QUALITY ASSURANCE PLAN

FY 2008-2009
Child and Family Connections is dedicated to providing quality services to children and families in our community. The Quality Assurance and Improvement plan is designed to assist all CFC staff and subcontracted staff in reaching this goal. CFC supports subcontractors by providing comprehensive training opportunities and technical assistance. CFC recognizes the partnership between lead agencies and DCF Regional Administration and has developed this plan in conjunction with Region Quality Assurance staff.

CFC’s Quality Assurance and Improvement Plan will address the following areas:

- Case Reviews in accordance with State Quality Assurance requirements
- Internal & Subcontract Monitoring
- Quality Improvement Standards and Process
- Quality Improvement initiatives

**Focus on Coordination**

**Unit Supervisory Reviews**

CFC is requiring individual case supervision on a routine basis. Supervisory reviews will be conducted utilizing the DCF “Mentoring and Modeling Quality: A discussion guide for case management supervisors”. CFC will be introducing this tool following the completion of train-the-trainer sessions provided by DCF in August 2008. The supervisory review must address all aspects of the case including child safety, well-being and progress towards the permanency goal. It is the expectation that all cases open 30 days or more will be reviewed by a supervisor at least once every 90 days. Although the expectation is 100%, if at least 98% of the cases are able to be validated as having been reviewed, the agency will be considered in compliance with this task. The reviews and documentation must demonstrate that there was a qualitative discussion addressing all aspects of the case including risk and safety issues, placement needs, case planning and service provision and progress towards permanency. The reviews should also evidence supervisory guidance and the assignment and review of tasks. Each supervisory review must be documented in the case file as well as in FSFN.

Documentation will be verified as part of the base and side-by-side case reviews. Each quarter, CFC will review a 90/10 sample of cases for supervisory reviews. CFC will also ensure that the sample is stratified across all units so that at a minimum, one review per supervisor will be monitored. This sample is inclusive of those selected for base and side-by-side reviews. CFC will monitor these reviews for evidence of qualitative discussion and supervisory guidance. Selected criteria will be evaluated and reported to Region Quality Assurance on a quarterly basis. Proposed evaluation criteria are:

- Was appropriate supervisory guidance offered and tasks assigned
- Were prior assigned tasks completed
- Have all service referrals been made
- Are child well-being issues being addressed
- Timeliness of the review (within 90 days of last review)
- Is case making timely and appropriate progress towards permanency
Case Reviews
In accordance with the State Quality Management plan, CFC has developed a review schedule with Regional Quality Management staff. Two weeks prior to the beginning of each quarter, Central Office will provide the list of cases that meet the identified criteria for the quarter. According to the sampling methodology developed by Central Office, there are four quadrants of sample populations; one of which will be reviewed each quarter as follows:

Quarter A – Children 10 and under as of the sample date
Quarter B – Children 11 and above as of the sample date
Quarter C – Children 5 and under at the time of admission
Quarter D – Children 6 and above at the time of admission

From the extract provided, CFC will select the cases that will be reviewed for the quarter. In accordance with the state sampling methodology, CFC will initially select an oversample of cases. Cases can be excluded from the review sample for the following reasons:

- Case does not meet age or length of stay criteria (at least six months of service during the review period) for the specified stratification.
- Another child from the same case has been reviewed during this or a previous quarter.
- The case is an incoming ICPC where another state has legal jurisdiction.

An oversample may still remain allowing for the replacement of cases if during the review it is determined that a selected case does not meet criteria. CFC will select no fewer than 25 cases, but may select more as needed. From this selection, CFC and Region QA will jointly select the eight cases for the side-by-side reviews. The review period for base and side-by-side reviews will be 12 months prior to the start of the review. CFC staff will be responsible for gathering files and information for the base, side-by-side and in-depth reviews.

CFC will conduct the base review prior to the side-by-side reviews. Base reviews will be conducted primarily by CFC’s QA staff. CFC will also utilize QA staff from the case management agencies to assist with the base reviews. All reviewers will complete the QA reviewers training prior to completing reviews. For staff that has not been trained, they will be able to conduct reviews jointly with a trained staff until training is completed. CFC will ensure that the QA staff from the case management agencies do not review their case files. Base reviews will be conducted by one reviewer with the QA Director or trained designee acting as a monitor/facilitator during the review. The QA Director or designee will also review each tool for accuracy with the assigned reviewer upon completion. CFC may add additional review items during the base reviews. As it is not certain what the capabilities of the proposed web-based system will be, these items will be tracked on a separate tool and maintained on a spreadsheet system for
maintenance and analysis. Proposed additional items may include compliance items such as JRSSR submission, as well as qualitative items such as the identification of barriers to permanency. Raw data will be provided to Region Quality Assurance within seven business days of the completion of the base reviews. In addition, CFC will complete the Regional Quality Management Report in conjunction with Regional Quality Management staff.

