

BOARD OF DIRECTORS MEETING MINUTES  
October 5, 2021

This RBHA Board of Directors Meeting was held as an electronic meeting pursuant to Ordinance No. 2021-181 (City Council for the City of Richmond, June 28, 2021) due to the disaster represented by the spread of COVID-19.

Board members and staff participated by teleconference/videoconference via Zoom. The general public was able to participate by teleconference/videoconference via Zoom.

RBHA Board members present by roll call: Dr. Joy Bressler; Scott Cannady; Denise Dickerson, Secretary/Treasurer; Dr. Cheryl Ivey Green, Chair; Shauntelle Hammonds; Dr. Brian Maiden; Dr. Cynthia Newbille; Dr. Andrew Ramsey; and Malesia "Nikki" Taylor.

RBHA Board members absent: Irvin Dallas, Vice Chair; Karah Gunther; Colleen Howarth, Melodie Patterson and Eduardo Vidal.

Staff present: Dr. John Lindstrom, CEO; Amy Erb; Bill Fellows; Susan Hoover; Dr. Jim May; Shenee McCray; Carolyn Seaman; Michael Tutt; Cristi Zedd and Meleese Evans, Executive Assistant.

RBHA's Legal Counsel: Jon Joseph of Christian & Barton, LLP.

Guests: None.

Proceedings:

- The meeting was called to order at 3:02 p.m. by Dr. Cheryl Ivey Green.
- The Board meeting minutes for September 7, 2021 were approved with a motion by Denise Dickerson and seconded by Dr. Joy Bressler. The motion carried by the following board member roll call vote: (8: 1). Dr. Cynthia Newbille abstained, as she was not present at that meeting.
- Public Comment: None.

Employee Recognitions

- Broderick Moss, Housing Specialist in Adult Mental Health, was recognized as employee of the month.
- The Adult Transition Home in Developmental Services/REACH was recognized as team of the month.

Board Chair Report - Dr. Cheryl Ivey Green

- Dr. Cheryl Ivey Green thanked staff for their continued commitment to the organization.
- Dr. Green reminded board members of the VACSB priorities in today's meeting packet and encouraged them to continue to advocate by calling Senators, Council members and Legislators to try to get additional funding and resources needed to continue RBHA services.

Chief Executive Officer's Report - Dr. John Lindstrom

- The CEO Report was discussed and is included in today's board meeting packet and with today's meeting minutes.
- Dr. Lindstrom asked the RBHA Board to support rolling the 4% salary increase for staff, as previously approved by the RBHA Board and recommended to advance earlier if financially indicated, to November 1 instead of January 1 after hearing today's finance report.

**RBH Foundation Report** – Carolyn Seaman

- The Foundation Development Report was discussed and is included in today's board meeting packet and with today's meeting minutes.
- Carolyn encouraged board members to push out the DIY volunteer projects to their personal and professional networks. Dr. Green requested Carolyn forward some dates to consider for both boards to participate in a DIY event.

**Committee Reports:**

**Access & Service Delivery Committee** – Malesia "Nikki" Taylor

- The Access & Service Delivery Committee reviewed and discussed the RBHA Service Data report for 4<sup>th</sup> Quarter FY-21 and the Human Rights report.
- The Human Rights reports noted twelve (12) complaints throughout the 4<sup>th</sup> Quarter. Twelve (12) were determined to be potential Human Rights Violations and zero were ultimately found to be Human Rights Violations.
- The Committee considered a wide range of future Board presentations. The Corrective Action Plan (CAP) Data from FY 19-21 was presented today, therefore, Children's Services Across Disability will be presented at November's meeting with the remaining presentations to follow beginning in January, 2022.
- A draft report of the Access and Service Delivery Committee meeting is included in today's board meeting packet.

**Advocacy & Community Education Committee** – Scott Cannady

- The Advocacy and Community Education Committee has not met since the last board meeting.

**Executive Committee** – Dr. Cheryl Ivey Green

- The Executive Committee has not met since the last board meeting.

