Network Service Provider Monitoring Plan
FY 2021-2022

The Network Service Provider Monitoring Plan (NSPMP) documents the multi-faceted approach utilized by the Central Florida Behavioral Health Network (CFBHN) to monitor Network Service Provider (NSP) performance. CFBHN's administrative, programmatic and financial monitoring procedures rely on:

- The use of a Continuous Quality Improvement (CQI) monitoring team;
- Completion of financial, administrative, program and service validation tools;
- Established performance measures and benchmarks; and
- A formal NSP Scorecard.

Required elements of this plan are addressed on the pages that follow. This plan is reviewed on an annual basis in accordance with requirements of the Department of Children and Families (DCF), to ensure that CFBHN's policies and procedures are current, and that compliance with federal and state requirements is maintained.

1.1 Completion of Risk Assessment to Develop an Annual Monitoring Schedule

On an annual basis, CFBHN completes a formal assessment that outlines the level of risk anticipated in the coming year for each NSP. The assessment summarizes risk by assigning a point value to several criteria upon which each provider is scored. These include:

- The total amount of funding awarded to the NSP in the new year;
- The addition, or loss, of funded program services;
- Accreditation status;
- Recent or upcoming changes in leadership to the NSP's Chief Executive Officer, Chief Financial Officer, or Chief Operations Officer positions;
- CQI monitoring results obtained in the previous year, including corrective actions issued by the Contracts, Network Development Community Services (NDCS), and/or Risk Management departments; and
- Financial concerns identified by CFBHN, including formal findings identified in the organization's independent audit.

The total score obtained by each NSP is calculated and ranked among others funded by the Network. Statistical analysis is then used to identify the agencies that present an average, above average, or below average level of risk. The risk assessment helps CFBHN staff to identify organizations in need of attention, and is taken into consideration in determining the depth and/or timeframe of monitoring to be completed in the new fiscal year.

A copy of the risk assessment tool completed at the start of FY 2021-2022 is included in Appendix A.

1.2 Statistically-Valid Sampling Methodology to Ensure On-Site Monitoring by the Managing Entity

Sample size is determined by the type of monitoring conducted for a particular organization. FULL monitorings include a random sample of ten files per program area tool. LIMITED monitorings review a random sample of seven files. If a program deficiency or inconsistency is identified as a result of the review of the pulled sample, additional files may be requested for review by the CQI team.

FULL and LIMITED monitorings also include service validation. Service validation requires a review of the backup documentation associated with services billed to CFBHN during the current fiscal year. This type of review looks at a statistically-significant number of services and/or events based on the NSP's service volume.

Service validation samples are calculated using a confidence level of 95%, and a confidence interval of 5%. This means that CFBHN can be 95% sure that an NSP's actual service validation percentage falls +/- 5%.of the score they achieve. For the majority of providers monitored by the CQI team, this equates to a sample size of 200-400 services. If a service validation discrepancy is noted, the number selected in the service validation sample for a particular program or agency may be increased.

1.2.1. Accredited Organizations, Completed at Least Once Every Three Years
In accordance with 402.7306 F.S., NSPs in good standing with CFBHN and accredited by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), The Council On Accreditation (COA) or other recognized accreditation organization receive a FULL, comprehensive on-site monitoring once every three years. A FULL monitoring includes a review of contract and administrative compliance, completion of program monitoring tools, and validation of service billing and back-up documentation. A comprehensive BASELINE monitoring is completed during the first year that an accredited NSP is funded by CFBHN. COALITION monitorings are those completed exclusively with NSPs that are county prevention coalitions.

A LIMITED review process is utilized for accredited NSPs during the other two years of the three-year cycle. LIMITED reviews include an attestation that the provider is following contract, state, and federal guidelines as required, but includes a review of federal Block Grant funded programs, programs that call for ongoing service validation, and/or that are newly-funded. This allows the CQI department to check in with the organization, answer questions, and provide technical assistance, but limits the extent of the monitoring that takes place. This process also guarantees that the CQI department has contact with 100% of subcontracted NSPs at least once during each fiscal year

1.2.2. Unaccredited Organizations (Including Residential or Inpatient Services), Completed Annually
CFBHN is accredited as a Network through CARF. This accreditation requires CFBHN to monitor unaccredited NSPs that provide direct network services on an annual basis. Proviso programs, regardless of accreditation status, are also monitored annually.

