

**BBHC
CONTRACT MANAGER
MEETING**

AUGUST 14, 2014

WELCOME AND INTRODUCTIONS

BROWARD BEHAVIORAL HEALTH COALITION

SECTION I – AN OVERVIEW

PURPOSE

- 1. To provide training and information in key areas**
- 2. To assist providers in building internal capacity**
- 3. To address questions related to the BBHC subcontract.**

BBHC MISSION

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and was selected by the Florida Department of Children and Families (DCF) as Broward County's managing entity (ME) for mental health and substance abuse services.

BBHC's mission is to advocate and ensure an effective and efficient behavioral health system of care is available in Broward County.

BBHC AND CONCORDIA BEHAVIORAL HEALTH

BBHC subcontracts with Concordia Behavioral Health (Concordia) to manage five (5) key functions on its behalf:

- 1. Network Management**
- 2. Quality Assurance**
- 3. Data Management**
- 4. Invoice Processing**
- 5. Utilization Management**

RESPONSIBILITY AND OVERSIGHT

BBHC

Policy Making

Governance

Fiscal Management

**System of Care – planning
and oversight**

Quality Improvement

**Management and
Compliance with JH343**

Procurement

CONCORDIA

Network Management

- Contract management
- Contract administration
- Contract monitoring
- Credentialing

Utilization Management

- Referrals and authorizations
- Concurrent reviews

Invoice Processing

- TANF Eligibility

Data Management

- Portal development/maintenance
- Reporting

Quality Assurance

- Complaints and grievances
- Incident Reporting
- Consumer Satisfaction Surveys

PROGRAM CONTRACT MANAGEMENT

BBHC retains responsibility for compliance with its contract with the Department of Children and Families (#JH343). The BBHC Program Contract Manager serves as the BBHC liaison with the Department. The Program Contract Manager reports, conducts analysis, participates in planning processes (funding, services), and coordinates activities managed directly by BBHC.

Contact - Danica Mamby

CONTINUOUS QUALITY IMPROVEMENT

Evidence-Based Practices

Oversight of delegated responsibilities

Delegated to Concordia –

- Incident Reporting
- Consumer Satisfaction
- Grievances and Complaints
- Credentialing

Contact: Jennifer Holtz

OPERATIONS/SYSTEM OF CARE

- **Coordination of services for consumers and their families**
- **Collaboration with the behavioral health system partners including the school system, criminal justice system, child welfare/dependency system, case management system, juvenile justice system, health care system, and others**

Contact: Norma Wagner

CONSUMER RELATIONS

- **Coordinates partnerships between BBHC and the consumer and peer communities**
- **Participates in consumer and peer advocacy groups and councils and is a member of the statewide Peer Support Coalition**

Contact: Alfonso Ruiz

BROWARD BEHAVIORAL HEALTH COALITION

SECTION I – CONTACT AND RESOURCES

RESOURCES

Contract Manager

Provider Portal

- Use Chrome Browser for optimum use
- Upload service data and required resources

BBHC Website www.bbhcflorida.org

- Forms
- Contract Exhibits
- Calendar

Links (Coming)

BBHC KEY CONTACTS

Phone: 954-622-8121

Website: www.bbhcflorida.org

Silvia Quintana, Chief Executive Officer

Jennifer Holtz, Program Development QI Manager

Danica Mamby, Program Contract Manager

Norma Wagner, Operations/System of Care Manager

Kerline Robinson, Executive Assistant

Alfonso Ruiz, Consumer Relations Specialist

CONCORDIA KEY CONTACTS

Domingo Ceballos, Director of Billing and Data

- Eddie Guzman, Billing Analyst
- Andrew McAllister, Data Liaison
- Amalia Sanchez, Eligibility Analyst
- Diego Wartensleban, Senior Systems Developer and Data Analyst
- Maria Stoker, Appeals Resolution Specialist

Julie Lauder, Director of Provider Relations

- John Paul Mendez, Credentialing Manager
- Ava Mitsuda, Contract Coordinator









Elisa Saladrigas, Director of Behavioral Health

- Raquel Franco
- Daisy Martinez
- Flora Santamaria

Grace Sub Laban, Director of Quality

Susana Rodriguez, Quality Specialist

SO WHO DO I CALL?

Contract Question		Concordia – Contract Mgr.
Portal Access		Concordia – Data
Reports Submission		Concordia – Contract Mgr.
Contract funding		BBHC – Program Contract Manager
Open solicitation		Procurement Manager
Invoices		Concordia – Billing
Payment		BBHC – Program Contract Manager
Complaints/Grievances		Concordia – Quality

EXPEDITING REQUESTS

Concordia has a call center-type environment to track requests received via email or telephone. To ensure a request is addressed in the order it was received, providers should utilize the assigned telephone number and/or email address.

CONCORDIA DEPARTMENT CONTACT INFORMATION

Billing

(877) 698-7794 (#2/5)

billing@bbhc.org

Data

(877) 698-7794 (#2/4)

itrequests.bbhc@concordiabh.com

Quality

(877) 698-7794 (#1/2)

Customerrelations.bbhc@concordiabh.com

Provider Relations

Assigned Contract Manager

ADDITIONAL CONTACTS

KITS Solutions – Prevention Providers

**Broward Regional Health Planning Council – Forensic
Coordinator**

Department of Children and Families

- SAMHIS access (TANF)
- Aventail access
- Licensing
- Deaf or Hard of Hearing
- Website (training access)

BROWARD BEHAVIORAL HEALTH COALITION

SECTION I – KEY INITIATIVES

BBHC KEY INITIATIVES

**Co-Occurring Initiative –
Broward CARES**

Evidence-Based Practices

Report Card

Credentialing Program

**Utilization Management
Program**

**Integration of Primary
Care and Behavioral
Health**

**Integration of Child
Welfare and Behavioral
Health**

LOCUS and CaLOCUS

BBHC Workgroups

- Data
- Performance Measures
- System of Care
- System of Care/QI
Committee
- Criminal Justice Committee

CO-OCCURRING INITIATIVE

JH343 requires BBHC to ensure its subcontracted providers address the co-occurring needs of consumers. Through a partnership with Broward CARES (Community for Access to Recovery, Empowerment, and Support), BBHC seeks to establish a system of care (SOC) that is Co-Occurring competent.

Focus is on Co-Occurring Disorders (Mental Health/Substance Abuse/Primary Care)

BBHC Subcontracted providers must have a Memorandum of Understanding (MOU) in place formalizing its participation in the BBHC partnership with Broward CARES.

Subcommittees Include:

- Outreach Committee
- Clinical Guidelines Committee
- Outcomes and Data Committee

Health Foundation of South Florida (HFSF) Grant

Required Activities (COMPASS/CODECAT-EZ)

Peer Review

CQI Process

EVIDENCE-BASED PRACTICES (EBP)

Treatment and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two needs, with a behavioral health population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence replication by different implementation teams at different sites is possible with similar positive outcomes.

Additional information is available by reviewing the Program Guidance for Contract Deliverables Incorporated Document 2, found on the DCF website, <http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities/contracts-docs>

BBHC PROVIDER REPORT CARD

Effective Fiscal Year (FY) 2014/2015, BBHC will utilize a Report Card for all subcontracted providers to provide continuous assessment of a providers achievement in meeting contractual requirements in the following areas:

- **Fiscal/Billing**
- **Reports submission**
- **Credentialing**
- **Utilization Management**
- **Data submission**
- **Partnership and Initiatives**
- **Quality Improvement**

REPORT CARD PURPOSE

1. Support monitoring and quality efforts
2. Identify provider-specific or Network training needs
3. Status report for providers to identify internal training/resource needs, weaknesses, and strengths
4. Target high performing providers in making additional funding decisions

BBHC CREDENTIALING PROGRAM

Applicable to all providers

**Oversight – Concordia, Provider Relations
Department**

Effective December 2013

Three (3) key components –

- 1. Agency Pre-Qualification**
- 2. Agency Credentialing**
- 3. Professional Qualifications Verification**

PURPOSE

Formalize minimum standards for subcontracted agencies and staff to ensure:

- **QUALITY** services are delivered to BBHC consumers
- **APPROPRIATE** services are delivered to BBHC consumers
- Agencies possess minimum resources to **COMPLY** with contract requirements
- Strengthen the competencies of BBHC subcontracted agencies to **EFFECTIVELY** serve vulnerable population served by BBHC.

AGENCY PRE-QUALIFICATION

BBHC is required to subcontract behavioral health services funded by the State of Florida in a manner that allows for open competition. BBHC invites applications to join its Provider Network when a need is identified whereby interested entities (for-profit, not-for-profit, and governmental) may submit an application of its qualifications to provide substance abuse and/or mental health services to adults and youth (persons under the age of 18). Agency Pre-Qualification establishes formalized processes, requirements, and procedures for entities seeking to enter the BBHC Provider Network and the subsequent evaluation of applications.

AGENCY CREDENTIALING

Primary Source Verification is the review of an agency's credentials, malpractice history, sanctions, privileging application, results of a site visits and corresponding uniform recommendations offered in support or rejection to the BBHC Provider Network. Primary Source Verification is completed during the Agency Pre-Qualification progress and includes primary and secondary source verification of the agency's application and supporting documentation.

PROFESSIONAL QUALIFICATIONS VERIFICATION (PQV)

BBHC contracts with agencies that employ highly qualified and trained practitioners who have successfully completed an advanced degree program; possess professional experience; and completed continuing education/training that result in quality services to BBHC consumers. The BBHC Credentialing Program requires each subcontracted provider funded and billing under the Assessment and Case Management Cost Center to ensure staff delivering these services to BBHC consumers meet the minimum requirements contained in this Policy. This Policy establishes the minimum requirements; and procedures for submission of qualifications; and the review by Concordia staff.

ASSESSOR REQUIREMENTS

- Training/academic course in clinical assessment; and
- Training/academic course in identifying the signs, symptoms, and diagnoses of Substance Disorders; and
- Training or academic course in Co-Occurring Mental Health and Substance Abuse Disorders; and
- Training or academic course that addresses Serious and Persistent Mental Illness (SPMI) diagnoses, symptoms, treatment; Psychopathology; and
- Training or academic course in Trauma Informed and/or Trauma Focused Care; and
- Documentation that meets one (1) of the following:
 - Current license as a professional of the healing arts or a registered intern for clinical social work, marriage and family therapy, mental health counseling, or higher level behavioral health related degree (registered interns must be supervised by a licensed professional); or
 - A Master's degree in S.W., M.F.T., M.H. counseling, psychology or related behavioral health field; or
 - Enrollment in a Master's-level program of study at an accredited four-year college or university with successful completion of coursework in each of the following topics – counseling theories and practice; mental health counseling techniques; ethics, legal, and professional guidelines for counselors and mental health professionals; diagnosis and treatment of adult psychopathology; diagnosis and treatment of child psychopathology; case conceptualization and treatment strategies; or
 - Enrollment in a doctoral-level behavioral health program of study with a minimum of one (1) year of doctoral-level coursework at an accredited four-year college or university.

CASE MANAGEMENT REQUIREMENTS

- Florida Agency for Healthcare Administration (AHCA) certification for Targeted Case Management Program
- Successful completion of Targeted Case Management training;
- Successful completion of Wellness Recovery Action Plan (WRAP) training;
- Successful completion of SSI/SSDI Outreach Access Recovery(SOAR) training;
- Minimum of two (2) hours of professional training or academic coursework in Substance Abuse signs, symptoms, diagnosis, and/or medical prescription interactions;
- Minimum of two (2) hours of professional training or academic coursework in Serious and Persistent Mental Illness (SPMI) diagnosis, symptoms, and/or treatment; and
- Minimum of one (1) professional training, or academic coursework in Trauma Informed Care.

REVIEW REQUIREMENTS

Who?

Assessor/CM providers

What?

Complete the applicable
Exhibit M/Exhibit N

When?

Quarterly

How?

Upload to the Credentialing
folder in the Portal using
the naming convention –
Provider Contract Number
Provider Name Report
Name Quarter of
submission Date of
submission (e.g. 343AB
Good Provider Assessor 1Q
121313).

COMPLETING QUARTERLY ROSTER



- Do not list employees on the Roster who have not completed the minimum requirements.
- Do not list employees submitted on a prior Roster unless there is a status change.
- Do not list employees on the Roster for which accompanying documentation is not submitted for review

**BROWARD BEHAVIORAL
HEALTH COALITION**

SECTION I - BBHC UTILIZATION MANAGEMENT

UTILIZATION MANAGEMENT OVERVIEW

- **Centralized Residential Referral Process**
- **Centralized Wait List**
- **Centralized Census**
- **Concurrent Review Process for Residential I-II Levels of care**
- **Ongoing Communication with CM, Providers and Forensic Coordinator/Specialist**
- **Management and Oversight of SIPP referrals, FACT and JITP**
- **Suite of UM Reports**

LOCUS / CALOCUS OVERVIEW

- Well researched , reliably applied, valid results based on quantifiable rating scales
- Developed by the American Association of Community Psychiatrists from ASAM criteria
- Inter-rater reliability
- Uncomplicated – User and Consumer friendly
- Consistent with guiding principles for the SOC
- Supports Individualized Recovery Oriented Services (Calocus from 6-18 y.o)
- Integrated MH and Addiction Parameters and considers Developmental and Medical comorbidity
- Focus on balance between quality and resource use
- Comprehensive Functional Rating System – Not Diagnosis Driven
- Potential for consumer – provider collaboration in shaping the system and meeting community needs
- Dynamic Assessment – Eliminates Continuing Stay and Discharge Criteria
- Universal Applicability – All services through continuum of care

IMPLEMENTATION

- Introduced at Fourth Quarter Provider meeting
- In collaboration with the Broward CARES Clinical Guidelines Committee, BBHC is implementing a pilot program for testing the usefulness of the LOCUS/CALOCUS for BBHC's service delivery system of care
- Use UM Workgroup/Broward CARES Clinical Guidelines Committee as forum for discussion about implementation
- Select providers will participate in a Pilot Study representing the continuum of care
- Concordia's IT Department will establish access to web-based application, user logins and training
- After Pilot Study, BBHC will assess possible implementation for all services – but will only be reviewed by Concordia for those services Concordia pre-authorizes
- Coordinate train-the-trainer sessions
Yearly refresher trainings recommended

WHAT IS THE LOCUS/CALOCUS?

