



Network Service Provider Monitoring Plan Fiscal Year (FY) 2025-2026



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

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

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, but are not limited to:

- The total amount of funding awarded to the NSP in the new fiscal year.
- The addition, or loss, of funded program services.
- Accreditation status.
- Changes in leadership within the past 12 months to the NSP's Chief Executive Officer, Chief Financial Officer, or Chief Operating Officer positions.
- CQI monitoring results obtained in the previous year, including corrective actions issued by the Contracts, Behavioral Health Services (BHS), 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 the scores of the others NSPs funded by the CFBHN.. 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.

The Risk Assessment for FY 25-26 is attached to this document in Appendix A.

1.2 Statistically Valid Sampling Methodology to Ensure On-Site Monitoring

Sample size is determined by the type of monitoring conducted for a particular organization, and the nature of the tool used to assess compliance with applicable standards. CFBHN's CQI monitoring team utilizes three categories of monitoring tools: Administrative, Program and Service Validation.

FULL monitorings are conducted every three years at the provider's site. NSPs undergo an ANNUAL monitoring in the two years between FULL reviews and are given the option to have the review completed in-person on-site, via videoconference, or through an upload of service documentation onto SharePoint.

For Administrative and Program tools, FULL monitorings include a random sample of ten files per tool. ANNUAL 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 ANNUAL monitorings also include the completion of Service Validation tools. Service Validation tools require 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 sample size is calculated using a confidence level of 95%, and a confidence interval of 5%. This means that, statistically, CFBHN has determined with 95% certainty that an NSP's actual service validation percentage falls +/- 5% of the score achieved. For the NSPs monitored by the CQI team, this equates to a sample size of 380 - 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 completed exclusively with NSPs that are county prevention coalitions.

An ANNUAL review is provided for accredited NSPs during the other two years of the three-year cycle. ANNUAL reviews include an attestation that the provider is following contract, state, and federal guidelines and includes a review of federal Block Grant funded programs. As permitted by 402.7306 F.S., a statistically significant sample of services is validated against billing data. This allows the CQI department to check-in with the organization, answer questions, provide technical assistance, and ensure that services funded by the Network are being provided and documented and billed accurately. 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 conduct an annual monitoring of unaccredited NSPs that provide direct network services.

1.2.3. Unaccredited Organizations (No Direct Service), Completed Bi-Annually

NSPs that are unaccredited, and that do not provide direct service to individuals, are monitored every two years by the CQI department.

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 Virtual Desk Reviews

The annual monitoring schedule is developed by the CQI team at the start of each fiscal year. It is submitted to DCF within 30 days of contract execution. 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 CQI department or NSP needs. In addition to the dates of the monitoring, the schedule indicates if the review will be completed on-site or via a desk review, and if it will be a FULL, ANNUAL, COALITION, or BASELINE monitoring, or if the NSP is EXEMPT.

For fiscal year 2025-2026, an On-Site monitoring is required if the NSP:

- Is scheduled for a BASELINE or FULL monitoring.
- Is currently on a DCF Oversight Plan managed by CFBHN.
- Requests that an on-site review be completed.

An On-Site monitoring may also be requested by CFBHN if a pattern of non-compliance has been noted by the CQI monitoring team or another department of CFBHN.

An NSP is eligible for a Virtual Desk review if each of the following criteria are met:

- The NSP is scheduled for an ANNUAL monitoring; or
- The NSP does not meet any of the 'On-Site' requirements listed above.

When scheduled for a Virtual Desk review, NSPs are permitted to select from one of three methods to share data with the CFBHN monitoring team:

1. Upload required back-up documentation into SharePoint, CFBHN's secure, electronic vault platform.
2. Participate in a video conference to allow the monitoring team to view back-up documentation.
3. Provide the CQI monitoring team with temporary, limited access to their EHR system to allow them to review back-up documentation.

BASELINE and FULL monitorings are scheduled to take place on-site at the NSP's location.

The schedule of NSPs to be monitored in FY 2025-2026 is included in Appendix B. It includes the level and format of scheduled monitoring.