**Finance Committee Report** – Denise Dickerson

- The financial statements for May, June and July are included in today's board meeting packet. RBHA is currently wrapping up the FY2021 Audit and the June statements are still subject to change.
- RBHA is strong with a net worth of \$15.23 million and net income of \$3.5 million at July 31, 2021.
- Since the last reported dated April 30<sup>th</sup>, cash has increased each month with an ending balance at July 31 of \$25.2 million in the bank and RBHA's share of that cash is \$7.2 million.
- RBHA's operating reserve ratio at July 31 has increased to 2.23 from a low of 0.75 reported at the end of April. This represents RBHA's ability to cover more than four months of expenses.
- Collections from MCOs was up in July due to staff focus on working denials and older claims. In July RBHA collected \$1.1 million more than expected or 165% of the budgeted amount. In August, collections exceeded 100% expectations.
- Net income for June 30 was \$10.7 million; however, this figure is still in audit review and is subject to change. As previously stated, net income at July 31 is \$3.5 million
- Gross Accounts Receivable on July 31<sup>st</sup> was \$16.6 million and net AR after the allowance for doubtful accounts is \$9.9 million due from the MCOs.
- The note payable balance at July 31<sup>st</sup> is \$2.93 million which has been recorded in the current and long-term liabilities section of the Balance Sheet.

- Resolution for consideration by the RBHA Board of Directors for the forgiveness and renewal of the \$120,000.00 line of credit to Richmond Behavioral Health Foundation.
- The Finance Committee of the Richmond Behavioral Health Authority recommends the forgiveness of \$103,060.97 drawn down by the Richmond Behavioral Health Foundation from the FY21 \$120,000.00 Line of Credit. In addition, the Committee recommends the extension of the Line of Credit at the same \$120,000.00 value for FY22.

**Motion:** Dr. Cynthia Newbille moved that the RBHA Board of Directors forgive the \$103,060.97 drawn down by the Richmond Behavioral Health Foundation from the FY21 \$120,000.00 Line of Credit and extend the Line of Credit at the same \$120,000.00 value for FY22; seconded by Dr. Joy Bressler. The motion carried by the following board member roll call vote: (8:1). Malesia Taylor was not present during the vote.

**Motion:** Dr. Cynthia Newbille moved that the RBHA Board authorize the 4% salary increase for RBHA staff, approved in the FY22 budget, to begin the first payroll in November, seconded by Denise Dickerson. The motion carried by the following board member roll call vote: (8:1). Malesia Taylor was not present during the vote.

**Human Resources Committee** –Irvin Dallas

- The Human Resources Committee has not met since the last board meeting.

**Nominating & By-Laws Committee** – Dr. Joy Bressler

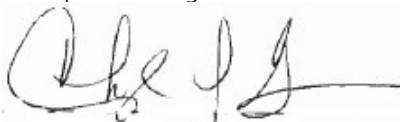
- The Nominating and By-Laws Committee has not met since the last board meeting.

**Presentation:** Corrective Action Plan (CAP) Data from FY19-21 was presented by Circe Black, LCSW, Program Manager II, Quality and Standards. The presentation is included with today's meeting minutes.

The meeting adjourned at 5:04 p.m. with a motion by Irvin Dallas; seconded by Dr. Joy Bressler.

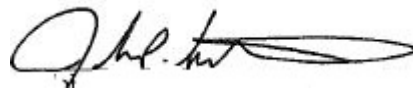
The next Board of Director's meeting will take place on Tuesday, November 9, 2021 at 3:00 p.m.

Respectfully Submitted:



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Dr. Cheryl Ivey Green  
RBHA Board Chair



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Dr. John P. Lindstrom  
Chief Executive Officer

Richmond Behavioral Health Authority  
Board of Directors  
Chief Executive Officer's **Report**  
October 5, 2021

As I prepare my report for the Board of Directors each month, I spend some time reflecting on what are the most important **things to bring to the Board's attention; most important in terms** of informing about recent developments, current agency status, and anticipated challenges. **Also, what's most important for** laying the groundwork for potential Board action. If you follow any trade publications, particularly those with focus on strategic positioning and the necessary leadership acumen to pull through challenging times, the present environment is most often described as uncertain, chaotic, or even adverse. These descriptors seem most relevant when events signal threats to long held business assumptions, changing service paradigms, and shifting accountability structures. So, what are the most pressing challenges today for RBHA?

- The continuing pandemic and consequent adaptations to service lines and work modalities
- Growing workforce shortages and the increased administrative and supervisory burden necessary to recruit, onboard, train, and develop workforce across the board, but particularly in front line, direct service areas
- Managing the revenue cycle in the context of differing and changing payor rules and expectations
- Meeting growing service demands and expansion pressures

While these challenges will remain with us for some time, we have important work to do, individuals to care for, and opportunities to seize.

