

4.03 Monitoring Review Process			
Domain	Contract Management and Oversight of Providers, ACH Risk Prevention and Management		
Effective	July 01, 2014	Revision Dates	5-18-2015, 1-2018, 12-2019, 9-01-2020, 6-2022, 9-2022, 11-2022, 1-2024
Documents	SSCC Joint Monitoring Tool, Performance and Quality Improvement (PQI) Plan, OCOK Family Services Monitoring Tool		
Reference	ACH Child and Family Services Policy – Access to Case Records Policy and Procedures, COA NET 10.01, RPM 2, RPM 2.01, RPM 7, RPM 7.02		

Policy:

ACH Child and Family Services maintains the confidentiality of case records while providing persons served or their designated legal representatives access to their case records in accordance with state and federal privacy laws.

Procedure:

Residential Network Providers

I. Monitoring Review

- A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists (QI&C Specialist), a review of the following components:
 - 1. Records: Client, Caregiver/Foster Parent, Personnel, Policies and Procedures
 - 2. Physical Site

- B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.
 - 1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
 - 2. OCOK reserves the right to make unannounced on-site monitoring visits to the Provider during normal business hours.

- C. Quality Improvement and Contracts Specialists will complete the Monitoring Review for each active contracted Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review. The Director of Quality Improvement and Contracts may determine that a Monitoring Review needs to be postponed until a placement is secured by the Provider in order to have a more comprehensive Monitoring Review that will include client records.

- D. Financial Monitoring will be completed by the Finance Department. Monitoring and compliance of administrative and programmatic records, and performance and quality improvement process is completed by the Quality Improvement and Contracts Department. OCOK Care Management

Department is responsible for case reviews on an ongoing basis as they will be monitoring Service Delivery.

E. Quality Improvement and Contracts Department is responsible for the following:

1. Scheduling the Monitoring Review with the Provider and sending a letter requesting required information prior to the review. The Monitoring Review Notice may be sent 30 days in advance of the Monitoring Review.
2. Completing an Administrative Review of Policies and Procedures preferably before the Monitoring Review is conducted to ensure all required policies and procedures are up-to-date and have been obtained.
3. Scheduling of entrance and exit interviews with the Provider's key personnel, as needed.
4. Being the point of contact for the Provider during the monitoring activities.
5. Consolidating and preparing the final Monitoring Report to issue to the Provider requesting any necessary Performance and Quality Improvement Plans (Quality Improvement Plans (QIPs)).
6. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plans).

F. Quality Improvement and Contracts Specialists will participate in pre-meetings, on-site monitoring and/or desk reviews, entrance and exit interviews, and any activities needed for the final monitoring report and any sanctions as requested by the Director of Quality Improvement and Contracts.

G. The Provider should be prepared to make available the following, including but not limited to:

1. Policy and Procedure Manual
2. Personnel Records
3. Caregiver/Foster Parent Records
4. Client Records
5. Financial Records
6. CCR or State's Compliance History and Documentation

H. Pre-monitoring Activities

1. Quality Improvement and Contracts Specialists will send a Monitoring Review Notice to the Provider announcing the date of the Monitoring Review and requesting needed documentation.
2. Quality Improvement and Contracts Specialists will review the Provider's contract record to ensure that all applicable Monitoring Reports, licensing summaries and other documentation is on file.
3. Quality Improvement and Contracts Specialists will meet with the Director of Quality Improvement and Contracts to review prior reports and any current issues, review monitoring tools and determine roles and timelines.
4. For In-state Providers, the most current SSCC Joint Monitoring Tool will be utilized for the Monitoring Review.
5. For Out-of-State Providers, and in order to determine monitoring items, the Quality Improvement and Contracts Specialist will request, via the Monitoring Review Notice, a copy of the table of contents for personnel, client, and caregiver/foster parent records, as well as a copy of the training log for required trainings by the Provider and their state. Once these documents are received, the Quality Improvement and Contacts Specialist and the Director of Quality Improvement and Contracts review the documents and the SSCC Joint Monitoring

Tool in order to determine if the SSCC Joint Monitoring Tool needs to be modified in order to align monitoring requirements with the Provider's procedures and their state's requirements. The SSCC Joint Monitoring Tool is then modified as needed and a Monitoring Tool is developed specific to the Out-of-State Provider. The Provider is then notified of items that will be reviewed during the Monitoring Review.

