

# SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## ADMINISTRATIVE PROCEDURE

**NUMBER: DA1054**

**NAME: NETWORK MONITORING**

INITIAL APPROVAL DATE:	01/08/2003	BY: Administrative Committee
(LAST) REVISION DATE:	03/20/2024	BY: CIO
(LAST) REVIEW DATE:	04/18/2024	BY: Policy Committee
DISCONTINUED DATED:	N/A	REPLACED BY: N/A

**I. PURPOSE**

To assure that all contracted agencies and persons providing services to Sanilac County Community Mental Health Authority (Sanilac CMH) individuals meet all applicable goals and standards.

**II. APPLICATION**

Populations: ALL  
Programs: Contracted - ALL

**III. PROCEDURE**

All contract providers of service to Sanilac CMH individuals will be required to meet all applicable legal standards, as well as those of Sanilac CMH and its funding, accrediting and regulatory bodies. This includes but is not limited to; requirements for licensure and accreditation, reporting and documentation, privileging and credentialing, recipient rights and training, person centered planning and individual satisfaction, safety, and health.

**IV. DEFINITIONS**

None

**V. STANDARDS**

Provider monitoring will be according to the attached table. Annually the appropriate department Chief/Supervisor/designee will complete a review of the Service Provider Network's contract performance on the established goals and standards in each agreement. The reviewers shall consist of at a minimum one representative from each of the following groups: Contract/Provider Management, Recipient Rights, Finance, and Data Management. Contract Management will share the report of the review and findings with the Administrative Committee. Any identified areas of significant non-compliance will require an acceptable plan of correction approved by the Administrative Committee. A Summary Report of the review and findings will be presented to the CMH Board for acceptance.

**VI. ATTACHMENTS**

Contract Monitoring Tool

**VII. REFERENCES**

BA028- Credentialing and Privileging  
BA045 – Network Management and Monitoring  
BA048- Contract Attachments

## Provider Network Monitoring – Fiscal Year \_\_\_\_\_

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

<b>AREA: Provider Management</b>			
References: Sanilac CMH Service Contract, Amendments and Attachments, CMH Policies and Procedures, State Contract			
Standard/Requirement	Example of Evidence	Status / Comments	Compliant?
1. Provider has submitted all documents required to meet initial contract standards.  *For ALL providers	<ul style="list-style-type: none"> <li>• Signed Contract</li> <li>• Signed BAA</li> <li>• Privileging/ Credentialing Application</li> <li>• Conflict of Interest Attestation</li> </ul>		YES NO
2. Provider has submitted appropriate licensure.	<ul style="list-style-type: none"> <li>• Professional License</li> <li>• Home Certification/ License (CIS License)</li> </ul>		YES NO
3. Provider has submitted appropriate insurance coverage.	<ul style="list-style-type: none"> <li>• Professional or Commercial Liability Insurance</li> <li>• Workman’s Compensation or Exception Letter</li> <li>• Auto Insurance</li> </ul>		YES NO
4. Provider supplies documentation on staff upon hire and termination.	<ul style="list-style-type: none"> <li>• Roster</li> <li>• Copy of Identification and Hire Letter</li> </ul>		YES NO
5. Provider has submitted a copy of their accreditation.	<ul style="list-style-type: none"> <li>• Accreditation Certification</li> <li>• Accreditation Report/ Letter</li> </ul>		YES NO N/A
6. Provider has submitted all appropriate pre-hire background checks for staff.	<ul style="list-style-type: none"> <li>• Initial iCHAT</li> <li>• Initial Michigan Public Sex Offender Registry</li> <li>• Initial National Sex Offender Registry</li> <li>• Initial Central Registry</li> </ul>		YES NO
7. Provider has submitted all appropriate annual background checks for staff.	<ul style="list-style-type: none"> <li>• Annual iCHAT</li> <li>• Annual Michigan Public Sex Offender Registry</li> <li>• Annual National Sex Offender Registry</li> <li>• Annual Central Registry</li> </ul>		YES NO

8. Provider complies with all HCBS Rules.	<ul style="list-style-type: none"> <li>• HCBS Checklist</li> <li>• Plan of Correction Review</li> <li>• Documentation/Proof <ul style="list-style-type: none"> <li>○ Home Council Meeting Minutes</li> <li>○ Menus</li> <li>○ Individual Leases</li> </ul> </li> </ul>		YES NO
9. Provider's staff meet requirements for Recipient Rights Initial Trainings.	<ul style="list-style-type: none"> <li>• Training Report</li> </ul>		YES NO
10. Provider's staff meet requirements for Recipient Rights Annual Trainings.	<ul style="list-style-type: none"> <li>• Training Report</li> </ul>		YES NO
11. Provider's staff meet requirements for DCH Group Home Trainings.	<ul style="list-style-type: none"> <li>• Training Report</li> </ul>		YES NO N/A
12. Provider's staff meet requirements for IPOS Trainings for all residents.	<ul style="list-style-type: none"> <li>• Training Report</li> </ul>		YES NO N/A
13. Provider's staff meet requirements for Initial and ongoing trainings. <ol style="list-style-type: none"> <li>a. Corporate Compliance</li> <li>b. HIPAA</li> <li>c. LEP</li> <li>d. Cultural Competency</li> <li>e. Implicit Bias Reduction</li> <li>f. CPR/First Aid</li> <li>g. Emergency Preparedness</li> <li>h. Med Administration</li> <li>i. CPI</li> <li>j. Transportation Techniques</li> <li>k. Universal Precautions</li> <li>l. Violence in Workplace</li> </ol>	<ul style="list-style-type: none"> <li>• Training Report</li> </ul>		YES NO