1.2.3. Unaccredited Organizations (No Direct Service), Completed Bi-Annually
NSPs that are unaccredited, and that do not provide direct service to clients, are monitored every two years by the CQI department. County prevention coalitions fall into this category, and are exempted from review in a given year if the previous year's monitoring did not result in a Corrective Action.

1.3. On-Site Monitoring and Desk Reviews
The annual monitoring schedule is developed by the CQI team at the start of each fiscal year. It is distributed to NSPs and submitted to DCF as required by contract on or before July 31st. All dates are considered tentative until confirmed with each organization. The schedule is also posted onto the CFBHN SharePoint system, and updated on an ongoing basis, as needed, according to staff or NSP needs. In addition to the dates of the monitoring, the schedule indicates if the review will be FULL, LIMITED, COALITION, BASELINE or EXEMPT, and if it will be completed on-site or via a desk review.

For fiscal year 2021-2022, an <u>On-Site</u> monitoring is required if the NSP:
- Is scheduled for a BASELINE or FULL monitoring;
- Is currently on a DCF Oversight Plan managed by CFBHN;
- Has been cited by another CFBHN department for concerns related to performance.
- Requests that an on-site review be completed.

An NSP is eligible to for a <u>Desk</u> review if each of the following criteria are met:
- The NSP is scheduled for a LIMITED monitoring; or
- The NSP does not meet any of the 'On-Site' requirements listed above.

When scheduled for a Desk review, NSPs are permitted to select from one of three methods to share data with the CFBHN monitoring team:
1. Required documentation can be uploaded into SharePoint, CFBHN's secure, electronic vault platform.

2. A video conference can be set up via MS Teams to allow the monitoring team to view required documentation.

3. NSPs that utilize an electronic health record (EHR) may provide monitoring team members with temporary, limited access to the system to review required documentation.

In FY 21-22, CFBHN anticipates that on-site reviews will resume. However, this decision will be made in consideration of the guidance of the Centers for Disease Control and state health officials.

See Appendix B for a copy of the monitoring schedule for FY 21-22.

1.4. Policies, Procedures and Tools for General Contract Monitoring
CFBHN maintains established policies and procedures that direct staff on the monitoring of NSPs. In addition to the policies and procedures, CFBHN has a Quality Assurance/ Continuous Quality Improvement Plan in place that outlines specific practices followed by the CQI program.

1.4.1. Fiscal Stability
CFBHN's Finance Department conducts an annual financial risk assessment of NSPs. This assessment is based on the information received from the organization's independent audit or other relevant financial source. If an NSP is not subject to an audit according to 2 C.F.R 200.0-.521 *Uniform Administrative Requirements, Cost Principles, and Audit requirements for Federal Awards,* CFBHN uses the provider's internal financial statements to conduct the financial risk assessment.

Utilizing the CFBHN Financial Risk Assessment Tool, a score that represents the organization's financial health is obtained for each NSP. A provider's score places them into one of three categories

A) No Action Required
B) Moderate Action required
C) High Risk

If an NSP's score falls in the 'No Action Required' category, CFBHN records the information for future trend analysis. If their score falls in the 'Moderate Action' category, CFBHN utilizes the NSP's quarterly financials and the Financial Risk Assessment to perform additional risk analysis. CFBHN then reviews those scores to identify any trends that may indicate the need to further review results with the NSP, or to move them to a new risk category.

If an NSP's score falls in the 'High Risk' category, CFBHN:
- Contacts the provider to have them submit monthly Board minutes that include documentation of the review of financials. CFBHN reviews the minutes to verify that the NSP's Board is being kept apprised of their financial status.

- Utilizes the NSP's monthly financials to perform additional risk analysis. Based upon the results, CFBHN establishes formal benchmarks related to the financial health of the organization. The agency's CEO and Board Chairs are invited to take part in these discussions. New benchmarks are added as to the NSP's contract as additional deliverables. If the deliverables are not met, CFBHN's *Sanctions and Penalties Enactment* policy is applied.

- Notifies CFBHN's Board Executive Committee to make them aware of NSPs that have been determined to be high-risk.

1.4.2. Records
As a component of network service provider monitoring, CFBHN's CQI team ensures that NSPs have policies in place that require: (a) Compliance with applicable regulations regarding client protected health

information (PHI); (b) Staff training on HIPAA regulations and the management of PHI; and (c) Retention of client records for at least seven years after the date of last entry.

It is also the policy of CFBHN to maintain a record retention system that meets all legal, contractual, and regulatory requirements. CFBHN's Information Technology (IT) systems utilize a procedure to back-up all data files. Data records are maintained in fire-resistant, locked storage at CFBHN or another secure location. CFBHN maintains contracts and agreements with vendors to ensure that those that house and store records do so in a manner that is safe, secure, and HIPAA-compliant.

