

Department of Public Health

DPH Structure and Processes for assessing Community Based Organizations (CBO's)
performance, stability and quality of care
Part 4

HEALTH COMMISSION FINANCE AND PLANNING
COMMITTEE

SEPTEMBER 2016

Goals of Presentation

This is the fourth of five presentations to provide an understanding of the Department's current processes related to community based organization (CBO) contractors, and specifically to try to answer whether our money is well spent by answering such questions as: are clients improving, are contractual goals and outcomes achieved, are contractors financially stable and meeting expectations, and if they aren't, are we effectively able to address.

Today's presentation is designed to:

Provide an overview of the Department's Corrective Action Planning-Technical Assistance process, including **procedures and structure for delivering technical assistance**, covering the Corrective Action Plan process, development, implementation and monitoring.

History

Prior to the implementation of the DPH Business Office, the provision of technical assistance to contractors occurred primarily by staff within the individual sections responsible for a contract, e.g. HIV Health Services, Behavioral Health Services, etc.

As a result of the implementation of the DPH Business Office, a new process was formalized, with the Corrective Action Planning-Technical Assistance process for an agency coordinated centrally through the Business Office of Contract Compliance (BOCC), or the Contract Development and Technical Assistance (CDTA) sections.

More History and Today

- The Corrective Action Plan (CAP) process, document format and oversight procedures were developed first as the Department's centralized response to issue resolution through the provision of technical assistance. This entire process was adopted by the Controller's Office and then disseminated and is now used as a Citywide process, particularly to resolve findings coming out of the Joint Fiscal and Compliance Monitoring process (conducted for Citywide monitoring)
- Subsequently the Contract Development and Technical Assistance (CDTA) section identified a need to formally provide (a) technical assistance before a problem escalated, and (b) documentation of the technical assistance to provide a more comprehensive history for decision making purposes.
- This process and document are referred to as the Agency Technical Assistance Plan (ATAP) and is managed by CDTA. The BOCC Unit previously managed the CAP process. This has recently been moved to CDTA, to bring the Corrective Action Planning – Technical Assistance continuum under one arm.
- The DPH Business Office is currently working to formalize the continuity of the Corrective Action Planning Process- Technical Assistance continuum for DPH's contracted community based organizations (CBO) to be comprehensive from the front end when problems are typically less severe, to the most significant issues that may impact the agency's ability to survive.

Corrective Action Planning Process: Technical Assistance Descriptions

Plan of Action	Plan identifying steps to be performed by an agency to address an annual monitoring report finding where it is deemed specific follow-up is required. (BOCC)
Agency Technical Assistance Plan (ATAP)	Issues tracked and addressed through a formal process and set of steps where technical assistance is provided. These internal interventions are intended to occur at the front-end of the process, and are typically DPH only.
Corrective Action Plan (CAP)	A document coordinated through a formal process and set of steps to ensure compliance with government funding requirements, accountability, and reliable service delivery. The CAP is a Citywide process (i.e. inter-departmental), and typically represents a process for more severe issues.

1. Issue Identification

Issue(s) with a contractor agency and/or program are identified via:

- a. DPH Site Visit,
- b. BOCC Monitorings,
- c. Contract Development,
- d. Controller's Citywide Joint Fiscal & Compliance Monitoring,
- e. Federal Audits,
- f. Agency's Independent Audit,
- g. External Fund Source Audits,
- h. Audited Financial Statements Review,
- i. Significant Agency Events,
- j. Whistle-Blower,
- k. SOC Surveillance (chart review),
- l. Irregular Deliverables,
- m. Reported Privacy Breach,
- n. Cost Report,
- o. Agency Self-Reports,
- p. Client Complaints/Grievances,
- q. Certification Review,
- r. Media Reports/Stories,
- s. Other.

BOCC may issue a monitoring report with findings and may require a **Plan of Action (POA)** or issue **Letter(s) of Education**

2. Inform the CDTA PM

Whoever is made aware of the issue(s), alerts the CDTA Program Manager, who then discusses with the CDTA Director.

3. Convene a Team Meeting to Establish a TA Plan and to Determine the Severity of the Problem

CDTA PM calls a meeting of the Team previously set up for each agency (or in the case of larger funded agencies – for each program). The Team consists of:

- | | | |
|------------------------------|-------------------------------|---------------------------------------|
| a. CDTA Program Manager, | plus, if needed: | |
| b. SOC Program Manager(s), | e. SOC Director(s), | h. Privacy officer, |
| c. BOCC Program Manager, and | f. CDTA Director, | i. Compliance officer, and/or |
| d. Business Office Director. | g. Budget and Contract staff, | j. Staff from other city departments. |

The Team:

- 1. Determines the extent of the issues.
- 2. Reviews relevant materials, such as contract documents, monitoring reports and **POA**, fiscal materials, etc.
- 3. Completes the "TA Issues Summary Form."
- 4. Determines – based on the severity – if an **ATAP** or a **CAP** should be implemented.

4. CAP or ATAP?

4b. Corrective Action Plan

The Team:

- a. determines type of technical assistance needed, who should provide it,
- b. identifies staff/consultants who will follow up on items within the **CAP**,
- c. periodically reviews the progress of the resolving **CAP** items,
- d. may report at the Contractor Oversight Committee and/or the Health Commission.

