

Attachment 2

Managing Entity Corrective Action Plans

Corrective Action Plan



Provider:	BIG BEND COMMUNITY BASED CARE, INC.
Contract Manager:	Freda Lacey (effective 7/31/15)

Contract # / Circuit: AHME1 / Northwest Region **CAP Due Date:** 9/4/2015

Finding:	Source: Monitoring	CAP Accepted by:
	Category: Incident Reporting	CAP Accepted Date:
	Description: Incident Reporting	

Task	Person(s) Responsible	Estimated Completion Date
<p>1. Convene an Incident Reporting Workgroup in order to develop a process for review of:</p> <ul style="list-style-type: none"> IRAS reporting for timeliness, accuracy and thoroughness Possible follow-up actions for those incidents that merit further review with documentation of efforts maintained. <p>2. Develop a tracking/reporting mechanism for incidents reported in IRAS on a provider level in order to monitor for any trends or ongoing issues that may need to be addressed.</p>	Quality Assurance Specialist and Network Coordinators	<p>1. by 10/15/2015</p> <p>2. by 12/30/2015</p>
<p>Success Indicator: 1. IRAS review process is defined in writing 2. Incident reporting by provider is being tracked.</p>	<p>Measure Methodology: 1. IRAS incident review and follow-up process is written and incidents are closed within 30 days with appropriate documentation. 2. Incidents are recorded and tracked through 6/30/16 by provider.</p>	<p>Last Task Completion Date: 6/30/2016</p>

Corrective Action Plan



Provider:	BIG BEND COMMUNITY BASED CARE, INC.
Contract Manager:	Freda Lacey

Contract # / Circuit: AHME1 / Northwest Region

CAP Due Date: 9/4/2015

Finding:	Source: Monitoring	CAP Accepted by:
	Category: Programmatic Issues	CAP Accepted Date:
	Description: SAPTBG Requirements	

Task	Person(s) Responsible	Estimated Completion Date
<p>Develop a monitoring tool for SAPTBG Block Grant requirement review to be applied during the FY 15-16 contract period with providers that receive Block Grant Funding to provide services to Pregnant and Postpartum Women and Intravenous Drug Users as well as HIV and TB services.</p> <p>Providers to be monitored (CDAC, DISC, CARE, Lakeview, Bridgeway, COPE)</p>	Managing Entity Contract Management Team	<p>Tool was completed 5/15/2015</p> <p>Monitoring to begin in October 2015 and continue throughout the FY 15/16.</p>
<p>Success Indicator: 1. Tool is approved by DCF Contract Manager 2. Tool is used during the FY 15/16 and results are described in providers' final monitoring reports. If deficiencies are found CAPs will be required of providers.</p>	<p>Measure Methodology: 6 providers will be reviewed using the Block Grant Requirements tool and receive their results in their final monitoring report</p>	<p>Last Task Completion Date: 6/30/2016</p>

Corrective Action Plan



Provider:	BROWARD BEHAVIORAL HEALTH COALITION, INC.
Contract Manager:	Jowdy, Frank

Contract # / Circuit: JH343 / 17

CAP Due Date: 4/3/2015

Finding:	Source: Monitoring	CAP Accepted by: Frank Jowdy
	Category: Other Administrative Issues	CAP Accepted Date: 4/24/2015
	Description: Incident Reporting	

Task	Person(s) Responsible	Estimated Completion Date
<p>1. BBHC will continue to ensure that Concordia provides technical assistance to each provider, as necessary, with the purpose of improving compliance with critical incidents being timely reported. To reinforce this requirement, providers that do not comply with the policy and the technical assistance and continue to enter critical incidents late in IRAS will be placed on CAP. Technical Assistance, via phone, has been provided to the following providers:</p> <ul style="list-style-type: none"> a. Ft. Lauderdale Hospital, Inc. b. Broward County, Elderly and Veterans Services Division c. Broward Housing Solutions d. Henderson Behavioral Health, Inc. <p>2. This is an isolated incident and we do not believe it warrants a CAP; however, BBHC has enhanced its process for follow-up on new critical incident reports. A script has been developed for use during the first contact (call or email) on a newly reported incident. This will ensure that the provider has contacted the legal guardian/relative in a timely manner if, applicable. If there is no noted guardian/relative, the provider will document that in the file and inform BBHC as to such. (See attached SOP – Initial Follow-up on Newly Reported Incidents)</p>	Jennifer Holtz, Program Development Quality Improvement Manager	<p>1. February 6, 2015 COMPLETED</p> <p>2. March 1, 2015 COMPLETED</p>
<p>Success Indicator:</p> <p>1. Providers enter all incident reports in IRAS in compliance with timeframes established by policy during the next two months.</p> <p>2. BBHC/Concordia calls provider to verify that legal guardian/relative is informed as applicable.</p>	<p>Measure Methodology:</p> <ul style="list-style-type: none"> 1. Monthly review of IR Log 2. Notify provider of any noncompliance 3. A corrective action plan will be requested of those providers who have more than two (2) non-compliance in a month 	<p>Last Task Completion Date:</p> <p>June 30, 2015 COMPLETED</p>

UPDATE:

- IFCS submitted 3 late
- BARC submitted 5 late

- Both providers have been notified and placed on a CAP. Copies of the CAP are attached.