I. Monitoring Review Activities

1. Quality Improvement and Contracts Specialists will meet with Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview. For desk reviews this entrance interview can be accomplished via Zoom/Teams meeting.
2. Quality Improvement and Contracts Specialists may be reviewing a variety of records, including but not limited to policies and procedures, client records, human resources records, and financial records as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the facility will be requested for all General Residential Operations (GRO) and Residential Treatment Centers (RTC).
5. Quality Improvement and Contracts Specialists will compile work product papers as part of the Monitoring Review. These papers are confidential during the review and must be secured daily. They may be included as back-up in the OCOK record once the monitoring is concluded.
6. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the Monitoring Review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Quality Improvement and Contracts Specialists will require a private space to review records.

J. When the Monitoring Review is completed, Quality Improvement and Contracts Specialists will review the preliminary results with the Provider during an exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview signature form will be obtained as evidence this was completed with the Provider. For desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

K. Monitoring Report and Follow-up

1. Quality Improvement and Contracts Specialists will document findings (Observations) noted during the Monitoring Review.
2. Within 30 business days of the exit interview, the assigned Quality Improvement and Contracts Specialists will compile a final Monitoring Report and will send to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The Director of Quality Improvement and Contracts or designee approves this Monitoring Report.
 - a. If the Provider disagrees with the Observations on the Monitoring Report the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement and Contracts.
 - b. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
 - c. OCOK will send a written respond within 10 business days of receipt of the Provider's response with a final decision.

3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and OCOK are discussing an Observation in question. OCOK retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. OCOK may determine that a PQI Plan is not needed or relevant if:
 - a. The Provider is making the appropriate efforts to meet the requirement,
 - b. There were only one to three (1-3) records reviewed, or
 - c. If the finding (Observation) is not in the areas of Health and Safety.
 The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
5. If the PQI Plans are approved OCOK will notify the Provider.
6. If the PQI Plans are in need of corrections and updates the Provider will be notified and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved OCOK will follow-up (during the next Monitoring Review) to ensure progress is made in the specific area.
8. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review.
9. The Director of Quality Improvement and Contracts and/or the OCOK Network Quality Improvement Committee will make the determination if a subsequent Monitoring Review needs to be completed, within 4-6 months from the last Monitoring Review, if the Provider's records have many discrepancies and/or not meeting the majority of the contract requirements but did not raise to the level of a PQI Plan.

- L. Contract monitoring file. Monitoring records will be maintained according to published retention schedules, to include:
1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
 2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
 3. Current Performance and Quality Improvement Plans with backup documentation, and
 4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.

II. SSCC Joint Monitoring Review

The SSCCs (2INgage, 4Kids4Families, EMPOWER, Our Community Our Kids (OCOK), Belong, Saint Francis, and Texas Family Care Network (TFCN)) will share responsibility for completing the annual SSCC Joint Monitoring Review (on-site monitoring visit/electronic/desk review) of Residential Providers (CPA, Adoption, GRO, ES, RTC) that have contracts with multiple SSCCs.

An SSCC Joint Monitoring Tool will be utilized by all SSCCs for the annual SSCC Joint Monitoring Review. Monitoring Reviews will measure compliance with internal agency procedures, accreditation standards, state and federal regulatory requirements, and targeted performance measures. Case Reviews, for the purpose of monitoring service delivery, are completed by each SSCC as necessary.

