

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

NUMBER: DA1054

NAME: NETWORK MONITORING

INITIAL APPROVAL DATE:	01/08/2003	BY: Administrative Committee
(LAST) REVISION DATE:	03/11/2025	BY: CIO
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATED:	N/A	REPLACED BY: N/A

I. PURPOSE

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

II. APPLICATION

Populations: ALL

Programs: Contracted - ALL

III. PROCEDURE

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

IV. DEFINITIONS

None

V. STANDARDS

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

VI. ATTACHMENTS

Contract Monitoring Tool

VII. REFERENCES

BA028- Credentialing and Privileging

BA045 – Network Management and Monitoring

BA048- Contract Attachments

Provider Network Monitoring – Fiscal Year _____

Provider: _____ Date: _____

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

8. Provider complies with all HCBS Rules.	<ul style="list-style-type: none"> • HCBS Checklist • Plan of Correction Review • Documentation/Proof <ul style="list-style-type: none"> ○ Home Council Meeting Minutes ○ Menus ○ Individual Leases 		YES NO
9. Provider has a completed and signed Resident Care or Lease Agreement (Summary of residency rights).	<ul style="list-style-type: none"> • Completed and signed Resident Care or Lease Agreement that has been completed annually 		
10. Provider's staff meet requirements for Recipient Rights Initial Trainings.	<ul style="list-style-type: none"> • Training Report 		YES NO
11. Provider's staff meet requirements for Recipient Rights Annual Trainings.	<ul style="list-style-type: none"> • Training Report 		YES NO
12. Provider's staff meet requirements for DCH Group Home Trainings.	<ul style="list-style-type: none"> • Training Report 		YES NO N/A
13. Provider's staff meet requirements for IPOS Trainings for all residents.	<ul style="list-style-type: none"> • Training Report 		YES NO N/A
14. Provider's staff meet requirements for Initial and ongoing trainings. <ul style="list-style-type: none"> a. Corporate Compliance b. HIPAA c. LEP d. Cultural Competency e. Implicit Bias Reduction f. CPR/First Aid g. Emergency Preparedness h. Med Administration i. CPI 	<ul style="list-style-type: none"> • Training Report 		YES NO

j. Transportation Techniques			
k. Universal Precautions			
l. Violence in Workplace			

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

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

21. Provider has assisted RRO with complaint investigations.	<ul style="list-style-type: none"> • RRO Investigations 		YES NO N/A
22. A Site Survey was completed on provider with no violations.	<ul style="list-style-type: none"> • Report from RRO <ul style="list-style-type: none"> • No House Rules • RR Poster Hung • Appropriate Documentation on Hand 		YES NO

AREA: Corporate Compliance			
References: Sanilac CMH Service Contract, Amendments and Attachments, CMH Policies and Procedures, State Contract			
Standard/Requirement	Example of Evidence	Status / Comments	Compliant?
23. Provider has submitted Corporate Compliance Logs	<ul style="list-style-type: none"> • Logs 		YES NO
24. Provider has submitted HIPAA Security Audit	<ul style="list-style-type: none"> • Audit Report 		YES NO
25. Provider has the Corporate Compliance Flyer hung in house/facility.	<ul style="list-style-type: none"> • Picture • Site Visit 		YES NO

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

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

Date of Property Management Inspection: _____ **Inspector:** _____

Findings: _____