- Semi-Structured interview
- 10 minutes or less to administer and immediate results
- Domains related to components of an assessment and can be administered simultaneously
- Provides guidance through elements of clinical system: Assessment, Placement, Service Planning, Services Guidelines (Pathways), Progress Documentation, Potential for outcome monitoring
- Placement is the primary role of the LOCUS/CALOCUS
 - Need and service matching
 - LOC address interagency services and involvement
- Pooled data – allows analysis of utilization of system resources and gaps for quality improvement

TREATMENT & SERVICE PLANNING

- Develops problem profile unique to individual & moment in time (from criteria)
- Establishes intensity of need for services
- Identifies priorities for intervention
- Establishes objectives for transitions (short and long-term goals)
- Measureable indicators of progress
- Deviation from pathways becomes impetus for inquiry and change – requires documenting clinical rationale for difference with level of care

BBHC PROVIDER WORKGROUPS

- 1. Forum to obtain end-user (provider) feedback**
- 2. Share potential best practices**
- 3. Share resources**
- 4. Discuss and resolve outstanding issues/concerns**
- 5. Enhance communication and collaboration**
- 6. Future planning – needs, strengths, weaknesses**

DATA WORKGROUP

Meeting Schedule – monthly

Contact – Domingo Ceballos, Director
of Billing and Data

Target Members – Data and IT
professionals

Accomplishments

- Continuous system enhancements

PERFORMANCE MEASURES WORKGROUP

**Meeting Schedule – As determined
necessary**

**Contact – Jennifer Holtz, Program
Development QI Manager**

**Target Members – Program/Clinical
and Data/IT professionals from
those providers not meeting the
contractually required performance
outcomes per exhibit D**

UTILIZATION MANAGEMENT WORKGROUP

Meeting Schedule - TBD

Contact – Norma Wagner,
Operations/System of Care Manager
(BBHC) or Elisa Saladrigas, Psy.D., Director
of Behavioral Health

Target Members – Program Directors that
oversee residential services, case
management, and those referring agencies

GRIEVANCES AND COMPLAINTS

SECTION II - QUALITY

QUALITY ASSURANCE

In its delegated role, Concordia's Quality Department is responsible for the receipt, review, and report of all grievances and complaints submitted by providers, stakeholders, consumers, consumer family members, and the public. Providers are required to make available the reporting telephone number to consumers, staff, and the public.

CONTRACT REQUIREMENT

Pursuant to Attachment I, Section B.1.a(22)

The Provider shall adhere to its ME-approved Complaints and Grievances Policy and Procedures whereby consumers may submit complaints and/or grieve concerns about contracted services delivered by the Provider through a progressive response within the Provider's organization that results in timely resolution and ultimately appeal to the ME for a final determination. The Provider shall ensure all written materials include the telephone number for BBHC (877-698-7794) to which consumers, family members, employees, and the public may report grievances and consumers and staff receive annual training topic evidenced through documentation of successful completion of training in the employee's Personnel File. Consumers and consumer family members shall also be advised of the Provider Policy at intake for services.

REPORTING PROCESS

Any individual may submit a written or verbal grievance or complaint to the Quality Department at any time.

Providers are required to follow its progressive process in addressing grievances and complaints.

No individual shall be denied the opportunity to raise a grievance or complaint directly to BBHC.

Individuals may elect to report anonymously; reporter name is typically kept confidential.

CONSUMER SATISFACTION SURVEYS

SECTION II – QUALITY CONT'D

ELIGIBLE PROVIDERS

Providers that deliver direct services (exceeding 30 days) must complete the DCF Consumer Satisfaction Survey (CSS) by Program Type and Age Category, as follows:

Adult Mental Health

Children's Mental Health

Adult Substance Abuse

Children's Substance Abuse

FREQUENCY

Providers must administer, collect and submit the Consumer Satisfaction Survey (CSS) on a QUARTERLY basis. In July 2014, the required number of CSS each provider is required to administer and submit was sent to the assigned contract manager via email.

Providers must submit a HARDCOPY of each CSS before the 15th calendar day of the month following the end of the quarter being submitted – 1Q surveys before October 15th, 2Q surveys before January 15th, etc. Email submissions will not be accepted.

Each Provider shall select its National Provider Identifier (NPI) or Tax Identification Number (TIN) as its Provider ID. The Provider ID must be entered in the corresponding box on each CSS submitted.

COMPLETING THE SURVEY

Providers shall assign:

A unique identification number for each consumer (e.g. Consumer ID; SSN) for tracking purposes

A provide Identification that must be consistent

.....DCF-Consumer-Satisfaction-Survey--ADULT.....



Date:α	Program-Area:α	α	Provider-Id.-Number:α	α
Program-Type:α	<input type="checkbox"/> Adult-Mental-Healthα	<input type="checkbox"/> Adult-Substance-Abuseα	α	County-Code:α
Purpose-of-Survey:α	<input type="checkbox"/> Dischargeα	<input type="checkbox"/> Annualα	<input type="checkbox"/> Otherα	<input type="checkbox"/> Consumer-Declinedα
Type-of-Person-Completing-the-Survey:α	<input type="checkbox"/> Consumerα	<input type="checkbox"/> Legal-Guardian-of-adult-consumerα	α	Consumer-ID:α

REQUIRED ELEMENTS

In order for the CSS to be processed a minimum of 2/3 of the questions **AND** the following data elements **MUST** be completed:

1. **Date Survey Completed**
2. **Provider ID Number**
3. **County**
4. **Program Type**
5. **Age**
6. **Race/Ethnicity**
7. **Gender**
8. **Type of Person Completing the Survey**
9. **Consumer ID**

TABULATING RESULTS

A neutral and non-direct service delivery employee should be identified to assist consumers in completing the CSS and to tabulate results for the provider.

Results are mailed to:

Concordia Behavioral Health

Attn: Quality Department-BBHC CSS

1320 South Dixie Highway

Suite 400

Coral Gables, FL 33146



- **Read the consumer's responses**
- **Observe the consumer completing the CSS**
- **Assist the consumer in completing the CSS***
- **Deny or limit services as a result of failure to complete the CSS**
- **Coerce responses**

***Unless as allowed by DCF Pamphlet (PAM) 155-2**

INCIDENT REPORTING

SECTION II – QUALITY (CONT'D)

INCIDENT REPORTING REQUIREMENT

Pursuant to Section 12 of the BBHC Subcontract, providers are required to develop and implement a Client Risk Prevention process that includes the “report those reportable situations listed in BBHC’s Incident Reporting Policy (*QI001, Incident Reporting*). The Provider shall immediately report *any* knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon the Provider, its employees, and subcontractors.”

FY 13/14 NUMBERS

- **149** reports
- **19** providers reported (54%)
- **3** providers with IR-related deficiencies – failure to report
- **23** providers with dated/insufficient IR policy

TRENDS, ANALYSIS, CONCERNS

Provider policy must be consistent with QI001, Incident Reporting

Provider policy must include steps for provider staff to follow in the event an incident occurs

Internal reporting within the provider organization must be cognizant of reporting timeframes

A Log Book must be maintained and include summary of provider actions and outcomes

High risk function – assign to a qualified staff member

INCIDENT REPORTING REQUIREMENTS

All reports are entered through the DCF Incident Reporting and Analysis System (IRAS)

IRAS access is obtained via completion of the Data Systems User Agreement and submitted to the Data Liaison (itrequests.bbhc@concordiabh.com)

It is strongly recommend more than one employee for each agency have IRAS access

FAQ'S

Question: Is there a time limit beyond which a death should not be reported? For example, if a provider learns a consumer died six (6) months earlier.

Answer: If a consumer receiving outpatient or residential services dies it must be reported. The time limit is within 30 days of discharging from services for a residential consumer. If a consumer dies after receiving outpatient services it is not reported.

Question: Does this apply to individuals who die while receiving outpatient services?

Answer: Yes, if they are receiving outpatient services the death is reported (just as you would if they were receiving inpatient services). The difference between the two is a consumer discharged from a residential program who times within 30 days of the discharge date is reported while the day a client walks out of outpatient services, you no longer have to report.

FAQ'S CONT'D

Question: How long does a child have to be missing before he/she is reported as missing?

Answer: If a child in a residential program is thought to be missing, it shall be immediately reported after a search of the facility and determination the child is in fact missing.

Question: What is a Significant Injury to Clients?

Answer: Any severe bodily trauma received by a consumer in a treatment/service program requiring immediate medical or surgical evaluation, or treatment in a hospital emergency department to address and prevent permanent damage or loss of life.

FAQ'S CONT'D

Question: Should incidents that involve consumer transport to the emergency room or attention of emergency responders be reported?

Answer: Yes

Question: Are medication errors reportable?

Answer: Yes

Question: What is meant by "serious?" Is it interchangeable with "severe"?

Answer: An injury that causes great discomfort, damage, or distress, one that's serious, dangerous or harmful.

Question: If an incident is reportable to the Abuse Hotline, but doesn't fall into the definition of any IRAS critical incident, should it be reported as other?

Answer: Yes, any incident reported to the Abuse Hotline must be reported into IRAS using the "Other" category.

Question: Should provider report contraband or drugs being found?

Answer: Yes, under the "Other" category.

Question: What is meant by "significant impact"?

Answer: If the event/incident posed any threat, harm or elevated concern for the consumer, provider and/or Department, report the incident.

IMPORTANT POINTS FOR CONTRACT MANAGERS

- Identify the IRAS Contact persons in your Agency and share internally
- Make sure all required trainings are completed timely by the identified staff.
- Ensure all staff is knowledgeable about the agency's IR Policy, specially in regards to timeframes and incident definitions.

CONTRACT MANAGEMENT

SECTION III – PROVIDER RELATIONS

CONTRACT MANAGER

Consistent with subsection 287.057(15), Florida Statutes and Section 6 of the BBHC Standard Contract, a contract manager for BBHC and the provider to serve as the liaison in addressing general contract requirements and to receive required notices, reports, and general contract related information.

BBHC STANDARD CONTRACT

The first ten (10) pages of the FY 14/15 BBHC subcontract that contains terms and conditions related to federal, state, and BBHC administrative requirements. Programmatic conditions are contained in Attachment I of the FY 14/15 BBHC subcontract.

FEDERAL REQUIREMENTS – SECTION 35

HIPAA

45 CFR, Part 74 - Uniform Administrative Requirements for awards and sub-awards to institutions of higher education, hospitals, other organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments

45 CFR, Part 92 - Uniform administrative requirements for grants and cooperative agreements to state and local governments

FEDERAL REQUIREMENTS – SECTION 35

CONT'D

Executive Order 11246 - prohibits federal contractors and subcontractors from discriminating in employment decisions on the basis of race, color, religion, sex, or national origin. It also requires covered contractors to take affirmative action to ensure equal opportunity is provided in all aspects of their employment

Section 306 of the Clean Air Act (42 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations 40 CFR Part 15 and section 508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), Executive Order 11738 which prohibits the awarding of nonexempt Federal contracts, grants or loans to facilities listed as a violating facilities. Providers are required to report any violation to BBHC (submitted in writing to the BBHC Contract Manager listed in Section 6 of the BBHC Standard Contract.

Lobbying – no contract funds may be used to influence legislation or appropriations pending before the Congress or any State legislature.

PRO-CHILDREN ACT OF 1994

Requires smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient hospital drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

Voter Registration Agencies

The Department of Children and Families (DCF) is a Voter Registration Agency (VRA).

VRA are governed by the National Voter Registration Act and 97.058, F.S. and 1S-2.048, F.A.C.

A VRA is any public office that provides:

- Public assistance
- Services persons with disabilities
- Provide voter registration services
 - Accept voter registration applications in person or via mail
 - Provide consumers with opportunity to register or update registration
 - Registration via phone, at service delivery location, Internet, mail, or fax
 - Forward complete and incomplete voter registration to Supervisor of Elections within 5 days
 - Maintain record of declination for 2 years

QUICK FACTS

The NVRA was passed in 1993

Enacted in Florida with the Florida Voter Registration Act of 1995

There has been a steep decline in voter registration over the past 20 years

- Florida is 3 times the national average in rate of decline
- 97% decline between 1995 and 2010
- Bottom 5 nationally

**Ensure compliance with the
requirements of the NVRA
and the Florida Voter
registration Act of 1995 and
applicable Rule**

REASONS FOR DECLINE IN VOTER REGISTRATION

- Apathy
- Insufficient information related to registration
- Incorrect coding

IMPACT ON BBHC AND ITS SUBCONTRACTED PROVIDERS

1. As the VRA, DCF is required to provide consumers with registration/update opportunities. This passes through to BBHC and its subcontracted providers.
2. As the VRA, DCF is required to record efforts related to voter registration/update to the Florida Department of State. This will require BBHC and its subcontracted providers to track and report data on a monthly basis.
3. BBHC will provide training to its subcontracted providers and amended applicable language into its subcontracts.
4. Subcontracted providers will ensure staff are trained in the voter registration requirements; provide consumers with an opportunity to register or update registration; track data.

Subcontracted providers will report efforts on a monthly basis to BBHC utilizing the **Monthly Voter Registration Services Report (Form 14-01)**.

ROLES AND RESPONSIBILITIES

BBHC Implementation Activities

- Develop procedures and instruments for subcontracted provider activities, including reporting
- Receive and compile subcontracted data for DCF
- Provide training to staff and subcontracted providers

Subcontracted Provider Implementation Activities

- Train staff
- Collect number of applications, declinations, and address Change Maintenance forms
- Report to BBHC
- Develop and implement internal procedures

REPORTING REQUIREMENTS

Who: Subcontracted Providers

What: Exhibit J - Form 14-01, Monthly Report

When: Prior to the close of business on the 7th CALENDAR day of the following month for which services were rendered.

Where: Provider Portal – Provider Reports

How: Providers must label the report –
343## VRA INSERT MONTH
(e.g. 34301 VRA March2014).

MONTHLY REPORT – FORM 14-01



Monthly Voter Registration Services Report - FORM NVRA 14-01

Provider Name: _____
Provider Contract #: _____
Contact Name: _____ **Contact Phone #:** _____
Report Month/ Year: _____

Complete Applications to SOE	Paper - Courier	Paper - Mail

Total Declinations

Total Clients Asked

Address Change

Total Received	Paper - Courier	Telephone

The undersigned authorized representative attests and certifies the information provided in the Monthly Voter Registration Services Report is accurate and complete to the best of my knowledge.

CONTACTS

For Information on Voter Registration
contact the Broward County Supervisor
of Elections

- Mary Hall
 - 954-357-7050 or
registration@browardsoe.org.

UNITED STATES CITIZENSHIP AND IMMIGRATION

Unauthorized aliens shall not be employed by any BBHC subcontracted provider. BBHC shall consider the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationality Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986.