If a contracted Provider's facility/program is located within an SSCC Region that SSCC will be responsible for completing the annual SCC Joint Monitoring Review cycle (to include, but not limited to; 30-day Notice to the Provider, the on-site monitoring visit/electronic/desk review, the completion of the Monitoring Report and the completion of the Performance and Quality Improvement (PQI) process). The review and approval of the Monitoring Report will be completed by the assigned SSCC Quality Improvement/Assurance/Provider Relations Coordinator or designee. All documents sent/completed during the Monitoring Review process will be shared with each SSCC, as applicable. If a Performance and Quality Improvement (PQI) Plan is required by any of the contracted SSCCs the assigned SSCC, who conducted the monitoring review/on-site visit/electronic/desk review, will be responsible for completing that process. Any additional information outside of the SSCC Joint Monitoring Tool, Monitoring Report and PQI process that an SSCC may need or require will be obtained by that SSCC.

If a Provider is outside of all SSCCs' Regions but has a contract with multiple SSCCs to provide services, a specific SSCC will be assigned to complete the SSCC Joint Monitoring Review. The SSCC assignment will be determined based on history and relationship with the Provider, proximity and/or number of placements through a joint discussion between the SSCCs. Providers are also given the opportunity to choose an SSCC for SSCC Joint Monitoring Review purposes instead of being assigned to a specific SSCC. Assigning the responsible SSCC to complete the annual Monitoring Review will be done through monthly SSCC Joint Meetings and/or SSCCs' communication. The list of all contracted SSCC Providers will be reviewed on an ongoing basis for determination of assignment and updated as needed.

Sharing of documents and results of the SSCC Joint Monitoring Review will be between the assigned Quality Improvement/Assurance/Provider Relations staff of each SSCC. Any health and safety information will be shared during the monthly SSCC Joint Meetings or before as needed.

On an annual basis, 10% of all clients served during the previous quarter of the Monitoring Review will undergo a compliance Monitoring Review. SSCCs will provide the sample information to the assigned SSCC for the SSCC Joint Monitoring Review. For those Providers that serve less than five (5) children and/or caregivers/foster parents from each SSCC a 100% audit will be completed. The assigned SSCC will sample 50% of personnel records for each available program/facility.

Sample size

- Client Records (each SSCC) = 10% of total clients served last quarter, min. of 5
- If less than 5 total Region clients = 100%

- Foster Homes/Facilities available to each SSCC = 10% of total available, min. of 5
- If CPA has less than 5 homes for each SSCC = 100%

- Personnel Records by Branch/Operation = 50% of total assigned, min. of 5

Annual Monitoring Review Process

Assigned SSCCs' staff will:

1. Work with any SSCC that have a contract with the Provider to determine date of on-site monitoring visit/electronic/desk review and determine records to review.
2. Schedule the on-site monitoring visit/electronic/desk review with the Provider and send information on which records will be monitored for each SSCC. No other records will be reviewed on-site/electronic/desk review from what has been communicated to the Provider unless requested by a specific SSCC. A Monitoring Review Notice must be sent to the Provider at least 30 days in advance of the review with the necessary information for the SSCC Joint Monitoring Review.
3. Request documents necessary for the Administrative Review to include documents in the "ALL SSCCs Monitoring Items-Via Desk Review" section of the SSCC Joint Monitoring Tool. Any other documents needed by an SSCC for the Administrative Review will be requested/obtained by that SSCC. Documents received must be shared with other SSCCs.
4. Schedule entrance and exit interviews.
5. Be the point of contact for the Provider during the monitoring activities.
6. Consolidate and prepare the final Monitoring Report to issue to the Provider, to include the request of any necessary Performance and Quality Improvement Plans.
7. Obtain Monitoring Report approval from the SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee.
8. Review and accept any Performance and Quality Improvement Plans (PQI Plans) as needed.