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 those guidelines, 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 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 uses 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.
- Uses 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 protected health information (PHI) of individuals served; (b) Staff training on HIPAA regulations and the management of PHI; and (c) Retention of records of individuals served 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 backup 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 formal identification of a Corrective Action, Area 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 BHS 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 virtual desk reviews are conducted within 90 days of the plan's target 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. This information is tracked in a central repository.

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 the 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, Florida Statutes.) CFBHN ensures all contracts include this provision.

Additionally, as noted in section 394.9082(5)(u) F.S., CFBHN is required to acknowledge its relationship with DCF on its website, letterhead, business cards, promotional literature and documents provided to individuals served.

1.4.8. Publicity

As required by contract risk management guidelines, NSPs are required to inform CFBHN of any incident or 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.

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 CF1123) 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 RLDatix 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.

A 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 review of the individual's record. Record 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 by the records 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 uses off-site data storage and access portals to prevent unauthorized access to data 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 individuals to serve as the HIPAA Privacy and Security Officers.

CFBHN subcontracts with a third-party vendor, Carisk, to manage its data systems, including access to DCF and CFBHN data networks. DCF HIPAA and Security Awareness trainings are required to be completed by CFBHN and 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 training to reinstate access to data systems.

NSPs are also required to promptly notify Carisk when staff leave the organization, or no longer require access to a DCF, Carisk, or CFBHN data system. 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 health information, including permitted uses of PHI, and breach notification

procedures. The team also ensures that NSP staff are receiving HIPAA training during their orientation and at regular intervals thereafter, and that individuals have received and signed copies of an NSP's Notice of Privacy Practices.

In addition to its own established policies and procedures related to the confidentiality of individuals served, HIPAA and 42 CFR Part 2, CFBHN uses the SharePoint site to provide a secure environment to share PHI 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 additional notifications to DCF, or other regulatory bodies, if required.

1.4.14 Assignments and Subcontractors

The Contracts and CQI departments rely on multi-member teams to monitor contract performance. 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 when the monitoring schedule is released at the start of each fiscal year. 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 accessible 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 and Grievance* policy outlines the procedures used by the network to review and address complaints and/or grievances made by individuals receiving services, their family members, or personal representatives. Although any CFBHN staff member may be called upon to help resolve a grievance or complaint, members of the CFBHN's BHS team are primarily responsible for this activity.

In conjunction with CFBHN's own accreditation, summaries of individual's 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.

1.4.16 *Employment Verification Pursuant to s.448.095 F.S.*

CFBHN's CQI team uses an Employee Verification tool to ensure that NSPs utilize the federal E-Verify system. CFBHN also uses the E-Verify system as a component of its own onboarding process for newly hired staff.

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 used 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 BHS 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 used by the CQI team to assess NSP performance.

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

1.5.3. *Staffing Requirements*

Programs that require a particular 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 oversight of contract deliverables. The BHS department is responsible for oversight and review of deliverables specific to the provision of funded services. 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 department reconciles NSP invoices with the approved covered services and programs identified in the Carisk portal.

The invoice validation process uses data submitted by NSPs into the Carisk system. NSP data is permitted into the system after going through an editing process to ensure that it meets all state reporting requirements. To assist NSPs, Carisk reports are available to allow them to review, correct errors, and resubmit data, as necessary.

This validation includes a review of billing accuracy. NSPs are only able to bill for units that have been accepted into the Carisk data system. If the provider receives payment for a program established with an alternate (bundled) payment methodology, (for example for the CAT and FIT programs), a portion of the payment may be withheld if pre-determined monthly targets, and/or deliverables, are not met. Additionally, data for the actual service provided must be submitted to Carisk or payment will be withheld.

The Contracts department verifies that applicable service data was submitted in the Carisk data system for the prior month for BNET, CAT, First Episode Psychosis, CAT Ages 0-10, FACT, FIT, Forensic Multidisciplinary Teams, Evidence Based Practice teams, Multidisciplinary Family Wellbeing Treatment Teams, Crisis Stabilization, Detox, SRT and other bundled services. The Contracts department runs monthly reports in the Carisk data system utilizing the data submitted by NSPs.