E-VERIFY SYSTEM

An Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

The Provider is required to enroll in and use the E-Verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors' employees performing under this Contract located at

<http://www.uscis.gov/e-verify>.

DEAF OR HARD OF HEARING

Section 504 of the Rehabilitation Act of 1973 - eliminate discrimination on the basis of handicap in any program or activity receiving Federal financial assistance.

DCF CFOP 60-10 - operating procedure describes the process for ensuring persons who are deaf or hard of hearing are afforded equal opportunity in employment and receipt of services as are persons without disabilities, and establishes the terms and conditions for sign language interpreter services as required by federal law and regulations and provides guidance and assistance regarding the scope and nature of sign language interpreter services. Persons who are deaf or hard of hearing shall receive reasonable accommodations in employment and service delivery activities through the use of auxiliary aids and services and certified interpreters at no cost.

Single Point of Contact – employee within a Provider agency (if more than 15 persons are employed) responsible for ensuring procedures and practices consistent with Section 504 and CFOP 60-10; each employee completes the *Serving our Customers who are Deaf or Hard of Hearing* on an annual basis; and posting of notices throughout the Provider facility.

Auxiliary Report – monthly report submitted directly to DCF Health and Human Services Compliance data system. A copy of the report is submitted to the BBHC Contract Manager by the 5th calendar day of the following month.

STATE OF FLORIDA REQUIREMENTS

Whistle-blower's Act. In accordance with subsection 112.3187(2), F.S., the Provider and its subcontractors shall not retaliate against an employee for reporting violations of law, rule, or regulation that creates substantial and specific danger to the public's health, safety, or welfare to an appropriate agency. Furthermore, agencies or independent contractors shall not retaliate against any person who discloses information to an appropriate agency alleging improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of an agency, public officer, or employee. The Provider and any subcontractor shall inform its employees they and other persons may file a complaint with the Office of Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353.

BBHC REQUIREMENTS

Inspection – Section 7 (Provider Relations)

Corrective Action – Section 7 (Provider Relations)

Subcontracting – Section 8

Insurance – Section 10

Legal Notice – Section 11

Client Risk (Incident Reporting) – Section 12

Emergency Preparedness – Section 13

Sponsorship and Publicity – Section 16 and 17

SUBCONTRACTING

Pursuant to Section 8 of the BBHC subcontract:

Only providers authorized by BBHC may subcontract services

Subcontracting must be approved in advance

Providers requesting authorization should submit a copy of the reason for subcontracting, the party it proposes to subcontract, and the subcontract – when available – to the Director of Provider Relations for review

INSURANCE

Pursuant to Section 10 of the BBHC subcontract, providers shall:

The Provider shall maintain continuous adequate liability insurance coverage during the existence of this Contract and any renewal(s) and extension(s) thereof.

With the exception of a state agency or subdivision as defined by subsection 768.28(2), F.S., the Provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the Provider and the consumers served.

Upon the execution of contract/expiration of insurance, the Provider shall furnish BBHC written verification supporting both the determination and existence of such insurance coverage.

Ensure BBHC is listed as the Certificate Holder and send to the Contract Manager

LEGAL NOTICE

Pursuant to Section 11 of the BBHC subcontract, providers:

The Provider shall notify BBHC of any and all legal actions taken against them or claims, or potential actions related to services provided or that may impact the Provider's ability to deliver the contractual services, or adversely impact BBHC.

Provide written notification to the Contract Manager within five (5) business days of Provider becoming aware of such actions or from the day of the legal filing, whichever comes first.

EMERGENCY PREPAREDNESS

Better planning can help make available appropriate interventions to those in need, and help promote resiliency and recovery. It also provides an opportunity for a more efficient mental health response. Providers should review emergency planning a minimum of annually and after any portion of its Emergency Preparedness Plan is enacted.

ELEMENTS OF AN EMERGENCY PLAN

Introduction (signature page, date, record of distribution, Table of Contents)

Executive Summary – purpose, goals, overview)

Situations, Assumptions, Scenarios

Operations (approach, actions, responsibility and authority)

Logistics and Reporting

Communications (including Public Information)

Plan modification

Mobilization

Evacuation

Mass Care

Continuity of Operations

REQUIRED TRAINING

ESTABLISHED CURRICULUM

**Serving our Customers
who are Deaf or
Hard of Hearing
(Annual)**

**Security Awareness
(Annual)**

HIPAA (Annual)

Navigating the Portal

PROVIDER CURRICULUM

Emergency Response

Client Confidentiality

Incident Reporting

Abuse Reporting

CONTRACT ACCOUNTABILITY

SECTION III – PROVIDER RELATIONS

COMPLIANCE

Pursuant to Section 24 of the BBHC Contract and as required in BBHC's contract with DCF, an annual Contract Accountability Review (CAR) is conducted to assess a provider's compliance with administrative and/or programmatic requirements and may be conducted via an onsite or desk review. The CAR may be limited in scope after consideration of risks associated with a provider, its contract, or other factors determined applicable.

2013/2014 YEAR END REPORT

29 providers received a Contract Accountability Review representing **32** contracts. Two (2) reports are pending additional information and have been carried over to FY 14/15.

16 providers placed on corrective action
Additionally, **28** providers were required to submit documentation to resolve a deficiency

20 Onsite Reviews and **11** Desk Reviews

2013/2014 FINDINGS BY CATEGORY

Deficiency Type	Total
Insufficient Policy/Procedure	64
Outstanding Report Submission	35
Background Screening	4
Personnel Forms (I-9; CF-114)	10
Training	22
Organizational (General)	23
Service / Treatment Planning	6
Billing	5
Service Delivery	11
Data Reporting	14
Incident Reporting	3
Total	197

PRE-MONITORING ACTIVITIES

Risk Assessment –

July

CAR Schedule –

August

RISK ASSESSMENT

The annual review of established criteria that present risks to BBHC to assist in determining the appropriate order, frequency, duration, date, and scope of formal monitoring activities. The utilization of the Risk Assessment allows for application of an established and uniform process and resources to the areas of greatest need. By efficiently and effectively allocating such resources, assurances can be provided that public safety, public funds, and health care services are assessed without unduly burdening providers and advances the goal activities are performed in an environment free of bias and favoritism in the order and/or frequency providers are reviewed for compliance.

RISK CRITERIA

Financial Management and Billing
DCF ME Annual Contract value
Invoices are not submitted timely and accurately
The Provider has a Previous FY funding lapse
There is an Adverse/Qualified/No Opinion in the Audited Financial Statements / Management Letter
Staffing
The Provider has new Executive Management within the past 12 month period
Provider Compliance History
The Provider does not submit required reports timely and correctly (does not include Incidents)
Placed on CAP in past year (includes Incidents)
Unresolved (past deadline) or repeated deficiencies
The Provider received citations from its accrediting body or deficiencies were identified by other providers including Medicaid
The Provider has security / HIPPA violations with the past 12 month period
Data Management
The Provider's YTD data submission is less than 95% as supported on invoice documentation
Evidence of non-compliance with required data submission (admissions, discharges, FARS, etc.)
The Provider achieved less than the required GAA/NOMS Performance Outcomes
The Provider does not have an operational Electronic Healthcare Record (EHR) system
Quality Management
The Provider delivers Inpatient, CSU, Detox, and/or Residential services
There was a substantiated finding related to an incident report
The Provider has reported no incidents over a 12 month period

CAR SCHEDULE

Established in August after review of Risk Assessment

Not published to ensure all providers have the same notice of a CAR – fourteen (14) calendar days

The dates of the CAR will not be changed – this allows for consistency among providers and the ability to complete annual efforts

CAR PROCESS

A progressive process is utilized to notify providers of deficiencies or items of non-compliance associated with performance; to initiate necessary actions to remedy non-compliance items; and to follow-up to ensure full contract compliance. The progressive process includes the following levels of action:

- LEVEL 1 – Contract Accountability Review (Onsite/Desk Review)
- LEVEL 2 – Review of the Corrective Action Plan (CAP)
- LEVEL 3 – Verification Site Visit
- LEVEL 4 – Meeting with Provider
- LEVEL 5 – Imposition of Consequences for Non-Compliance.
- LEVEL 6 – Cure Letter, notifying the Provider of immediate demand for correction
- LEVEL 7 – Suspension of Services/Termination of Contract

CONDUCTING THE CAR

- **The CAR may be conducted via an Onsite or Desk Review**
- **Providers will receive 14 days notice. If the CAR is a Desk Review, the provider will have five days to submit documents contained in the scope of the review**
- **A CAR Report is sent to the provider within 30 calendar days of completion of the CAR**
- **Secret Shopper, and consumer and staff interviews will be included in FY 14/15 activities**
- **Compliance with Programmatic items will include a review of the provider's fidelity monitoring efforts**

OUTCOME-BASED CORRECTIVE ACTION PLAN

Deficiencies may require the completion of an Outcome-Based Corrective Action Plan by the Provider, using the approved format to correct each deficiency identified. When a CAP is required, the CAP must be submitted within thirty (30) calendar days of the date of the Contract Accountability Review Report cover letter, unless otherwise stated in the Report. The benefits of an outcome-based CAP include: 1) the identification of the root cause which led to the deficiency; 2) corrective action steps; 3) short-, mid-, and long-term benchmarks to measure the completion of the corrective actions and allow for ongoing assessment and analysis of the effectiveness of the CAP; and 4) the identification of staff responsible for the implementation of the outcome-based CAP. After the outcome-based CAP is developed by the Provider **it is** reviewed by the Provider Relations Specialist to determine the likelihood of responsiveness. Once the CAP is received, a Verification Site Visit (Level 3) will be conducted. The CAP is not considered received until determined responsive.

VERIFICATION SITE VISIT

After receipt of a Provider's CAP and after the anticipated completion date outlined in the CAP, the Verification Site Visit is scheduled to assess the effectiveness of the provider in correcting each identified deficiency. Verification Site Visits are short in duration and are specific to each deficiency and the corresponding CAP. After the verification visit, if all deficiencies are not corrected, a meeting will be conducted with the Provider's senior leadership.

CAP MEETING WITH PROVIDER

If the Provider fails to submit a CAP within thirty (30) calendar days of the receipt of the Report, or is unsuccessful in implementing a CAP within the specified time frame; and/or fails to make acceptable progress in correcting deficiencies as outlined in the CAP within specified timeframes, additional sanctions may be imposed including financial penalties (Section 21 of the BBHC contract). Prior to additional sanctions, the Director of Provider Relations will meet with the Provider's Chief Executive Officer/Executive Director/President to advise the Provider of the findings; the expectations related to correction of the deficiency(ies); and the possibility of imposition of additional consequences. Such meetings must occur within ten (10) business days of completion of a Verification Site Visit.

CONSEQUENCES FOR NON-COMPLIANCE

If the Provider fails to submit and implement corrective actions to successfully address the identified findings, a written recommendation will be forwarded to BBHC's Chief Executive Officer to outline efforts and outstanding deficiencies. Any consequences imposed will be determined by BBHC and will have been addressed with the Provider in a face-to-face meeting and detailed in a follow up letter to the Provider's Chief Executive Officer/Executive Director/President. When assessing financial consequences, a consequence may be assessed for each deficiency each day the Provider has failed and continues to fail to address the deficiency(ies). The Provider will be notified of the additional consequence(s), via a Cure Letter that details the steps the Provider must take to resolve the matter, the timeframes to respond, and the additional steps to be taken if the Provider fails to successfully address the matter. Financial consequences will be assessed against the Provider's next invoice. The formula will be determined in consultation with BBHC's Chief Executive Officer.

CURE LETTER

The Cure Letter is the final step in the progressive process to work with providers to ensure the delivery of services consistent with the terms of the Contract, and applicable federal and state laws, rules, and regulations. If a deficiency is not successfully corrected within the timeframes provided in the Cure Notice, services may be suspended or the Contract terminated. A Cure Letter may be issued at any time when a Provider has failed to respond to and correct deficiencies; when non-compliance may cause harm to consumers, staff and/or the public; when there is suspected misuse of public funds; or when non-compliance directly affects the delivery of services to consumers as required by the contract. The Cure Letter advised the continued failure to correct the noted deficiencies within the specified time frame will result in suspension of services and/or termination.

DEVELOPING AN
OUTCOME-BASED
CORRECTIVE ACTION PLAN
SECTION III – PROVIDER RELATIONS (CONT'D)

Table of Contents

1. **What is a Contract Accountability Review (CAR)?**
2. **What is an Outcome Based Corrective Action Plan?**
3. **Sample Exercise**

CONTRACT ACCOUNTABILITY REVIEWS

Governing Authority

- The Contract
- DCF CFOP 75-8
- Policy - *PR001, Contract Accountability Reviews*

Goal

- provide reasonable assurances to BBHC of provider compliance.
- strive to work with providers to bring to compliance AND competency.
- analyze trends to identify training and technical assistance needs.

COMMON PROGRAMMATIC FINDINGS

- **Not documenting effort to achieve the deliverable (Progress Notes; Sign-In Sheets)**
- **Services not individualized to meet consumer risks and needs as seen on Treatment Plan**

COMMON ADMINISTRATIVE FINDINGS

- **Outdated Policies and Procedures**
- **Report submission (timeliness)**
- **Data submission (accuracy and timeliness)**

CRITICAL FINDINGS

Require Immediate Attention -

- Any threat to the health, safety or welfare to consumers, staff or the public, including a reasonable probability a threat could occur if remedial action is not initiated without delay.
- Misuse, waste, loss of a significant or egregious lack of judgment in the use of public funds.
- Indications state or federal laws, state rules or federal regulations have been violated.

OUTCOME-BASED CORRECTIVE ACTION PLANS

An Outcome-Based Corrective Action Plan is a provider's response to identified area(s) of non-compliance. It is submitted and reviewed to determine its reasonableness in correcting the deficiency. The success of the CAP is determined through a Verification Site Visit, conducted in consideration of the timeframes for short-; mid-; and long-term goals in the CAP. It is not a re-statement of the requirement.

EXAMPLES OF CORRECTIVE ACTIONS

1. A Plan that allows time for Provider to remedy
2. Imposition of Financial consequences
3. Suspension of referrals/services
4. Termination of a contract

This presentation focuses on developing the
Corrective Action Plan.

WHY AN *OUTCOME* BASED CORRECTIVE ACTION PLAN?

Outcomes seek to change attitudes, behaviors and/or conditions and are goal/results driven. It is not a re-statement of a requirement, or development of a policy. Successful outcome based corrective action plans drive compliance, which is intended to result in quality and effective deliverables.