On-site Monitoring Visit/Electronic/Desk Review Monitoring Activities

1. Meet with the Provider's staff to go over the purpose, scope and activities planned for the review during the entrance interview. For electronic/desk review this can be accomplished via Zoom/Teams meeting.
2. Review a variety of records, including but not limited to client, human resources, and caregiver/foster parent records as deemed appropriate in the pre-monitoring activities.
3. Interview staff, caregivers/foster parents, and/or clients as deemed appropriate.
4. Tour the facility.
5. Require a private space to review records if on-site.
6. Compile work product papers as part of the monitoring visit/audit. These papers are confidential during the Monitoring Review and must be secured daily. They may be included as back-up in the SSCC file once the Monitoring Review is concluded.
7. SSCCs' staff may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
8. During the review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
9. When the SSCC Joint Monitoring Review is completed (on-site monitoring visit/electronic/desk review), SSCCs' staff will review the preliminary results with the Provider during the exit interview. The Provider may have the opportunity to submit missing documents within 72 hours of the exit interview. An exit interview signature document will be obtained as evidence this was completed with the Provider. For electronic/desk reviews this exit interview can be accomplished via Zoom/Teams meeting.

Monitoring Report and Follow-up

1. Document findings (Observations) noted during the SSCC Joint Monitoring Review.
2. Within 30 business days of the exit interview, the assigned SSCCs' staff will compile a final Monitoring Report and will send to the Provider along with a request for any necessary Performance and Quality Improvement Plans (PQI Plans). The assigned SSCC Quality Improvement/Assurance Director/Provider Relations Coordinator or designee approves this Monitoring Report before it is sent to the Provider.
 - a. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the assigned SSCC Quality Improvement/Assurance Director or designee.
 - b. The assigned SSCC will review the necessary information and the Provider's response.
 - c. Assigned SSCC will send a written response within 10 business days of receipt of the Provider's response with a final decision.
3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and SSCC are discussing an Observation in question. The assigned SSCC retains the right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. The assigned SSCC may determine that a PQI plan is not needed or relevant if:
 - a. The Provider is making the appropriate efforts to meet the requirement,
 - b. There were one to three (1-3) records reviewed, or
 - c. If the finding (Observation) is not in the areas of Health and Safety.
 - d. The assigned SSCC will make this determination and the assigned SSCC will notify the Provider in writing that the PQI is not needed.
5. If PQI Plans are approved, the assigned SSCC will notify the Provider.
6. If PQI Plans corrections and updates are needed the assigned SSCC will notify the Provider and a revised PQI Plan will be requested.
7. Once the PQI Plan is approved, the assigned SSCC will follow-up (during the next Monitoring Review) to ensure progress is made in the specific area.
8. If more than three (3) PQI Plans are needed during a Monitoring Review in the areas of Health and Safety, a subsequent Monitoring Review will be completed within 4-6 months from the last Monitoring Review.
9. The SSCCs reserve the right to complete Monitoring Reviews/audits and on-site visits to their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.
10. The SSCCs reserve the right to request documents from their Providers at their sole discretion when deemed necessary and will not need coordination with other SSCCs.

Documents to be shared

The following documents must be shared between SSCCs if an SSCC Joint Monitoring Review is coordinated/completed. These documents must be shared once a Monitoring Review cycle has been completed and/or when requested by an SSCC in the case the SSCC is in need of those documents before the Monitoring Review cycle is completed.

1. Monitoring Review Notice (sent to Provider 30 days before the Monitoring Review) - signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
2. Email/Letter if Monitoring Review was rescheduled (best practice to copy SSCCs when sending to Provider).