Closed 7/14/2015

Corrective Action Plan



Provider:	BROWARD BEHAVIORAL HEALTH COALITION, INC.
Contract Manager:	Jowdy, Frank

Contract # / Circuit: JH343 / 17

CAP Due Date: 4/3/2015

Finding:	Source: Monitoring	CAP Accepted by: Frank Jowdy
	Category: Programmatic Issues	CAP Accepted Date: 4/24/2015
	Description: Subcontractor Performance Monitoring and Accountability	

Task	Person(s) Responsible	Estimated Completion Date
1. BBHC acknowledges that one (1) out of eight (8) network service providers was not issued a final monitoring report within 30 calendar days from the date of the site visit exit interview. Therefore, this is an isolated incident we do not believe it warrants a CAP; BBHC will comply with the timeframes allotted by PR001, Contract Accountability Reviews, for all future monitoring reports.	Danica Mamby, Program Contract Manager	1. COMPLETED
2. Monitoring tools have been developed and will be utilized while conducting all monitoring activities. The Tools are now in Sharepoint under the Polices and Procedure Tab in the Network Management Folder.		2. April 3, 2015 COMPLETED
3. All Core Elements will be reviewed during applicable monitoring. For previous monitorings for which the Director of Provider Relations conducted the monitoring and the authorization to exclude a Core Element was not in the file, the supervisor of the Director of Provider Relations will sign the authorization.		3. May 30, 2015 COMPLETED (See attached)
4. All monitoring will include service validation. The monitored providers with no service validation will have a service validation monitoring completed by the end of the fiscal year.		4. June 30, 2015 COMPLETED (See reports)
5. All providers without an onsite monitoring will have a desk review completed for FY 14-15. (See attached schedule.)		5. June 30, 2015 COMPLETED (See reports)

<p>Success Indicator:</p> <ol style="list-style-type: none"> 1. All final monitoring reports will be completed and sent to providers within 30 calendar days. 2. Reports will reflect the use of the monitoring tools 3. Reports will reflect the review of all the Core Elements. 4. Reports will include confirmation of service validation 5. Report will be submitted regarding all desk reviews. 	<p>Measure Methodology:</p> <ol style="list-style-type: none"> 1. The Director of Programs and Coordination of Care will develop and maintain an internal tracking process. BBHC will maintain a log of all monitoring and follow-up with Concordia regarding the final report at the following intervals to ensure 100% of the reports are distributed to the providers within 30 calendar days: 20 days after the monitoring date 10 days after the monitoring date The day before the report is due to the provider UPDATE: Reports have been issued timely. See reports in Sharepoint. 2. The monitoring tools will be utilized. 3. The Director of Programs and Coordination of Care will review to ensure core elements are in the report, prior to release. UPDATE: COMPLETED Core elements were in the issued reports. See reports in Sharepoint. 4. Monitoring reports will have a service validation section and documentation. The Director of Programs and Coordination of Care will review report, prior to release. UPDATE: COMPLETED Service validation section was in the issued reports. See reports in Sharepoint. 5. The Director of Programs and Coordination of Care will ensure that all desk reviews are completed and the reports are released. UPDATE: COMPLETED All desk reviews have been completed. Copies of the report in Sharepoint. 	<p>Last Task Completion Date:</p> <ol style="list-style-type: none"> 1. June 30, 2015 2. April 3, 2015 COMPLETED 3. June 30, 2015 COMPLETED 4. June 30, 2015 COMPLETED 5. June 30, 2015 COMPLETED
		Closed 7/14/2015

Corrective Action Plan



Provider:	BROWARD BEHAVIORAL HEALTH COALITION, INC.
Contract Manager:	Jowdy, Frank

Contract # / Circuit: JH343 / 17

CAP Due Date: 4/3/2015

Finding:	Source: Monitoring	CAP Accepted by: Frank Jowdy
	Category: Programmatic Issues	CAP Accepted Date: 4/24/2015
	Description: Fraud and Abuse Prevention	