THE GOAL OF THE OUTCOME BASED CORRECTIVE ACTION PLAN

Deficiency: Treatment plans (not individualized, not signed by consumer, no documentation of consumer or family engagement)

Change the Attitude: Employees will demonstrate a clear knowledge and understanding of the value of individualized treatment plans and will actively engage supervisors to seek input as to the quality of the plans.

Change the Behavior: Employees will ensure consumers understand the treatment plan and document that understanding through their signature on the plan. Employees will thoroughly document all consumer and family engagements.

Resulting Condition: The organization agrees to implement a quality assurance process to routinely assess the quality of treatment plans and compliance with signature and documentation requirement. The organization will analyze, and implement as appropriate, tools that can be made available to employees that streamline documentation processes to increase efficiencies and reduce redundant data entry.

OUTCOME BASED CAP TEMPLATE

Contract Number		Provider Name	
Person Responsible		Title	
Date of CAR Report/Finding			
<p>The acceptance of this corrective action plan (CAP) is an acknowledgement of the Provider's proposed plan to resolve the identified deficiency/item of non-compliance. This approval shall not be construed as a waiver by the Managing Entity (ME) of any right, power, or remedy under the applicable Contract.</p>			
Finding/Deficiency:			
Root Cause			
Specific Action	Expected Outcome	Responsible Staff Person	Completion Date
CQI Plan/Role to Sustain CAP			

UNACCEPTABLE CORRECTIVE ACTION PLAN

Contract Number	34300	Provider Name	Very Good Provider, Inc.
Person Responsible	Jane Doe	Title	Clinical Director
Date of CAR Report/Finding	October 17, 2013		
<p>The acceptance of this corrective action plan (CAP) is an acknowledgement of the Provider's proposed plan to resolve the identified deficiency/item of non-compliance. This approval shall not be construed as a waiver by the Managing Entity (ME) of any right, power, or remedy under the applicable Contract.</p>			
<p>Finding/Deficiency: Treatment Plans are not individualized to meet the risks and needs of the client as identified on the Assessment. Client did not consistently sign the Treatment Plan and there is no documentation of engagement of the client or available family members.</p>			
Root Cause			
<p>The clinician forgot to have the client sign.</p>			
Specific Action	Expected Outcome	Responsible Staff Person	Completion Date
Client will sign the Tx Plan	Tx Plan will be signed and filed	Primary Counselor	November 17, 2013
Tx Plan will include individualized goals	Tx Plan will be individualized to meet client needs and risks	Primary Counselor	November 17, 2013
CQI Plan/Role to Sustain CAP			
<p>CQI Manager will review client files.</p>			

DEVELOPING AN ACCEPTABLE OUTCOME BASED CAP

Step 1 - Identify the Root Cause

- Why did this occur
- Look at internal organization
- System barriers
- Training
- Supervision

IDENTIFY THE ROOT CAUSE

Contract Number	34300	Provider Name	Very Good Provider, Inc.
Person Responsible	Jane Doe	Title	Clinical Director
Date of CAR Report/Finding		October 17, 2013	
<p>The acceptance of this corrective action plan (CAP) is an acknowledgement of the Provider's proposed plan to resolve the identified deficiency/item of non-compliance. This approval shall not be construed as a waiver by the Managing Entity (ME) of any right, power, or remedy under the applicable Contract.</p>			
<p>Finding/Deficiency: Treatment Plans are not individualized to meet the risks and needs of the client as identified on the Assessment. Client did not consistently sign the Treatment Plan and there is no documentation of engagement of the client or available family members.</p>			
Root Cause			
<p>New staff and a change in management contributed to the deficiency. Infrequent supervisory review and lack of continuous coaching allowed staff to become complacent. There was also a vacancy requiring staff to take on more cases.</p>			
Specific Action	Expected Outcome	Responsible Staff Person	Completion Date
CQI Plan/Role to Sustain CAP			

DEVELOPING AN OUTCOME BASED CAP

Step 2 – Detail the specific measures/actions to bring into compliance

- Development of Policy of Procedure
- Additional training
- Implementation of internal controls
- Increased supervision
- Reassignment of duties

Contract Number	34300	Provider Name	Very Good Provider, Inc.
Person Responsible	Jane Doe	Title	Clinical Director
Date of CAR Report/Finding	October 17, 2013		

The acceptance of this corrective action plan (CAP) is an acknowledgement of the Provider's proposed plan to resolve the identified deficiency/item of non-compliance. This approval shall not be construed as a waiver by the Managing Entity (ME) of any right, power, or remedy under the applicable Contract.

Finding/Deficiency: Treatment Plans are not individualized to meet the risks and needs of the client as identified on the Assessment. Client did not consistently sign the Treatment Plan and there is no documentation of engagement of the client or available family members.

Root Cause

New staff and a change in management contributed to the deficiency. Infrequent supervisory review and lack of continuous coaching allowed staff to become complacent. There was also a vacancy requiring staff to take on more cases. .

Specific Action	Expected Outcome	Responsible Staff Person	Completion Date
All staff will complete review of 65-E 4 delivered by the Clinical Director and provided with a copy. Certification of Completion will be prepared by the HR Manager and placed in the employee Personnel File	All staff will demonstrate an understanding of the requirements/elements of the MH client record via a test at the end of the training.	Clinical Director and HR Manager	Session 1 – October 28; Session 2 – October 31
Supervisors will conduct client file reviews every 30 days and hold weekly staffings with Primary Counselors. Supervisors will report efforts to Clinical Director.	Continued coaching to boost competencies of new employees; pro-actively address breakdowns; identify additional training needs resulting in improved quality of service to clients and engagement of client and his/her supports, when appropriate	Clinical Director	Client File Review start November 17 and ongoing; weekly staffing start October 24 and ongoing
New staff will be hired and cases will be re-distributed in a manner that allows Primary Counselor to spend appropriate time with client and supervisor in addressing needs and risks	Staff will have adequate supervision and time to work with client improving the interaction with client and attention to details.	HR Manager	New Hire process (Recruitment; screening; hire; and training completion November 30

STEP 3 - SUSTAINABILITY

- Define the role of internal Quality Assurance/Quality Improvement professional
- Goal to monitor the success of the CAP and prevent reoccurrence

Contract Number	34300	Provider Name	Very Good Provider, Inc.
Person Responsible	Jane Doe	Title	Clinical Director
Date of CAR Report/Finding	October 17, 2013		
The acceptance of this corrective action plan (CAP) is an acknowledgement of the Provider's proposed plan to resolve the identified deficiency/item of non-compliance. This approval shall not be construed as a waiver by the Managing Entity (ME) of any right, power, or remedy under the applicable Contract.			
Finding/Deficiency: Treatment Plans are not individualized to meet the risks and needs of the client as identified on the Assessment. Client did not consistently sign the Treatment Plan and there is no documentation of engagement of the client or available family members.			
Root Cause			
New staff and a change in management contributed to the deficiency. Infrequent supervisory review and lack of continuous coaching allowed staff to become complacent. There was also a vacancy requiring staff to take on more cases. .			
Specific Action	Expected Outcome	Responsible Staff Person	Completion Date
All staff will complete review of 65-E 4 delivered by the Clinical Director and provided with a copy. Certification of Completion will be prepared by the HR Manager and placed in the employee Personnel File	All staff will demonstrate an understanding of the requirements/elements of the MH client record via a test at the end of the training.	Clinical Director and HR Manager	Session 1 – October 28; Session 2 – October 31
Supervisors will conduct client file reviews every 30 days and hold weekly staffings with Primary Counselors. Supervisors will report efforts to Clinical Director.	Continued coaching to boost competencies of new employees; pro-actively address breakdowns; identify additional training needs resulting in improved quality of service to clients and engagement of client and his/her supports, when appropriate	Clinical Director	Client File Review start November 17 and ongoing; weekly staffing start October 24 and ongoing
New staff will be hired and cases will be re-distributed in a manner that allows Primary Counselor to spend appropriate time with client and supervisor in addressing needs and risks	Staff will have adequate supervision and time to work with client improving the interaction with client and attention to details.	HR Manager	New Hire process (Recruitment; screening; hire; and training completion November 30
CQI Plan/Role to Sustain CAP			
The HR Manager and Clinical Director will develop a Training Plan for direct care staff and supervisors that includes continuous professional development; meet quarterly to assess changing training needs and external opportunities to increase competencies of staff..			

The key to effective monitoring is the implementation of a continuous, proactive, and interactive process.

REPORTS SUBMISSION

SECTION III – PROVIDER RELATIONS (CONT'D)

REQUIRED REPORTS

- **Exhibit C is a non-exhaustive list of required reports. It includes where to submit reports and when**
- **Providers, unless otherwise directed, submit reports to the Portal**
- **Every submission must be titled using the following naming convention:**
 - **CONTRACT# PROVIDER REPORT NAME DATE (34300 BestProvider 1Q Report 081414)**

BUT WHERE IN THE PORTAL?

The Portal layout will be enhanced to include folders by which users can easily identify where to upload or find a report.

Provider Upload File	
	Contract Documents
	Organizational/Licenses/Certifications
	CAR Response/CAPs
	UM Reports (i.e. Patient Roster)
	Monthly Reports
	Quarterly Reports
	Annual Reports
	Credentialing Application/Requests
	Notifications

ORGANIZATIONAL

Certificates of Insurance

Board of Directors Roster

Table of Organization

Licensure

Accreditation

CAR/RESPONSE TO MONITORING

**Required documents resulting from a
Contract Accountability Review**

Corrective Action Plans

Verification Site Visit information

Other funder monitoring reports

UTILIZATION MANAGEMENT

Residential Authorization

Requests

Patient Roster

MONTHLY, QUARTERLY, ANNUAL REPORTS

Auxiliary - monthly

Voter Registration - monthly

375 - monthly

Financial Statements - quarterly

Audit - annual

Annual Plan - annual

CREDENTIALING

Assessor Roster

Case Manager Roster

Supporting Documentation

- Certificate of Completion of training
- Degree
- License
- Transcripts

CLIENT CONFIDENTIALITY

SECTION IV - DATA AND SECURITY

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Pursuant to Section 35 of the BBHC Subcontract, provider shall, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U.S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164). Any violation shall be reported to BBHC's Data Security Officer and Contract Manager within three (3) calendar days of identifying the violation.

Data Security Officer – Saul Murillo

Contract Manager – Ava Mitsuda

REPORT OF VIOLATION

During FY 13/14 there were 20 reports of inappropriate disclosures.

Any inappropriate, intended or unintended, or potential disclosure of protected client information must be reported to BBHC using the HIPAA Report Form.

BBHC is required to report this information to DCF.

EXAMPLES OF UNINTENDED DISCLOSURES

- Unprotected emails containing consumer information
- Consumer information (files, forms, rosters, pictures) on desks
- Release of wrong consumer information
- Release of unauthorized consumer information
- Release of consumer information to an unauthorized/intended person
- Improper disposal of protected information
- Unprotected storage of protected information (laptops, flash drives)
- Employee snooping

STRATEGIES AND TACTICS TO PROTECT CLIENT INFORMATION

Annual Training

Unannounced internal
monitoring

NAVIGATING THE PORTAL

SECTION IV - DATA AND SECURITY

OBJECTIVE

Overview of the Provider Portal

Obtaining access

Data Upload 101

Glossary of Terms

Submitting Work Orders

WHAT IS THE PROVIDER PORTAL?

The Provider Portal is a real-time system that allows DCF, BBHC and providers to submit and report all Pamphlet (PAM) 155-2 and invoicing data to BBHC in a self-serve model.

HOW DO I GET ACCESS?

- To gain access to the Portal you must first have a Data Base Access Request Form on file.
- You must also take the current HIPAA and Security trainings provided by DCF.

DATA ACCESS

- To obtain access to the Portal, each employee must complete the Data Base Access Request Form (located at www.bbhcflorida.org) or at <http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2>.
- Complete the form in, obtain required signatures, scan, and email to itrequests.bbhc@concordiabh.com. Type the Contract Number, Provider Name, and “Data Access Request” in the Subject Field.

DATABASE ACCESS REQUEST FORM

This form must be typed or completed on your computer and printed out for signatures in order to be processed
All information should be completed with the exception of Fax and DCF Log-on where not applicable.

1. REQUESTER INFORMATION:

Name: First: [] MI: [] Last: []
 User SSN: []
 *Contractor ID: [] *Contractor Name: []
* Not applicable for Private Providers or requests for IRAS
 Provider ID: [] Provider Name: []
(Sub-Contractor ID) (Sub-Contractor Name)
 Region: [] Circuit: [] County: [] Phone: []
 Fax: [] Email: []
 Mailing Address: []
 DCF Issued Log-on (If already assigned one): []

2. AUTHORIZATION SIGNATURES:

Supervisor's Name: []
 Supervisor's Signature: _____ Signature Date: _____
 SAMH Regional Officer Name: Andy Waza
 => SAMH Regional Officers Signature: _____ Signature Date: _____
 => SAMH HQ Security Officer Signature: _____ Signature Date: _____

3. DATABASE SYSTEM(S) TO BE ACCESSED BY THE REQUESTER

- SAMH Database (Query Facility, TANF, Data Visibility Reports) SALIS
 DC Aftercare Referral IRAS (Incident Reporting) Access To Recovery (ATR)

4. LEVEL AND ROLE OF THE REQUESTER:

a. SAMHIS Roles: (Choose one)

	Administrator	Staff
State	[]	[]
Region/Circuit	[]	[]
Contractor	[]	[]
Sub-Contractor	[]	[]
DC Facility	[]	[]

b. IRAS Roles: (Choose one)

- All Viewer Initiator Incident Coordinator Death Review Coordinator Child Fatality Prevention Specialist
 Communications Designee Leadership User Administrator Administrator

5. ACTION REQUESTED:

- Add New User Deactivate User Reactivate User Update User Information

6. CONFIDENTIALITY AND SECURITY REQUIREMENTS:

By my signature, I acknowledge that I am responsible for safeguarding the confidentiality and security of this information as required by the following state and federal laws:

42 Code of Federal Regulation Part 2 and Part 142; 45 Code of Federal Regulation Parts 160 and 164;
 Section 394.4615, Florida Statutes; Section 397.501(7), Florida Statutes;
 Section 916.107(8), Florida Statutes; Section 282.318, Florida Statutes

I received: Security Awareness Training on: [] (MMDDYYYY) HIPAA Training on: [] (MMDDYYYY)

Requestor's Signature: _____ Signature Date: _____



SECURITY AGREEMENT FORM

The Department of Children and Families has authorized you:

Employee's Name/Organization

to have access to sensitive data through the use of computer-related media (e.g., printed reports, microfiche, system inquiry, on-line update, or any magnetic media).