3. Administrative Review documents obtained (each SSCC will request any documents beyond what "ALL" SSCCs require).
4. SSCC Joint Monitoring Tool(s) – completed (Facility Sample, Personnel Records Monitoring Review, Client Records Monitoring Review, Caregiver/Foster Parent Records Monitoring Review, Criminal Background History Tracking(s), and Administrative Review). All N/As on tool must be explained.
5. Exit interview signature document – completed/signed by Provider (signed by all participants).
6. Approval email from Director/Coordinator or designee for Monitoring Report.
7. Monitoring Report – signed by writer/as submitted to Provider (best practice to copy SSCCs when sending to Provider).
8. Provider's response to Monitoring Report if disputing Monitoring Report/Observations.
9. SSCC's response to Provider, if Provider is disputing the Monitoring Report (best practice to copy other SSCCs when sending to Provider).
10. Letter approving Provider's PQI Plans with PQI Plans (best practice to copy SSCCs when sending to Provider).
11. Approved PQI Plans (each one requested/approved).

SSCCs Staff Training and Communication

1. On an on-going basis the SSCCs will coordinate joint staff training and/or meetings to review the SSCC Joint Monitoring Review process.
2. SSCCs' staff will have access to the SSCC joint staff training information for reference during the Monitoring Review process.
3. SSCCs' Management Staff is responsible for sharing documents with their staff that are needed during the SSCC Joint Monitoring Review process (assignment of Providers, protocol, most recent monitoring tool, etc.).
4. SSCCs' staff will communicate directly with each other to request/share documents needed and will have access to a department's email for communication purposes.

III. Questions that the Provider may use in order to help prepare for the Monitoring Review

The list of preparation questions includes, but is not limited to the following:

A. Personnel

1. What is the program's organizational hierarchy (i.e., organizational chart, professional staffing plan)?
2. Are criminal background checks completed for all new employees?
3. How often are background checks completed for current employees?
4. What are the initial and annual training requirements for staff?
5. Who will provide therapy, psychological and psychiatric services?

B. Caregiver/Foster Parent Training

1. What are your Orientation and Pre-service training requirements for caregivers/foster parents?
2. How do you address culture competence in your training?
3. What are your annual training requirements for caregivers/foster parents?

C. Foster Home Development

1. What are your "minimum qualifications" for foster homes?
2. Describe your Home Screening and Home Study process.

3. How do you continuously monitor your foster homes?
4. What is the frequency of home visits?
5. How often do foster parents document a child's progress in the home?
6. What type of documentation is completed by caregivers/foster parents?
7. How often is this documentation submitted to an agency?
8. How do you address foster home non-compliance?

D. Admission/Eligibility

1. What are the characteristics of your client population including client age, gender, presenting problem, diagnoses, etc.?
2. What are your exclusionary criteria for admissions?
3. Do you accept emergency placements?
4. How is the placement decision made?
5. How is the decision regarding placement of additional children made?
6. What are your placement procedures?
7. What is the protocol for introducing a new child in a home?
8. What information is provided to the client and/or guardian upon placement?
9. What is the anticipated, average length of stay/treatment?

E. Client's Rights

1. How are clients informed of their rights?
2. How does your program ensure confidentiality?
3. How does the agency address client's educational needs?
4. Describe the recreational/family activities offered.
5. Describe how transportation is provided to school, medical appointments, recreational activities, and family activities.
6. How does the agency ensure that client-family/community connections are maintained?
7. What is the agency's grievance process for clients?

F. Services

1. How often are Service Plans developed and reviewed?
2. Who is involved in the development and review processes?
3. How do you inform potential participants of any meetings regarding Service Plan development or review?
4. Are CANS Assessments completed according to OCOK timeframes?
5. How are caregivers/foster parents supposed to respond in cases of psychiatric emergencies?
6. What acute psychiatric resources are available locally?
7. How does the program serve clients with substance abuse issues?

G. Discipline and Behavior Management

1. Describe your behavior management philosophy.
2. What methods do you use to reinforce positive behavior?
3. What are typical consequences/disciplinary techniques for typical inappropriate behavior?
4. Is physical restraint used? If so, what restraint curriculum is used to train staff and caregivers/foster parents?
5. How does the agency monitor the use of restraints?

H. Healthcare Services

1. Who conducts initial and routine physical exams?
2. Where is the nearest facility for providing emergency medical treatment?
3. How is dental care provided?
4. Who conducts routine dental exams?
5. What is the procedure for administering medication?
6. How are changes in medication handled?
7. How does the program ensure prevention of medication errors?