Base review data will be analyzed for both strengths and areas for improvement. As testing of the new tool revealed overall low scores, CFC will not use a target percentage for establishing these areas. Rather raw data, combined with reviewer comments and qualitative responses will be analyzed to identify gaps in practice. These areas will be the focus of Quality Improvement initiatives and may also drive the evaluation criteria for the supervisory reviews. A data analysis report will be provided to the region within 30 days of the completion of the side-by-side reviews so that this data may be incorporated and shared as well. Data and analysis will be provided at quarterly Quality Improvement Committee meetings as well as monthly meetings of CFC’s Board of Directors.

CFC Quality Assurance staff will provide preparatory materials and ensure cases are ready and available for side-by-side review. This includes printing of FSFN notes and other documentation relevant to the review (i.e. relationships information, demographics, and placement histories), investigative histories and summaries, Independent Living files, adoption files or other child specific information. Relationship, demographic and placement history information for the side-by-side cases will be provided to the Region Quality Assurance Manager five business days prior to the side-by-side reviews. Side-by-side reviews will be two or three teams of two – one Region staff and one CFC staff. All staff conducting the side-by-side reviews will have completed the QA reviewers training. The Regional Quality Assurance Manager in coordination with the CFC Quality Assurance Director will serve as monitor/facilitator during these reviews. The Regional Quality Assurance Manager will be responsible for mediating disputes on responses. The CFC Quality Assurance Director will provide technical support on our System of Care and resolve any immediate safety needs as well as coordinate the resolution of Requests for Action (RFA) that are completed during the reviews. The format for Requests for Action will be built into the web-based data system. Recognizing that the system may not be fully functional in time for the first round of reviews, CFC will develop a format to be used during the base and side-by-side reviews (attached). Completed RFA’s will be turned in to the QA Director or designee as they are noted. The QA Director or designee will track and respond to the Region QA Manager regarding the outcome of the RFA’s. Until the web-based system is able to track the resolution of these items, CFC will track RFA’s on an internal spreadsheet that indicates the case, noted deficiency and resolution. CFC will forward the tracking spreadsheet to the Region QA Manager within two weeks after the completion of all scheduled reviews for that quarter. RFA’s for administrative, data or document requests will be resolved within seven business days. RFA’s that involve safety concerns will be resolved in no more than two business days after the identification of the issue. Critical safety concerns will be addressed with case management administration the day they are noted and resolved by the close of the following business day.
CFC will provide necessary information to Region staff so that in-depth reviews can be conducted after the base and side-by-side reviews. CFC will also assist in scheduling interviews and providing information on policies, procedures or quality improvement activities as needed during the in-depth reviews.

CFC Quality Assurance staff will debrief identified cases with the case manager and supervisor by the end of the quarter to identify strengths and needs in case practice. All cases where the reviewer indicated “No” to the final question or where critical safety issues were noted will be individually debriefed. Overall findings will be reviewed at quarterly exit conferences conducted jointly by Region and CFC staff. Exit conferences will include lead agency and case management subcontractor supervisory and administrative staff. Quarterly reports developed by both the Region and CFC will be distributed to case management administrative and supervisory staff. As needed and appropriate, CFC will provide technical assistance regarding the findings to individual staff or case management units. Quality Improvement (QI) Committee Meetings will address identified service gaps. The QI Committee process is detailed in the Quality Improvement Standards and Process section of this plan.

CFC provides its staff, board, providers and stakeholders with regular performance reporting. CFC’s Board of Directors is provided with a monthly Board Performance Report. This report details current performance on contracted performance measures as well as data and information on other improvement initiatives such as staff turnover, placement stability, supervisory reviews and other strengths and gaps are noted during case reviews. In addition, CFC completes two weekly reports to communicate performance to stakeholders as well as specific unit performance data to case management providers:

- The System of Care report includes data on removals, adoptions, placement types and contract performance measures. This is distributed by the CFC CEO to CFC and contracted provider administrative staff, Region and Circuit staff, local judiciary and legislative delegations.
- The Unit Data Report provides individual unit data on identified areas such as children in out-of-home care and lengths of stay, caseloads, staff turnover and tenure, supervisory reviews, child visits and identification data. The Unit Data Report is distributed to Case Management Supervisory, Administrative and Quality Management Staff as well as CFC Operations staff.

