

The purpose of this handbook is to inform Network Providers on what to expect before, during, and after monitoring by Central Florida Cares Health System, Inc.

# Network Monitoring Handbook



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## INTRODUCTION

It is the policy<sup>1</sup> 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 at the beginning 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<sup>2</sup> 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:

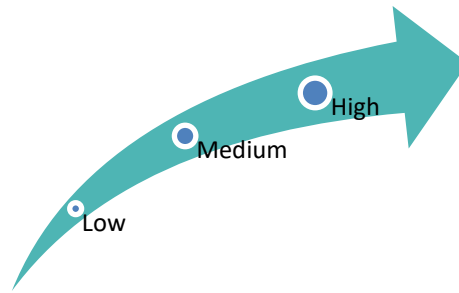
- Contract Amount
- Financial Ratios
- Type of Funding and Services
- Key Organizational Change
- Incident Reports
- Complaints
- Issues with Service Provision
- Performance Measures
- Accreditation Status
- Date of Last Contract Monitoring
- Historical Corrective Action Plans

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<sup>1</sup> See Appendix A

<sup>2</sup> See Appendix A

## MONITORING SCHEDULE



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-MONITORING ACTIVITIES

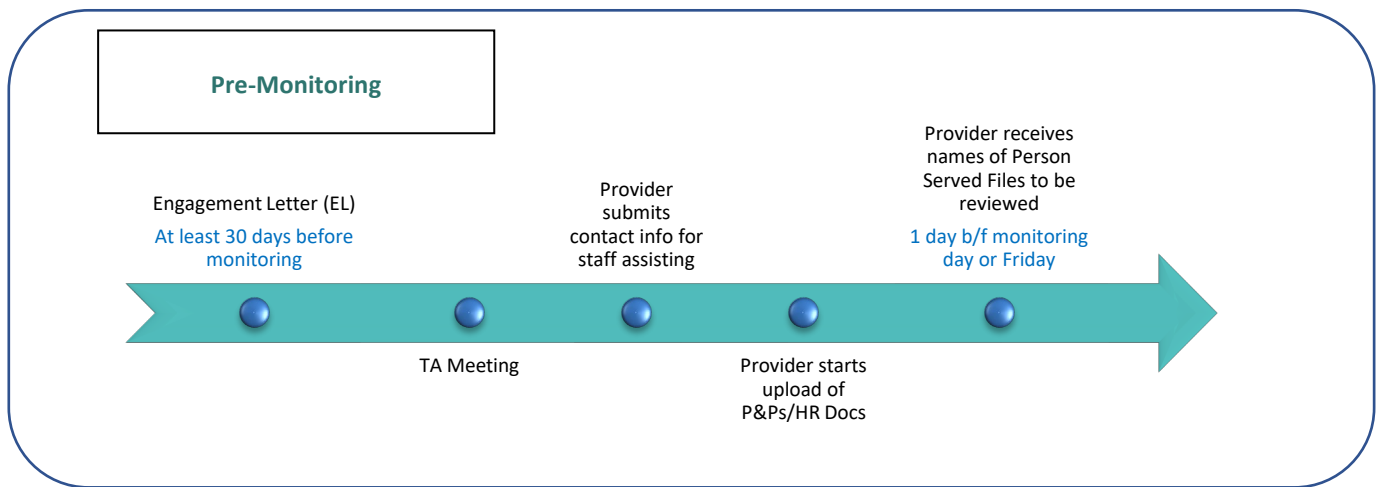
### CENTRAL FLORIDA CARES HEALTH SYSTEM

The CFCHS Compliance Department 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 Compliance Department Monitoring Lead submits to the Provider the engagement letter at least 30 days prior to the monitoring. This would include the scope, sample size, establishing roles and responsibilities of the Monitoring Team.
- The Compliance Department takes the lead on coordinating the specified time that the monitoring will take place. Each individual CFCHS Subject Matter Expert (SME) assigned to a particular portion of the scope will coordinate with the designated Provider SME the exact dates and times within that specified time

period as well as the document review method (screen share, Electronic Health Record access, document upload, etc.).

- 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. This should include all Provider staff directly involved with any portion of the monitoring scope.
- Ensuring the Conflict-of-Interest form is signed by the Monitoring Team.
- One business day prior to the start of the monitoring, send to the Provider a Person Served list and covered service included in the scope.



## NETWORK PROVIDER

It is highly recommended that the Provider assigns 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, usually the provider's contract manager, should be available by phone or email and should be present for the monitoring, which could be face to face or virtual.

