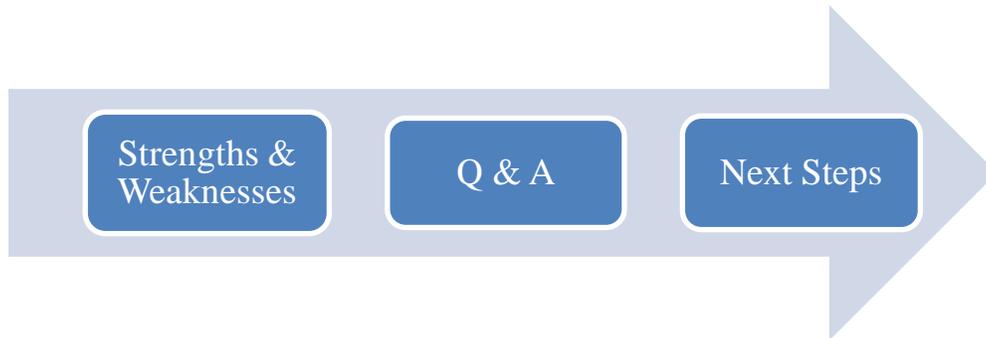
Activities expected of the Provider Single Point of Contact at this stage include:

- Coordinate with the CFCHS Lead Monitor 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.

Monitoring

Entrance Conference

Reviews result and provides TA

Conducts Monitoring (Allows for additional document submission)

Exit Conference

EXIT CONFERENCE

Strengths & Weaknesses

Q & A

Next Steps

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 Monitor. 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. If available or necessary the entire CFCHS Monitoring Team will be present for the exit conference, either in face to face, virtually, 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.

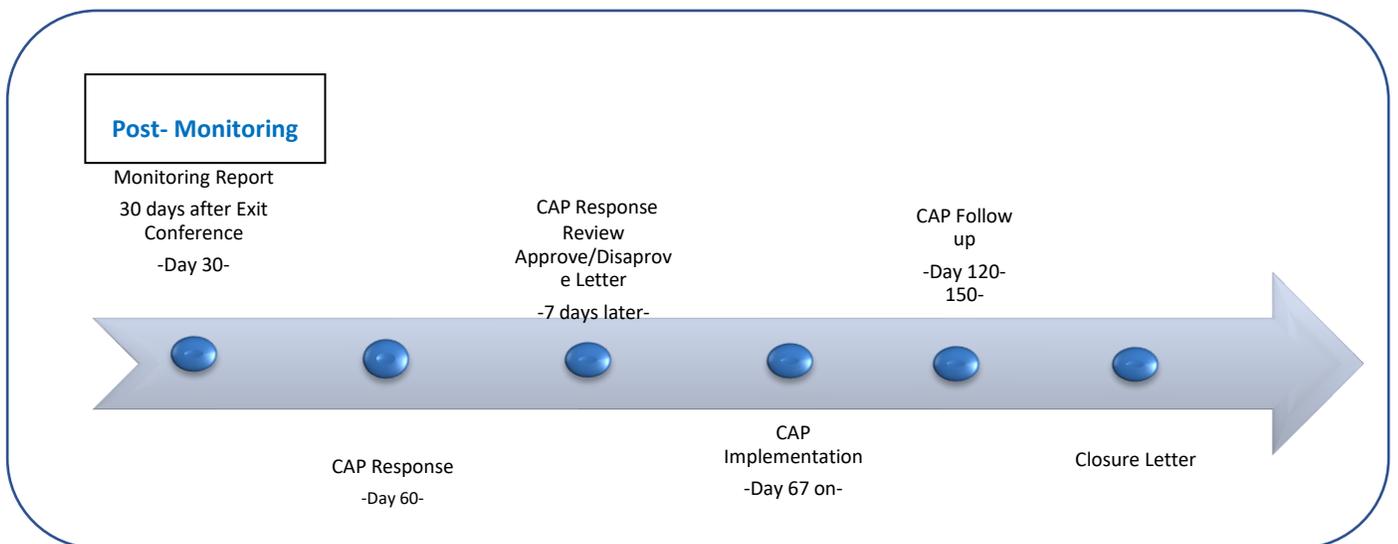Activities expected of the Provider Single Point of Contact at this stage include:

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

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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 Monitor will conduct the following activities off-site:

- Coordinate finalizing the report and obtain all appropriate signatures, including the CFCHS monitoring team and CFCHS management.
- 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**. The

  provider response must include specific steps and dates to implement the corrective action plan.
- Coordinate with CFCHS Monitoring Lead to distribute any corrective action plan responses received from the provider to the appropriate CFCHS monitoring team for review.
- Within 7 business days of receipt of the provider CAP response, CFCHS will notify in writing an acceptance or rejection of CAP response.
- Schedule a follow up visit, either via desk review or on-site, within two to three months from the date of the CAP acceptance letter.
- Report results to CFCHS Management Team.

Post- Monitoring

Monitoring Report
30 days after Exit Conference
-Day 30-

CAP Response
-Day 60-

CAP Response Review
Approve/Disaprove Letter
-7 days later-

CAP Implementation
-Day 67 on-

CAP Follow up
-Day 120-150-

Closure Letter

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All 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 https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=GHME1
- The submitted and approved Provider Program Description(s)
- Regulatory Authorities to include but not limited to:
  - Florida Administrative Codes
  - DCF CF Operating Procedures
  - Florida Statutes
  - Federal Regulations

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~~ (Repealed)

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

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

	FLORIDA STATUES
394	Mental Health
397	Substance Abuse Services
408	Health Care Administration
427	Special Transportation and Communication Services
435	Employment Screening
	INCORPORATED GUIDANCE DOCUMENTS
12	Behavioral Health Network (BNet)
13	Indigent Drug Program (IDP)
15	Projects for Assistance in Transition from Homelessness (PATH)
16	Florida Assertive Community Treatment (FACT)
17	Temporary Assistance for Needy Families (TANF)
18	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
155-01 – 155-61	Mental Health and Substance Use
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 TANF Guide
	CFCHS Mobile Response Team (MRT) Guidelines
	CFCHS Forensic Multi-Disciplinary Team (FMT) Guidelines
	Behavioral Health Consultant Protocol
	Care Coordination Guidelines
	PAM 155-2
	Block Grant Requirements Manual for Managing Entities (Exhibit B1)
	Executive Order No. 11-116
	Section 504 ADA
	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

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[4] See Appendix B

- 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.

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 84% or below, it up to the discretion of the monitoring team if a CAP will be requested.

Any deficiencies discovered during the site visit that affect client safety will require immediate corrective action by the 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. Performance Measures
    g. HIPPAA Security and Privacy
    h. Fiscal Administrative
    i. Facility Checklist
    j. Client and Staff Interviews (to include Recovery Oriented Systems of Care – ROSC)
    k. Secret Shopper
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 Intensive Treatment Team (FITT)
    j. Behavioral Health Consultants (BHC)
    k. Care Coordination Client Record
    l. Community Action Team (CAT) Client Record
    m. Federal Substance Abuse Prevention and Treatment Block Grant Compliance