Requests for Executive Management or Regional Discretionary reviews will be made by the Circuit or Region Quality Assurance Manager to CFC’s Quality Assurance Director. CFC will have five business days to review and respond. Requests for files/documentation will be responded to in accordance with contractual guidelines. CFC will respond to shorter timeframes when required based on Region or Central Office needs. Where appropriate, reviews will be conducted jointly between CFC and Region staff.
Proposed Schedule
This schedule was jointly developed between CFC’s Quality Assurance Director and the Southeast Region Quality Assurance Manager:

<table>
<thead>
<tr>
<th>1st Quarter</th>
<th>2nd Quarter</th>
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<tbody>
<tr>
<td>Base review: July 14-18</td>
<td>Base review: October 29-November 4</td>
</tr>
<tr>
<td>Side-by-side: July 21-25</td>
<td>Side-by-side: November 12-18</td>
</tr>
<tr>
<td>In-depth: July 29-31</td>
<td>In-depth: December 3-5</td>
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</tbody>
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<table>
<thead>
<tr>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base review: January 20-23</td>
<td>Base review: April 20-24</td>
</tr>
<tr>
<td>In-depth: February 17-19</td>
<td>In-depth: May 19-21</td>
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Internal and Subcontract Monitoring
CFC completes an annual risk assessment of all subcontracted providers by August 31. The completed risk assessment is forwarded to CFC’s Director of Contracted Services and the CBC Contract Manager. Based on the risk assessment, CFC will determine which providers will be monitored during the fiscal year. Where appropriate and practical, CFC will coordinate monitoring visits to providers in conjunction with DCF re-licensing visits. Through an interagency agreement, CFC will not monitor subcontractors in other Circuits who are monitored by their local CBC. In those cases, CFC will request a copy of the local CBC’s monitoring report in lieu of conducting a separate monitoring visit. CFC’s contract monitoring policy conforms to DCF’s sub-recipient monitoring policy.

CFC takes a comprehensive approach to subcontract monitoring. Monitoring visits will address all aspects of the program as well as data collected through other quality assurance initiatives (exit interviews, incident reports, complaints and grievances, etc.) Monitoring reports are submitted to the provider within 30 days of the exit conference. Any Corrective Actions issued will be re-monitored every 90 days for compliance. All contract monitoring and re-monitoring findings will be reported to the Circuit CBC Contract Manager, CFC Executive Management, and to CFC’s Board of Directors. During the course of monitoring and re-monitoring activities, systemic or programmatic issues may be identified. These issues will be brought to CFC’s Executive Management to determine what course of action will be taken to correct the issue.

In addition to routine monitoring, CFC has developed a reporting format for each subcontracted provider detailing the performance measures in the respective contract. Data is gathered by both the providers and CFC on a monthly basis. These ‘report cards’ will be shared with the provider, CFC’s Executive Management and CFC’s Board of Directors.
**Focus on Results**

**Quality Improvement Standards and Process**
CFC will track contract performance measures on a monthly or quarterly basis as data is made available through FSFN. In addition to contracted performance measures, CFC has identified internal performance areas that will be tracked through FSFN where applicable, or through internal data collection. CFC will track and report progress on performance measures, internal initiatives and case review findings. Identified performance areas, tracking and reporting methods are outlined below:

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Data Source</th>
<th>Frequency</th>
<th>Reporting Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-abuse during services</td>
<td>FSFN Report</td>
<td>Quarterly</td>
<td>System of Care &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Re-abuse while in out-of-home care</td>
<td>FSFN Report</td>
<td>Quarterly</td>
<td>System of Care Report &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Children seen monthly</td>
<td>FSFN &amp; Children not seen database</td>
<td>Weekly</td>
<td>System of Care, Unit Data &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Reunifications in 12 months</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Reports</td>
</tr>
<tr>
<td>Returns to care</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Report</td>
</tr>
<tr>
<td>Adoptions within 24 months</td>
<td>FSFN Report</td>
<td>Monthly</td>
<td>System of Care &amp; Board Performance Report</td>
</tr>
<tr>
<td>Re-licensure submission</td>
<td>Internal Tracking</td>
<td>Monthly</td>
<td>Provider Report Card</td>
</tr>
<tr>
<td>Exit Interviews</td>
<td>Internal Tracking</td>
<td>Weekly &amp; Monthly</td>
<td>Unit Data Report &amp; Provider Report Card</td>
</tr>
<tr>
<td>Reduction in Out-of-Home Care</td>
<td>FSFN</td>
<td>Weekly</td>
<td>System of Care, Board Performance &amp; Unit Data Reports</td>
</tr>
<tr>
<td>Supervisory Reviews</td>
<td>FSFN &amp; Case Reviews</td>
<td>Weekly and Quarterly</td>
<td>Unit Data Reports, Board Performance &amp; Case Review Outcome Reports</td>
</tr>
<tr>
<td>Incident Reporting</td>
<td>Internal Tracking</td>
<td>Monthly</td>
<td>Provider Report Card &amp; Board Performance Report</td>
</tr>
<tr>
<td>Independent Living Services (New)</td>
<td>Case Reviews</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
</tr>
<tr>
<td>Maintenance Adoption Subsidy IVE (New)</td>
<td>Internal Monitoring</td>
<td>Semi-annually</td>
<td>File review outcomes will be reported to CEO and CFO</td>
</tr>
<tr>
<td>Staff Retention (New)</td>
<td>Internal</td>
<td>Weekly</td>
<td>Unit Data &amp; Board Performance Report</td>
</tr>
<tr>
<td>Placement Stability</td>
<td>Case Reviews</td>
<td>Quarterly</td>
<td>Case Review Outcomes &amp;</td>
</tr>
<tr>
<td>(New) Family Engagement</td>
<td>Case Reviews</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
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</tr>
<tr>
<td>(New) Quality Home Visits</td>
<td>Case Reviews</td>
<td>Quarterly</td>
<td>Case Review Outcome Report</td>
</tr>
</tbody>
</table>