4a. Establishment of ATAP

The Team:

- a. determines type of technical assistance needed and who should provide it,
- b. identifies staff/consultants who will follow up on items within the **ATAP**,
- c. periodically reviews the progress of the resolving **ATAP** items,
- d. determines if the issues have been resolved, or if further action is needed, such as a **Corrective Action Plan (CAP)** or defunding of the program,
- e. determines who should communicate the findings to the agency,
- d. may report at the Contractor Oversight Committee.

Technical Assistance is provided to the Agency/Program. If one was issued, the **POA** is reviewed and may be folded into the **ATAP** and/or **CAP**.

Corrective Action – Top Triggers

Financial Management

- Financial Recovery & Sustainability
- Lack of Cost Allocation Procedures
- Debt Reduction & Repayment Plan
- Budget Forecasting Capacity
- Billing Practices
- Accounting Practices & Fiscal Reporting
- Budget Reduction
- Defunding
- Low Cash Flow & Net Income
- Financial Oversight by Board

Program Operations

- Lapse of Licensure & Certifications
- Breach of Client Privacy, Safety & Confidentiality
- Low Units of Service
- Reporting - AVATAR
- Documentation
- Client Charting & Billing
- Patient Services and Care

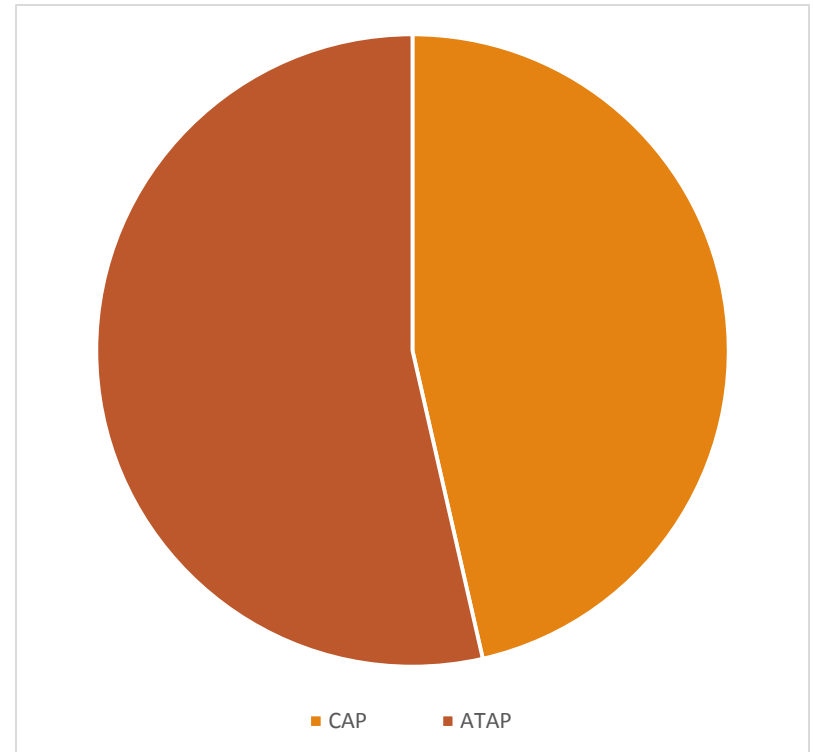
Corrective Action Plan Development Process

- Interdepartmental meeting to insure inclusion of all issues; preparation of tracking tool
- Meeting with Director of Health and other executives as necessary
- Meeting with Agency – get buy-in; finalize tracking tool with timeline and targets
- Deployment of Technical Assistance as determined – identify staff or consultants
- Monthly staff review of agency progress/deliverables
- Quarterly Follow-up meetings with Agency
- Last Quarter of FY - Pre-negotiation to determine success in completing CAP issues and course of action for next fiscal year: funding amount, program scope, contract configuration
- Contract Development and Presentation to Health Commission

Agencies with ATAP and CAP between 2009 and 2016

ATAP	13 (2013-16)
<u>CAP</u>	<u>12 (2009-2016)</u>
Total	25

Ten (10) out of 12 agencies with CAPs are no longer DPH vendors.



CAP or ATAP?

Programs required to create a Plan of Action (POA)

- For 2012-2013, 78 programs needed to submit a Plan of Action (POA)
 - 60 CBHS programs, 16 HUH programs, 2 CHEP programs
- For 2013-2014, 85 programs needed to submit a Plan of Action (POA)
 - 71 CBHS programs, 12 HUH programs, 2 CHEP programs
- For 2014-2015, 109 programs needed to submit a Plan of Action (POA)
 - 95 CBHS programs, 11 HUH programs, 3 CHEP programs

Typical Reasons for a Plan of Action (POA)

- Lack of fire clearance for program site
- Low rates of return or low scores on client satisfaction surveys
- Incorrect tracking of clients in AVATAR for billing purposes
- Shortfalls in units of service achieved or low clinician productivity
- Need to increase completion of ANSA or treatments plans within 60 days of client episode opening
- Problems obtaining all needed signatures from clients (HIPAA forms, etc)

Conclusion and Next Steps
