Network Service Provider Monitoring Plan for Southeast Florida Behavioral Health Network

Overview

SEFBHN's Network Service Provider Management Plan has been prepared to articulate its strategy and the processes by which it will manage the network and subcontractors. It provides guidance to effectively manage and monitor its subcontracts from an administrative and programmatic perspective. This plan enumerates its goals, the objectives that must be met to meet its goals and the milestones which will illustrate SEFBHN's progress. It also describes the activities that are necessary to comply with the stipulations in its contract with the Department of Children and Families, specifically those that are described in Exhibit C, Section C-1.3 Systemic Monitoring Function. Network Service Providers (NSP) will be monitored in accordance with the stipulations in the contract between the Department of Children and Families (DCF) and the managing entity, including those described in Function 4, and all other applicable sections. It will utilize monitoring instruments and processes that align with DCF requirements.

SEFBHN has continuously worked to ensure that the process used to monitor NSP's is responsive to their needs and the needs of the agency. Over two years ago organizational changes were made within SEFBHN to promote staff's knowledge of all aspects of the network's system of care while simultaneously ensuring that NSP's had a primary point of contact within the agency to obtain answers to questions or required technical assistance. This structure is further outlined in this plan.

This revised plan incorporates some additional significant changes to our monitoring plan that SEFBHN believes will provide appropriate oversight, utilizing a Three-Tiered System, to identify both strengths and opportunities for improvement within our Network Providers in a collaborative manner.

A. Tier 1 – An annual internal desk review risk assessment of every provider

B. Tier 2 – A more expanded desk review based on results of the Tier 1 review which will require the NSP to provide additional information to SEFBHN.

C. Tier 3 – This will incorporate the results of Tier 1 and Tier 2 and include an on-site visit either virtually or in person or a hybrid of both.

Effective provider network management requires coordination across key functional areas that directly impact operations. Strategic planning for these areas—specifically the ME Annual Business Operations Plan, Care Coordination Plan, Information Technology Plan, and Quality Assurance Plan—must align with network management goals. These areas are interdependent, with successes or challenges in one influencing the others. The most critical areas are prioritized in the validation scope and briefly described below.

Organizational Structure
As noted, we believe we function and serve our network providers best by working as a team. We have previously made some organizational changes to maximize our resources that in turn will result in an initiative-taking approach to the oversight of our network.

We moved from a system where staff had tended to operate in silos – collaborating with specific providers which had limited their ability to appreciate the scope of our system of care. Knowing that consumers migrate back and forth between providers made this organizational change essential. Staff now work across the system providing technical assistance and oversight to our network providers by programs and functions. Examples of programs provided by multiple providers include FACT Teams, Crisis Intervention and Stabilization Services, PATH, Supportive Employment, Residential Substance Abuse Treatment and Medication Assisted Treatment. Staff report to one of three managerial level staff within the Program Innovation, Network Integrity, and the Children's System of Care teams. Specialization by staff has resulted in a greater integrated approach to data analysis – identifying both positive trends and areas needing improvement throughout the network or for just one or two providers. As noted in the introduction to this plan, each NSP is assigned an SEFBHN Primary Point of Contact for programmatic purposes. This allows a comfort level for the NSP, as they can develop relationships with SEFBHN staff to troubleshoot issues that may arise and work together to develop innovative solutions.

The administrative functions of the management of our contracts (i.e., ensuring all contracts and amendments have the most current contract language and any needed exhibits or pertinent documents) will now be assigned to one Compliance Administrator who will serve as the primary contact with our subcontracted providers on administrative issues. This position reports to the Chief Financial Officer (CFO).

Monitoring Plan
SEFBHN will continue to refine a reliable and effective monitoring process for its network of subcontractors. When determined to be necessary an on-site visit or a "virtual on-site visit" may be scheduled. SEFBHN will retain programmatic and administrative oversight of all subcontracts and will ensure compliance with contract terms through risk assessment, ongoing data analysis and monitoring processes. The Tiered process developed by SEFBHN is comprehensive and less invasive to the NSP's day-to-day operations. The process also ensures every NSP will have a Tier 3 validation at least every third year.