<b>AREA: Finance</b>			
References: Sanilac CMH Service Contract, Amendments and Attachments, CMH Policies and Procedures, State Contract			
<b>Standard/Requirement</b>	<b>Example of Evidence</b>	<b>Status / Comments</b>	<b>Compliant?</b>
14. Provider has submitted all documents required to show financial stability standards.	<ul style="list-style-type: none"> <li>• Quarterly Statement of Revenue and Expenditures</li> <li>• YTD Contract Expenditure Report</li> </ul>		YES NO
15. Provider has submitted timely, clean claims or SALs per contract requirements.	<ul style="list-style-type: none"> <li>• Claim Forms</li> <li>• OASIS Entries</li> </ul>		YES NO
16. Provider has submitted documentation timely and accurately to support claims.	<ul style="list-style-type: none"> <li>• Progress Notes</li> <li>• Timesheets / Invoices</li> <li>• Doctor Orders</li> </ul>		YES NO
17. Provider submitted all EOB/COB data timely and accurately.	<ul style="list-style-type: none"> <li>• EOB</li> <li>• Claim Forms</li> </ul>		YES NO
18. Provider has submitted a copy of their annual independent financial audit completed by a CPA for those that earned \$750,000 or more a year.	<ul style="list-style-type: none"> <li>• Copy of Annual Independent Financial Audit</li> </ul>		YES NO N/A

<b>AREA: Recipient Rights</b>			
References: Sanilac CMH Service Contract, Amendments and Attachments, CMH Policies and Procedures, State Contract			
<b>Standard/Requirement</b>	<b>Example of Evidence</b>	<b>Status / Comments</b>	<b>Compliant?</b>
19. Provider has submitted incident reports appropriately.	<ul style="list-style-type: none"> <li>• Incident Reports</li> <li>• RRO Investigations</li> </ul>		YES NO N/A
20. Provider has assisted RRO with complaint investigations.	<ul style="list-style-type: none"> <li>• RRO Investigations</li> </ul>		YES NO N/A

21. A Site Survey was completed on provider with no violations.	<ul style="list-style-type: none"> <li>• Report from RRO <ul style="list-style-type: none"> <li>• No House Rules</li> <li>• RR Poster Hung</li> <li>• Appropriate Documentation on Hand</li> </ul> </li> </ul>		YES NO
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<b>AREA: Corporate Compliance</b>			
References: Sanilac CMH Service Contract, Amendments and Attachments, CMH Policies and Procedures, State Contract			
Standard/Requirement	Example of Evidence	Status / Comments	Compliant?
22. Provider has submitted Corporate Compliance Logs	<ul style="list-style-type: none"> <li>• Logs</li> </ul>		YES NO
23. Provider has submitted HIPAA Security Audit	<ul style="list-style-type: none"> <li>• Audit Report</li> </ul>		YES NO
24. Provider has the Corporate Compliance Flyer hung in house/facility.	<ul style="list-style-type: none"> <li>• Picture</li> <li>• Site Visit</li> </ul>		YES NO

**Performance Goal Scores \*based on contract\* (N/A those that are not applicable for the contract being reviewed):**

Type	Objective	Performance Indicator(s)	Standard	Score
Effectiveness	Assure Individual Rights	# of substantiated complaints/year for abuse or neglect class I or II	Zero (0)	
Efficiency	Compliance with Standard	Appropriate documentation completed/submitted timely (sampling)	95%	
Efficiency	Compliance with Standard	Activity log & documentation submitted per contract specs	95%	
Efficiency	Compliance with Standard	% of provided services which were authorized	100%	
Effectiveness	Compliance with Standard	% of staff trained in RR within 30 days of hire and annually thereafter	100%	
Effectiveness	Compliance with Standard	% of staff trained in DCH group home classes within 60 days of hire	100%	
Effectiveness	Compliance with Standard	% of staff with background checks done prior to hire and annually	100%	
Effectiveness	Individual Choice	% of Home Council Meeting Minutes were submitted monthly	90%	

**Date of Property Management Inspection:** \_\_\_\_\_ **Inspector:** \_\_\_\_\_  
**Findings:** \_\_\_\_\_  
\_\_\_\_\_