Task	Person(s) Responsible	Estimated Completion Date
1. In the contracts for FY 15-16, BBHC will require all network providers to train and educate staff regarding Fraud, Waste and Abuse. To assist providers in this process, a Fraud, Waste and Abuse Training will be posted to the BBHC website for providers to use if needed.	Danica Mamby, Program Contract Manager and Jennifer Holtz, Program Development Quality Improvement Manager	1. July 30, 2015
2. BBHC acknowledges that the report was 1 day late. In the future, we will report all allegations of Fraud, Waste and Abuse within the specified timeframe.		2. COMPLETED

Success Indicator:	Measure Methodology:	Last Task Completion Date:
1. Providers receive training on a Fraud, Waste and Abuse at Provider Meeting.	1. At the 3 rd Quarter Provider Meeting held on March 31, 2015, the providers received training on Fraud, Waste and Abuse. The training material has been posted on BBHC's website.	March 31, 2015 COMPLETED
2. All reports will be reported timely.	b. During monitoring and desk reviews we will check to ensure the providers have a sign-in sheet to show their staff participated in a Fraud, Waste and Abuse training. UPDATE: COMPLETED	b. June 30, 2015 COMPLETED
	2. Reports are made within the specified timeframe.	2.COMPLETED Closed 7/14/2015

Corrective Action Plan



Provider:	BROWARD BEHAVIORAL HEALTH COALITION, INC.
Contract Manager:	Jowdy, Frank

Contract # / Circuit: JH343 / 17

CAP Due Date: 4/3/2015

Finding:	Source: Monitoring	CAP Accepted by: Frank Jowdy
	Category: Programmatic Issues	CAP Accepted Date: 4/24/2015
	Description: Assisted Living Facilities Case Management Monitoring	

Task	Person(s) Responsible	Estimated Completion Date
In February 2015, BBHC implemented the submission of a quarterly report from the Adult Mental Health - Case Management Providers. The report includes: client name, client ID number, LMH-ALF name and address, and the admission/release date for each client residing in the LMH-AL. BBHC will ensure the providers monitor at least 20% of those clients.	Danica Mamby, Program Contract Manager	June 30, 2015 COMPLETED

Success Indicator: BBHC will ensure that Concordia monitors the providers to validate the quarterly report and that a minimum of 20% of the LMH-ALF clients are monitored. April 30, 2015 – 6% May 31, 2015 – 15% June 30, 2015 – 20%	Measure Methodology: Monitoring of a minimum 20% of LMH-ALF clients by the provider. UPDATE: COMPLETED 20% of the LMH-ALF clients were monitored.	Last Task Completion Date: June 30, 2015 COMPLETED
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Closed 7/14/2015

Corrective Action Plan



Provider:	BROWARD BEHAVIORAL HEALTH COALITION, INC.
Contract Manager:	Jowdy, Frank

Contract # / Circuit: JH343 / 17

CAP Due Date: 4/3/2015

Finding:	Source: Monitoring	CAP Accepted by: Frank Jowdy
	Category: Programmatic Issues	CAP Accepted Date: 4/24/2015
	Description: Substance Abuse Prevention and Treatment Block Grant Requirements	

Task	Person(s) Responsible	Estimated Completion Date
BBHC currently has a schedule that demonstrates how and when programmatic monitoring of Substance Abuse Prevention and Treatment Block Grant (SAPTBG) subcontractors will be conducted within the required timeframe.	Danica Mamby, Program Contract Manager	June 30, 2015

Success Indicator: All SAPTBG subcontractors will be monitored as per schedule. April 30, 2015 – 20% May 31, 2015 – 80% June 30, 2015 – 100%	Measure Methodology: All SAPTBG Providers will be monitoring and there will be a report sent to the provider. UPDATE: COMPLETED All SAPTBG Providers were monitored. See attached monitoring schedule and copies of the reports in Sharepoint.	Last Task Completion Date: June 30, 2015
		Closed 7/14/2015

Corrective Action Plan



Provider:	CENTRAL FLORIDA CARES HEALTH SYSTEM
Contract Manager:	Christie, Mary

Contract # / Circuit: GHME1 / 34

CAP Due Date: 8/24/2015

Finding:	Source: Monitoring	CAP Accepted by:
	Category: Programmatic Issues	CAP Accepted Date:
	Description: Network Management Plan	