1.4.3 Corrective Action Plan Review
Upon the identification of formal Corrective Actions, Areas of Concern or Performance Improvement requests, NSPs are required to submit a written Action Plan to CFBHN describing how they will address and correct the issue. Action Plans may be requested in response to non-compliance with any contract, finance and/or programmatic issue identified by the Finance, Contract, CQI or NDCS departments within CFBHN. The Action Plan is due to CFBHN two weeks to 30 days of the initial notice of the deficiency. (Due dates are established by each department, and in consideration of the concern to be addressed.)

After Action Plans are reviewed and approved, subsequent follow-up visits or desk reviews are conducted within 90 days of the plan's completion date. Results are reported to the NSP within two weeks of completion of that assessment. The Action Plan is complete when the NSP attains satisfactory scores at follow-up, or meets other agreed-upon measures demonstrating correction and compliance with the applicable standard(s). The policies of CFBHN further allow for the consideration of financial penalties and or sanctions if the Corrective Actions are not resolved or continue to occur.

1.4.4 Audits
As noted in section 1.4.1, CFBHN conducts an annual fiscal monitoring of NSPs' audited financial statements. This includes a review of the financial statements against a pre-established checklist of state contract requirements to verify that all elements are present. A copy of the checklist is retained with the NSP's financial statement.

1.4.5 Accounting System
CFBHN's accounting practices are reviewed annually to ensure that all state and federal guidelines are met. State supplemental schedules, actual revenue and expenditure reports that identify the NSPs' ability to reflect, record, and recognize revenues and expenses by funding type, program, and covered service are also reviewed by the Finance department.

1.4.6. Insurance
CFBHN requires NSPs to submit insurance certificates annually to ensure policies meet the contractual requirements, and that amount of coverage is adequate for the organization.

1.4.7. Sponsorship
It is the policy of CFBHN to comply with the Department of Children and Families requirement on the use of state funds in publicizing, advertising, or describing the sponsorship of a program that is financed wholly or in part by state funds (Section 286.25, F.S.). CFBHN ensures all contracts include this provision.

1.4.8. Publicity
As required by contract Risk Management guidelines, NSPs are required to inform CFBHN of any incident event expected to generate media coverage or public reactions to which DCF may be asked to respond or provide comment. Incidents of this type are brought to the attention of the Department within the guidelines established by reporting procedures CFOP 215-6 and ROP 215-4.

1.4.9. Lobbying

CFBHN complies with the DCF prohibition on the use of contract funds to lobby the legislature, judicial branch or other state agency. Contracts established between CFBHN and its NSPs also include this provision, barring its practice, and all NSPs sign the *Certification Regarding Lobbying* form (DCF form CF 1123) on an annual basis.

1.4.10. Client Risk and Incident Reporting

In accordance with DCF requirements, CFBHN's NSPs submit critical incident reports to the network's Risk Management department by phone or electronically through the RL6 incident report management system. Risk Management staff members collect the reports and, as necessary, request additional information from the NSPs. Incident data is then transmitted to DCF within the timeframes outlined in CFOP 215-6 and ROP 215-4.

A multi-disciplinary team of CFBHN staff members review each incident reported to CFBHN to determine if additional follow-up is required. When a more in-depth review of the incident's circumstances is called for, CFBHN may request additional information from the NSP, conduct a site visit, or perform a formal file review of the client record. File reviews are typically conducted when an incident involves an individual's death or a serious injury that occurred while in the care of the NSP. Formal observations identified over the course of a file review are documented, shared with the provider and tracked over the course of each fiscal year.

NSP incident report data is tracked and reported on an ongoing basis by CFBHN. Incident reporting guidelines are reviewed with NSPs via a formal training offered at the start of each fiscal year.

1.4.11. Intellectual Property Rights

CFBHN complies with the DCF requirement concerning intellectual property, inventions, written or electronically-created materials, including presentations, films or other copyrightable materials as stated by contract. Through their subcontracts, NSPs agree not to claim interest in the intellectual property rights of CFBHN and/or the Department.

1.4.12. Data Security

CFBHN maintains privacy policies and procedures to ensure adherence to data security requirements of HIPAA and 42 CFR, Part 2. The Network utilizes off-site data storage and access portals to prevent unauthorized access to data systems. CFBHN I.T. staff review security logs daily to identify data abnormalities and/or attempts to inappropriately access network systems. The Network maintains multiple layers of technology security, including the use of system penetration testing.