The following describes SEFBHN's Tiered contract monitoring and validation process:

Tier 1

A Tier 1 review is completed internally at SEFBHN. The Tier 1 validation was previously

referred to as the **Risk Assessment**. The Tier 1 validation includes all the same elements previously reviewed through the Risk Assessment but now includes additional criteria. The Tier 1 Risk Assessment Desk Review is designed to assess the quantitative aspects of the NSP's functioning such as their funding levels and compliance with specific contract areas including qualitative traits like concerns from other funders and time elapsed since previous validation may have occurred. The qualitative and quantitative attributes are then averaged to trigger a ranking of either low, medium, or high risk.

A. Quantitative

1. Funding utilization- Prior fiscal year Surplus/Deficit of Funds and Current Year Funding
2. Review of Compliance with prior Performance Improvement Plans (PIPs)
3. Financial Health Assessment including review of audit, liquidity ratios, and debt management ratio.
4. Completeness, accuracy, and appropriateness of data submitted – (i.e. – is provider entering data for services they are contracted for; are measures and outcomes met)
5. Compliance with Satisfaction Survey Submission
6. Compliance with SOAR Application Submission and Approvals
7. Number of Valid Community Complaints
8. Types of contracted services with risk levels assigned to each type of service
9. Percentage of reports received timely as required by the contract.
10. Utilization of waitlist
11. Percentage of monthly payments methodology

B. Qualitative

1. Considerations for new funding categories
2. Considerations for serving babies or pregnant and postpartum women
3. Populations served – (i.e., SPMI individuals, SED children)
4. Incident Reporting - Were any incidents reported recently? Are there an

unexpectedly small number of reported incidents? Does provider have the appropriate active staff listed in IRAS?

5. Grievances – Were there denial of services or violation of rights of persons served?

6. Is a standardized level of care assessment instrument, such as LOCUS or ASAM, being utilized to assist in determining the service needs for persons served?

7. Are other funder reports available for review? If so, are concerns listed?

8. Review of Accreditation status and subsequent Accreditation reports to identify strengths and material weaknesses.

9. Is there new leadership within the provider organization?

10. Time period since last on-site validation

In lieu of a traditional validation report, results are captured in the Risk Assessment Desk Review template and are then shared directly with the NSP.

Tier 2

A Tier 2 Validation is also completed as a desk review but involves obtaining additional documents from the NSP. While a Tier 1 evaluation looks at the agency as whole, the scope of the Tier 2 validation is customized for each individual contract SEFBHN has with the NSP. It may not be necessary to validate each contract – the Tier 1 Risk assessment will drive the decision as to which contracts to validate. For example, if a Tier 1 Risk Assessment indicates data entry errors and compliance with performance outputs in a particular contract – this may become the scope of a Tier 2 validation.

The amount of time the NSP will have to submit the requested documents will be based on the volume of documentation requested. The Primary Point of Contact and the NSP will confer to determine the amount of time needed.

After a Tier 2 validation is completed and it is determined that no Tier 3 validation is needed, a Debriefing Log will be sent to the NSP. The NSP will then have a business week to present documentation to mitigate or remove a finding. If said documentation is not received by the deadline, the tentative findings will be deemed final and will be included in the final Tier 2 validation report. A Contract Validation Review Report (CVRR) which contains observations and findings is sent to the NSP within 30 days of receipt of information requested from the NSP.

Tier 3

Tier 3 Validations are completed when any of the following is determined:

A. The NSP is due for an on-site validation every 1, 2, or 3 years based on accreditation status and services offered.

1. For NSPs with national accreditation, an On-Site validation will be completed no less than once every three years.

2. For NSPs without national accreditation whose contract includes any level of residential or inpatient services, an On-Site validation will be completed no less than annually.

3. For NSPs without national accreditation and whose service array does not include any level of residential or inpatient services, an On-Site validation will be completed no less than once every two years.

B. All NSPs new to the network will receive technical assistance on-site validation within 12 months of contract execution.

C. A Tier 2 Validation identifies opportunities for improvement that need further review and/or the findings did not show mitigation of the Tier 1 High Risk Ranking.

If a Tier 3 validation is needed, any opportunities for improvement identified as part of the Tier 2 validation will be shared with the Provider in the engagement letter informing the NSP of the Tier 3 validation. Official notification of the Tier 3 validation will be sent out two weeks prior to the date of the scheduled on-site validation. The scope for a Tier 3 validation is customized for each NSP contract.