Computer crimes are a violation of the department's Standards of Conduct and, in addition to departmental discipline, the commission of computer crimes may result in Federal and/or State felony criminal charges.

I understand that a security violation may result in criminal prosecution according to the provisions of Federal and State statutes and may also result in disciplinary action against me according to the department's Standards of Conduct in the Employee Handbook.

By my signature below, I acknowledge that I have received, read, understand and agree to be bound by the following:

- The Computer Related Crimes Act, Chapter 815, F.S.
- Sections 7213, 7213A, and 7431 of the Internal Revenue Code, which provide civil and criminal penalties for unauthorized inspection or disclosure of Federal tax data.
- 6103(l)(7) of the Internal Revenue Code, which provides confidentiality and disclosure of returns and return information.
- CFOP 50-2 and 50-6
- It is the policy of the Department of Children and Families that no contract employee shall be allowed access to IRS tax information or FDLE information, unless such contract employee is formally approved in writing, by name and position, to access specified information as authorized by regulation and/or statute.
- It is the policy of the Department of Children and Families that personal passwords are not to be disclosed.
- It is the policy of the Department of Children and Families that information is not to be obtained for my own or another person's personal use.
- I will only access or view information or data that I am authorized, and have a legitimate business reason in the course of the performance of my duties. I shall maintain the integrity of all confidential and sensitive information accessed.
- The "casual viewing" of employee or client data, even data that is not confidential or otherwise exempt from disclosure as a public record, constitutes misuse of access, is not acceptable, and will not be tolerated.
- It is the policy of the Department of Children and Families that database queries will be performed on a regular basis to identify misuse of access.

PRIVACY ACT STATEMENT: Disclosure of your social security number is voluntary, but must be provided in order to gain access to department systems. The number is requested pursuant to Section 282.318, Florida Statutes, the Security of Data and Information Technology Resources Act. The Department will request your social security number so that we may provide you secure access to data systems. This will prevent unauthorized access to confidential and sensitive information collected and stored by the Department and provide the Department a unique identifier in our systems.

Print Employee Name _____ Signature of Employee _____ Date _____

Print Supervisor Name _____ Signature of Supervisor _____ Date _____

SECTION 1 & 2

- Section 1- ALL fields must be filled out with the exception of the following two.
- User SSN (only required if requesting IRAS)
- Fax number (optional)
- Section 2- The requestor and his/her supervisor must sign the Form.

SECTION 3 & 4

- Section 3- Select the SAMH box for Portal Access. If you need IRAS Access click on the IRAS box as well.
- Section 4a- Place an “X” for Sub-Contractor Staff.
- Section 4b- If you are requesting IRAS access only, select Incident Coordinator.

SECTION 5 & 6

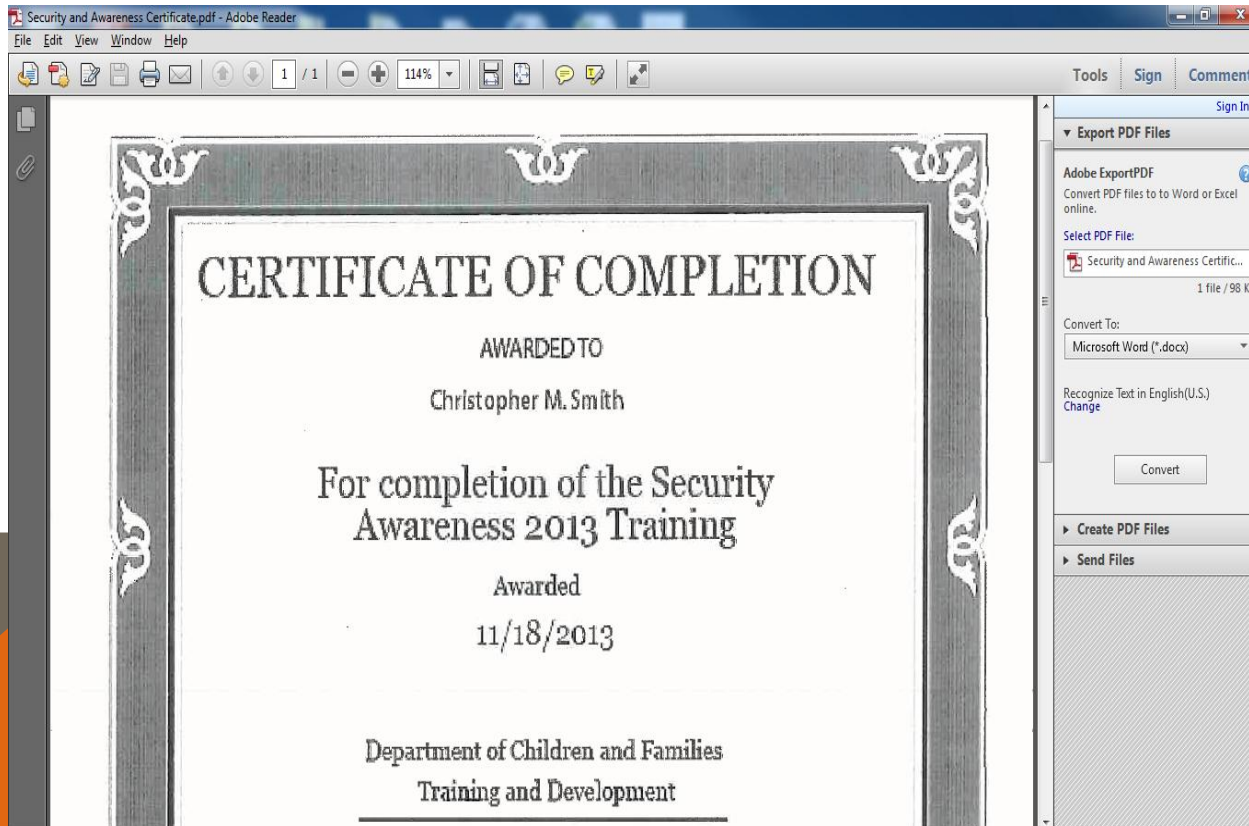
- Section 5- At least one box must be marked
- Section 6- Type in the completion date(s) for Data Security Awareness and HIPAA training. Then sign and date the bottom of the form.

SECURITY AGREEMENT FORM

- At the top of the page above Employee Name/Organization, please type in Employee Name and Supervisor Name. Do the same at the bottom of the form.
- Print both sheets of the Database Access Request Form and sign where required.
- CF-114 is an ANNUAL form that must be completed by any provider employee with access to BBHC consumer information and is not specific to those with access to the Portal, SAMHIS, IRAS or other BBHC or DCF data system.

Access to the Portal requires the requestor to successfully complete the Security Awareness and HIPAA trainings. The curricula was developed by DCF and is available on its website. Annual updates are required. Notification will be delivered to the provider Contract Manager when each training is available.

Upon successful completion of each training, complete the Certificate of Completion and attach to the Data User Request Form.



You should now have the following completed and signed documents;

1. Database Access Request form
2. Security Agreement form
3. Certificate for the Security and Awareness Training
4. Certificate for the HIPAA Training.

Please scan and attach above documents to an email and send to itrequests.bbhc@concordiabh.com

- **If you only requested Portal access you will receive a Secure email with your login information within 72 hours.**
- **Concordia will forward the IRAS/SAMH/TANF requests to DCF and forward the user's DCF-generated credentials when received from DCF.**

Once you received your login information go to the portal login website by clicking on the link below.


<https://medical.iossolution.com/application/login>

IOS Secure Health Platform

Client ID

User Name

Password

At the bottom of any page within the Provider Portal you will find the following fields:

Upload document- Allows you to upload documents

Dashboard- Takes you to the Provider Portal home screen

Data Entry- Allows the manual process of inputting data into the Provider Portal

Merge Demographics- Allows the merging of demographic information



Upload Document

Dashboard

Data Entry

Merge Demographics

Logout

DASHBOARD

- Once logged in, you will be at the home screen (you can always come back to this screen by clicking the Dashboard button at the bottom).
- From the home screen you can click your provider name to see all files that have been uploaded.
- This data will appear to the right of the screen and will be broken up by type of data.

Providers





Client ID: [REDACTED]

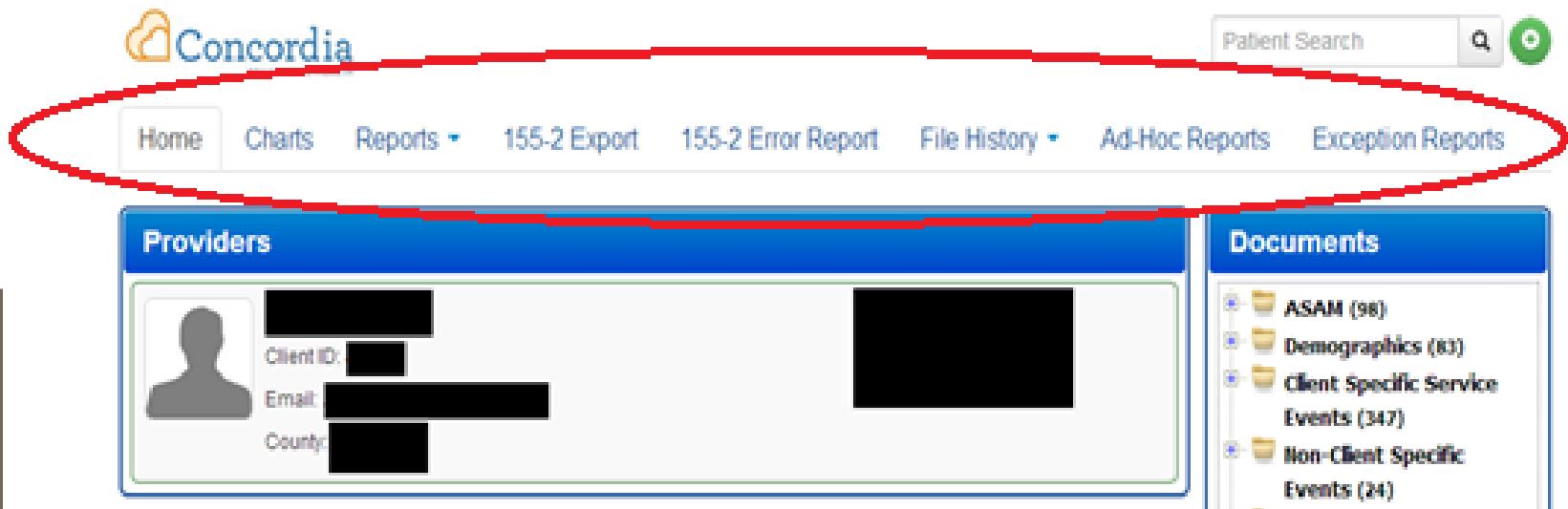
Email: [REDACTED]

County: [REDACTED]

Documents

- ASAM (98)
- Demographics (83)
- Client Specific Service Events (347)
- Non-Client Specific Events (24)
 - Seclusion and Restrain Events
- PERF (474)
- CFAR (1)
- FAR (189)
- Substance Abuse Admissions Outcome (78)
- Substance Abuse Discharge Outcome (100)
 - Substance Abuse Detox Outcome
- Invoices (20)
- Invoice Support Documentation (228)
- Miscellaneous (41)
- Contracts and Amendmen
- Delete ASAM (12)
- Delete Client Specific Serv Events (80)
 - Delete Seclusion and Rest Events
- Delete PERF (29)
 - Delete CFAR
- Delete FAR (35)
- Delete Substance Abuse Admissions Outcome (2)
 - Delete Substance Abuse Discharge Outcome
 - Delete Substance Abuse Detox Outcome

To the right of the home tab you will find seven additional tabs.



DASHBOARD: CHARTS TAB

The Charts tab will color code all data uploaded by chapter, and will allow you to select a date range to view.



DASHBOARD: REPORTS TAB

- The Reports tab will allow you to run commonly used pre-defined reports.
- There are three sub sections under reports, Mental Health, Substance Abuse, and Others.

The screenshot displays the Concordia Behavioral Health dashboard. The 'Reports' tab is highlighted with a red circle. A dropdown menu is open, showing three sub-sections: 'Mental Health' (labeled 1), 'Substance Abuse' (labeled 2), and 'Others' (labeled 3). The main content area shows filters for Date (2014-05-01), ME (2 of 2 selected), Circuit (3 of 3 selected), Reports (Nothing selected), Providers (75 of 75 selected), and Contracts (186 of 186 selected). A 'Filter' button is visible.

REPORTS TAB CONTINUED

For the first two subsections, the parameters are as follows:

1. Begin date should always be the beginning of the current fiscal year.
2. End date should always end at the end of a month.
3. Only select active contracts (uncheck inactive contracts)
4. Either select Check All, Uncheck All, or individual reports
5. Click the filter button to run the report
6. Click the export button to export current report to excel
7. Open download to get an exported report with excel.

Mental Health Performance Measure Reports

1. Date: 2013-07-01 - 2014-04-01 2. Reports: 4 of 4 selected 4.

3. **MS-Adi** 5. **MS-Adi** 6.

Code	Description	Percent / Average
M0003	Average annual days worked for pay for adults with severe and persistent mental illness	
M0703	Percent of adults with serious mental illness who are competitively employed	
M0742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	
M0743	Percent of adults in forensic involvement who live in stable housing environment	
M0744	Percent of adults in mental health crisis who live in stable housing environment	
Go Green	Percent of adults who reduce symptoms	
Go Green	Percent of adults who increase life skills	
Go Green	Percent of adults who increase positive behaviors	
Go Green	Percent of adults who increase safety skills	

GAA/NOMS-Children

Code	Description	Percent
------	-------------	---------

1.

2.

3.

4.

5.

6.

7.

REPORTS TAB CONTINUED

- For the Other subsection, the parameters are the same, with the exception of the report itself.
- This subsection allows the ability to pull all data uploaded for a date range, and provides a quick count of each type.
- The report field either allows all data to be pulled, or only those with re-admissions.

DASHBOARD: 155-2 EXPORT TAB

The 155-2 Export tab will allow you to export all data from a chapter either through a text file (Pamphlet 155-2 format) or comma delimited (flexibility to open with excel and manipulate).