As a component of its monitoring of NSPs, CFBHN's CQI team verifies that the NSP maintains policies and procedures related to data security. The team also ensures that the NSP has formally designated an individual to serve as the HIPAA Security Officer.

CFBHN's I.T. department requires that DCF HIPAA and Security Awareness trainings be completed by NSP staff before access to network data systems is granted. Access is revoked for individuals that do not follow password protection or other data security requirements, and they are required to retake Security Awareness training to reinstate their access to CFBHN data systems.

NSPs are also required to promptly notify CFBHN when staff leave the organization, so that their system access can be eliminated. Adherence to this requirement is monitored by the CFBHN CQI team.

1.4.13. Confidentiality of Client Information

As a component of its monitoring of NSPs, CFBHN's CQI team verifies that the NSP maintains policies and procedures related to the protection of client health information, including permitted uses of PHI, safeguarding PHI, authorized PHI disclosures and breach notification procedures. The team also ensures that the organization has formally designated an individual to serve as the HIPAA Privacy Officer, staff are receiving HIPAA training during their orientation and at regular intervals thereafter, and that clients have received and signed copies of an NSP's Notice of Privacy Practices.

In addition to its own established policies and procedures related to client confidentiality, HIPAA and 42 CFR Part 2, CFBHN utilizes the SharePoint site to provide a secure environment to share client and other sensitive information with NSPs and vice versa. Through its Risk Management department, CFBHN reviews all internal incidents that involve an NSP's unsecured exchange of individual identifiers or protected health information (PHI), provides technical assistance and guidance to the agency staff in response to the event, and makes the determination as to whether or not additional notifications to DCF, or other regulatory bodies, may be required.

1.4.14 Assignments and Subcontractors

The Contracts and CQI departments utilize multi-member teams to monitor contract performance, and NSPs are assigned one 'lead' staff member from each department to serve as their primary point of contact throughout the fiscal year. The Contracts department's list of lead assignments is posted onto SharePoint. NSPs receive notice of their assigned CQI lead on or before July 31st when the monitoring schedule is released. Updates to 'lead' staff members are communicated to NSPs, as necessary by both CFBHN departments.

1.4.15 Grievance Procedures

As part of its monitoring review of NSPs, CFBHN's CQI department verifies that the following elements are in place at each agency:

- The NSP has an established grievance procedure;
- Information on the CFBHN complaint process is posted in plain view in common areas utilized by individuals receiving services;
- For funded NSPs with a Crisis Stabilization Unit (CSU) and substance abuse treatment facilities, the *Your Rights While Receiving Mental Health Services* form, which includes phone numbers for the Florida Abuse registry and Disability Rights Florida, is posted in common areas as required by statute and administrative code.

CFBHN's *Complaint & Grievance* policy outlines the procedures utilized by the network to review and address complaints and/or grievances made by individuals receiving services or their family members. Although any CFBHN staff member may be called upon to help resolve a grievance or complaint, members of the Network Development and Clinical Services (NDCS) team are primarily responsible for this activity.

In conjunction with CFBHN's own accreditation, summaries of consumer complaints and grievances are compiled and reported to the CQI Oversight Committee on a monthly basis. An annual analysis is also completed to identify trends, areas in need of performance improvement, and actions taken to address those issues.

1.5. Policies, Procedures and Tools for Program Monitoring

1.5.1. Scope of Service

On an annual basis, NSPs must submit formal program descriptions for review and approval by CFBHN. The descriptions outline the key components of the services funded by the Network, including:

- A description of the services to be provided;
- The community's need for the CFBHN-funded service;
- The target population(s) to be served;
- Information on evidence-based and best practices utilized as part of the program; and
- How individuals and/or families will access the services.

This scope of service serves as the basis upon which standards of NSP performance are assessed by the CFBHN Contracts, CQI, Finance and NDCS departments.

1.5.2. Service Tasks

On an annual basis, monitoring tools are developed for each specific type of program, or program area, funded by CFBHN. Each monitoring tool is reviewed and approved by DCF at the start of each fiscal year. Service tasks specific to each program, and required by a guidance document, program handbook, or law, are typically included as part of the tool utilized by the CQI team to assess NSP performance.

Documentation of other administrative or program service tasks may also be requested and maintained by NDCS, Finance and/or Contracts departments.

