

**Cuyahoga County Division of Children and Family Services
(CCDCFS)
Policy Statement**

Policy Chapter: Contracting and Travel
Policy Number: 13.10.01
Policy Name: Contract Monitoring – Residential Facilities/Network
Foster Placement Contracts

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Approved By: Thomas D. Pristow

PURPOSE: To outline the policy and procedures for the monitoring of child placement contracts for the Cuyahoga County Division of Children and Family Services (CCDCFS), pursuant to Ohio Administrative Code (OAC) 5101:2-47-23.1.

SCOPE: This policy applies to all CCDCFS contracts for child placement.

POLICY

Pursuant to Ohio Administrative Code (OAC) 5101:2-47-23.1, CCDCFS shall monitor contracts for child placement. The Contract Monitor (CM) will evaluate the provider's compliance according to the terms and conditions set forth within their individual contract. The provider's performance is based on measurable service deliverables and outcomes.

PROCEDURES

Contract Monitoring: Residential and Network Foster Placement Service Contracts

A. PRE-REVIEW

1. The assigned Contract Monitor (CM) coordinates with the Data Analysis unit to select a random sample of placement episodes for the time period to be reviewed. Case records for the random samples are pulled from the SACWIS placement list. The sampling parameters are as follows: the child will have been placed with the provider no less than 60 days. A random sampling of 10% of the currently active placements is selected, if the provider has 100 or more children in their care. If the provider has 99 or less children in their care, a minimum of ten (10) files is selected. For all providers who have ten or less children in their care, all of their files are selected for review.
2. The assigned CM initiates scheduling the contract review one month prior to the audit time. An introduction email is sent to the provider requesting

them to supply the following information; name of contact person, email address, phone number and also the location of the files. Providers are advised that the CM will do the scheduling; if there is a conflict it is reviewed on a case-by-case basis.

3. Once the CM receives the requested information, the review is scheduled and a follow up letter is mailed to the provider. This letter confirms the date, as well as, the selected case files to be reviewed, and a copy of the monitoring tool. The CM also request that the provider “confirms” at this time.
4. Once all providers have confirmed, a calendar is disseminated listing the dates, times and location of all scheduled audits.

B. ON-SITE REVIEW

1. Upon arrival, the CM conducts an entrance conference with provider staff to discuss the monitoring process and answer any initial questions.
2. The CM utilizes the Contract Compliance Monitoring Guide (CMG-1) for each child being audited. For compliance purposes, the provider must meet the terms of the audit. If the provider is marked out of compliance, an explanation is provided and they are given the opportunity to produce the information to the CM at the review, or within one week of the audit. The following areas are audited:
 - a) Invoices are audited every 6 months and the review consists of 3 months of invoice statements.
 - b) Providers may arrange to have an independent audit; however, a copy of that audit must be provided to the CM.
 - c) Documentation requirements are reviewed to ensure provider’s personnel files and services are pursuant to the contract and are properly licensed, certified, and/or accredited as required by OAC or other applicable federal, state or local regulations.
 - d) Programmatic reporting is an audit of the initial service plan and quarterly reports are reviewed to ensure the provider’s files contain evidence of current treatment plans/quarterly treatment reports (including school report cards and attendance reports at a minimum). This audit also verifies if the provider submitted these items to the worker of record.
 - e) Case management reviews are conducted to ensure provider’s compliance with case management responsibilities pursuant to contract terms and service level requirements; to ensure service provision (medical, mental, health, etc.) is consistent with treatment plan for child and to ensure supporting documentation is being maintained. Providing proof of a child’s comprehensive medical exams (dental, vision and hearing test) is time sensitive, as these services must be repeated if the child’s placement is longer than 13 months, per contract specification.

3. Upon completion of the fiscal and programmatic review, the CM conducts an exit conference, in which the provider is given an opportunity to discuss any compliance issues noted by the CM, and provide additional relevant information that the provider has taken or plans to take to address the issues.

C. POST REVIEW

1. Once the reviews are completed, the CM utilizes the database to help score the audits. The database resembles the layout of the utilized monitoring tool; the information is entered and the formula calculates the score which is used to produce the final report.
2. Each provider receives a copy of the final report along with a discovery letter. The discovery letter identifies areas of concern and lists the final score. The CM signs the letter and sends the information via email to the provider. The provider must sign the letter and return to the CM their understanding of the audit and score, as they can ask questions or voice their concerns. If a provider receives an unacceptable score, a Performance Improvement Plan (PIP) is initiated for their completion.

Once all audits are completed and inputted into the database, the final report for all providers is produced. The final report lists all of the providers' scores and indicates if their score has increased/decreased or remained the same since the previous audit.

D. FILE MAINTENANCE

1. Each provider's case file must contain, at a minimum, the following items:
 - a. Initial email sent to provider (introduction)
 - b. Date and time of audit, confirmation email
 - c. Copy of completed audit from database
 - d. Copy of letter without provider's signature
 - e. Final signed letter from provider
 - f. Copy of completed Contract Monitoring Guide (CMG-1).
2. All provider electronic folders must include PDF versions of the above.

SEE ALSO:

Ohio Administrative Code:

Section: 5101:2-47-23.1

RELATED FORMS

Contract Compliance Monitoring Guide (CMG-1)

Audit Summary Report