Each NSP's fund utilization is tracked in Carisk. As the fiscal year comes to an end, the Finance and Contract departments coordinate with NSPs to pull lapse/reported lapse funding and redistribute it to other NSPs 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 sample of the data entered into the Carisk system is selected for review during each monitoring. The statistically significant size of the validation sample is determined by the volume of the agency's services available for review. During the monitoring, if a service validation discrepancy is noted, the number of items looked at as part of the review may be increased. NSPs are required to back out, or return payment on, data that cannot be validated.

Reports produced by Carisk include demographic information, the number of individuals served by programs, outcomes, attainment of performance measures, and units billed. 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 BHS department work closely with NSPs to validate the quality and accuracy of the data submitted to the Network. In accordance with contract requirements, managers of the FACT, FIT, CAT, Prevention, and Central Receiving System (CRS) programs complete a formal process to monitor and document the data validation that they complete with each NSP. This includes program service data, and the data documented by NSPs on self-report measures.

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 subcontract 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 subcontract, and included attachments, define:

- The specific populations to receive services.
- Statute and insurance requirements.
- Requirements for invoice submission and reports; and
- Required performance outcomes and outputs.

The subcontract 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 in 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 (including Sections 2.2.3 and 2.2.9) 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 Florida Administrative Code) 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 with 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.

If contract non-compliance results in the request for a Corrective Action Plan (CAP) or Performance Improvement Plan (PIP), NSPs are asked to submit an action plan to address the identified issue. CAPs and PIPs are submitted to the appropriate CFBHN staff for review and approval. At the end of the fiscal year, if DCF does not 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 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 after 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 seven days after 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 needs, 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 participants to ensure that admission requirements are met.

1.5.10 *Appropriate licensure as required by statute or regulation*

NSPs that are required to hold a license to provide behavioral health services must provide a copy of that license to the CFBHN Contracts department. Through this process, CFBHN is able to verify that licenses held by contracted providers are current and in good standing.

1.6. Policies, Procedures and Tools for Background Screening Monitoring

1.6.1. *Level 2 Screening*

Each NSP's subcontract cites statutes related to background screening, including the level of screening required for staff and peer specialists. Compliance with this requirement is monitored by the CQI team. The tool used 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 (as applicable) conducted at hire, and at five-year intervals, as required by law. By contract, CFBHN also adheres to background screening requirements and conducts Level 2 screens on its own 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, Consumer and Family Affairs (CFA) department or Human Resources staff may provide technical assistance to NSPs to provide information on screening exemptions or exclusions.

1.6.3. Attestations

The subcontract 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 AGMC as required by the contract and applicable rules and regulations.

1.7. Policies and Procedures that Comply with 394.9082(5)(q), Florida Statutes

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 policies that direct 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 CFBHN's RLDatix system.

- **Network Data Reports**

Data summaries are available in real-time on the Carisk platform, and via formal monthly reports prepared by Risk Management, CQI, Utilization Management, and funded programs. Summaries include data on demographics, numbers served, and status updates on invoice and billing data. Summaries of Carisk data reports are provided to the Board of Directors, Regional Councils and network committees which are attended by NSPs and members of the community.

- **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: Board CQI Committee, Network CQI Committee; and Acute Care meetings.

- **Stakeholder Feedback**

Stakeholder and community feedback is obtained via needs assessments and satisfaction surveys produced by CFBHN and DCF. 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 Action or Area of Concern identified during the monitoring process. 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 is scheduled to 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 confirms 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 an increase of 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 of the assigned Action Plan completion date if satisfactory progress has been made, or a request for a new Action Plan is warranted.