I. Safety

1. What is the agency's process for developing Disaster and Emergency Response Preparedness Plans for foster homes?
2. How does the agency ensure foster home safety?

J. Serious Incidents

1. What is your protocol to report serious incidents?
2. How do you handle a client's allegation of abuse whether physical, emotional or sexual?
3. What are your investigation procedures?
4. How is the allegation documented?
5. What entities are contacted?

K. Subsequent Placement/Discharge

1. What is the procedure for subsequent placements?
2. What is your discharge procedure?

During face-to-face contact with clients, in the home or at a residential facility, Providers are required to verify on a monthly basis that hygiene products are available to the client and client has adequate clothing and personnel items (toys, mementos, etc.). This information must be documented in the client record and available to OCOK for review during the monitoring review process.

Providers are also required to ensure all homes and residential facilities have Ombudsman posters visible to clients at all times. For CPA/Adoption Providers this information must be documented in the caregiver/foster parent record and available to OCOK for review during the monitoring review process.

The SSCC Joint Monitoring Tool will be posted on the OCOK website (www.oc-ok.org) for Provider's reference.

Any changes to this Policy and Procedures will be posted on the OCOK website (www.oc-ok.org). It is the Provider's responsibility to routinely check for updates to the OCOK Operations, Case Management, and Provider Manual via OCOK website.

Family Services Network Providers (Purchased Client Services)

I. Monitoring Billing Review

- A. The Quality Improvement and Contracts staff will make a request to the Finance Department of a list of services paid in a given month of each quarter in order to monitor/verify that services billed and paid were provided and evidence is in the client's record.

- B. The Director of Finance will randomly select a month in a quarter to be used for monitoring purposes.

II. Monitoring Review Process

- A. The Monitoring Review process may be a two (2) part process which may include, depending upon the review determined by the Quality Improvement and Contracts Specialists (QI&C Specialist), a review of the following components:
 - 1. Records: Client, Personnel, Policies and Procedures
 - 2. Physical Site, if applicable
- B. The Monitoring Review may be either announced or unannounced as determined by the Quality Improvement and Contracts Department.
 - 1. OCOK will notify the Provider of a Monitoring Review via email and/or phone call at least 24 hours prior to the review occurring.
 - 2. OCOK reserves the right to make unannounced reviews/visits to the Provider during normal business hours.
- C. Quality Improvement and Contracts Specialists will complete the Monitoring Review for each active contracted Family Services Network Provider and may request assistance from the various departments of OCOK in preparation for the Monitoring Review.
- D. Financial monitoring will be completed by the Finance Department. Monitoring compliance of administrative requirements takes place annually and billing reviews take place quarterly and are completed by the Quality Improvement and Contracts Department. OCOK Permanency Department is responsible for case reviews on an ongoing basis as they will be monitoring Service Delivery.
- E. Quality Improvement and Contracts Department is responsible for the following:
 - 1. Scheduling the Monitoring Review with the Provider and sending a Monitoring Review Notice requesting required information prior to the Monitoring Review. The Monitoring Review Notice may be sent 30 days in advance of the Monitoring Review.
 - 2. Being the point of contact for the Provider during the monitoring activities.
 - 3. Consolidating and preparing the final Monitoring Report to be issued to the Provider requesting any necessary Performance and Quality Improvement Plans.
 - 4. Reviewing, approving, and monitoring the Performance and Quality Improvement Plans (PQI Plan).
- F. Quality Improvement and Contracts Specialists will participate in pre-meetings, Monitoring Reviews via on-site monitoring visit and/or desk reviews, and any activities needed for the final Monitoring Report and any sanctions as requested by the Director of Quality Improvement and Contracts.
- G. The Provider should be prepared to make available the following, including but not limited to:
 - 1. Policy and Procedure Manual
 - 2. Personnel Records
 - 3. Client Records
 - 4. Financial Records