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

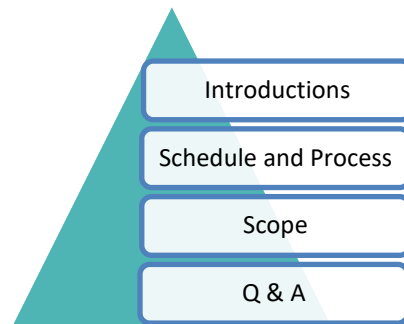
- Coordinate with each CFCHS SME in terms of dates, times, document submission, and platforms for virtual meetings. If a face-to-face meeting, confirm the location(s) of the site visit.
- Provide upon request any external monitoring, licensure, and/or accreditation reports from reviews conducted within 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, this monitoring handbook and the CFCHS Monitoring Tools, both of which are available on the CFCHS website. **This is a critical step in ensuring the monitoring goes smoothly and efficiently.**

Coordinate with the Provider's internal team that will be assisting with the monitoring to ensure they understand the process, logistics are confirmed, and they are prepared

## MONITORING ACTIVITIES

### ENTRANCE CONFERENCE



An entrance conference lasting approximately 15-30 minutes will occur before the monitoring begins. The meeting will be facilitated by the Monitoring Team Lead, which is the CFCHS Compliance Department. The CFCHS Monitoring Team will be present for the entrance conference. The Network Provider should have present the assigned single point of contact, leadership, and any other designated individuals of their choosing. 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.

## MONITORING

### **Team:**

The CFCHS Monitoring Team will consist of a Lead Monitor and subject matter experts (SME) from the following CFCHS Departments:

- Contracts
- Compliance
- Finance
- Data
- System of Care

### **Length of Monitoring:**

The monitoring 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 monitoring will be coordinated between the CFCHS Lead Monitor and the Provider's Single Point of Contact during the pre-monitoring activities. There is also the possibility that the length may change once the monitoring commences, regardless of what was discussed during the pre-site monitoring meeting. This would be determined and coordinated between the CFCHS SME and Provider SME. If that occurs, the Lead Monitor will notify the Provider Single Point of Contact of the change.

### **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 sharing, 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 person served interviews, if applicable.

**Person Served Record Access:** If Person Served 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 conducted 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 monitoring 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 Person Served files (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 Persons Served and Staff
- Tour of Facility
- Observation of data, financial, and billing processes
- Secret Shopper Calls
- Exit Conference

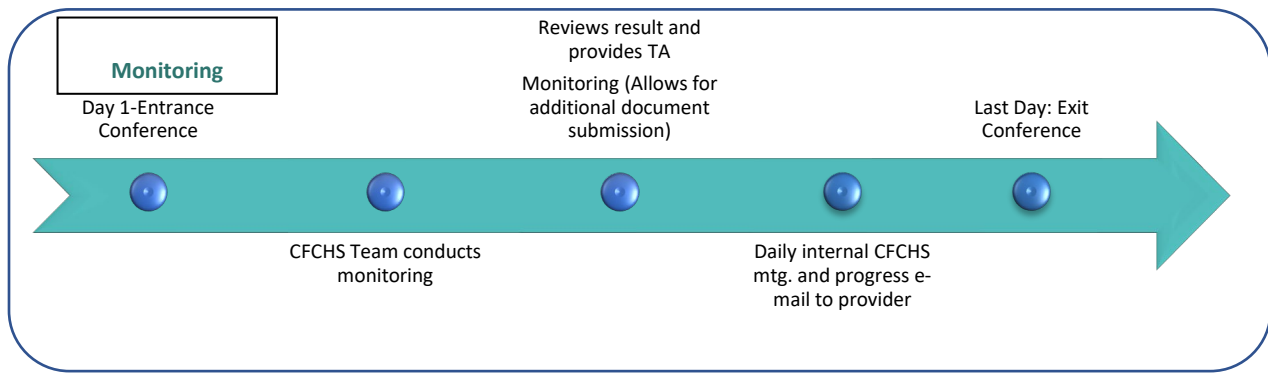
The CFCHS Monitoring Team will make every effort to:

- 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 Provider staff to ensure expectations have been clearly communicated prior to the Exit Conference.
- Notify the Provider Single Point of Contact the end progress made each day.