If within 90 days of the target completion date established by the Action Plan, CFBHN observes that an NSP has produced a limited amount or no data upon

which to assess compliance or improvement, the follow-up review will be conducted during the organization's next scheduled monitoring

APPENDIX A: Network Service Provider Risk Assessment – FY 2025-2026

	Network Service Provider	CFBHN FUNDING			ORGANIZATIONAL FEATURES			CQI-RISK MANAGEMENT-CONTRACTS-BHS HISTORY (FY 24-25)											FINANCIAL CONSIDERATIONS					RESULTS	
		Amount of Funding	Newly-Funded/ Newly-Merged NSP	Newly-Funded Program	Involuntary Loss of Program	Accreditation	Offers Acute or Residential Services	Leadership Change In 12 Months	Monitoring Results: Corrective Action (CA) Area of Concern (AOC)	Exempt from Monitoring	Follow-Up Pending	CA Unresolved after Follow-Up	CA Cited on Same Tool in Consecutive FYs	Significant Issue Observed	Additional Monitoring Required	Most Recent FULL Review	Special Oversight Required by DCF	CA Issued by Other Dept	Single Audit Required Annually	2023 Audit Results Past Due	Audit Results: Finding, Material Weakness, or Significant Deficiency Related to:			T O T A L S C O R E	Z - S C O R E
		1 point awarded per \$250K in funding in FY 25-26	In past 12 months NSP is newly-funded or newly merged, 20 points awarded to each newly-funded program in FY 25-26	10 points awarded for each lost program	20 points awarded if NSP is not accredited, 10 if currently in the accreditation process, 5 points if NSP is exempt from accreditation	20 points awarded to NSPs that provide Residential or Acute Care.	10 points awarded for a change in CEO, 5 points for CFO, COO or CCO	10 points per Corrective Action cited by the CQI Team	5 points per Area of Concern Cited by the CQI Team	10 points awarded if NSP was EXEMPT in FY 24-25	5 points awarded if FY 24-25 follow up is pending as of 7/31/25	10 points awarded for each CA with a sample available, but unresolved after follow-up	10 points per CA issued on same tool in consecutive monitorings	10 points awarded for significant data issue cited during monitoring	10 points awarded if additional monitoring of the NSP required in FY 24-25 or 25-26	5 points if last FULL monitoring was received in FY 23-24 or 22-23.	25 points if NSP on DCF Oversight Plan in FY 24-25. 10 points for each special review required by DCF.	10 points for CAs cited by another CFBHN department.	10 points if No	10 points if Yes	10 points if Internal Control issue noted	10 points if Federal Funds issue noted	10 points if CFBHN funding issue noted		
1	Ibis Healthcare	96.5	20	--	--	--	20	--	60	5	--	--	--	10	--	--	--	--	--	--	--	--	211.50	3.29	
2	Centerstone	92.9	--	--	--	--	20	10	30	10	--	5	--	--	--	--	--	--	--	--	--	--	167.93	2.36	
3	Lightshare + Coalition	54.9	--	--	--	--	20	--	50	5	--	5	--	10	10	--	--	--	--	10	--	--	164.93	2.29	
4	Charlotte Behavioral Health	53.2	--	--	--	--	20	--	40	10	--	--	20	20	--	5	--	--	--	--	--	--	168.21	2.36	
5	Operation PAR + Coalition	32.3	--	--	--	--	20	5	40	5	--	5	--	10	--	5	--	--	--	--	10	10	142.30	1.81	
6	Baycare + Coalition	95.9	--	--	--	--	20	--	--	--	--	--	--	--	--	5	--	--	--	--	--	--	120.92	1.35	
7	David Lawrence Center	50.0	--	--	--	--	20	--	30	--	--	--	--	--	--	5	--	--	--	10	--	--	115.05	1.22	
8	Equal SRQ	0.2	--	--	--	20	--	--	50	--	--	--	30	--	--	5	--	--	10	--	--	--	115.20	1.23	
9	SalusCare	53.3	--	--	--	--	20	--	10	10	--	5	--	--	--	--	--	10	--	--	--	--	108.30	1.08	
10	Kimmie's Recovery Zone	1.1	--	--	--	20	--	--	40	5	--	5	--	10	--	--	--	--	10	--	--	--	91.14	0.71	
11	PEMHS d/b/a Eleos	40.7	--	--	--	--	20	5	10	5	--	--	--	--	--	5	--	--	--	--	--	--	85.65	0.59	
12	Peace River Center	55.5	--	--	--	--	20	--	--	--	--	--	--	--	--	--	--	--	10	--	--	--	85.52	0.59	
13	ACTS	48.3	--	--	--	--	20	--	10	--	--	5	--	--	--	--	--	--	--	--	--	--	83.33	0.54	
14	Hillsborough Recovery Coalition	0.7	--	--	--	20	--	--	30	--	--	5	--	--	--	5	--	10	10	--	--	--	80.68	0.49	
15	GCFCS	16.2	--	--	--	--	20	5	--	--	--	--	--	--	--	5	--	--	--	10	10	10	76.21	0.39	
16	Tri-County	32.8	--	--	--	--	20	--	10	--	--	5	--	--	--	5	--	--	--	--	--	--	72.76	0.32	
17	NAMI Collier	3.9	--	--	--	20	--	--	20	--	--	--	20	--	--	--	--	--	--	--	--	--	63.90	0.13	
18	Polk for Recovery	1.1	--	--	--	20	--	--	20	--	--	--	10	--	--	--	--	--	10	--	--	--	61.14	0.07	
19	Directions for Mental Health	15.3	--	--	--	--	--	--	20	5	--	5	--	10	--	5	--	--	--	--	--	--	60.26	0.05	
20	CPE	15.0	--	--	--	--	--	--	10	5	--	--	--	--	--	5	--	10	--	10	--	--	55.01	-0.06	
21	Phoenix Programs of FL	2.8	--	--	--	--	20	5	10	5	--	5	--	--	--	5	--	--	--	--	--	--	52.78	-0.11	
22	Crisis Center of Tampa	16.2	20	--	--	--	--	5	--	5	--	--	--	--	--	5	--	--	--	--	--	--	51.18	-0.15	
23	Glades Co Schools	0.4	--	--	--	5	--	--	10	5	--	5	--	--	--	5	--	--	10	10	--	--	50.40	-0.16	
24	Suncoast Center	17.7	--	--	--	--	--	10	10	5	--	--	--	--	--	5	--	--	--	--	--	--	47.65	-0.22	