The screenshot displays the Concordia Behavioral Health dashboard. The navigation menu includes Home, Charts, Reports, 155-2 Export, 155-2 Error Report, File History, Ad-Hoc Reports, and Exception Reports. The '155-2 Export' tab is highlighted with a red circle. Below the navigation bar, the 'Export to 155-2' section contains the following fields:

Date:	2014-04-01	-	2014-05-01	Date Type:	Effective Date
ME:	2 of 2 selected			Providers:	75 of 75 selected
Circuit:	3 of 3 selected			Contracts:	186 of 186 selected
Chapters:	ASAM			Format:	TXT

An 'Export' button is located to the right of the Format field.

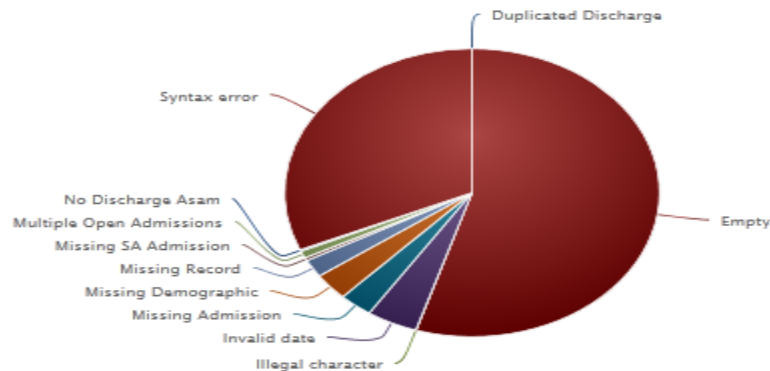
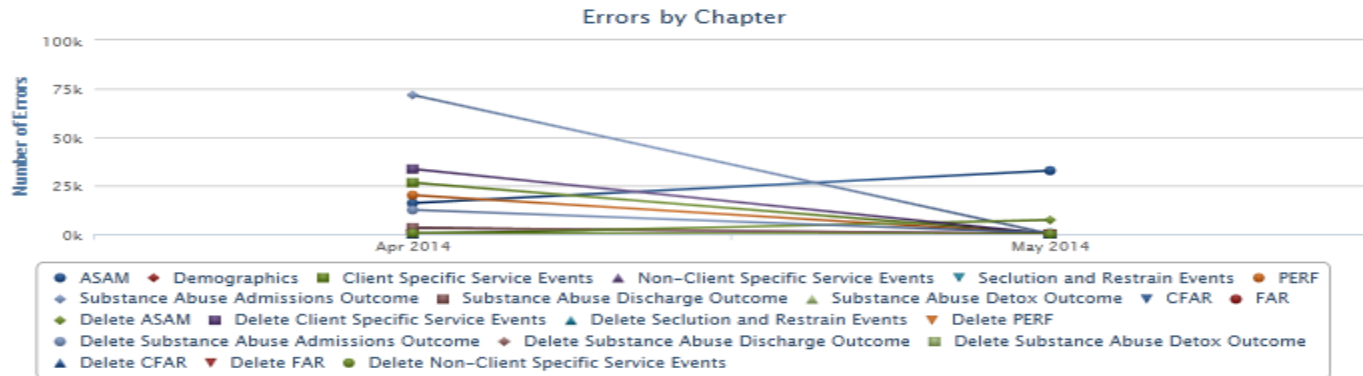
DASHBOARD: 155-2 ERROR REPORT TAB

- The 155-2 Export tab provides a graphical error report. This provides a quick and easy way to see what kinds of errors you currently have.
- A date range can be selected. And you can remove specific types of errors by simply clicking on them.

155-2 Error Report

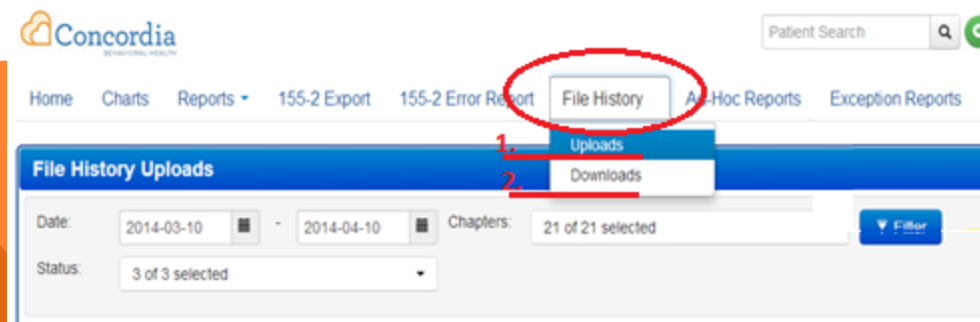
Date: 2014-04-01 - 2014-05-01 Chapters: 21 of 21 selected Filter

Accounts: 102 of 102 selected



DASHBOARD: FILE HISTORY TAB

- The File History tab will allow you to view uploaded and downloaded files by the provider.
- There are two sub sections under file history, one for uploads and one for downloads. (Reports that are too large to immediately populate the screen will be found under download)



FILE HISTORY TAB CONTINUED

Regardless of the sub section you choose, the parameters are as follows:

1. The date range is for whenever a file was uploaded/downloaded.
2. Either select Check All, Uncheck All, or individual chapters to filter out.
3. Errors found in record.





File History Uploads

1. Date: 2014-03-10 - 2014-04-10 Chapters: 21 of 21 selected Filter

Status: 3 of 3 selected

Check All Uncheck All

- ASAM ✓
- Demographics ✓
- Client Specific Service Events ✓
- Non-Client Specific Service Events ✓
- Seclusion and Restrain Events ✓

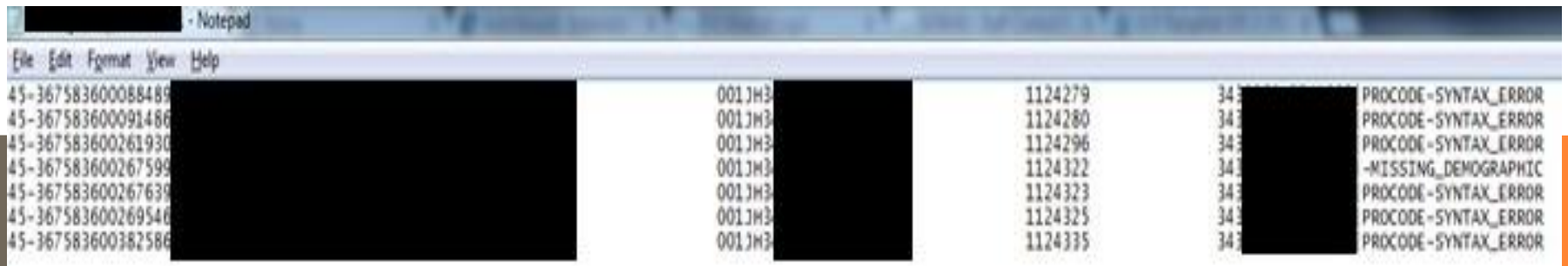
Client / User	Chapter	Date	Total	New	
[REDACTED]	SERV	04/07/2014 01:21 PM	3	3	0 0 0 0 21Serv MISS...
[REDACTED]	SERV	04/07/2014 01:04 PM	6	6	0 0 0 0 21Serv DCF...
[REDACTED]	SERV	04/07/2014 01:01 PM	86	79	0 0 7 7 21Serv DCF... 
[REDACTED]	SERV	04/07/2014 01:00 PM	62	62	0 0 0 0 21Serv MED...
[REDACTED]	DELETE_...	04/07/2014 12:59 PM	1	0	0 1 0 0 01Servdel.tit
[REDACTED]	SERV	04/07/2014 12:57 PM	7	7	0 0 0 0 21Serv DCF...
[REDACTED]	SERV	04/07/2014 12:54 PM	4	2	0 0 2 2 21Serv MED... 
[REDACTED]	SERV	04/07/2014 12:51 PM	2284	2277	0 0 7 7 21Serv DCF... 
[REDACTED]	SERV	04/07/2014 12:50 PM	849	845	0 0 4 4 21Serv MED... 

2. 3.

Upload Document Dashboard Data Entry Merge Demographics Logout

DASHBOARD: ERRORS FOUND IN RECORD

When you click on the error icon within the File History report, you will download a text file. From this text file you will be able to determine exactly what and where the issue is.



The screenshot shows a Notepad window with a menu bar (File, Edit, Format, View, Help) and a list of records. Each record consists of a primary key, a secondary key, a date, a count, and an error message. The error messages are: PROCEDURE SYNTAX ERROR, PROCEDURE SYNTAX ERROR, PROCEDURE SYNTAX ERROR, MISSING DEMOGRAPHIC, PROCEDURE SYNTAX ERROR, PROCEDURE SYNTAX ERROR, and PROCEDURE SYNTAX ERROR.

Primary Key	Secondary Key	Date	Count	Error Message
45-367583600088489	001JH3	1124279	34	PROCEDURE SYNTAX ERROR
45-367583600091486	001JH3	1124280	34	PROCEDURE SYNTAX ERROR
45-367583600261930	001JH3	1124296	34	PROCEDURE SYNTAX ERROR
45-367583600267599	001JH3	1124322	34	MISSING DEMOGRAPHIC
45-367583600267639	001JH3	1124323	34	PROCEDURE SYNTAX ERROR
45-367583600269546	001JH3	1124325	34	PROCEDURE SYNTAX ERROR
45-367583600382586	001JH3	1124335	34	PROCEDURE SYNTAX ERROR

DASHBOARD: AD-HOC REPORTS TAB

The Ad-Hoc Reports tab will allow you to run reports across all data points uploaded into IOS. This pulls data with such flexibility that you can pull any type of report that you see fit.



[Home](#) [Charts](#) [Reports ▾](#) [155-2 Export](#) [155-2 Error Report](#) [File History ▾](#) **Ad-Hoc Reports** [Exception Reports](#)

Ad-Hoc Reports

Report Type:

AD-HOC REPORTS TAB CONTINUED

To run an AD-Hoc Report, go through the following elections in order:

1. Pamphlet 155-2 chapter your data points reside.
2. Either select Check All, Uncheck All, or individual columns of data.
3. Specific data point to look for through a filter.
4. Condition of when to pull a data point.
5. Variable applying to the condition of when to pull a data point.
6. Add/remove a filter.
7. Optional sort feature.
8. Submit request
9. Export report

Ad-Hoc Reports

1. Report Type: Demographics Fields: 7 of 17 selected 2.

3. Filter #1: Gender Equal 1 - Male 5.

4. Sort By: Gender Submit 6.

7. 8.

9.

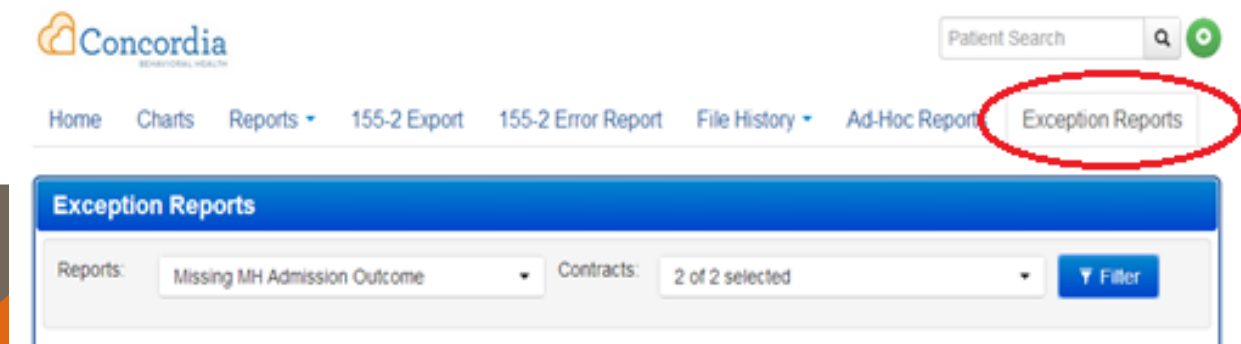
1 / 152

Total: 3,034 records

#	Provider ID	Gender	First Name	Last Name	Client ID	Social Security Number	Contractor ID
1		1					
2		1					
3		1		AUX			
4		1		O			
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					

DASHBOARD: EXCEPTION REPORTS TAB

The Exception Reports tab is used to view uploaded files that have been flagged as having errors. It also provides the option to narrow down to a specific type of error.



EXCEPTION REPORTS TAB CONTINUED

To run an Exception Report, go through the following elections:

1. Select which exception type you are looking for
2. Select both active and inactive contracts as a breakdown will be provided
3. Click the filter button to run the report
4. Click the clients served number to see the list of consumers
5. Click the Without Outcome number to view the individual profiles with issues (this list can also be exported).
6. Click on the refresh button to update the report with any records that you may have recently changed.

Exception Reports

1. Reports: Contracts: 2 of 2 selected 2. 3.

- Missing MH Admission Outcome
- Missing SA Admission Outcome
- Missing ASAM
- CFAR Due in Next 60 Days
- FAR Due in Next 60 Days
- Open MH Needs Discharge
- Open SA Needs Discharge

Check All Uncheck All

Active
34303 ✓

Inactive
JH340 ✓

Clients Receiving Mental Health Service Events without Performance Outcome

4. 5. 6.