These initiatives have been selected as they speak not only to quality of care issues but to child well-being and permanency. New initiatives were selected based on preliminary findings of the Florida Child and Family Services Review. In addition, they complement both contracted performance measures, current initiatives and the intent of the new Statewide Quality Improvement plan and initiatives.

Quality improvement initiatives as described above are current and will be on-going into the coming year. Areas of underperformance will be addressed at quarterly Quality Improvement Committee meetings. CFC utilizes Quality Improvement and Control (QIC) story processes to identify gaps in performance, identify and implement countermeasures to improve performance. For each measure that falls below target performance, CFC’s QA staff will begin the QIC story process. Gap analysis will be conducted by CFC’s QA staff. Results of this analysis will be presented to the Quality Improvement Committee. The committee consists of the CFC Quality Assurance staff, Case Management Coordinator, Program Operations Coordinator, a Training staff and a Clinical Services staff. In addition, each case management agency will select a Program Director, supervisor and a case manager to participate. Region Quality Management staff will also be invited to participate. Other staff from both CFC and provider agencies may elect or be selected to attend based on the performance need.

The committee (or in sub-committees depending on need) will conduct a fishbone-style brainstorming to identify the causes behind the underperformance. The committee will then identify countermeasures and discern which are most appropriate to reducing the performance gap. The Quality Assurance Director and Quality Assurance Coordinator will take the lead on monitoring the implementation of proposed countermeasures. Routine tracking of data will allow CFC to determine whether the implemented countermeasure was successful. The process will be repeated if needed to address performance gaps.

Continuous monitoring of the above areas will indicate immediate areas of concern. This combined with annual contract monitoring and quarterly re-monitoring will give CFC the ability to look at Quality Assurance and Improvement strategies on a systemic level. New information brought forth during the course of Quality Management activities will be brought to CFC’s Executive Management. Findings as well as a preliminary data and gap analyses will be reviewed to determine any immediate actions as well as to determine additions or amendments to Quality Improvement Initiatives. As deemed necessary, these findings may also lead to policy or protocol gaps. CFC’s Executive Management will be responsible for ensuring, to the extent possible, that policies or protocols are developed to address these needs.
Through the course of other Quality Assurance activities such as subcontract monitoring, case reviews or performance tracking, other areas of performance needs may arise. These areas will be added to our ongoing performance monitoring process. Launching of these initiatives will begin with the involvement of stakeholders and providers to determine barriers to improvement. Quality Improvement and Control story processes will be initiated for those areas where a more aggressive approach is warranted.

Any safety or well-being issues identified though the course of Quality Assurance activities will be immediately addressed through CFC’s QA staff. These items will be directed through CFC’s QA Director to the Program Director of the respective agency as well as CFC’s CEO. Critical safety issues will be resolved and reported back to Region QA Manager by the end of the next business day. Concerns that do not fall into this category will be addressed through the RFA process described above.

CFC is not seeking National accreditation at this time. We anticipate exploring this process late in the fiscal year.