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		Amount of Funding	Newly-Funded/ Newly-Merged NSP	Newly-Funded Program	Involuntary Loss of Program	Accreditation	Offers Acute or Residential Services	Leadership Change in 12 Months	Monitoring Results: Corrective Action (CA) Area of Concern (AOC)	Exempt from Monitoring	Follow-Up Pending	CA Unresolved after Follow-Up	CA Cited on Same Tool in Consecutive FYs	Significant Data Issue Observed	Additional Monitoring Required	Most Recent FULL Review	Special Oversight Required by DCF	CA Issued by Other Dept	Single Audit Required Annually	2023 Audit Results Past Due	Audit Results: Finding, Material Weakness, or Significant Deficiency Related to:	TOTAL	Z - SCORE		
		1 point awarded per \$250K in funding in FY 25-26	In past 12 months NSP is newly-funded or newly merged, 20 points awarded to each newly-funded program in FY 25-26	10 points awarded for each lost program	20 points awarded if NSP is not accredited, 10 if currently in the accreditation process, 5 points if NSP is exempt from accreditation	20 points awarded to NSPs that provide Residential or Acute Care.	10 points awarded for a change in CEO, 5 points for CFO, COO or CCO	10 points per Corrective Action cited by the CQI Team	5 points per Area of Concern Cited by the CQI Team	10 points awarded if NSP was EXEMPT in FY 24-25	5 points awarded if FY 24-25 follow up is pending as of 7/31/25	10 points awarded for each CA with a sample available, but unresolved after follow-up	10 points per CA issued on same tool in consecutive monitorings	10 points awarded for significant data issue cited during monitoring	10 points awarded if additional monitoring of the NSP required in FY 24-25 or 25-26	5 points if last FULL monitoring was received in FY 23-24 or 22-23.	25 points if NSP on DCF Oversight Plan in FY 24-25. 10 points for each special review required by DCF.	10 points for CAs cited by another CFBHN department.	10 points if No	10 points if Yes	10 points if Internal Control issue noted			10 points if Federal Funds issue noted	10 points if CFBHN funding issue noted
52	Vincent House	2.6	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	7.56	-1.08
53	Heartland for Childen	2.4	-	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7.40	-1.08
54	Drug Prev Resource Ctr + Coalition (Inneract)	2.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2.17	-1.20