Following completion of the Tier 3 validation, a CVRR which contains observations and findings from both the Tier 2 and 3 validations will be sent to the NSP within 30 days of receipt of information requested from the NSP. For additional information regarding Tier 3 validations refer to Contract Monitoring Process of this plan.

Scope of Tier 2 and Tier 3 Validations

With the tiered system, NSP validations now focus more on reviewing policies and procedures rather than service delivery documentation. This shift ensures that NSPs clearly document their business practices and provide a consistent reference for staff. Both Tier 2 and Tier 3 Validations can include similar Scope options which include:

A. Administrative – Validates adherence to administrative policies, ensures employment qualifications per DCF are met, and quality service delivery is taking place.

1. Employee Screening and Training (including Staff Interviews)

2. Required Reports (including a review of other stakeholders' reports collected from network service providers directly and, via MOUs with other community stakeholders)

3. Incident Reporting

4. Persons Served Rights or Denial of Services Grievance Reporting

5. Financial Eligibility and Sliding Fee Scale Application (includes Staff Interviews)

6. Intellectual Property Rights

7. Data Security

8. Confidentiality of Persons Served Information

9. Facility Walkthrough (This is only in Tier 3 Validations).

B. Programmatic / Clinical

1. Block Grant – Validates adherence to policies and guidance surrounding block grant programs.

   a. Community Mental Health Services Block Grant

   b. Substance Abuse HIV Programs

   c. Mental Health Temporary Assistance for Needy Families (TANF)

   d. Substance Abuse Temporary Assistance for Needy Families (TANF)

   e. Substance Abuse Prevention and Treatment Block Grant

2. **Quality Assurance/Quality Improvement Work Products** – Validates activities described in the Service Delivery Narrative. To ensure that the network providers are maintaining compliance with the terms of their contracts and Block Grant requirements throughout the year, SEFBHN requires them to complete a Service Delivery Narrative (SDN) on an annual basis. Information to be reported in the SDN includes but is not limited to Strategic Planning and Priorities, Family and Natural Supports, Wraparound Practices, Integration of Behavioral Health and Primary Care, Waitlist Management, Certified Peer Recovery Services, Trauma Informed Care, Level of Care Assessments, Care Coordination, Medication Assisted Treatment, Staff Wellbeing, and Quality Assurance Practices and how Prevention Services funded by the SAPT Block Grant are delivered.

a. Organizational

b. Strategic Planning and Priorities

c. Financial

d. Collaborative Waiting List

e. Care Coordination

f. Integration of Behavioral Health and Primary Care

g. SSI/SSDI Outreach, Access, & Recovery (SOAR) Benefits

h. Cultural Humility, Diversity, and Linguistic Competency

i. Staff Wellbeing

j. Zero Suicide

k. Quality Assurance Plan

(1) Medication-Assisted Treatment

(2) Level of Care Assessment

(3) Co-occurring Services

(4) Other Evidence-Based Practices/Fidelity Review

(5) Recovery-Oriented System of Care (including ROSC Action Plan, Certified Recovery Peer Specialist, Trauma-Informed Care Approach, Wraparound, Family and Natural Supports)

l. Persons Served Satisfaction Surveys

3. **Recovery Oriented System of Care (ROSC)** – Validates the agency's efforts to ensure a ROSC-focused culture.

a. Meeting Basic Needs and Life Goals

b. Comprehensive Services and Involvement

c. Medication Assisted Treatment and Diversity of Treatment Options

d. Strengths Based Approach

e. Customization, Choice, and Individually Tailored Services

f. Self Determination and Inviting Factor

g. Network Supports, Community Integration, and Recovery Focus

h. Staff Interviews

i. Person Served Interview

j. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) Applications

C. Data Validation – Validates the agency's efforts to deliver quality of performance outcomes and outputs.

1. Performance Outcome Measures

2. Performance Outputs

D. Financial and Invoice Validation – Validates the agency's efforts to deliver services as describe in the contract.

1. As noted, the Tier 1 Risk Assessment Desk Review does review and consider the independent audits (or financial statements if no audit is required) for each of our NSPs to assist in determining their financial health. Initially, providers will be required to forward the most recent annual audited financial statement to allow for the review of financial areas such as cash position and reserves, annual revenue and expenses, any reported losses for the prior year, and management letter comments prepared by a Certified Public Accountant to gain a comprehensive overall agency picture. Large line-item variances will be discussed with the agency to determine how to best support the budgeted item (Ex: address staffing levels, number of vacant positions, over or under producing of units, etc.). The purpose is to evaluate if there are any financially impacted areas of the agency that may affect future contracting and utilization of DCF contracted funding. SEFBHN will be utilizing the services of an independent CPA to review the audits, which will provide the level of expertise needed to fully analyze them and identify areas of concern. SEFBHN will utilize industry standards for evaluating financial strengths, e.g., financial ratios, working Capital, etc. SEFBHN will collaborate with subcontractors that have significant issues in this context to ensure there is no disruption in services.

