

Compliance Monitoring Process

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to ensure Network Service Provider (NSP) compliance with all applicable contract requirements established by the Network and the Department of Children and Families (DCF).

Purpose

The purpose of this policy is to establish guidelines for NSP compliance monitoring. These guidelines are based upon the annual master contract executed between CFBHN and DCF.

Procedures

1. Each year, the CFBHN monitoring process is updated and outlined in detail in the Continuous Quality Improvement (CQI) Plan. This plan is reviewed and approved by the CFBHN Board of Directors, and submitted to DCF on an annual basis.
2. As required by contract, on or before July 31st, the CQI department prepares the schedule of monitorings to be conducted over the course of the upcoming fiscal year and shares it with NSPs.
3. The CQI department reviews and updates monitoring tools at the start of each fiscal year. Revised tools are submitted to DCF for feedback and formal approval before they are utilized to conduct NSP monitorings.
4. The scope and depth of each NSP monitoring is determined by the following factors:
 - A. All newly-funded NSPs receive a comprehensive monitoring during the first year of their contract with CFBHN. This in-depth monitoring includes a baseline review conducted within the first six months of contract initiation to identify areas in need of attention or correction. A follow-up to the baseline review is conducted to assess progress in addressing those previously-identified areas of concern. Findings from the follow-up are documented as the NSP's formal monitoring results for the year.
 - B. After the first contract year, in accordance with F.S. 402.7306, NSPs that provide CFBHN-funded services in good standing and accredited by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA) or other recognized accreditation organizations, are fully monitored only once every three years. A limited review process is utilized for the other two years of the three-year cycle.
 - 1) Exceptions to this guideline include federal block grant funded programs, programs that require ongoing service validation, and/or new programs that require an annual review.
 - 2) Unaccredited NSPs are also monitored annually according to standards and guidelines established by CARF, CFBHN's accrediting body.
 - C. NSPs that are not accredited, and that are not subcontracted to provide residential, inpatient, or direct services may be monitored every other year in accordance with DCF guidelines.
 - 1) CFBHN permits county coalitions to be monitored on this biennial schedule.
 - 2) Coalitions that are funded to provide services outside of the traditional scope of a county coalition contract are not eligible for biennial monitoring.

Compliance Monitoring Process (continued)

5. Formal monitorings outside of the schedule outlined above can be requested by the Board of Directors, President/Chief Executive Officer (CEO), Chief Operating Officer (COO), Vice-President of Network Development and Clinical Services or Chief Financial Officer (CFO) or the Director of CQI or CQI Manager, as necessary, to address identified concerns or contract changes. This type of monitoring may be conducted at any time, and at any interval, regardless of the NSP’s accreditation status. As appropriate, CFBHN gives NSPs advance notice of the type of monitoring visit.
6. A report is prepared for each NSP monitored during the fiscal year. The report is finalized and sent to the NSP within 30 days of the monitoring’s completion.
7. All monitoring reports and related correspondence are filed electronically on the CFBHN SharePoint site. The final report is uploaded onto the NSP’s SharePoint page. The report is also placed into the DCF folder within the SharePoint system, to grant Department personnel access to each NSP’s monitoring results.
8. NSPs are asked to submit an Action Plan that outlines the steps that they will take to address Corrective Actions or Areas of Concern identified in the monitoring report. Action Plans are due to the CQI department within 30 days of the final report’s publication.
 - A. CQI staff conduct follow-up monitoring to ensure that corrective steps have been implemented.
 - B. NSPs that do not submit Action Plans, or that are unable to demonstrate Action Plan compliance, are subject to additional follow-up and/or sanctions. A report on the continued lack of compliance is also prepared and submitted to the NSP’s CEO and to the CFBHN Board for further action.
9. Results of CQI compliance monitorings are summarized in monthly reports and shared with other CFBHN departments, the CQI Oversight Committee, Board CQI Committee and Board of Directors.
10. Other considerations:
 - A. Coordination with other Managing Entities and DCF Administrative/Oversight/Licensing
 - 1) In the event that NSPs can produce results gathered from a formal monitoring conducted by another Managing Entity or DCF Administrative, Oversight or Licensure division, CFBHN accepts those findings, and takes steps to target its review to areas not previously surveyed by those organizations.
 - 2) As requested, CFBHN CQI staff members may accompany other entities on visits to monitor programs or NSPs that both have a shared responsibility to review.

<p>Compliance Monitoring Process</p> <p>Approval:  Alan Davidson, President/Chief Executive Officer</p>	<p>Date Issued: <u>11/01/2004</u></p> <p>Last Revision: <u>02/22/2023</u></p> <p>Review Date: <u>07/31/2024</u></p>
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