MEAN 57.97

VARIANCE 2175.92

STANDARD DEVIATION 46.65

Risk Categories	Z-Score* Intervals	Key
Significantly Above Average	+ 2.00 and above	
Above Average	+ 1.00 thru + 1.99	
Average	- 0.99 thru + 0.99	
Below Average	- 1.00 thru -1.99	
Significantly Below Average	- 2.00 and below	

Mean	+ 1 SD	+ 2 SD	+ 3 SD
57.97	104.62	151.3	197.9

* A z-score is the number of standard deviations away from the mean that a data point lies.

APPENDIX B: Monitoring Schedule FY 2025 - 2026

	Network Service Provider	Level	Format	Start Date	End Date	Monitoring Lead
1	2-1-1 Tampa Bay Cares d/b/a First Contact	Annual	Desk	10/16/2025	10/16/2025	Taylor Stocker
2	Agency for Community Treatment Services (ACTS)	Annual	Desk	3/4/2026	3/4/2026	Laurel Drew
3	BayCare Behavioral Health	Full	On-Site	4/15/2026	4/16/2026	Amise Francois
4	Boley Centers, Inc.	Full	On-Site	1/28/2026	1/28/2026	Laurel Drew
5	C.E. Mendez Foundation	Full	On-Site	3/31/2026	3/31/2026	Taylor Stocker
6	The Center for Progress & Excellence d/b/a Crisis Prevention & Empowerment (CPE)	Annual	Desk	10/21/2025	10/21/2025	Amise Francois
7	Centerstone of Florida	Annual	Desk	3/17/2026	3/18/2026	Amise Francois
8	Charlotte Alliance for a Safe & Drug free Community d/b/a Drug Free Charlotte Co	Full	Desk	10/14/2025	10/14/2025	Amise Francois
9	Charlotte Behavioral Health Care	Full	On-Site	12/9/2025	12/10/2025	Laurel Drew
10	Community Assisted and Supported Living (CASL)	Annual	Desk	12/16/2025	12/16/2025	Amise Francois
11	Crisis Center of Tampa Bay	Full	On-Site	10/29/2025	10/29/2025	Laurel Drew
12	David Lawrence Mental Health Center, Inc.	Full	On-Site	2/11/2026	2/12/2026	Taylor Stocker
13	Directions for Mental Health d/b/a Directions for Living	Full	On-Site	12/3/2025	12/3/2025	Stephanie Johns
14	Drug Free Desoto Coalition	Coalition	Desk	10/8/2025	10/8/2025	Taylor Stocker
15	Drug Free Hardee	Coalition	Desk	10/7/2025	10/7/2025	Amise Francois
16	Drug Prevention Resource Center d/b/a InnerAct Alliance	Annual	On-Site	3/12/2026	3/12/2026	Stephanie Johns
	Drug Prevention Resource Center d/b/a InnerAct Alliance Coalition - Stand Up Polk	Coalition	On-Site	3/12/2026	3/12/2026	
17	Equal SRQ	Full	On-Site	11/6/2025	11/6/2025	Stephanie Johns
18	The Florida Center for Early Childhood - NEW	Baseline	On-Site	10/21/2025	10/21/2025	Letitia Daniels
19	Florida Health Sciences Center d/b/a Tampa General Hospital	Annual	Desk	3/31/2026	3/31/2026	Amise Francois
20	Glades County School District	Annual	Desk	2/26/2026	2/26/2026	Amise Francois
21	Gulf Coast Jewish Family & Community Services	Full	On-Site	4/29/2026	4/29/2026	Amise Francois
22	Hanley Center Foundation	Full	Desk	11/12/2025	11/12/2025	Laurel Drew
23	Heartland for Children	Annual	Desk	10/9/2025	10/9/2025	Amise Francois
24	Hillsborough County Anti-Drug Alliance	Coalition	Desk	10/28/2025	10/28/2025	Taylor Stocker
25	Hillsborough Recovery Coalition	Full	On-Site	12/11/2025	12/11/2025	Stephanie Johns
26	Hope Club House	Annual	Desk	10/15/2025	10/15/2025	Laurel Drew
27	Ibis Healthcare - NEW	Baseline	On-Site	2/17/2026	2/18/2026	Letitia Daniels & Taylor Stocker