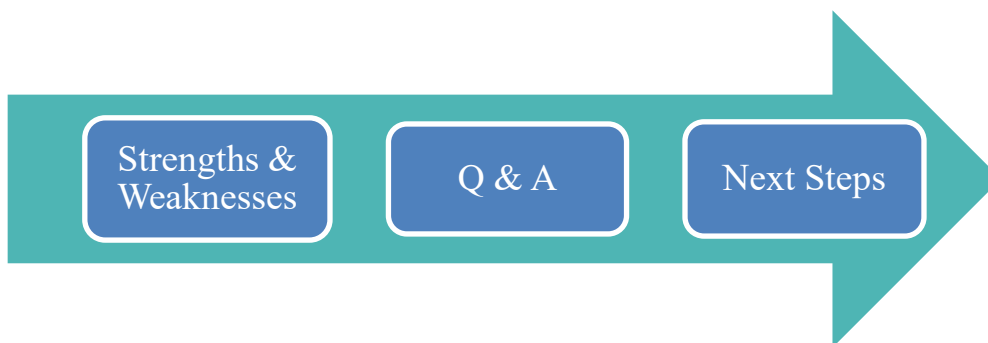
Activities expected of the Provider Single Point of Contact at this stage include:

- Coordinate with the CFCHS Lead Monitor in terms of all on-site activities.
- Function as the main liaison between the CFCHS Monitoring Team and the Provider's staff during the site monitoring.
- 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. The exit conference officially ends the monitoring and any documents or requested information not provided by the exit conference will not be accepted and the tools are final,





## EXIT CONFERENCE



An exit conference will occur at the conclusion of the monitoring, 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 monitoring. 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 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 monitoring, 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:

- Gather pertinent Provider staff for the Exit Conference.
- Coordinate with the CFCHS Lead Monitor in terms of all post-monitoring activities.

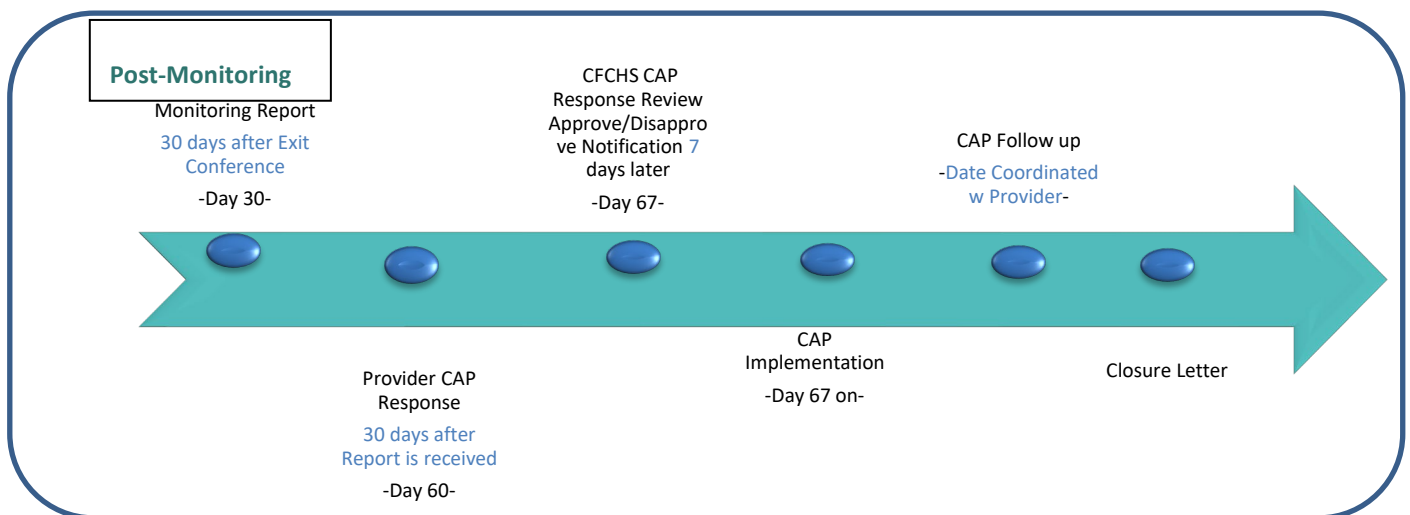
**NOTE: The Exit Conference marks the end of the monitoring. Any findings reported at the Exit Conference cannot be disputed or further negotiated. Therefore, CFCHS encourages Providers to communicate any questions, concerns, or disputes to the CFCHS Monitoring Team DURING the monitoring. In the same manner, the CFCHS**

monitoring team will communicate all questions, concerns, and findings to the Provider DURING the monitoring, ensuring a fully transparent and open process.

## POSTMONITORING ACTIVITIES

After the Exit Conference, the Lead Monitor will conduct the following activities:

- 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 safety issues 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 seven 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 review, either via desk review, virtually or on-site, within two to three months from the date of the CAP acceptance letter.
- Once the CAP is deemed 'Satisfactory,' the provider will receive a Monitoring Closure Letter.
- Report results to CFCHS Management Team and CFCHS Board Compliance Committee



## REQUIREMENTS

All Providers are required to abide by the following<sup>3</sup>, and compliance will be evaluated during the monitoring:

- The subcontract 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
  - DCF Guidance Documents
  - 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>).