Task	Person(s) Responsible	Estimated Completion Date
<p>FINDING: The ME monitoring schedule did not distinguish between on-site monitoring and desk reviews.</p> <p>RESPONSE: CFCHS will ensure that the schedule for FY1516 clearly distinguishes between on-site monitoring and desk review monitoring.</p>	Anna Lowe	9/30/2015
<p>FINDING: The ME has not submitted on-site monitoring reports to the 8 network providers that had been monitored on-site during the 2014-2015 fiscal year.</p> <p>RESPONSE: CFCHS will submit on-site monitoring reports to providers monitored during FY1415.</p>	Anna Lowe	9/30/2015
Success Indicator:	Measure Methodology:	Last Task Completion Date:

Corrective Action Plan

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Provider: SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK

Contract Manager: Schindler, Debbye

CONTRACT ADMINISTRATION

Contract # / Circuit: IH611 / 15

CAP Due Date: 8/10/2015

Finding:	Source: Monitoring	CAP Accepted by: <i>Debbye Schindler</i>
	Category: Programmatic Issues	CAP Accepted Date: 8/14/15
	Description: SAPTBG Monitoring	

Task	Person(s) Responsible	Estimated Completion Date
1. SEFBHN will use the SAPTBG monitoring tool recommended by the Contract Oversight Unit (COU) for all future monitoring of network providers receiving SAPTBG funding. The use of this tool will also ensure that the findings of the COU concerning SAPTBG are addressed moving forward including a review of each network provider's policies relating to treatment services for pregnant women.	1. Becky Walker – SEFBHN Director of Network Management	Ongoing
2. SEFBHN has implemented the following draft procedure: "Capacity Management and Wait List Procedures for Priority Populations Requesting Admission to SEFBHN Contracted Substance Abuse Treatment Facilities". The procedures have been provided to the network providers and they have also been provided with training on the use of the waitlist from Concordia Behavioral Health (CBH). The reporting of the 90% capacity requirement and utilization of the wait list is monitored by (CBH). Providers will be contacted if the monitoring indicates the wait list is not being utilized appropriately. CBH is also in the process of surveying all providers about the waitlist to determine if any changes should be made to the process so that it is properly utilized. On a 2 nd tier level the SEFBHN Quality Assurance/Improvement Staff will review the reporting of the 90% capacity and use of the electronic waitlist at least twice a month. Irregularities will be addressed with Concordia Behavioral Health. The monthly CQI meetings also provided a venue to troubleshoot issues regarding the reporting of capacity and use of the waitlist as needed and are documented in the CQI meeting minutes.	2. Sharyn Dodrill – Concordia Behavioral Health	Ongoing
3. The SEFBHN Network Service Provider Management Plan outlines the criteria that will be reviewed during an onsite monitoring that includes; Compliance with special funding categories (TANF, pregnant and postpartum women, PATH, Block Grant, GAA directed projects etc.); Compliance with utilization of Wait List; and Administrative monitoring for compliance with contractual and regulatory requirements. This plan also contains information concerning invoice validation and that SEFBHN continues to work with Concordia Behavioral Health to review data against invoices and to ensure validation of Block Grant funding requirements are being met.	3. Becky Walker – SEFBHN Director of Network Management	June 30, 2015

Corrective Action Plan



Provider: SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK

Contract Manager: Schindler, Debbye

Contract # / Circuit: IH611 / 15

CAP Due Date: 8/10/2015

Finding:	Source: Monitoring	CAP Accepted by:
	Category: Subcontracting	CAP Accepted Date:
	Description: Subcontracts	

Task	Person(s) Responsible	Estimated Completion Date
<p>1. SEFBHN is currently in the process of amending all subcontracts to include the required contract language: "network providers must supply all equipment necessary to provide services" and "tangible property requirements" as follows:</p> <p><u>7</u> subcontracts due for renewal on 7/1/2015 have been amended accordingly</p> <p><u>7</u> subcontracts due for renewal on 10/1/2015 will be amended accordingly no later than 9/30/2015.</p> <p>The remaining contracts will be amended accordingly simultaneous to any other needed amendments in the coming fiscal year with an estimated completion date of 2/29/2016.</p>	<p>Becky Walker, SEFBHN Director of Network Management</p>	<p><u>Completed</u></p> <p><u>9/30/2015</u></p> <p><u>2/29/2016</u></p>
<p>2. SEFBHN will review all subcontract files to ensure copies of required current licenses are maintained in the appropriate file.</p>	<p>Becky Walker, SEFBHN Director of Network Management</p>	<p><u>2/29/2016</u></p>
<p>Success Indicator: 100 % of SEFBHN subcontracts will contain the required contract language and licenses.</p>	<p>Measure Methodology: The SEFBHN Compliance Coordinator will conduct a separate review of at least 8 files a month beginning 9/1/2015 to ensure the required language and licenses are in the files.</p>	<p>Last Task Completion Date: 2/29/2016</p>

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