Contract Number	Service Provider	Clients Served	Without Outcome	% Without Outcomes
		856	72	8.41 % <input type="button" value="Refresh"/>
		984	81	8.23 % <input type="button" value="Refresh"/>

List

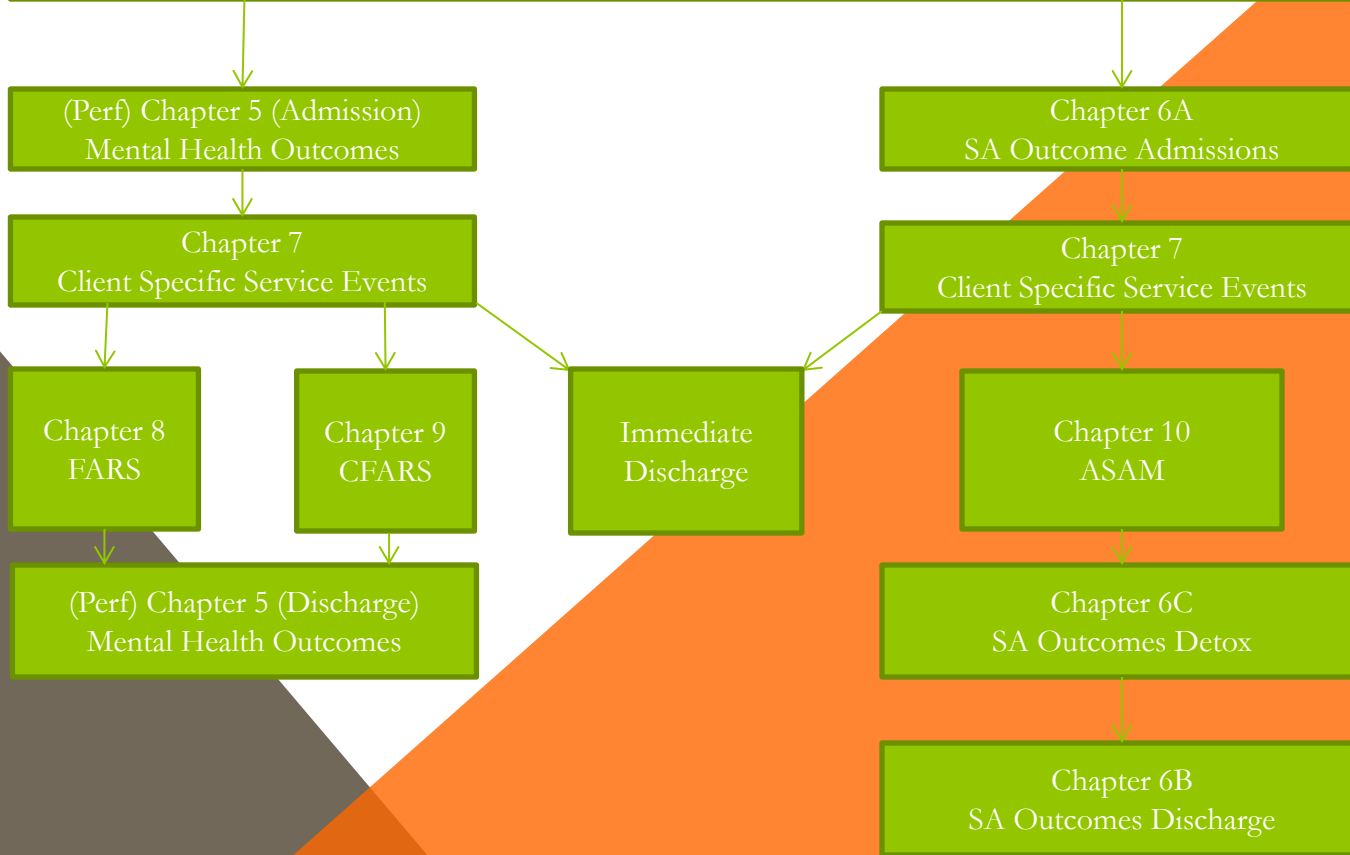
1/2

#	Full Name	Client ID	SSN	Provider ID	Contractor ID
1					
2					
3					
4					
5					
6					
7					

HOW DO I UPLOAD DATA?

- To upload data to the provider portal you must first ensure a thorough understanding of what data points need to go in first and which data points tie to each other.
- Please use the following flow chart and link to the 155-2 DCF pamphlet guidelines for your review:

Chapter 4 Demographics



(Entered on it's own)
Chapter 11
Non-Client Specific
Service Events

UPLOAD DOCUMENT

When you click on upload document you will be taken to the File Uploader section. Here you will have access to the following:

1. Folders available in the Provider Portal
2. Select the folder you want to add a document to
3. Submit document to be uploaded

1.

Documents

- ASAM
- Demographics
- Client Specific Service Events
- Non-Client Specific Events
- Seclusion and Restrain Events
- PERF
- CFAR
- FAR
- Substance Abuse Admissions Outcome
- Substance Abuse Discharge Outcome
- Substance Abuse Detox Outcome
- Invoices
- Invoice Support Documentation
- Miscellaneous
- Child Assessment
- Child Medical History
- Child Medication
- Child Admission Packet
- Contracts and Amendmen
- Insurance Eligibility
- Consent Forms
- Delete ASAM
- Delete Client Specific Ser
- Events
- Delete Seclusion and Res
- Events
- Delete PERF
- Delete CFAR
- Delete FAR
- Delete Substance Abuse

File Uploader

Upload Validation Complete

Folder Name: **2.**

- ASAM
- Demographics
- Client Specific Service Events
- Non-Client Specific Events

Upload File: **3.**

DATA ENTRY

When you click on data entry you will have access to the following views to manually add data:

1. Tabs for each 155-2 specification
2. Data input area
3. Click to submit record
4. Error feedback area.

Demographic Information

Contractor ID	<input type="text"/>	SSN	<input type="text"/>
Client ID	<input type="text"/>	Last Name	<input type="text"/>
First Name	<input type="text"/>	Middle Name	<input type="text"/>
Suffix	<input type="text"/>	Date of Birth	<input type="text"/> <input type="button" value="■"/>
Gender	Select Option ▾	Race	Select Option ▾
Ethnicity	Select Option ▾	Provider Information	<input type="text"/>
Provider ID	<input type="text"/>	Contractor NPI	<input type="text"/>
Provider NPI	<input type="text"/>		

Please correct the following items:

- Last Name is required
- First Name is required
- Middle Name is required
- Invalid Date
- SSN is not valid, please see PAM 155-2 for specifications
- Gender is not valid and is required, please select Male or Female
- Race is not valid and is required, please select a valid option
- Ethnicity is not valid and is required, please select a valid option

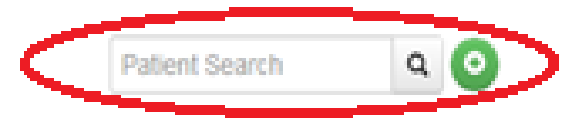
2.

3.

4.

PATIENT SEARCH

At the top right of any screen in the provider portal you can use the search feature to look up a patient.



[Home](#) [Charts](#) [Reports ▾](#) [155-2 Export](#) [155-2 Error Report](#) [File History ▾](#) [Ad-Hoc Reports](#) [Exception Reports](#)

PATIENT SEARCH CONTINUED

When a search is ran on a patient, data from all chapters regarding the patient will be broken up and populated:

1. You can manually enter data for the consumer here
2. When clicked, each section will populate all data gathered in the provider portal pertaining to the section and the consumer

Client History

1.

[Add ASAM](#) | [Add S.A Admission](#) | [Add S.A Discharge](#) | [Add S.A Detox](#) | [Add PERF](#) | [Add CFAR](#) | [Add FAR](#) | [Add Service](#) | [Add SANDR](#)

- ▶ Demographic
- ▶ ASAM
- ▶ S.A Admissions
- ▶ S.A Discharges
- ▶ S.A Detox
- ▶ PERF
- ▶ CFAR
- ▶ FAR
- ▶ Services
- ▶ Seclusion and Restraint

2.

Evaluation Date	Purpose of Evaluation	Initial Evaluation Date	Actions
11/03/2012	1	11/03/2012	
02/01/2013	2	11/03/2012	
05/02/2013	2	11/03/2012	
07/11/2013	3	11/03/2012	

MERGE DEMOGRAPHICS

When you click on merge demographics you will have access to the following:

1. Input the incorrect demographic information
2. Input the correct demographic information
3. Click to merge

Merge Demographics

1. Incorrect:

2. Correct:

3.

KEY TERMS

Below are a few terms regarding the Pamphlet 155-2 that when abbreviated, may be difficult to recall its definition.

Customer Assistance Center (CAC): Acronym for Customer Assistance Center in Tallahassee used by DCF to troubleshoot problems from various data system users.

Communication Service Authorization (CSA): A standard form used by SAMHIS data system users to register and subscribe for VPN services.

DSM-IV: An acronym for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

HCPCS: An acronym for the Healthcare Common Procedural Coding System federally used by the Center for Medicaid and Medicare Services to define the HIPAA procedure codes and modifiers.

ICD-9-CM: An acronym for International Classification of Diseases, Edition 9, - Clinical Modification. Used for the reporting of the primary and/or secondary diagnosis of individuals.

KEY TERMS CONTINUED

PDMHI: An acronym for Policy Integration and Information Systems section within the central SAMH Program Offices in Tallahassee. This office is responsible for management of the SAMH data system.

SAIS: An acronym for the Substance Abuse Information System (formerly known as SISAR).

SAMH: An acronym for Substance Abuse and Mental Health.

SAPTBG: An acronym for Substance Abuse Prevention Treatment Block Grant.

SISAR: An acronym for State Integrated Substance Abuse Report.

SSL: An acronym for Secure Socket Layer, which is a secure means to connect to the state Intranet Firewall for transmitting data files or doing on-line data entry.

TANF: An acronym for Temporary Assistance for Needy Families.

TASC: An acronym for Treatment Alternatives for Safer Communities.

INVOICE DEVELOPMENT AND SUBMISSION

SECTION V - INVOICES AND BILLING

INVOICE SUBMISSION

Continuing concerns

- ✓ Funding, YTD payments and rates when uploading invoices

Due Dates

- Invoices are due on the 10th calendar day of the following month

Questions/concerns

Technical assistance – billing@bbhc.org

SUPPORTING DOCUMENTATION EXHIBITS

Exhibit I – Outreach and Prevention Services
Log

Exhibit K – Utilization Management Pre-
Authorization Roster

Exhibit L – TANF Program Participant Log

Exhibit O – Incidentals

OUTREACH AND PREVENTION SERVICES LOG

The Outreach and Prevention Log is completed by providers as supporting documentation of Outreach and Prevention activities billed to BBHC .

The Log include the following fields:

- **Service date:** date the service was provided
- **Staff Name:** staff rendering the service (report staff coordinator or supervisor if more than one staff is participating in the activity)
- **Service Site:** allowed location where the service was rendered
- **Type of Service:** allowed activity
- **Total Units of Services:** time of the activity
- **Numbers of Persons Served:**
- **Program type:** ASA, AMH, CSA or CMH
- **Funding:** TANF or Non TANF
- **Agency Receiving Referral:** when applicable

Providers with Outreach and Prevention Cost Centers in their contract must submit the Log with the applicable monthly invoice as supporting documentation.

EXHIBIT I – OUTREACH AND PREVENTION SERVICES LOG

Agency Providing Services:									
Billing Period: _____									
Service date	Staff Name	Service Site	Type of Service	Total Units of Services	Numbers of Persons Served	Program type		Funding	Agency Receiving Referral
						MH	SA		

EXHIBIT K – UTILIZATION MANAGEMENT PRE-AUTHORIZATION ROSTER

- Purpose
- Applicable providers
- How to submit
- When to submit

EXHIBIT K – UTILIZATION MANAGEMENT PRE-AUTHORIZATION ROSTER

(1) Provider Name and Address: _____ (2) Contract No: _____ (3) SAMH Program: _____
 _____ (4) Invoice Period: _____ (5) Page ___ of ___

(6) Client Count	(7) Authorization Number	(8) ClientName (Last,First)	(9) Social Security Number	(10) Placement Authorization No.	(11) Service Period	(12) Cost Center	(13) Unit Rate	(14) No. of Units of Services Rendered	(15) Total Service Cost (Col. 13 x 14)
1									
2									
3									
4									
5									

EXHIBIT L – TANF PROGRAM PARTICIPANT LOG

The TANF Participant Log is assist providers in documenting eligible participants and provides an audit trail for approved services.

The Log includes the following fields:

- Last Name: TANF participant's name
 - First Name: TANF participant's name
 - SS #: TANF participant SS
 - Type of assistance: TCA or TDF
 - TANF Participant Status: new, active, discharged (successfully D/C, Administrative D/C, No longer eligible for TANF services)
 - Status Date: when the client eligibility criteria was re-verified (e.g. income for TDF participants)
-
- By signing the TANF Log staff attests each listed consumer meets the eligibility criteria to continue in the program.
 - TANF providers must submit the TANF Log with the monthly invoice as supporting documentation.
 - TANF providers with Outreach and Prevention must also submit the Outreach and Prevention Log.

EXHIBIT O - INCIDENTALS

- Any provider funded under the Incidentals Cost Center and that invoices for incidentals must complete the applicable month Report
- Must be submitted with the monthly invoice as supporting documentation
- Random selection to conduct Service Validation monitoring
- Reviewed for appropriateness of expense and cost

EXHIBIT O - INCIDENTALS

a. The Provider agrees to use incidental funds allocated under this contract for housing, medication and other emergency expenses for indigent clients.							
b. The Provider agrees to keep in the clients' file a record of all client expenses charged against the funds.							
c. The Provider shall keep a record to log all incidental funds expenditures as specified in Exhibit O , Incidental Expense Fund Invoice and Expenditure Log for Adult Mental Health.							
d. The Provider shall submit as back up to the monthly invoice an expenditure report as specified in Exhibit O , Incidental Expense Fund Invoice and Expenditure Log for Adult Mental Health.							
e. The ME reserves the right to reduce the contract amount by the incidental funds projected surplus.							
Incidental Expense Fund Invoice and Expenditure Log for Adult Mental Health							
Reporting Month: _____							
Provider: _____				Contract No. _____		Cost Center: _____	
Amount Allocated: _____				Amount Remaining: _____			
Recipient Name & ID #	Program	Civil or Forensic	Description of Expenses	Requisition Date	Status (Date request approved/pending/denied) Staff name & Title	Amount	Check # & Disbursement Date

TANF

SECTION V - INVOICES AND BILLING

LOGIN SCREEN TO GET ACCESS TO TANF



SAMH Logon

Enter your User Id and Password in the form below,

Click **Logon** to enter SAMH.

User Id:

Password:

By logging in to the SAMH, I understand that I have been authorized by the Florida Department of Children and Families to view information that may be sensitive and/or confidential.

I understand that upon viewing/receiving this information it becomes my responsibility to provide continued protection of the information, to not disclose the information to any person or persons not authorized by the Florida Department of Children and Families, to use the information in only the authorized manner agreed upon, and to destroy the information after the purpose for its collection has been fulfilled.

Furthermore, I understand that my violation of this agreement may result in a state or federal crime being committed, which could lead to fines and/or imprisonment for others and myself.

By clicking on the **Logon** button I am agreeing to the rules of confidentiality indicated above.

Logon

DEMOGRAPHICS

USERS SHOULD SEARCH FOR AN EXISTING DEMOGRAPHIC RECORD BEFORE ENTERING A NEW ONE BY CLICKING ON “PERSON SEARCH” UNDER THE MAIN MENU.

SAMH

Main Menu

- + **TANF**
- Contacts
- Standard Reports
- **Person Search**
- + **ADMDW Reports**

Logout

Select New Role ▼

Print Screen

Welcome to SAMH.