2. SEFBHN along with Carisk Partners developed an electronic invoice system that has streamlined the invoice submittal process for the NSP. NSP's submit monthly

invoices in line with their individually identified method of payment in their contract. Invoices are reviewed and payments are made based on the submission and accuracy of all required documentation reflecting services rendered, identified clients (for client specific services), and allowable cost breakdowns for such services based on 65E-14's guidance regarding covered services, as negotiated.

3. The goal is to continue to refine the invoice validation process to ensure the Department only pays for the appropriate services needed. The process will include strategies such as:

   a. Electronic validation of aggregate data against invoice

   b. Notification to subcontractors of data accuracy issues

   c. Carisk Partners staff conduct checks of data accuracy.

   d. Review of subcontractors' processes related to eligibility, data submission and validation, and invoicing.

   e. Validation of funding requirements being met, e.g., block grants.

4. SEFBHN tracks subcontractor fund utilization, monthly. If a subcontractor is not drawing down funds, SEFBHN notifies the subcontractor and if appropriate, involves our staff in additional technical assistance. SEFBHN may reallocate or procure unused dollars to another subcontractor. This process ensures that all available dollars are used for direct services.

5. SEFBHN will review a percentage of subcontractors' administrative policies (MIS, Fiscal, Internal Control, Human Resources, and Programmatic) for completeness and accuracy during the annual contract validation. The budget, financial reports, fiscal controls, audit, and other relevant documentation are also reviewed. SEFBHN will limit its monitoring of accredited providers in accordance with Florida Statute 394 and the Master Contract with DCF, as much as possible. SEFBHN may review other methods to reduce monitoring of accredited organizations to reduce administrative costs to the Managing Entity and Providers.

6. The Finance Department will conduct regular reviews of the network's and subcontractor's administrative and programmatic expenditure reports to look for opportunities for cost containment. If an expenditure item is excessive, SEFBHN will contact the subcontractor for clarification and justification. Only costs deemed allowable, reasonable, appropriate, and necessary will be included as part of an agency's total allowable operating expense.

E. Other – Further review of any other areas identified in Tier 1 or, as applicable, Tier

2 validations.

Sampling Methodology
SEFBHN has developed an electronic template that assists the Primary Point of Contact in determining the Scope based on the findings of the Tier 1 Risk Assessment Desk Review and as applicable the Tier 2 Validation. The report is reviewed and approved by the Primary Point of Contact's Supervisor before proceeding. Once approved – this report will also serve as the monitoring plan.

As noted, a Tier 1 Risk Assessment Desk Review is completed annually for all NSPs. The results of the Tier 1 and Tier 2 validations determine whether an on-site Tier 3 validation is needed. The exception is that a Tier 3 validation will always be completed for new NSPs and those NSPs who have not had an on-site validation in 2 years. A Tier 3 validation will also be conducted annually on all NSP's without a national accreditation who provide any level of residential or in-patient services and biennially for NSP's without national accreditation in which there is no level of residential or inpatient services, or no client services provided.

If a Tier 1 Risk Assessment Desk Review results in a High-Risk ranking, then a Tier 2 Validation will be conducted. If the Tier 2 Validation further confirms the High-Risk ranking, then a Tier 3 Validation will be conducted even if the provider had an on-site evaluation the previous year. If the findings in a Tier 2 Validation mitigates the High-Risk ranking, then a Tier 3 validation will not automatically be triggered unless the NSP is due for an on-site validation as noted in the previous paragraph. The decision to complete or not complete a Tier 3 Validation for these specific providers will be made by the Chief Executive Officer (CEO) and the Chief Strategy Officer (CSO) with the reasoning documented in the contract file. Factors that may influence this would be if other actions were implemented with the provider such as monthly meetings or evidence of improvement in performance outputs. This will be noted in the Validation Scope Form as one of the reasons for Tier 3.

