

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer	Mental Health Services
	Policy Number	02-05
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Title: Quarterly Reports	Functional Area: Contract Administration	
Approved By: <i>Signed version available upon request</i>		
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Background/Context:

The County utilizes Quarterly Reports to analyze how contractors are performing under their annual contract requirements. County Behavioral Health Services (BHS) staff and contractors are required to prepare, review, and discuss the BHS Quarterly Report together, adhering to established timeframes and guidelines. The BHS Quarterly Report is kept in the designated program file to be reviewed as needed and a final signed copy sent to contractors for their records.

Definitions:

- AVATAR – Electronic Health Record System used by Sacramento County BHS
- CFT – Child and Family Team
- DPI – Demonstration Project Identifier
- KTA – Katie A. services, also known as Pathways to Mental Health Services
- Monthly Monitoring Tool – A document used by BHS Program Coordinators to monitor contracts
- QM - Quality Management
- REPO – Research, Evaluation and Performance Outcomes

Purpose:

To establish a process for developing, completing, and reviewing Quarterly Reports.

Details:

I. Timeframes:

A. General reporting timelines:

1. Quarter 1 (July – September) due to contractors October 31
2. Quarter 2 (October – December) due to contractors January 31

3. Quarter 3 (January – March) due to contractors April 30
 4. Quarter 4 (April – June) due to contractors July 31
- B. For Quarter 2 and 4, the County Program Coordinator completes and sends the Quarterly Reports to contractors within one week of receiving the data from QM/REPO (Attachment 1).
- C. Contractors are required to complete and return the Quarterly Report to the County Program Coordinator within 30 days of receipt.

II. Content:

Each Quarterly Report shall be prepared using the following guidelines:

- A. Contractors will submit all attachments requested in the Quarterly Report using the County Template Samples or instructions provided by the County.
- B. The Quarterly Report consists of sections designated for completion by County BHS and sections for response by contractors, including, but not limited to the following examples:
 1. Prior Quarter Follow-Up Items
 - a. Example: Did not meet performance standard and was advised to analyze and correct non-compliance.
 2. Outcomes from Performance Measures outlined in the contract Agreement, which includes objectives from the contract Exhibit A.
 - a. Outcomes: County Program Coordinator will input data provided by REPO.
 - b. Contract Provider Response: If meeting the outcome measure, the Contractor may highlight success. If the Contractor is not meeting the outcome, they will provide a rationale and plan to address in order to meet the outcome moving forward.
 3. Status Updates: Contractor will input the current status of the previously identified follow-up items.
 - a. Example: Contractor achieved compliance with the performance standard.
 4. Discharge Reasons Year to Date (YTD): Program Coordinator inputs discharge reasons identified in AVATAR Discharge Detail by Program report.
 - a. Program Coordinator Notes – Program Coordinator will compare percentage of successful discharges (as defined by contract language) vs. other reasons for discharge and will include notes on trends, patterns, etc.
 - b. Contract Provider Response – Contractor will input information and/or reasons for successful discharges and/or challenges with completing services with a plan to address.
 5. YTD Summary of Services Analysis (Based on AVATAR Summary of Services report): Data is automatically populated from the Monthly Monitoring Tool.

Program Coordinator and Contractor will analyze the drawdown of Units and Funding Sources in relation to the contracted budget amount.

6. YTD Dollar and Unit Variance: A calculation of the Contractors' utilization of Service Function Codes, Units and Dollar amounts billed based on Contractors' invoices and AVATAR Summary of Services report (if applicable).
 - a. Review Drawdown Rate: County Program Coordinator will review the drawdown rate of units and dollars with the Contractor and discuss the variance from the contracted annual budget. Variance target should be within 5% of the contracted annual budget at any given time.
 - b. Contract Provider Response: Contractor will input reason for being over or under contract draw down and a plan to address.
7. Documentation Standards: A review of documentation timeliness and completion. For agencies who use the AVATAR Electronic Health Record, the Program Coordinator will enter the data into the Monthly Monitoring Tool from AVATAR reports. AVATAR reports may include, but are not limited to, the following: Service Duration Outliers, Active Final Client Assessments, and Progress Note Timeliness. The monthly data is automatically populated into the Quarterly Report from the Monthly Monitoring Tool. For agencies that have their own Electronic Health Record, the contractor will submit this information to the Program Coordinator.
 - a. Concerns during the Quarter: County Program Coordinator will address any significant number of notes not justified, missing information, and/or overdue notes.
 - b. Summary of Additional Contractor Reports Reviewed: County Program Coordinator will input other relevant information.
 - c. Contract Provider Response: Contractor will input reason for success or challenges.
8. Client Services Analysis, Contracted Capacity: A review of unduplicated clients served versus provider census and contracted capacity.
 - a. County Program Coordinator will input the number of services, no shows, services in the community, CFTs (children's contracts only), unallowable services (if applicable), services without diagnosis (if applicable), clients without target diagnosis, and KTA without DPI (children's contracts only). Data are based on the following AVATAR reports: Summary of Services, Provider Last Service Report, Services with no Diagnosis, and KTA Census.
 - b. Contract Provider Response: Contractor will provide explanation for identified areas of concern and how they will be addressed.
9. Average Psychiatry Wait Time for Ongoing Clients with Immediate Need (i.e. at risk of Emergency Dept. visit) YTD: This information is automatically populated from the Monthly Monitoring Tool and is based on actual Psychiatry availability data from Contractor. This information is entered into the Monthly Monitoring Tool by the County Program Coordinator.