CFC has three Quality Assurance Managers, a Quality Assurance Coordinator and a Quality Assurance Director. The three Managers and the Coordinator are dedicated full time to quality management activities, including case reviews and sub recipient monitoring. CFC has enlisted the support of case management quality management staff to assist with case reviews. Despite this commitment, CFC acknowledges that resources allocated to quality management may be insufficient based on this plan. The ability to fully implement this plan will be routinely re-evaluated and changes communicated to region QA Manager.
REQUEST FOR ASSISTANCE (RFA)

Child Name: ________________________________

QA Reviewer: ________________________________

Unit & DCM: ________________________________

Date Requested: ________________________________

Type: circle one  ADMINISTRATIVE  SAFETY

Details: __________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

Resolution: __________________________________________
It is the policy of Child and Family Connections to fully and objectively evaluate subcontracted providers to ensure compliance with contractual requirements.

Procedure

Risk Assessment

1. The CFC Quality Assurance Director will conduct a risk assessment of all subcontracted providers. Each provider will be receive a rating of high, medium or low based on the assessment of the following: dollar amount of contract; type of service provided; number of clients served; previous corrective action plans; outcomes of prior monitoring visits and the length of time since the last review. The risk assessment will be completed within 60 days from the start of the fiscal year.

2. Those providers who rate “high” will be monitored during that year’s review schedule. Providers with a “medium” or “low” ratings will be evaluated at the discretion of the Quality Assurance Director provided the following guidelines are adhered to:

   • Providers with “medium” risk ratings can only be excluded if they were monitored the prior year and received no corrective action plans and had no critical incidents.

   • Providers with “low” risk ratings can only be excluded if they were monitored within the previous two years and had no client-related corrective action plans or critical incidents.

3. The Quality Assurance Director, based on the risk assessment will develop the monitoring schedule and identify monitoring teams and leads.

4. The Risk Assessment and Monitoring Schedule will be provided and reviewed with the Provider Network Director.
5. Any subcontracted provider may be monitored at any time as deemed necessary to ensure quality of services.

Monitoring Procedures

The lead monitor is responsible for:

1. Preparing the 45-day letter to the provider and assembling the documents request. The lead monitor will ensure that the packet is sent out in the required 45 day timeframe.

2. Review the contract and ensure that the tools being utilized will adequately reflect the contract requirements, performance measures and client outcomes.

3. Create the monitoring schedule for the visit, including times for record reviews, administrative reviews, client and provider interviews.

4. Conduct the Provider Self-Evaluation interview with the provider.

5. Ensuring that requested documentation is provided to CFC as required and reviewing the information for completeness.

6. Selecting the sample for record review.

7. Conducts the entrance and exit conferences.

8. Ensures that the team maintains the schedule and completes all monitoring activities accurately and efficiently.

The following documents/records may be part of the monitoring activities:

1. Financial records and audits: An independent unqualified audit report, if no deficiencies are noted can substitute for a monitoring of a provider's financial systems.

2. Client records: Including the records of adult or child clients referred to the provider by CFC.

3. Personnel records: Based on the organizational chart, only those that provide services for the subcontracted program, including administrative staff.

4. Travel Reimbursements and documentation against documented case activities.

5. Invoices and monthly reports.

6. Staff, board and client interviews.

7. Facility observations.

8. Program observations.
In addition, the following data/records will be incorporated into the provider evaluation:

- Incident reports, client surveys, exit interviews, complaints and grievances, performance reports and any other data collected by CFC during the licensing year.

If at any time during the monitoring visit, the monitoring team identifies any situation meeting one of the below criteria, the Quality Assurance Director will be notified immediately. This is in addition to the monitor’s responsibility as a mandated reporter:

- Threat to the health and safety of clients or staff.
- Misuse of funds.
- Falsification of records.
- Indicators that state or federal legislation have been violated.

Exit Conference, Program Evaluation Report and Corrective Action Plans

1. The lead monitor will conduct the Exit Conference. At the Exit Conference, CFC will report the preliminary findings and indicate whether deficiencies were noted. Provider responses will be noted for use in the Program Evaluation Report.

2. The Program Evaluation report will consist of findings from the monitoring visits as well as any findings based on the review of the program’s performance measures, client outcomes and other data reported to CFC. The lead monitor is responsible for ensuring that all areas of the Program Evaluation Report are completed as needed.

3. The Program Evaluation Report will be sent to the provider no later than 30 business days after the Exit Conference.

4. Items in need of Corrective Action Plans will be included in the Program Evaluation Report as well as the format for responding to the Corrective Action Plan.

5. Corrective Action Plans will be returned by the provider to the Quality Assurance Director within 30 calendar days of receipt of the request. Corrective Action Plans will be reviewed with the Provider Network Director. The Contract Manager will respond to the Provider either accepting or denying the Corrective Action Plan.

6. When the Corrective Action Plan is accepted, the Quality Assurance Director will schedule compliance reviews as needed.

| Executive Director Approval: | Date: |