An accredited agency will never be validated less than once every three years; however, an unaccredited agency may be validated every year or every other year, based on the services being offered. This will not supersede any concerns which may require more frequent validation.

In total, Southeast Florida Behavioral Health Network Foundation, Inc. shall complete monitoring, in accordance with **Section C.1.3 of the Department of Children and Families' Master Contract,** of no less than 40% of all Network Service Providers each fiscal year. Completion of monitoring includes the release of a final monitoring report to the Department and the Network Service Provider.

Monitoring Schedule
The annual monitoring schedule is developed based upon the Tier 1 Risk Assessment Desk review scoring and consideration for the length of time since the last monitoring of the agency. The results of the Tier 1 review are used to determine the annual monitoring

schedule. The monitoring schedule will include what type of further validation (Tier 2 and/or Tier 3) will be conducted. Tentative dates are set but could change depending on the needs of the provider and the extent of the scope of the validations.

Contract Monitoring Process

The updates to our Tiered system have changed the contract monitoring (aka – contract validation) process. The Tier 1 Risk Assessment Desk Review is completed on all NSP's. A Tier 2 validation or a Tier 2 and Tier 3 validation may be required as a result. The Primary Point of Contact (PPOC) will take the lead for obtaining documents from the NSP for a Tier 2 validation. If Tier 3 validation is needed the Primary Point of Contact will notify the NSP two weeks prior to the scheduled on-site validation and will also provide them with written information containing the scope of the validation. SEFBHN will work with the NSP if they request a different date due to other scheduling conflicts. The following activities will occur prior to a Tier 3 validation:

Assignment of Participating SEFBHN staff – Each monitoring will be completed by designated SEFBHN staff to ensure appropriate clinical and administrative expertise is available.

Planning Meeting - Planning and preparation is critical to the on-site validation review. The SEFBHN staff that will be participating in the monitoring will meet prior to the on-site validation to review the scope of the validation as determined by the Tier 2 validation. Monitoring tasks will be assigned to each participating staff member. The number and types of files to review, and the monitoring tools to be utilized will be determined during the planning meeting. The Primary Point of Contact's Supervisor will approve the monitoring plan which will be maintained in the contract file by the Validation Team Lead.

Conflict of Interest – Annually, all SEFBHN staff who participate in the monitoring process will sign a Conflict-of-Interest Form which will be retained in the contract management file.

Tier 3 On-Site Validations

Providers will be made aware of the scope of the validation, along with requests for documentation (including client file selection) prior to the monitoring team's arrival on-site. Refer to Section 3. Scope of Tier 2 and Tier 3 Validations for standardized scope criteria.

If the Tier 3 on-site validation is conducted virtually (all or in part) SEFBHN will provide a link to the virtual platform and schedule to be used prior to the start of the validation.

During the validation, an entrance meeting is held to review the scope and address any remaining questions from the NSP.

After the completion of a Tier 3 Validation, a Debriefing Log will be sent to the NSP which includes any findings from Tier 2 and Tier 3. The NSP will then have a business week to present documentation to mitigate or remove a finding (safety concerns are to be

addressed immediately). If said documentation is not received by the deadline, the tentative findings will be deemed final and will be included in the final Tier 3 Contract Validation Review Report (CVRR).

A. **Debriefings with the Provider** – Following each day of review, a debriefing is conducted with the NSP to facilitate a collaborative environment and ensure the NSP is aware of daily strengths or concerns identified. Tentative findings, including identified strengths and opportunities for improvement will be shared with the agency prior to the monitoring team's completion of Tier 3 on-site activities and prior to the final report being prepared. A Debriefing Log will be sent to the NSP which includes any findings from Tier 2 and Tier 3 as a follow-up to the verbal debriefing. The NSP will then have a business week to present documentation to mitigate or remove a finding. If the said documentation is not received by the deadline, the tentative findings will be deemed final and will be included in the final Tier 3 CVRR.

B. **Immediate Safety Concerns** - Issues that arise during the on-site validation review that indicate serious or urgent safety concerns for the provider's consumers or staff will be addressed with the provider as they are identified so action can be taken immediately. The provider will present their plan for addressing these safety concerns prior to the SEFBHN on-site validation team leaving for the day.