<a href="#">Chapter No.</a>	<a href="#">Chapter Title</a>
<b>FLORIDA ADMINSTRATIVE CODES</b>	
<a href="#">65E-4</a>	Community Mental Health Regulation
<a href="#">65E-5</a>	Mental Health Act Regulation
<a href="#">65E-9</a>	Licensure of Residential Treatment Centers
<a href="#">65E-10</a>	Psychotic and Emotionally Disturbed Children - Purchase of Residential Services Rules
<a href="#">65E-11</a>	Behavioral Health Services (Title XXI)

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<sup>3</sup> This list is not exhaustive of all required laws, rules, and regulations that a provider must follow.

<a href="#">65E-12</a>	Public Health Crisis Stabilization Units and Short-Term Residential Treatment Programs
<a href="#">65E-14</a>	Community Substance Abuse and Mental Health Services - Financial Rules
<a href="#">65E-16</a>	Indigent Psychiatric Medication Program
<a href="#">65E-20</a>	Forensic Services Act Regulation
<a href="#">65E-25</a>	Sexually Violent Predator Program
<a href="#">65E-26</a>	Substance Abuse and Mental Health Priority Populations and Services
<a href="#">65D-30</a>	Substance Abuse Services Office
<a href="#">58A-5</a>	Assisted Living Facilities
FLORIDA STATUTES	
<a href="#">394</a>	Mental Health
<a href="#">397</a>	Substance Abuse Services
<a href="#">408</a>	Health Care Administration
<a href="#">427</a>	Special Transportation and Communication Services
<a href="#">435</a>	Employment Screening
<p style="text-align: center;"><b>DCF INCORPORATED GUIDANCE DOCUMENTS (ME TEMPLATES)</b>  <a href="#">Managing Entities FY24-25 Templates   Florida DCF (myflfamilies.com)</a>  Note: Please choose the correct fiscal year by scrolling to the ME templates.</p>	
	42 Guidance Documents posted on the DCF Website
<p>CF Operating Procedures  <a href="#">Policies &amp; Procedures   Florida DCF (myflfamilies.com)</a></p>	
<a href="#">40-5</a>	Acquisition of Vehicles for Transporting Disadvantage Clients
<a href="#">50-2</a>	Security of Data and Information Technology Resources
<a href="#">60-10</a>	Auxiliary Aids and Services for Persons Who Are Deaf or Hard-of-Hearing
<a href="#">60-16</a>	Methods of Administration-Equal Opportunity in Service Delivery
<a href="#">60-17</a>	Chapter 7 HIPAA Breach Notification Procedure
<a href="#">60-25</a>	Employee Security Background Screening
<a href="#">155-01-65</a>	Mental Health and Substance Use

<a href="#">170-3</a>	Prevention, Reporting and Services to Missing Children
<a href="#">180-4</a>	Mandatory Reporting to the Inspector General
	<a href="#">Incident Reporting and Analysis System (IRAS)</a>
<a href="#">215-7</a>	Child Fatality Notification Requirements
	CODE OF FEDERAL REGULATIONS
<a href="#">20 CFR</a>	Employees' Benefits
<a href="#">45 CFR</a>	Public Welfare
<a href="#">31 CFR</a>	Money and Finance: Treasury
	OTHER
	<a href="#">Executive Order No. 11-116</a>
	<a href="#">Section 504 ADA</a>
	<a href="#">Public Health Service Act Title V Sec. 522.290cc-22 (b)(7) A</a>

## MONITORING TOOLS AND PROTOCOLS

### FORMAT

All CFCHS Monitoring Tools can be found on the CFCHS website under [Network Monitoring](#). Each Monitoring tool is labeled for the program or service being monitored<sup>4</sup>.

Each monitoring tool contains a heading where the Monitoring Team will record the following information:

- Reviewer Name
- Date
- Provider Name

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<sup>4</sup> See Appendix B

Each monitoring tool lists the reference and the requirements to be assessed 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 monitoring
- 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 is up to the discretion of the Monitoring Team if a CAP is requested.

Any deficiencies discovered during the monitoring that affect 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. HIPPPAA Security and Privacy
  - h. Fiscal Administrative
  - i. Facility Checklist
  - j. Person Served and Staff Interviews (to include Recovery Oriented Systems of Care – ROSC)
  - k. Secret Shopper
  
2. Program specific:
  - a. Mental Health Children Residential
  - b. Mental Health Adult Residential Clinical Records
  - 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 Clinical Records Review
  - i. Family Intensive Treatment Team (FITT)
  - j. Behavioral Health Consultants (BHC)
  - k. Care Coordination Clinical Record
  - l. Community Action Team (CAT) Clinical Record
  - m. Federal Substance Abuse Prevention and Treatment Block Grant Compliance