1.5.3. Staffing Requirements

Programs that require a certain level of staffing, staffing pattern, or the hiring of personnel with specific levels of experience or education are tracked on an ongoing basis by their CFBHN Program Managers. Adherence to staffing requirements reviewed by the CQI department is captured on the formal tool developed and approved for that program by DCF.

1.5.4. Deliverables

The Contracts department provides administrative and contract oversight of services and deliverables. Deliverables are defined and outlined in the master contract between DCF and CFBHN, and in the subcontracts between CFBHN and NSPs.

1.5.5. Data Validation

Several CFBHN departments are involved in the process of data validation:

The Finance and Contract departments reconcile NSP invoices with the approved covered services and programs identified in the Contract and Finance Exchange (CAFÉ).

The invoice validation process utilizes data submitted by NSPs into the Central Florida Health Data System (CFHDS) and Service and Finance Exchange (SaFE). NSP data is permitted into the system after going through an edit process to ensure that it meets all the state reporting requirements. To assist NSPs, reports are available that allow them to review, correct errors, and resubmit data as necessary.

This validation includes a review of billing accuracy. Payment is withheld for units that cannot be validated, though providers are given the opportunity to address identified issues and re-submit corrected data the following month for payment. For program established with alternate payment methodologies (CAT, FIT, FACT, Crisis Stabilization, Detox), the Contracts department verifies that applicable service data was submitted in the prior month.

The NSP's fund utilization is tracked on the *Subcontractor Status* report on a monthly basis. As the fiscal year comes to an end, the Finance and Contract departments coordinate with NSPs to pull reported lapse funding and give it to others who are overproducing in the same program and/or OCA.

The CFBHN CQI department contributes to the validation process by reviewing back-up documentation maintained by NSPs. A random sample of the data entered into the data system is selected for review during a monitoring visit. The statistically-significant size of the sample is determined by the volume of the agency's services delivered during the prior fiscal year. During the monitoring review, if a service validation discrepancy is noted, the number of items looked at as part the review may be increased. NSPs are required to back out, or return payment on, data that cannot be validated.

Reports produced by the CFBHN IT department include demographic information, the number of individuals served by programs, outcomes, attainment of performance measures, and dollars utilized. The data forms the basis of the monthly Benchmark Reports. A help desk ticket system is in place to allow NSPs to request assistance in resolving data errors.

Program Managers working within CFBHN's NDCS department work closely with NSPs to validate the quality and accuracy of the data submitted to the Network. In FY 21-22, as a result of a finding of the DCF Contract Oversight Unit (COU), Program Managers will implement a formal process to monitor and document the data validation that they complete with each NSP. This includes program service data, and the data utilized by NSPs on self-report measures. Steps to be taken, and the timeline for each task, are listed below:

Task	Person Responsible	Completion Date
1. CQI Director will meet with each Program Manager to formalize and document the procedure utilized to validate Network Service Provider (NSP) program data reported to CFBHN, including self-report measures. *Success Indicator: Meetings with Program Managers have been completed.*	CQI Director	10/15/2021
2. A formal tool will be created for each CFBHN program, allowing Program Managers to document the data validation process they complete with each NSP. *Success Indicator: Tools utilized to document the data validation process for each program have been developed.*	CQI Director	10/31/2021
3. Procedures that outline the data validation process completed by Program Managers will be documented. This will include timelines and due dates put into place to guide the program data validation in FY 21-22. *Success Indicators: (1) Procedure to be followed by each Program Manager to complete data validation process is documented. (2) Annual timeline for completion of the data validation process has been finalized and documented.*	CQI Director/Chief Clinical Officer	11/30/2021
4. Completed tools that summarize the program data validation process, collected over the course of the fiscal year, will be made available to DCF for review. *Success Indicator: Program data validation tools have been completed by Program Managers*	Program Managers	06/30/2022

1.5.6. Performance Specifications
The Contracts department provides administrative oversight of performance specifications through the preparation of an annual subcontract with each NSP. The contract is the foundation of accountability for NSP performance, and is the reference document for the NSP and CFBHN related to outcomes, tasks, and responsibilities.

The contract includes attachments that define: the specific populations to receive services; statute and insurance requirements; requirements for invoice submission and reports; and required performance

outcomes and outputs. It also lists reference documentation for approved covered services, Guidance Documents, Templates, unit rates, and total funds awarded.