C. **Debriefing with SEFBHN Leadership Team** – Tentative findings, including identified strengths and opportunities for improvement will also be shared with SEFBHN leadership upon completion of Tier 3 on-site activities. The information provided in the debriefing may result in the need for SEFBHN leadership to meet directly with the provider's leadership to address those areas that are not in compliance and have an immediate impact on services to consumers. The Primary Point of Contact will document the debriefing with the Leadership Team and maintain it in the contract file.

Reporting and Documentation

For Tier 2 Validations (in which a Tier 3 Validation was not required) the final report which is referred to as the Contract Validation Review Report (CVRR) will be prepared and sent to the NSP within 30 days of the date the NSP was to return mitigating documents noted on their Debriefing Log.

For Tier 3 Validations, a report that contains observations from both the Tier 2 and Tier 3 Validations will be sent to the NSP within 30 days of completions of the contract validation inclusive of on-site activities, and receipt of additional information requested of the provider that will further inform the results of the validation. If the report cannot be finalized within 30 days, the Primary Point of Contact in conjunction with their supervisor will document the reasons and approval must be obtained by the CSO.

Though unexpected, there may be instances in which community complaints or escalated grievances are received by SEFBHN regarding an NSP and will require investigation. In these situations, priority will be given to ensure the health and safety of the vulnerable priority populations we serve is maintained. These reviews will not culminate in a Contract

Validation Review Report unless their timing aligns with an existing validation – instead, they will result in a dedicated Investigation Report as these activities will be treated as a stand-alone process.

The Monitoring tools utilized during the validation will be reviewed for completeness to ensure comments and explanations for non-compliance. Clinical/programmatic monitoring tools will be reviewed by the SEFBHN leadership team, depending on the focus of the monitoring. The CSO will review the administrative monitoring tools. All monitoring tools and work products from the monitoring will be maintained in the contract file by the validation team lead. Contract monitoring will be completed utilizing tools for the administrative elements, compliance with the contract and applicable federal block grant and accompanying maintenance of efforts, Florida statute and administrative code, and any other specific funding source requirements. All SEFBHN validation tools will be posted on the SEFBHN website, and the provider will be directed to the website for the applicable tools when the engagement letter is sent out. Exceptions for this may be when a specialized tool has been developed to review criteria specific to the provider or a service they offer. This tool will be sent directly to the provider prior to the site visit.

In line with Florida Statue 394.9082(5)(q), we operate in a transparent manner, our Providers are encouraged to attend our monthly Continuous Quality Improvement (CQI) Meetings in which we discuss the intent of our monitoring processes and review tools with the group. We also publicly post our validation tools and policies and procedures to our website, which helps set clear guidelines and expectations around contractual obligations. All these efforts further enhance the quality of work produced and thereby the quality of life offered to those vulnerable individuals we serve in our community.

The Primary Point of Contact has the lead to ensuring completion of the CVRR however all staff who participated in the review will provide written input for the report. The Compliance Administrator will summarize the results of the administrative monitoring and the designated Program Specialist/Primary Point of Contact (who participated in the on-site review) will summarize the results of the clinical/programmatic monitoring with oversight provided by the applicable Director of Program Innovation, Network Integrity and/or Children's System of Care. The report will include findings and will delineate if any of these findings require Corrective Action or a Performance Improvement Plan (PIP). The report will be reviewed and approved by the CSO. Following finalization, the CVRR will be sent to the NSP with a copy to the Department of Children and Families contract manager and the contract file.

Desk Review

Both the Tier 1 and Tier 2 validations serve as desk reviews. As noted, the results of both of these reviews are shared with the NSP. Additional desk reviews can be scheduled during the fiscal year if a concern arises (i.e., invoicing issues, data entry, etc.)

Post Validation Activities – Corrective Action and Performance Improvement Plans

If a concern cannot be resolved prior to the final Contract Validation Review Report (CVRR) being issued, the NSP will be required to complete corrective action and/or a

Performance Improvement Plan (PIP) as documented in the CVRR. This relates to findings from both Tier 2 and Tier 3 validations.

Corrective actions will apply to findings that may not be as serious – such as the need to include additional information in an existing NSP policy or procedure. The CVRR will outline the needed Corrective Action with a time period for completion, if it differs from the response time for a Performance Improvement Plan, which is 30 days. The Primary Point of Contact will be responsible for ensuring the NSP submits the requested information and will also provide final approval of the documentation.