CATHY this is your **20** visit.
Email: Cathy_Cross@dcf.state.fl.us [Click here to update profile](#)

Your last visit was on **03/17/2011** at **03:58:49** EST

Your current role is **TANF Provider: Lakeview Center, Inc.**
[Click here to view message\(s\).](#)
1 Read message(s)

Select a person to work with by clicking on **SAMH** then choose **Person Search** on the Main Menu.

You have 1 Person records pending.
You have 5 Client Specific Service Event records pending.
You have 0 Non-Client Specific Service Event records pending.
You have 0 Mental Health Outcome records pending.
You have 0 Substance Abuse Outcome records pending.

If you have a HyperEvent error when selecting or clicking on the menu options, download the latest version of [Java Virtual Machine](#).

If you experience any difficulty with the system please contact the DCF Help Desk at (850) 487-9400.

If you have any procedural questions please contact your district SAMH coordinator.


ENTER THE INDIVIDUAL'S LAST NAME AND THE FIRST FEW LETTERS OF THE INDIVIDUAL'S FIRST NAME ,THEN CLICK [PERFORM PERSON SEARCH.]

SAMH - Substance Abuse and Mental Health

Person Search **Demographics**


Your current role is : TANF Provider: Lakeview Center, Inc.

Person Search

Last Name	<input type="text"/>
First Name	<input type="text"/>
Client ID	<input type="text"/>
Social Security Number	<input type="text"/>
Date Of Birth (format mm/dd/yyyy or mmd/yyyy)	<input type="text"/> 
Provider ID	<input type="text"/>

Action Buttons

<input type="button" value="Perform Person Search"/>	<input type="button" value="Exit Person Search"/>
--	---



IF THE INDIVIDUAL IS ALREADY IN THE SYSTEM, CLICK ON THE RESULTING APPROPRIATE RECORD/ROW TO ACCESS THE PARTICIPANT'S DEMOGRAPHIC RECORD AND TANF INFORMATION. IF YOU DO NOT SEE THE PERSON'S RECORD LISTED, CLICK ON THE [DEMOGRAPHICS] BUTTON LOCATED AT THE TOP OF THE SCREEN TO CREATE A NEW RECORD.

A DEMOGRAPHIC RECORD MUST BE COMPLETED AT THE TIME OF THE INDIVIDUAL'S INITIAL REQUEST FOR SUBSTANCE ABUSE OR MENTAL HEALTH SERVICES.

ENTER THE NEW DEMOGRAPHIC RECORD.

SAMH - Substance Abuse and Mental Health

Person Search **Demographics**

Your current role is : **TANF Provider: Lakeview Center, Inc.**

Demographics Information

Optional fields are indicated in red

Record Not Complete

Social Security Number

Contractor ID

Provider ID

Client ID

Last Name

First Name

Middle Name

Suffix

Contractor NPI

Date of Birth

Gender

Race

Ethnicity

Provider Local Information

Service Provider NPI

Action Buttons

WHEN DATA ENTRY IS COMPLETE, SAVE THE SCREEN BY CLICKING THE [ADD DEMOGRAPHICS] ACTION BUTTON.

THEN SELECT THE [TANF] BUTTON, WHICH WILL APPEAR AT THE TOP OF THE SCREEN, TO ACCESS THE TANF PARTICIPANT SEARCH RESULTS SCREEN.

NOTE: FUTURE CHANGES TO THE DEMOGRAPHICS INFORMATION MAY BE MADE BY CLICKING THE [UPDATE DEMOGRAPHICS INFORMATION] ACTION BUTTON THAT WILL APPEAR AT THE BOTTOM OF THE SCREEN.

SEE **CHAPTER 4** FOR DEMOGRAPHIC SCREEN DEFINITIONS AND INSTRUCTIONS.

TANF PARTICIPANT SEARCH RESULTS



Person Search

Demographics

TANF

Your current role is : TANF System Administrator
Your current person is Name: DOE, JOHN - SSN: 212222222 - DOB: 08/17/1959
Contractor: 59-0737872
SubContractor: 59-0737872

TANF Participant Search Results

Circuit	Provider	Subcontractor	SSN	Referral Focus	Type of Application	Notification Date	Status	Confirmation
C01	Lakeview Center, Inc.	Lakeview Center, Inc.	212222222	Substance Abuse	New	07/07/2011	Discharged	C01-140
C01	Lakeview Center, Inc.	Lakeview Center, Inc.	212222222	Substance Abuse	Re-Certification	07/07/2011	Accepted	C01-

Total Count = 2

Action Buttons

New Notification

Exit



TANF SAMH ELIGIBILITY NOTIFICATION

THE TANF SAMH ELIGIBILITY NOTIFICATION SCREEN, INCLUDING THE **POVERTY BASE, ADDITIONAL PERSON AMOUNTS, AND NUMBER OF DAYS TO RECERTIFY**, WILL APPEAR AT THE TOP OF EACH OF THE FOLLOWING SEVEN TABS/SCREENS: **ADDRESS, PARTICIPANT, HOUSEHOLD, ASSISTANCE, SERVICE, DISCHARGE, AND MESSAGES.**

NOTE: THE SYSTEM WILL NOT ALLOW YOU TO CLICK THE [SAVE CHANGES] ACTION BUTTON LOCATED AT THE BOTTOM OF EACH SCREEN UNTIL INFORMATION FROM THE ADDRESS, PARTICIPANT, HOUSEHOLD, ASSISTANCE, AND SERVICES SCREENS IS COMPLETED. ALL DATA ENTRY WILL BE LOST UNTIL THE [SAVE CHANGES] BUTTON IS ACTIVATED.

TANF SAMH Eligibility Notification

Optional fields are indicated in **Red**

Poverty Base: \$11,170.00
Additional Person: \$3,960.00

Agency	Subcontractor	Siteid	Authorized Staff
Henderson Mental Health Center, Inc. 59-0711167	Henderson Mental Health Center, Inc. 59-0711167	<input type="text"/>	<input type="text"/>

Address Participant Household **Assistance** Service(s) Discharge Messages

✓ The agency's contractor ID number is pre-populated by SAMHIS from the entry made on the demographics screen in the contractor ID selection box.

✓ The subcontractor id number is pre-populated by SAMHIS from the entry made on the demographics screen in the provider id selection box. If the subcontractor is different from your agency, select the correct provider from the list.

✓ The site identification number is the location where the event took place or where the provider staff, who rendered the service, are assigned.

✓ Authorized staff is the person at the provider agency who completes and signs the EZ-1 Eligibility Form

ADDRESS

Address	Participant	Household	Assistance	Service(s)	Discharge	Messages
---------	-------------	-----------	------------	------------	-----------	----------

Address 1

Address 2

City

State

Zip Code

County

Participant

The Participant screen includes the status of the individual (New or Re-certification), the notification date, participant type, caregiver information, referral focus type, date the EZ-1 Eligibility Form was signed, and the date the individual was eligible to begin receiving services

DCF Pamphlet 135-2: TANF Eligibility

served by the agency. Select the county name from the drop-down box provided for this field.

E. Participant

Address	Participant	Household	Assistance	Service	Discharge	Messages
Notification Type	1 - New	Notification Date	06/04/2010			
Participant Type	1 - Parent	Child only:	<input type="checkbox"/>	If Child, name of parent/caregiver		
		Relationship to Child	Mother			
		Referral Focus	1 - Substance Abuse			
		Substance Abuse ICD9	304.40 - AMPHETAMIN DEPEND-UNSPEC			
		Mental Health ICD9				
		Date EZ Form Signed	05/21/2010			
		Date Eligible to Begin Receiving Services	05/01/2010			

The Participant screen includes the status of the individual (New or Re-certification), the

HOUSEHOLD

THE HOUSEHOLD TAB PROVIDES INFORMATION

REG.

(INCL

NUM

WHE

DCF Pamphlet 155-2: TANF Eligibility

F. Household

Address	Participant	Household	Assistance	Service	Discharge	Messages
Annual Household Income	\$13,500					
Household Size (Including Participant)	# Adults:	2				
	# Children:	1				
Child(ren) Living in	Home	<input type="checkbox"/>	Homeless	<input type="checkbox"/>		
	Shelter	<input type="checkbox"/>	Friend	<input type="checkbox"/>		
	With Relative	1	Residential	<input type="checkbox"/>		
	Foster Care	<input type="checkbox"/>				
	Other	<input type="checkbox"/>				
			if other, describe:	<input type="text"/>		

S),
AND

ASSISTANCE

THE ASSISTANCE TAB PROVIDES INFORMATION ON THE TYPE OF

ASSISTANCE
CASH
PAYMENT
TANF
ARE A
PROG

indicate the number of children in the box beside the appropriate type of residence:
Home, Shelter, With Relative, Foster Care, Other, Homeless, Friend, or Residential.
If other, describe.

G. Assistance

Type of Assistance: 1 - Temporary Cash Assistance

TANF Options

- SSI/SSDI with work directive goal
- Pregnant Woman
- Family Safety
- Participant is already in treatment
- Non-Custodial Parent

Notes:

The Assistance tab provides information on the type of assistance that the participant is receiving: Temporary Cash Assistance (individuals/families receiving cash payment from the Welfare Transition Program) or a TANF SAMH Diversion Family

SERVICES

THE SERVICES TAB INCLUDES A LIST OF ALL SERVICES THAT ARE ELIGIBLE FOR TANF SAMH PROGRAM REIMBURSEMENT.

CHECK THE BOX BY ALL SERVICES THAT APPLY, INCLUDING ANY FOR WHICH THE INDIVIDUAL MAY BE POTENTIALLY ELIGIBLE.

Address	Participant	Household	Assistance	Service	Discharge	Messages
Requested Service (check all that apply)						
<input type="checkbox"/> Aftercare	<input type="checkbox"/> Day/Night	<input type="checkbox"/> Outreach	<input type="checkbox"/> Room and Board with Supervision			
<input checked="" type="checkbox"/> Assessment	<input type="checkbox"/> In-home and On-site	<input type="checkbox"/> Prevention	<input type="checkbox"/> Supported Employment			
<input type="checkbox"/> Case Management	<input type="checkbox"/> Incidental expenses	<input type="checkbox"/> Prevention/Intervention	<input type="checkbox"/> Supported Housing/Living			
<input type="checkbox"/> Comprehensive Community Service Team	<input checked="" type="checkbox"/> Intensive case management	<input type="checkbox"/> Recovery Support Services	<input type="checkbox"/> Treatment Alternatives for Safer Communities (TASC)			
<input type="checkbox"/> Crisis Management/Emergency Services	<input type="checkbox"/> Intervention	<input type="checkbox"/> Residential				
<input type="checkbox"/> Day Care	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Respite Care				

DISCHARGE

THE DISCHARGE TAB REFLECTS THE DATE OF DISCHARGE, THE STATUS OF ACHIEVEMENT OF THE PARTICIPANT'S GOALS, AND A LIST OF THE

DISCH
PARTIC
DISCH
BOTTO
DIREC

I. Discharge

Address Participant Household Assistance Service Discharge Messages

Discharge Date
08/09/2010

Discharge Type
1 - Family achieving TANF Goals

Select one or more discharge reasons

- Employed at time of discharge from TANF
- Enrolled in school or training program at time of discharge from TANF
- Family Safety client in compliance with case plan at discharge from TANF
- Family Safety client reunified with child at discharge from TANF
- Independent living established by time of discharge from TANF
- Client successfully completed treatment
- Recertify for the new fiscal year

The Discharge tab reflects the date of discharge, the status of achievement of the participant's goals, and a list of the discharge reasons. To discharge a participant once a participant has been saved in the system, click on the [Add Discharge] action button.

MESSAGES

ONCE A PARTICIPANT'S RECORD HAS BEEN SUCCESSFULLY

ADDED


THE


BUTTON

IN

GE

The screenshot shows a web browser window with the URL www.dcf.state.fl.us/programs/samh/publications/c15v10.pdf. The page title is "DCF Pamphlet 155-2: TANF Eligibility". Below the title, there is a section titled "J. Messages". This section contains a navigation bar with tabs for "Address", "Participant", "Household", "Assistance", "Service(s)", "Discharge", and "Messages". A message box is highlighted in yellow, containing the text: "Ron, Please delete this duplicate record. Thanks." Below the message box is a form for "TANF Specialist" confirmation. The form includes a dropdown menu for "TANF Specialist:", a confirmation statement, and fields for "Application Status" (set to "4- Discharged"), "Date Acknowledged" (set to "06/09/2009"), and "Confirmation Number" (set to "C07-28"). At the bottom of the form are "Action Buttons" for "Update", "Recertification", "Delete", "Delete Discharge", and "Exit".

Once a participant's record has been successfully added and saved, a message may be posted to anyone in the TANF SAMH system by clicking on the Post Message  button.

Note: If you click  Post Message button (and click OK) prior to saving any

WHEN YOU HAVE FINISHED SELECTING THE RECIPIENTS AND TYPING YOUR MESSAGE, CLICK ON THE [POST MESSAGE] BUTTON AT THE BOTTOM OF THE SCREEN. THE PARTICIPANT'S TANF RECORD WILL BE AUTOMATICALLY ATTACHED TO THE MESSAGE. THE SYSTEM WILL THEN SEND AN E-MAIL TO THE RECEIVER OF THE MESSAGE NOTIFYING HIM/HER OF THE NEW MESSAGE IN THE TANF SAMH SYSTEM

Post Message

From User: CROSS, CATHY (CC10067)
To User(s):

Select Users

Chintam, Venu (CASVXC3)
Cranford, Etta (DS74879)
Ensenat, Vincent (DS10054)
Mcintyre, Janice (DS72677)
Morrell, Ron (DS05046)
Robertson, John (DS76832)
Stovall, Russell (DS05041)
Tindell, Teresa (DS31589)
Ulmer, Donna (DS05040)
Wasserman, Adam (WB15578)

Select
>>

Remove
<<

Selected Users

Cross, Cathy (CC10067)

Subject:

Save Message [Click to view TANF App](#)

Message:

Circuit TANF Specialists may select one of the following: Pending, Accepted, or Rejected.

After the Application Status (Accepted or Rejected) is selected, the Date Acknowledged will automatically fill with the current date.

Note: The acknowledgment date for Accepted status may differ from the date the participant is actually eligible to receive services (i.e. date the EZ-1 form is signed.)

Once an application is changed to **“Accepted”** status, the Confirmation Number will automatically fill. Confirmation Numbers are unique to each circuit.

TANF SAMH Eligibility Notification (with authorization confirmation number for current fiscal year) should be printed and placed in the consumer record.

QUESTIONS, COMMENTS, CONCERNS