
Network Service Provider (NSP) Review, Credentialing and Onboarding

Policy

It is the policy of Central Florida Behavioral Health Network (CFBHN) to support, orient, and train organizations selected to contract with the Network.

Purpose

This policy outlines the process for credentialing and onboarding an organization invited to contract with CFBHN.

Procedure


1. There are three ways in which an organization is given the opportunity to initiate a contract with CFBHN.
 - A. Proviso Funding
 - 1) Proviso programs/organizations are funded on an annual basis as special appropriations in the state budget.
 - 2) The proviso programs with which CFBHN must contract and administer state funding are assigned to CFBHN each year by the Department of Children and Families (DCF).
 - B. Priority Service Providers
 - 1) At the request of DCF, CFBHN is asked to contract with an organization that delivers a specific or unique service that meets a community behavioral health need.
 - a. CFBHN provides training and technical assistance to organizations slated to receive DCF funding that is targeted to community-based organizations in the early stages of business development and not yet financially viable.
 - b. CFBHN may also recommend and link them to other funded agencies or community partners for assistance.
 - 2) Initial contact with a priority service provider is facilitated by DCF, a local community organization, or through contact with CFBHN staff members.
 - C. Procurement
 - 1) As it is available, CFBHN invites organizations to apply for funding to deliver behavioral health services within the 14-county region of the Network.
 - a. CFBHN follows its procurement procedure to identify the organization(s) selected to receive funding.
 - i. CFBHN does not make procurement decisions based solely on an applicant's race, ethnic/national identity, religious affiliation, gender, age, sexual orientation, gender identity/expression, or the types of procedures or patients in which the practitioner specializes.
 - ii. This does not preclude the Network from including practitioners who meet certain demographic or specialty needs to provide culturally-specific services.
 - b. As applicable, the procurement process includes a review of the elements identified in Appendix A, to allow CFBHN to evaluate standards of service delivery and business operations. Information gathered during the review is confidential, and is not shared outside of the CFBHN departments that conduct it.
 - 2) Organizations that are selected to receive CFBHN funding receive written notification of the network's intention to contract with them for services.
 - 3) Organizations not selected to receive funding as part of the procurement process are notified of that decision in writing. As applicable and appropriate, this notification may include:
 - a. The reasons(s) the organization was not funded or found to be ineligible.
 - b. Information/resources to help to improve the agency's future eligibility.
 - c. Information on the CFBHN appeals process.

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2. Prior to contract execution, an administrative assistant schedules an orientation session with the new organization. This is an in-person meeting designed to introduce contract requirements, and negotiate terms of the agreement. It is facilitated by leaders of CFBHN's Contracts, Continuous Quality Improvement (CQI), Network Development and Clinical Services (NDCS), and Information Technology (IT) departments, and Carisk. Topics addressed include:
 - A. Contracts and Finance
 1. Services to be provided as part of the contract, including a review of 65E-14.021 Florida Administrative Code, as necessary.
 2. Match funding requirements
 3. A review of contract compliance documents, summarized in Appendix A
 - B. NDCS
 1. Service documentation
 2. Performance measures
 - C. IT/Carisk
 1. Review of IT systems access packet, including a summary databases that staff will need to access to deliver contracted services
 2. Review of the electronic health record system currently used by the organization, and data submission requirements
 - D. CQI
 1. Incident reporting procedures
 2. Compliance monitoring
 3. HIPAA guidelines
 4. Background screening requirements
 5. Requirements for organizations that will be held to CARF standards for unaccredited providers
3. Once terms of the agreement have been established and required documents have been collected, the Contracts department prepares the contract for signature.
 - A. The organization is asked to sign and return the contract to the Contracts department.
 - B. The Contracts department alerts CFBHN leadership once the contract has been executed.
4. Within two weeks of contract execution, Administrative Assistants schedule a day-long new provider training session to take place on-site at the CFBHN office. This training will address the following topics:
 - A. IT/Carisk
 1. If not previously submitted, staff are asked to bring completed and signed database access packets with them for review by IT/Carisk. This will ensure that new users are granted access to each data system necessary to fulfill the terms of their contract.
 2. Review of Carisk and CFBHN help desk tickets
 3. Carisk data submission
 - B. Contracts
 1. Sharepoint training, to include
 - a. The 'Exhibit A' site
 - b. Document uploads
 - c. System resources
 2. Carisk training, to include
 - a. National Voter Registration Summary data submission, if applicable
 - b. Submission of Self-Report data, if applicable
 - C. Finance - Invoicing procedures