Performance Improvement Plans will be required by the NSP to address opportunities for improvement identified by the validation activities that are not easily rectified with submission of documentation. The provider is responsible for completing the PIP. The PIP should contain actions that will take place to address areas deemed to be insufficient and in need of improvement. The PIP should also include staff responsible for completing the needed actions and the proposed date of completion. The PIP should be submitted by the provider within 30 days of the request by the Primary Point of Contact. Within 14 days, SEFBHN will either accept the submitted PIP or send it back for additions or changes. The NSP may, with documented cause, request an extension to submit the PIP and the Primary Point of Contact in conjunction with their supervisor will review the request and provide a written approval or denial within 14 days.

A submission of a Performance Improvement Plan will not inherently constitute an acceptance of the Provider's plan. Revisions and addendums may be requested.

SEFBHN has developed a PIP tracking tool that is posted to an agency share drive. Each Primary Point of Contact will track their applicable PIPs as to when they are due, their status, and follow-up on the compliance with the corrective actions outlined in the plan. Other staff may also be involved in reviewing the information submitted by the NSP based on the types of findings (i.e., administrative, or clinical) and their area of expertise. The Primary Point of Contact for that NSP will still be responsible for ensuring follow-up is completed. Once an agreed outcome is achieved, the Performance Improvement Plan will be closed and so noted in the PIP tracking tool.

Resolution of PIPs – As a finding is closed due to adequate amelioration by the provider, the PIP will be updated to reflect such and the NSP will be notified by the SEFBHN staff member reviewing the finding. Unless extenuating circumstances exist, the NSP will be expected to complete all actions within the PIP within 90 days of approval of the PIP by SEFBHN. In the event the provider does not complete their Performance Improvement Plan to the satisfaction of SEFBHN, the contract may be renegotiated or terminated depending on the extent of unresolved corrective actions.

NSP Feedback Survey – Southeast Florida Behavioral Health Network, Inc. strives to be a forward moving agency without stagnation. As such, Contract Validation Review Reports (CVRR) at the Tier 2 and Tier 3 levels include a link to a feedback survey Network Service Providers may complete to offer feedback on processes. This feedback is

reviewed at the start of each fiscal year to see where adaptations to the validation process may be needed to ensure a collaborative and disruption minimizing process for the network.

Communication of Trends – As validations are completed, identified trends are shared with network service providers through email updates or monthly CQI meetings. For more complex issues, stand-alone meetings may be scheduled. Individual providers receive targeted technical assistance to support understanding of expectations, best practices, and contract compliance.

Additional Network Integrity Oversight Activities
Additional activities that support Network Integrity include:

A. While formalized contract validation activities are important and allow us to drill down on issues that require further analysis and possible corrective actions, SEFBHN also understands the importance of open and ongoing communications with our large community behavioral health centers since they provide the largest cross section of services to our most vulnerable consumers. We meet with the leadership teams from these community behavioral health centers on a monthly basis. These meetings provide a forum to review trends in data and performance on the part of the providers, concerns related to community complaints or reported incidents and any issues that represent hurdles for these agencies in providing quality services.

B. Monthly Continuous Quality Improvement Meetings are conducted with providers that cover a wide range of topics that include but are not limited to information about new initiatives and how they may be impacted, changes to states and SEFBHN policies, new services within and external to the network and information about our validation processes.

C. SEFBHN has also formalized a procedure related to contracting with new providers. Prospective providers will be required to submit information about their agencies to include:

1. Their experience providing behavioral health services
2. Their infrastructure
3. If they were ever terminated for cause by another funder for cause
4. If they ever had a license revoked for cause
5. If they are a Medicaid provider
6. If they are accredited

Having this information on an entity that we have no experience with will allow us to enter

into contracts with new providers with greater confidence that the needs of our consumers will be met. Further information on this process is outlined on SEFBHN Policy 319.00 – Contract Procurement – Direct Consumer Services.

Policies and Procedures

SEFBHN's Policy and Procedures that support Network Service Provider Monitor Activities include: 102.00 Transparency; 103.00 Public Access to Information; 104.00 Public Meeting Notice; 101.00 Conflict of Interest, and 319.00 Contract Procurement – Direct Consumer Services.