H. Pre-monitoring Activities

1. Quality Improvement and Contracts Specialists will send a Monitoring Review Notice to the Provider announcing the date of the Monitoring Review and requesting needed documentation.
2. Quality Improvement and Contracts Specialists will review the Provider's contract record and ensure that all applicable monitoring reports, licensing summaries and other documentation is on file.
3. Quality Improvement and Contracts Specialists will meet with the Director of Quality Improvement and Contracts to review prior reports and any current issues, review monitoring tools and determine roles and timelines.

I. Monitoring Review Activities

1. Quality Improvement and Contracts Specialists will communicate with the Provider's staff to go over the purpose, scope and activities planned for the Monitoring Review.
2. Quality Improvement and Contracts Specialists may be reviewing a variety of records, including but not limited to policies and procedures, client, human resources, and financial records as deemed appropriate in the pre-monitoring activities.
3. Interviews with staff and/or clients may be conducted.
4. A tour of the agency may be requested, if applicable.
5. Quality Improvement and Contracts Specialists will compile work product papers as part of the monitoring. These papers are confidential during the review and must be secured daily. They may be included as back-up in the OCOK record once the monitoring is concluded.
6. Quality Improvement and Contracts Specialists may be granted access to the Provider's electronic systems and will follow all guidelines of confidentiality.
7. During the review, if a safety concern is apparent, it will be addressed immediately with the Provider and will require immediate action and intervention.
8. Quality Improvement and Contracts Specialists will require a private space to review records if an on-site visit is conducted.

J. Monitoring Report and Follow-up

1. Quality Improvement and Contracts Specialists will document findings (Observations) noted during the Monitoring Review.
2. Within 30 business days of the completion of the Monitoring Review, the assigned Quality Improvement and Contracts Specialists will compile a final Monitoring Report and will send to the Provider along with a request for any necessary actions or Performance Quality Improve (PQI) Plans. The Director of Quality Improvement and Contracts or designee approves this monitoring report.
 - a. If the Provider disagrees with the Observations, the Provider needs to provide a written response within five (5) business days to the Director of Quality Improvement and Contracts.
 - b. The Director of Quality Improvement and Contracts will review the necessary information and the Provider's response.
 - c. OCOK will send a written respond within 10 business days of receipt of the Provider's response with a final decision.
3. Performance and Quality Improvement Plans will be due from the Provider within 30 days of receipt of the Monitoring Report. This timeframe can be extended based on the instance that the Provider and OCOK are discussing an Observation in question. OCOK retains the

- right to extend the timeframe and negotiate with the Provider for a reasonable timeframe for submittal to meet the needs and relationship with the Provider.
4. OCOK may determine that a PQI Plan is not needed or relevant if:
 - a. The Provider is making the appropriate efforts to meet the requirement,
 - b. There were one to three (1-3) records reviewed, or
 - c. If the finding (Observation) is not in the areas of Health and Safety.
 - d. The Director of Quality Improvement and Contracts will make this determination and OCOK will notify the Provider in writing if the PQI Plan is not needed.
 5. If PQI Plans are approved OCOK will notify the Provider.
 6. If PQI Plans corrections and updates are needed the Provider will be notified and a revised PQI Plan will be requested.
 7. Once the PQI Plan is approved OCOK will follow-up (during the next monitoring review) to ensure progress is made in the specific area.

K. Contract monitoring file. Monitoring records will be maintained according to published retention schedules, to include:

1. Previous year's monitoring results (tools, exit interviews, notes, etc.) and Quality Improvement Plans and/or Performance and Quality Improvement Plans,
2. Current year's monitoring results with backup documentation (tools, exit interviews, notes, etc.),
3. Current Performance and Quality Improvement Plans with backup documentation, and
4. Any special reviews, analysis, meeting minutes, or other activities identified in review that relate to the specific Provider's oversight.