NSPs agree to maintain any required licenses or certifications, to comply with federal and state requirements, and adhere to minimum staffing qualifications, including employee background checks. They also submit documents to the Contracts department to verify civil rights compliance, proof of current accreditation, liability insurance, and nonprofit status and, if applicable, the current sliding fee scale. These and other items are collected annually, or as they expire, and kept on SharePoint in the NSP's Exhibit A depository.

1.5.7. Network Service Provider Responsibilities

The Contracts department executes agreements with each NSP that define its responsibilities related to administrative compliance, contract responsibilities and performance measures. Subcontracts executed with NSPs include the required provisions outlined in the Exhibit C – Task List, and updated by DCF on an annual basis. Service and audit documentation requirements are also outlined in the Schedule of Covered Services (65E-14.021 F.A.C.) and related Guidance Documents issued by DCF.

In accordance with payment guidelines established by the Department, NSPs are not permitted to bill CFBHN for services rendered to individuals on Medicaid, or who have third party insurance, when those services are paid for by that plan.

New responsibilities, or those which are no longer required, are reviewed with NSPs at the start of each fiscal year through formal webinars or trainings offered by CFBHN's department or program managers.

The Contract department reviews the Scorecard for compliance with performance measures on a monthly basis. If non-compliance results in the request for a Corrective Action Plan (CAP) or Performance Improvement Plan (PIP), NSPs are asked to submit their plans to their contract specialist within two weeks of the request. CAPs and PIPs are submitted to the appropriate CFBHN staff for review and approval. The Contracts department monitors ongoing performance for improvement and potential closure of the PIP/CAP. At the end of the fiscal year, if DCF does not to issue a CAP to CFBHN for unmet measures, CFBHN does not issue final CAPs to NSPs.

1.5.8. Method of Payment

Payments are made through an Automated Clearing House (ACH) which deposits funds directly into the NSP's bank account within two weeks of receiving a properly-submitted invoice. At year end, payments are processed once all of the end-of-year adjustments have been made. In the event that DCF advance payment funds have been exhausted, CFBHN makes payment to providers within 7 days once payment has been received from the state.

1.5.9. Fidelity to the evidence-informed level of service need determinations and subsequent service placement.

CFBHN's Program Managers work directly with NSPs to ensure that they are aware of, and follow, service need and placement requirements established by Guidance Documents and program policy. Utilization Management staff work closely with NSPs on services for the High-Need/High-Utilizer population, including Care Coordination. As a component of monitoring, the CQI team also reviews the records of newly-enrolled program clients to ensure that admission requirements are met.

1.6. Policies, Procedures and Tools for Background Screening Monitoring

1.6.1. Level 1 and 2 Screening

Each NSP's contract defines the requirements related to background screening, including the level of screening required for staff. Compliance with this requirement is monitored by the CQI team. The tool

utilized to assess compliance on this measure is submitted to DCF on an annual basis for approval. It includes a review of national, state and local screening conducted at hire, and at five-year intervals, as required by law. As required by contract, CFBHN also adheres to background screening requirements and conducts Level 2 screens on employees at hire and at five year intervals thereafter.

1.6.2. Screening Exemptions or Exclusions

By contract, NSPs are required to follow state laws pertaining to background screening, including screening exemptions and/or exclusions. As a component of the agency's monitoring, the CQI department reviews a sample of the screening documentation of staff members whose positions are funded by CFBHN, or that work or volunteer within CFBHN-funded programs. As is necessary, CFBHN's CQI team or Human Resources department provides technical assistance to NSPs to provide information on screening exemptions or exclusions.

1.6.3. Attestations

The contract includes NSP requirements related to completion of the DCF Affidavit of Good Moral Character (AGMC). The CQI team reviews the personnel records of CFBHN-funded staff during monitoring audits, and confirms that AGMCs have been completed in accordance with DCF requirements. CFBHN staff also complete the DCF Affidavit of Good Moral Character as required by the contract and applicable rules and regulations.

1.7. Policies and Procedures that Comply with 394.9082(5)(q), F.S.

This provision in Florida law requires that a Managing Entity operate in a transparent manner, provide public access to information, notice of meetings, and opportunities for public participation in Managing Entity decision-making. CFBHN maintains a governance policy that directs all activities to be conducted in a transparent manner, and complies with this law through the activities described below.

- *Public Information Requests*
Requests made to CFBHN to access public information are met on an ongoing basis. Each specific request and response is documented and tracked through the RL6 system.

- *Network Data Reports*
Data summaries are published on a monthly basis by CFBHN. They are shared on the CFBHN website's BI Portal, and provided to the Board of Directors, Regional Councils and network committees which are attended by NSPs and members of the community. Reports include data on demographics, and numbers served, status updates on monitoring and risk management data, agency scorecard results, and programmatic updates.

