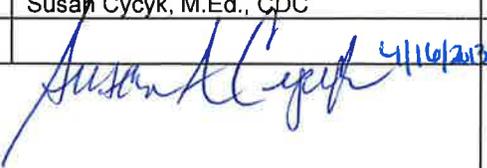




**Division of Prevention and Behavioral Health Services**  
Department of Services for Children Youth and Their Families  
State of Delaware

Policy PI 003		Provider Monitoring and Evaluation Policy	
Authored by:	Kelly Soliman, LCSW	Title: Manager of Quality Improvement	
Approved by:	Susan Cychyk, M.Ed., CDC	Title: Division Director	
Signature:		Date Adopted: 09/16/97	Page: 1
		Review Dates:	Revision Dates: 05/15/03, 12/7/06, 5/19/09, 4/15/10, 8/1/2010, 11/15/10, 8/2/2011, 3/29/12, 4/3/13

**PURPOSE**

The purpose of the monitoring activity is to assure that quality services are provided to all children and families served by the Division of Prevention and Behavioral Health Services (DPBHS). These mental health and substance abuse services may be provided directly by DPBHS, or by DPBHS contracted providers

**POLICY**

DPBHS service providers shall comply with standards established by DPBHS, DSCYF, and relevant regulatory, licensing, and accreditation bodies having jurisdiction over DPBHS services and its affiliated agencies, providers, and service programs. To determine compliance and ongoing continuous improvement processes, DPBHS will conduct reviews with the agencies or programs at a frequency appropriate to the level of care.

The Division's Quality Improvement Unit and Clinical Services Management (CSM) Unit will work in collaboration with other departmental and divisional staff to provide regular reports on activities to the Utilization Review and Quality Management Committees. Documentation of all provider monitoring and quality improvement activities will be maintained.



**Division of Prevention and Behavioral Health Services**  
 Department of Services for Children Youth and Their Families  
 State of Delaware

<b>Policy PI 003</b>		<b>Provider Monitoring and Evaluation Procedure</b>	
Authored by:	Kelly Soliman, LCSW	Title: Manager of Quality Improvement	
Approved by:	Susan Czyck, M.Ed., CDC	Title: Division Director	
Signature:		Date Adopted: 09/16/97	Page: 1 of 2
		Review Dates:	Revision Dates: 05/15/03, 12/7/06, 5/19/09, 4/15/10, 8/1/2010, 11/15/10, 8/2/2011, 3/29/12, 4/3/13

**PURPOSE**

The Quality Improvement (QI) Unit will coordinate with appropriate divisional and departmental staff to conduct reviews on all DPBHS direct service providers of mental health and substance abuse services. This unit will monitor and evaluate the quality of services being delivered to department consumers, compliance with contractual guidelines, fiscal and billing practices, and the content of performance improvement plans, as appropriate. DPBHS will focus on monitoring domains not assessed by other regulatory bodies (licensing, accreditation, etc.). DPBHS will provide technical assistance to providers for their improvement processes when they are in alignment with Departmental priorities. Onsite reviews will include scheduled, and possibly unscheduled, reviews.

**PROCEDURE**

- A. Prior to the use of a new provider, or a provider who has not had contact with the division for a year or more, DPBHS staff will review relevant data. For out-of-state residential treatment services, a member of QI or Provider Services, along with a CSM team member, will complete a site visit and complete the Pre Placement Site Review form, when able.
- B. The monitoring team will review all mental health and substance abuse services that are more intensive than outpatient care, as outpatient services are closely monitored by managed care organizations. The monitoring team will visit each in-state mental health or substance abuse provider with whom DPBHS contracts, at a frequency appropriate to the level of care. The monitoring team will strive to schedule visits to out-of-state providers when funding is available.
  - a. The monitoring team will complete a program monitoring. In the event that concerns are identified, the provider may be asked to complete a Performance Improvement Plan or Corrective Action Plan, and further monitoring or a focused review may occur.
  - b. The monitoring team will complete an audit of fiscal and billing practices. The audit will typically be based upon a random sampling of 10% of provider cases. The team will reconcile bills with appropriate documentation in client charts. In the event that concerns are identified, the provider may face financial penalties as indicated in the *Statement of Agreement and Article V. Section H Records and Audits of the Contract*, and further monitoring may occur.
- C. Monitoring frequency will be based upon the program's tier.
  - a. Tier I. In-state psychiatric hospitals
  - b. Tier II. In-state crisis bed, in-state residential treatment, individualized residential treatment,
  - c. Tier III. Mental health and substance abuse day treatment
  - d. Tier IV. Mental health and substance abuse intensive outpatient treatment
  - e. Tier V. Outpatient with a behavioral interventionist

- f. Tier VI. DPBHS contracted out-of-state residential treatment
- D. Based upon the provider's performance during the monitoring and findings of the billing audit, the monitoring team may:
- a. Provide basic recommendations and/or feedback.
  - b. Require providers to complete a Corrective Action Plan (CAP) or Performance Improvement Plan (PIP):
    - i. The QI Unit will be available to respond to any questions the provider may have while developing their CAP. Once implemented, the CAP will be closely monitored by the QI Unit for compliance.
    - ii. A copy of the monitoring report for any CAP or PIP will be submitted to the Quality Management Committee.
    - iii. A copy of the finalized Corrective Action Plan will be stored in FACTS.
    - iv. During periods of corrective action, DPBHS may limit or discontinue referrals to the provider. In addition, DPBHS may also review clients currently served by the provider in order to determine whether a change in service provider is appropriate.
    - v. If the contracted provider fails to advance to "substantial" compliance within three reviews of the implementation of their CAP or PIP, the information will be sent to the Leadership Team, who will determine whether the CAP can be extended or if further steps for action, up to and including termination of the contract, need to be taken.
    - vi. As necessary, DPBHS will collaborate with the Safety Council, Accreditation Body, Licensing Provider, Institutional Abuse and/or others with whom it is deemed appropriate.
- E. The Program Administrator will schedule a meeting with each active provider with whom DPBHS contracts for a discussion of program and/or system issues and needs.
- F. The Individualized Residential Treatment (IRT) provider's procedure for monitoring IRT homes will be reviewed by appropriate staff. If found to be sufficient, the provider's records of monitoring will be reviewed during monitoring visits. If the procedure is found to be insufficient, appropriate staff will work with the provider to improve their procedure. During times of procedure modification, appropriate division staff will provide monitoring of the IRT homes.
- G. Reports on each provider review will be recorded in FACTS, consistent with the above framework. Reports will include the different areas that were reviewed, and the provider's compliance with each area. Results will be reviewed with the DPBHS Quality Management and Utilization Review Committees.