Service Delivery Narratives

To ensure that the network providers are maintaining compliance with the terms of their contracts and Block Grant requirements throughout the year, SEFBHN requires them to complete a Service Delivery Narrative (SDN) on an annual basis. Information to be reported in the SDN includes but is not limited to Strategic Planning and Priorities, Family and Natural Supports, Wraparound Practices, Integration of Behavioral Health and Primary Care, Waitlist Management, Certified Peer Recovery Services, Trauma Informed Care, Level of Care Assessments, Care Coordination, Medication Assisted Treatment, Staff Wellbeing, and Quality Assurance Practices and how Prevention Services funded by the SAPT Block Grant are delivered. The SDN's are reviewed by SEFBHN staff and any additional information that may be needed by the provider are addressed through the provider's SEFBHN Primary Point of Contact. The approved Service Delivery Narrative will be maintained in the contract file. As noted under Section 3. Scope of Tier 2 and Tier 3 Validations, the scope can include a QA/QI review of the SDN to ensure that the NSP is offering services as they outlined in their SDN.

Activity Alignment with the Department of Children and Families

SEFBHN's scope is validated using monitoring instruments and procedures which align with DCF requirements (including, but not limited to, the Master Contract, CFOP 75-8, and DCF Guidance Documents) to ensure network service provider compliance with service and financial standards and requirements. The following areas, as defined by the Department of Children and Families, are incorporated in the Southeast Florida Behavioral Health Network, Inc. scope previously noted above:

A. General validation: fiscal stability; records; performance improvement plan/corrective action review; audits; accounting systems; insurance; sponsorship; publicity; lobbying; client risk and incident reporting; intellectual property rights; data security; confidentiality of client information; assignments and subcontracts; grievance procedures; employment verification pursuant to Florida Statute 448.095; 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR Part 300.1 – Adoption of 2 CFR Part 200; 45 CFR Part 75 – Uniform Administrative Requirements for HHS Awards; Reference Guide for State Expenditures; Florida Statute 448.095 – Employment Eligibility; deliverable submission; Florida Administrative Code 65E-14; Block Grant Requirements (including maintenance of effort); State and federal grant requirements; TANF requirements, if applicable; state and federal rules, laws, and regulations; state and

federal confidentiality laws; and, compliance with specific appropriations, or GAA directed projects

B. Program Monitoring: scope of service; service tasks; staffing requirements; deliverables; data validation; performance specifications; network service provider responsibilities (including following guidelines for third party billing); method of payment; fidelity to evidence-informed level of service need determinations and subsequent service placement; and, appropriate licensure as required by state or regulation; performance measure outputs (for outcome measures tied to provider output measures; quality of service delivery; and, timely access as outlined in Master Contract and network service provider subcontract); Florida Administrative Code 65E-14; Block Grant Requirements (including maintenance of effort); State and federal grant requirements; TANF requirements, if applicable; Department policies related to the delivery of service; state and federal rules, laws, and regulations; compliance with specific appropriations, or GAA directed projects; and, verification that services identified in community living support plans for residents of Assisted Living Facilities with Limited Mental Health Licenses are provided pursuant to Florida Statute 394.4574.

C. Background Screening Monitoring: Level 1 and 2 screening; screening exemptions or exclusions; attestations; state and federal rules, laws, and regulations; Block Grant Requirements (including maintenance of effort); and state and federal grant requirements.

D. The monitoring tools utilized during the validation will be reviewed for completeness to ensure comments and explanations for non-compliance. Clinical/programmatic monitoring tools will be reviewed by SEFBHN leadership, depending on the focus of the monitoring. The CSO will review the administrative monitoring tools. All monitoring tools and work products from the monitoring will be maintained in the contract file by the validation team lead. Contract monitoring will be completed utilizing tools for the administrative elements, compliance with the contract and applicable federal block grant and accompanying maintenance of efforts, Florida statute and administrative code, and any other specific funding source requirements. All SEFBHN validation tools will be posted on the SEFBHN website, and the provider will be directed to the website for the applicable tools when the engagement letter is sent out. Exceptions for this may be when a specialized tool has been developed to review criteria specific to the provider or a service they offer. This tool will be sent directly to the provider prior to the site visit.

Document Revision History

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- Reviewed and updated for Fiscal Years:
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  - FY 2020-2021: March 2020
  - FY 2021-2022: April 2021
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