- *Network Meeting Notices*
Meetings are noticed on the CFBHN website. NSPs, community partners, advocates and interested parties are invited to participate in network committees, including, but not limited to the: Strategic IS Committee, Board CQI Committee, Network CQI Committee; Acute Care meetings and Regional Councils.

- *Stakeholder Feedback*
Stakeholder and community feedback is obtained via needs assessments and surveys produced by CFBHN. Community stakeholders are also invited to participate in network strategic planning and community meetings. Each of these methods of obtaining stakeholder feedback is designed to update current policies and procedures, establish new ones, and guide decision-making to benefit the network as a whole.

1.8. Policies and procedures for corrective action plan closure that ensure validation of all completed corrective action tasks and documentation of improved performance within 90 days after the completion date established in each corrective action plan.

The CQI department requires an NSP to submit an Action Plan in response to any formal Corrective Actions or Areas of Concern identified during the monitoring review. The Action Plan summarizes the steps that the NSP will take to address the issues identified during the monitoring, and establishes an anticipated date of completion for each activity. Each agency's Action Plan must be reviewed and approved by the member of the CQI team assigned as the Lead for that organization.

Once the Action Plan has been approved, a follow-up review is scheduled. The follow-up review must take place within 90 days of the completion date established by the Action Plan. The follow-up will assess the NSP's progress in each of the areas identified to be in need of attention.

Results of the follow-up are documented in a written report which will confirm that corrective action tasks have been satisfactorily completed. If it is determined that the corrective actions taken by the NSP are not sufficient, and has not resulted in improved performance, the NSP is asked to submit a new Action Plan and participate in a second follow-up review.

Continued non-compliance with established standards of performance may result in more in-depth monitoring in the coming year. In accordance with CFBHN policy, ongoing performance issues may also result in the enactment of sanctions or financial penalties against the NSP, or jeopardize funding of the program or project for which issues continue to be identified.

Action Plan requests may also be made by other CFBHN departments that have identified an issue or concern related to the work or performance of an NSP. After their review and approval of the plan, CFBHN department staff are also required to monitor the NSP's progress, and determine within 90 days if satisfactory progress has been made, or a request for a new Action Plan is warranted.

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Appendix B
CQI Monitoring Schedule FY 21-22