 = Required to adhere to CARF Standards for Unaccredited Organizations

Network Service Provider		Level	Format	Start Date	End Date	Monitoring Lead
28	IMPOWER	Full	Desk	3/11/2026	3/11/2026	Letitia Daniels
29	Kimmie's Recovery Zone	Full	Desk	2/10/2026	2/10/2026	Stephanie Johns
30	The Lee County Coalition for a Drug Free Southwest Florida d/b/a Drug Free Lee	Coalition	Desk	10/14/2025	10/14/2025	Taylor Stocker
31	Lightshare Behavioral Wellness & Recovery	Full	On-Site	10/22/2025	10/23/2025	Letitia Daniels
	Lightshare Coalition	Coalition				
32	Manatee County Substance Abuse Prevention Coalition d/b/a Drug Free Manatee	Coalition	--	--	--	TBD
33	Mental Health Resource Center	Full	On-Site	4/8/2026	4/8/2026	Laurel Drew
34	NAMI Collier County, Inc.	Full	Desk	1/22/2026	1/22/2026	Stephanie Johns
35	NAMI Lee County, Inc.	Full	Desk	11/25/2025	11/26/2025	Amise Francois
36	NAMI Pinellas	Full	On-Site	3/3/2026	3/3/2026	Stephanie Johns
37	NAMI Sarasota and Manatee	Full	On-Site	2/3/2026	2/3/2026	Amise Francois
38	Operation PAR, Inc.	Full	On-Site	3/25/2026	3/25/2026	Taylor Stocker
	Operation PAR Coalition	Coalition	On-Site	3/25/2026	3/25/2026	
39	Peace River Center for Personal Development	Annual	Desk	2/4/2026	2/4/2026	Laurel Drew
40	Personal Enrichment through Mental Health d/b/a ELEOS	Full	On-Site	4/23/2026	4/23/2026	Taylor Stocker
41	Phoenix Programs of Florida d/b/a Phoenix Houses of Florida	Full	On-Site	4/21/2026	4/21/2026	Laurel Drew
42	Polk for Recovery	Full	On-Site	10/21/2025	10/21/2025	Stephanie Johns
43	Project Return, Inc.	Full	On-Site	10/7/2025	10/7/2025	Stephanie Johns
44	Recovery Epicenter Foundation	Full	On-Site	11/18/2025	11/18/2025	Stephanie Johns
45	SalusCare, Inc.	Annual	Desk	11/19/2025	11/20/2025	Laurel Drew
46	Substance Abuse Coalition of Collier County d/b/a Drug Free Collier	Coalition	Desk	10/8/2025	10/8/2025	Laurel Drew
47	Suncoast Center, Inc.	Full	On-Site	5/5/2026	5/5/2026	Amise Francois
48	Tenth Judicial Circuit Court of Florida - Polk County Drug Court	Full	On-Site	11/5/2025	11/5/2025	Laurel Drew
49	Tri-County Human Services, Inc.	Full	On-Site	1/21/2026	1/21/2026	Amise Francois
50	United Way d/b/a United Way of Lee, Hendry and Glades Counties NEW	Baseline	On-Site	TBD	TBD	Letitia Daniels
51	Van Gogh's Palette d/b/a Vincent House	Annual	Desk	2/25/2026	2/25/2026	Laurel Drew
52	Volunteers of America of Florida, Inc.	Full	On-Site	11/13/2025	11/13/2025	Taylor Stocker
53	WestCare Florida, Inc.	Annual	Desk	1/7/2026	1/8/2026	Laurel Drew
54	Youth and Family Alternatives	Full	On-Site	12/18/2025	12/18/2025	Taylor Stocker

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