

	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	02-05
		Issued Date	04-02-08
		Revision Date	
AREA: Contract Administration	TITLE: Quarterly Reports		
Approved by:	Approved By:		
Stephen Davidson, MSW, CRPR Program Coordinator	Sandy Damiano, PhD Chief		

I. POLICY

Adult Mental Health Services contracted providers are required to prepare and submit a Quarterly Report following established timeframes and guidelines.

II. PROCEDURES

A. Timelines:

Reports are due to the designated Program Coordinator on the last day of the month following the quarter's end.	
First Quarter (July through September)	Due: October 31
Second Quarter (October through December)	Due: January 31
Third Quarter (January through March)	Due: April 30
Fourth Quarter (April through June)	Due: July 31

B. Content:

Each Quarterly Report shall be prepared using the following guideline, unless otherwise directed by the Program Coordinator.

SUBJECT	DESCRIPTION
Site Issues	<p>For sites that are certified by Sacramento County, all tenant improvements <u>must be pre-approved</u> by the designated Program Coordinator and re-certified by Quality Management. Failure to obtain certification prior to delivery of service may result in delay or denial of reimbursement.</p> <p>Tenant improvements include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Space expansion ▪ Plans to build ▪ Remodeling ▪ Change of Address

Good Neighbor Policy	<ul style="list-style-type: none"> ▪ <u>Complaint Log</u>: Log good neighbor issues and the action taken to solve them.
Memoranda of Understanding (MOUs) and Subcontracts	<p>First Quarter:</p> <ul style="list-style-type: none"> ▪ Attach a copy of all MOUs and Sub-contracts related to the execution of your contract with Adult Mental Health Services. <p>Second - Fourth Quarters:</p> <ul style="list-style-type: none"> ▪ Include only new or revised agreements
Staffing Detail	<ul style="list-style-type: none"> ▪ Provide a Staffing Detail (Attachment A) for each program. This includes: date hired, date terminated, staff name, full time equivalent, agency position classification, quality management classification, non-English languages spoken and comments. Please refer to QM P&P 03-07 Staff Registration. ▪ Provide an entity level organizational chart. If you have multiple programs within your agency, and/or programs that are funded through other funding sources, include organizational charts for each of those programs and differentiate funding sources. ▪ Each organizational chart should include the name, classification, and FTE percentage for each position. This information should be similar to what you submitted in Attachment A. <p>Provide explanations for vacant positions and please include a plan for retention and recruitment efforts.</p>
Board of Directors	<ul style="list-style-type: none"> ▪ Provide the name, title, and contact information for each member of your Board of Directors. ▪ Changes should be reported in subsequent quarterly reports.
Salaries	<ul style="list-style-type: none"> ▪ List the salary ranges for all staff positions, including administrative staff. ▪ Specify the hourly rate for the psychiatrist, if applicable. ▪ Use the format noted in Attachment C Salary Ranges.

<p>Cultural Competence and Language Capabilities</p>	<ul style="list-style-type: none"> ▪ Include with your Staffing Detail a list of language skills for interpretation that you have available within your agency. (See Attachment A.) If you have administrative staff with these skills, please note this under “Administrative Staff” beneath the staff names on the Staffing Detail. ▪ List interpreter resources that you have utilized during this past quarter, e.g. Asian Pacific Counseling Center (APCC), Southeast Asian Assistance Center (SAAC), AT&T, Norcal Center for the Deaf.
<p>Co-Occurring Practices</p>	<ul style="list-style-type: none"> ▪ Identify how you are providing co-occurring treatment.
<p>Productivity</p>	<ul style="list-style-type: none"> ▪ Explain how productivity is calculated for Medi-Cal billable time, and explain how it is calculated for non-Medi-Cal billable time. ▪ Identify the expected level of productivity, by program, for each staff classification.
<p>Training</p>	<ul style="list-style-type: none"> ▪ Submit titles of trainings, training dates, and the number of staff in attendance unless otherwise specified in your contract. ▪ Include a brief description of the training if the title is unclear. <p>Fourth Quarter:</p> <ul style="list-style-type: none"> ▪ Submit your agency’s Training Plan for the upcoming fiscal year with the 4th Quarter report.
<p>SacPort - if applicable</p>	<ul style="list-style-type: none"> ▪ Identify how you are meeting the SacPort requirements. Reference document: Policy & Procedure 215.03 SacPort Minimum Requirements.
<p>Program Specific Outcomes</p>	<ul style="list-style-type: none"> ▪ Address each outcome as delineated in your contract. ▪ See attached.
<p>Successes and Challenges</p>	<ul style="list-style-type: none"> ▪ Describe the successes and challenges you have experienced this quarter. ▪ Include both clinical and administrative successes and challenges. ▪ Include system barriers and issues for further discussion with your Program Coordinator.

C. Review and Analysis:

The designated Program Coordinator reviews each Quarterly Report to:

1. Assure all required information has been submitted.
2. Determine whether:
 - a. Contract specified outcomes been met.
 - b. Staff salaries are within the ranges specified in the Contract Staffing Detail.
 - c. Staffing is in accordance with Contract Staffing Detail, and if not, is a plan for attaining full staffing included in the Quarterly Report.
 - d. When specified by contract, each line-item of the year-to-date budget is on target, and if not, specific information regarding the divergence is provided.
 - e. The training plan supports Program goals and addresses agency needs.
 - f. Any tenant improvements have been pre-approved and site recertified by Quality Management.
 - g. Good Neighbor issues have been adequately and promptly addressed.
 - h. MOUs and/or Subcontracts are compliant with County requirements, and no services are subcontracted without County approval.
 - i. Contractor has required language capabilities.
 - j. Contractor utilizes a culturally diverse workforce.
 - k. Productivity is within established expectations.
 - l. Contractor is implementing SacPort, if required.
3. Contacts Provider for any missing information or information requiring clarification.

D. Provider Feedback:

1. Program Coordinator reviews, discusses and signs each Quarterly Report and
2. Program Coordinator completes the Provider Feedback document (Attachment D) and prepares to review and discuss the Quarterly Report at the next scheduled meeting with the Provider.
3. After the review and discussion, the Provider Feedback document is distributed and the Program Coordinator completes any necessary follow-up or technical assistance.

ATTACHMENTS:

A [Staffing Detail](#)

B [Provider Feedback Form](#)

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	QM P&P 03-07 Staff Registration	N/A
V. CONTACTS	Name	E-mail
	Designated Contract Monitor	
VI. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff <input checked="" type="checkbox"/> Mental Health Treatment Center <input type="checkbox"/> Specific grant/specialty resource	<input checked="" type="checkbox"/> Adult Contract Providers <input type="checkbox"/> Children's Contract Providers