	Organization	Monitoring Start Date	Monitoring End Date	Monitoring Level	Monitoring Type	CQI Lead
1	2-1-1 Tampa Bay Cares	11/8/2021	11/8/2021	BASELINE	On-Site	Fran Grobosky
2	Agency for Community Treatment Services (ACTS)	5/4/2022	5/5/2022	FULL	On-Site	Ben Brockhouse
3	BayCare Behavioral Health	3/11/2022	3/12/2022	LIMITED	Desk	Jack Kuharek
4	BayCare Coalition	3/11/2022	3/11/2022	COALITION		
5	Boley Centers	6/7/2022	6/7/2022	LIMITED	Desk	Fran Grobosky
6	C.E. Mendez Foundation	1/13/2022	1/13/2022	FULL	On-Site	Ben Brockhouse
7	Center for Progress and Excellence (CPE)	2/3/2022	2/3/2022	LIMITED	Desk	Jack Kuharek
8	Centerstone of Florida	3/29/2022	3/31/2022	FULL	On-Site	Ben Brockhouse
9	Charlotte Behavioral Health Care	1/25/2022	1/26/2022	LIMITED	Desk	Jack Kuharek
10	Community Assisted and Supported Living (CASL)	2/22/2022	2/23/2022	FULL	On-Site	Jack Kuharek
11	Crisis Center of Tampa Bay	5/3/2022	5/3/2022	LIMITED	On-Site	Fran Grobosky
12	DACCO Behavioral Health	2/8/2022	2/9/2022	LIMITED	On-Site	Ben Brockhouse
13	David Lawrence Mental Health Center	6/21/2022	6/22/2022	LIMITED	On-Site	Jack Kuharek
14	Directions for Living	6/14/2022	6/14/2022	LIMITED	Desk	Fran Grobosky
15	Drug Free Charlotte County	1/27/2022	1/27/2022	FULL	On-Site	Jack Kuharek
16	Drug Free Collier	6/23/2022	6/23/2022	COALITION	On-Site	Ben Brockhouse
17	Drug Free DeSoto	6/23/2022	6/23/2022	COALITION	Desk	Fran Grobosky
18	First Step of Sarasota	4/12/2022	4/13/2022	FULL	On-Site	Fran Grobosky
19	First Step Coalition – Drug Free Sarasota	4/12/2022	4/12/2022	COALITION		
20	Glades County School Board	3/1/2022	3/1/2022	LIMITED	On-Site	Fran Grobosky
21	Gulf Coast Jewish Family Services	2/1/2022	2/1/2022	LIMITED	Desk	Fran Grobosky
22	Hanley Center	5/17/2022	5/17/2022	LIMITED	Desk	Ben Brockhouse
23	Hardee County ASAP	2/24/2022	2/24/2022	COALITION	Desk	Jack Kuharek
24	Hillsborough County Anti-Drug Alliance	11/23/2021	11/23/2021	COALITION	Desk	Fran Grobosky
25	Hope Clubhouse	4/28/2022	4/28/2022	FULL	On-site	Fran Grobosky
26	IMPOWER	2/24/2022	2/24/2022	LIMITED	Desk	Ben Brockhouse
27	InnerAct Alliance	2/15/2022	2/15/2022	LIMITED	Desk	Fran Grobosky
28	InnerAct Alliance Coalition – StandUp Polk	2/15/2022	2/15/2022	COALITION		
29	Lee County Coalition – Drug Free Southwest Florida	6/8/2022	6/8/2022	COALITION	Desk	Ben Brockhouse
30	Lee Health	6/9/2022	6/9/2022	LIMITED	Desk	Jack Kuharek
31	Manatee County Substance Abuse Prevention Coalition	1/19/2022	1/19/2022	FULL	On-Site	Ben Brockhouse
32	Mental Health Care (Gracepoint)	5/24/2022	5/25/2022	FULL	On-Site	Ben Brockhouse
33	Mental Health Resource Center	1/10/2022	1/10/2022	LIMITED	Desk	Fran Grobosky
34	NAMI Collier County	6/23/2022	6/23/2022	FULL	On-Site	Jack Kuharek
35	NAMI Lee County	6/28/2022	6/28/2022	FULL	On-Site	Fran Grobosky
36	Northside Behavioral Health Center	1/5/2022	1/6/2022	LIMITED	Desk	Jack Kuharek
37	Operation PAR	3/15/2022	3/16/2022	LIMITED	On-Site	Fran Grobosky
38	Operation PAR Coalition	3/15/2022	3/16/2022	COALITION		
39	Peace River Center	5/11/2022	5/12/2022	FULL	On-Site	Fran Grobosky

	Organization	Monitoring Start Date	Monitoring End Date	Monitoring Level	Monitoring Type	CQI Lead
40	Personal Enrichment through Mental Health Services (PEMHS)	4/5/2022	4/6/2022	LIMITED	Desk	Jack Kuharek
41	Phoenix House	4/28/2022	4/28/2022	LIMITED	Desk	Ben Brockhouse
42	Polk County Drug Court	11/10/2021	11/10/2021	LIMITED	Desk	Ben Brockhouse
43	Project Return	10/13/2021	10/13/2021	FULL	On-Site	Letitia Daniels
44	Recovery Epicenter Foundation	12/9/2021	12/9/2021	BASELINE	On-Site	Ben Brockhouse
45	SalusCare	6/10/2022	6/11/2022	FULL	On-Site	Jack Kuharek
46	Salvation Army	6/9/2022	6/9/2022	LIMITED	On-Site	Ben Brockhouse
47	Success 4 Kids & Families (S4KF)	2/16/2022	2/16/2022	LIMITED	Desk	Ben Brockhouse
48	Suncoast Center	1/18/2022	1/18/2022	LIMITED	Desk	Fran Grobosky
49	Tri-County Human Services	4/19/2022	4/20/2022	LIMITED	Desk	Ben Brockhouse
50	Vincent House	12/21/2021	12/21/2021	LIMITED	On-Site	Fran Grobosky
51	Volunteers of America Florida	1/12/2022	1/12/2022	LIMITED	Desk	Jack Kuharek
52	WestCare Florida	3/3/2022	3/3/2022	FULL	On-Site	Ben Brockhouse
53	Youth and Family Alternatives (YFA)	1/14/2022	1/14/2022	LIMITED	Desk	Jack Kuharek

Please contact the Lead CQI Specialist assigned to your organization to confirm the proposed monitoring date(s) or to request a revision to the schedule.

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Ben Brockhouse	bbrockhouse@cfbhn.org
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