10. Average Psychiatry Wait Time for New Clients YTD: This information is automatically populated from the Monthly Monitoring Tool and is based on actual Psychiatry availability data from contractor. This information is entered into the Monthly Monitoring Tool by the County Program Coordinator.
 - a. Contract Provider Response: Contractor will input reason(s) for any Psychiatry wait time that exceeds contracted requirements and a plan to address.
11. Staffing Vacancies: This information, based on Contractor input, is entered into the Monthly Monitoring Tool by the County Program Coordinator, and it automatically populates the Quarterly Report.
 - a. Contract Provider Response: Contractor will provide a report on the current positions that are vacant or were vacant during the quarter, and the efforts made to recruit, hire, and retain staff. This also captures language capabilities and barriers to hiring as well as a plan to address.
12. Service Verification - Current Quarter: County Program Coordinator will input service verification data from QM to determine compliance. This applies to Medi-Cal programs only.
 - a. Plan to achieve Compliance: Contractor will indicate how they will address any issues of concern.
13. Office of the Inspector General (OIG) Verification – Current Quarter: County Program Coordinator will input OIG data from QM to determine compliance. This applies to Medi-Cal programs only.
14. Summary of Services Offered (Promising Practices, Community Defined Evidence Based Practices (EBP), Groups, Co-Occurring, Notable Services):
 - a. Contract Provider Response: Contractor will add all EBPs being offered during the quarter, including any notable data and services offered during the quarter.
15. Summary of Site or Medi-Cal Certification Issues:
 - a. Contract Provider Response: A section that captures construction, expansion, tenant improvements, moves, etc.
16. Summary of Good Neighbor Issues:
 - a. Contract Provider Response: A section for the contractor to describe the issue and resolution.
17. Advocates' Summary of Accomplishments:
 - a. Contract Provider Response: Response from Consumer, Peer, Family, and/or Youth Advocates indicating:
 - i. Number of support groups facilitated
 - ii. Number of committees participated in
 - iii. Number of contractor and county meetings participated in
 - iv. Number of agency management meetings participated in

- v. Number of monitoring meetings participated in
 - vi. Number of trainings attended
 - vii. Recommendations for improved services, advocate involvement, or other ideas
18. Adverse Incident Reports (AIRs): Captures the number of Adverse Incidents by type.
- a. Contract Provider Response: Contractor will input lessons learned and/or practice changes as a result of AIR.
19. Housing Services Provided to Client YTD: Contractor will input housing resources clients were helped with during the quarter (include information only if contractor actively assisted client in securing any of the resources below):
- a. Shelter plus care voucher successful applications
 - b. Housed using shelter plus care voucher
 - c. Other tenant based voucher
 - d. Project based housing
 - e. Room and board
 - f. Board and care
 - g. Number of subsidies being funded for clients
 - h. Market rate housing
 - i. Move in with friend or family
 - j. Number of outstanding vouchers not yet housed
 - k. Other
 - l. Contract Provider Response:
20. Review and Discussion: County Program Coordinator will input a summary of the discussion with the contractor about the Quarterly Report. Includes areas reviewed and areas of strength or growth during the quarter.
21. Areas of Focus/Plan for Next Quarter (Contractor and County): County Program Coordinator will input action items and follow-up needed, responsible person, and due date.

III. Completion, Review, and Analysis:

Contractor submits the completed report to County within 30 days of receipt. Once the Quarterly Report is completed and submitted to the designated County Program Coordinator, the County Program Coordinator reviews and ensures:

- A. All required information has been included.
 - 1. If any information is missing, the County Program Coordinator contacts the Contractor to complete any missing information or information requiring clarification.

- B. A meeting with the Contractor occurs to discuss the findings for each Quarterly Report at a follow-up, in-person meeting – the discussion should include any areas of performance strengths or concerns. Areas of concern should include a discussion around a plan to address during the next quarter.
- C. The discussion with the contractor is documented on the Quarterly Report where indicated and all necessary signatures are attained. The County Program Coordinator then forwards the Quarterly Report to the County Program Manager for review and signature.
- D. The County Program Coordinator scans and saves an electronic copy of the completed Quarterly Report and all attachments (i.e. organization chart, list of Board members, trainings attended, etc.) as one pdf document in the designated contract folder.
- E. A copy of the final, signed Quarterly Report is sent to the Contractor for their records and the correspondence is saved to the designated chrono notes.

Related Policies:

[PP-BHS-QM-20-01-Claims Certification and Program Integrity](#)

[PP-BHS-QM-09-01-Adverse Incident Reports](#)

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