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- D. CQI
 - 1. Verification that time has been scheduled with the Risk Manager to complete Incident Report training
 - 2. Provide copies of the tools that will be utilized as part of the organization baseline monitoring
 - 3. Review of documentation requirements to be reviewed as a component of compliance monitoring
 - E. CFA - Review ROSC monitoring, if applicable
 - F. NDCS
 - 1. Program requirements
 - 2. Reporting requirements
 - 3. Prevention data system training, as applicable.
5. Follow-up with the new NSP will take place, as necessary, throughout the first few months of service delivery.

<p>Network Service Provider (NSP) Review, Credentialing and Onboarding</p> <p>Approval: </p> <p>Alan Davidson, President/Chief Executive Officer</p>	<p>Date Issued: <u>06/01/2010</u></p> <p>Last Revision: <u>07/25/2023</u></p> <p>Review Date: <u>07/25/2023</u></p>
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APPENDIX A

Administrative, Legal and Financial Review

As applicable, the items listed below may be requested and considered as components of the CFBHN competitive procurement process for service providers.

1. Walk-through of the physical space, including waiting areas, examination rooms, and counseling offices.
2. Review of risk management practices
3. Review of health and safety practices
4. Review of ethical practices in service delivery
5. Review of client confidentiality practices, including staff training on this topic
6. Appointment availability data and documentation
7. Review of clinical record-keeping, including the electronic health record system
8. Review of procedures related to client referrals and wait lists
9. Examination of the provider's most recent audit and financial documents to conduct financial stability testing.
10. Verification that the organization is a Medicaid and/or Medicare provider (as required)
11. Legal and malpractice claims history review.
12. Evaluation of the organization's ability as a whole to:
 - 1) Implement a person-centered, recovery-oriented system of care.
 - 2) Align with the mission of the network.
 - 3) Fulfill its potential role within the network.

Contract Compliance Documents

Documents required to be completed as a component of contract execution include:

1. Accreditation: Certificate; Report of most recent survey results (optional)
2. Agency Service Capacity report, Projected Cost Center Operating and Capital budget, and Cost Center Personnel Data report (optional)
3. Deaf or Hard-of-Hearing attestation letter, if 15 or more employees
4. CFBHN Business Associate Agreement (BAA)
5. Certification of a Drug-Free Workplace form or Drug-Free Workplace policy
6. Civil Rights Compliance Checklist, if 15 or more employees
7. Civil Rights Certificate, if 15 or more employees
8. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Contracts/Subcontracts
9. Certification Regarding Lobbying/Certification for Contracts, Grants, Loans and Cooperative Agreements
10. Cost Allocation Plan
11. Current list of Board of Directors, including mailing address, email, and phone number of Board Chairperson
12. Dispute Resolution – Name and position of the person assigned
13. Employment Eligibility Affidavit, for new contracts from January 1, 2021 forward
14. Federally-Approved Indirect Cost Rate letter (optional)
15. Financial audit or attestation an audit is not required
16. Financial reports – Profit/loss statement, balance sheet, and statement of cash flow
17. Indigent Drug Program (IDP) agreements (optional)
18. Insurance – Proof of general, automobile, and professional liability naming the Department of Children and Families and CFBHN as additional insureds under the policies. (Minimum requirements for professional and general liability insurance coverage of \$1 million per occurrence and \$3 million aggregate.) Optional: Cyber insurance coverage

19. Documentation of legal signing authority
20. Copies of all licenses (DCF, AHCA, or others)
21. Local Match Plan
22. Memorandum of Understanding with Federally Qualified Health Centers (optional)
23. National Provider Identifier (NPI)
24. Organizational chart with employee names, positions, and date of last revision
25. Program description
26. Provider fee policy
27. Scrutinized Vendor Certification
28. Sliding-fee scale and amounts based on most recently published poverty guidelines
29. Copies of contracts for subcontracted primary services
30. Proof of tax-exempt non-profit status – 501(c)(3) determination letter and tax-exempt certificate
31. Unique ID registered with the System for Award Management (SAM.org)