## Fiscal Matters

RBHA continues to make steady progress in managing the tedium of reimbursement and revenue cycle management. Simply put, our hand cash is trending up, the details of which you will hear in **today's financial report. We are making incremental gains in** collecting aging revenues and the 30-day revenue cycle. New funds are/will be available associated with STEP VA expansion, Marcus Alert, and a new SAMSHA Community Mental Health Centers grant (2 years, 2 million each year). Of course, each of these new funding streams bring new deliverables and cost.

## Workforce

The tale of workforce challenges is best told by metrics collected by our HR department. Entering FY 22, we built a budget assuming a 12 percent vacancy factor. We are trending significantly above the projection.

In the last month, our HR department extended 63 offers of which 11 either declined or withdrew. Forty new staff were hired, 12 internal transfers were executed, and, along with onboarding temps and students, 64 individuals either joined RBHA or changed positions. Also, in the last month RBHA had 18 resignations, terminated 2, created 19 new positions, and reclassified 3 employees.

## Employee Vaccine Status

First, to date, available data indicates that 81 staff have tested positive for COVID 19 since the beginning of the pandemic. **RBHA's vaccine mandate requires that all staff either show** evidence of being fully vaccinated or hold an approved accommodation plan under either medical or religious exemption by October 15. Out of approximately 650 active employees, 599 have completed the mandatory vaccine survey to date, of which 47 have requested exemptions. Relatively few exemption requests have been filed based on medical and most of those have time limits. By far, most employees requesting exclusion

from the vaccine requirement are claiming religious exemptions. The number of staff to be granted accommodation plans is to be determined.

### Payment Reform on the Radar

Medicaid services for those with behavioral health needs are changing (Medicaid Redesign/BRAVO), not only in terms of service definitions and limits, but rate and payment structures. Adjusting to the changing landscape requires an all-hands-on-deck response – services, reimbursement, data processing, licensure, and quality review.

Over the next year, DBHDS will begin to disperse federal funds on a reimbursement basis rather than the regular warrant process with 24 even payments. This change will necessitate planning to accommodate funds receipt after the expenses have occurred. The Mental Health and Substance Use Disorders divisions will be most impacted.

There are ongoing conversations as to potential changes in the financial relationship between Community Services Boards and the DBHDS. We can anticipate that at some point state funds could depend on reference to some form of needs/cost indexing. Over the last two years substantial work was done toward creating a Behavioral Health Index, but with no clear decisions as to how it will play into funding formulas.

Finally, might the next major change in Medicaid funding be a jump from Fee for Services to a Prospective Payment model (per person, per month). Something to keep an eye on for sure.

Respectfully submitted,



John P. Lindstrom, Ph.D., LCP  
Chief Executive Officer

RBHA Board Meeting  
Development Report – October 5, 2021

Richmond Behavioral Health Foundation

YTD Income (minus grants) to RBHF: \$3,653.29 (as of September 30, 2021)

YTD grants awarded: \$42,500 + \$4,996.46 (grant awarded in FY2021) = \$47,496.46

YTD gifts-in-kind: \$10,000

YTD Total Revenue: \$61,149.75 (includes GIK values)

	Current Year (FY22)	Past Year (FY21)	2 years ago (FY20)
	Total Grants/Requests Submitted in FY21 (July 1, 2021 – June 30, 2022)	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)	Total Grants/Requests Submitted in FY20 (July 1, 2019 – June 30, 2020)
Number of Submitted Grants/Requests	7 Total: \$452,000	7 Total: \$108,820	2 carryover from FY19 (\$40,000) 10 (TOTAL: \$151,000)
Number of Funded Grants/Requests	3	3	7
Dollar Value of Awarded Grants/Requests	\$42,500	\$51,320	\$142,000
Number of Pending Grants/Requests	2	1	0
Dollar Value of Pending Grants/Requests	\$101,500	\$15,000	0
Number of Denied Grants/Requests/Postponed	2	3	2 - denied 3 – cancelled (COVID)
Dollar Value of Denied or Partially Funded Grants/Requests	\$308,000	\$57,500	\$59,000
Gifts in Kind - Monetary Value (Includes Value of Volunteer Hours and Value of donated items)	\$10,000 (GIK)	\$68,357.20	\$57,671.25
Volunteer Hours	-	1551	863

Update on Grants and Gifts: See attached chart

RBHA Board Meeting  
Development Report – October 5, 2021

Communications/Marketing:

- Mural Complete – Mural Video Complete – will push out video via email, social media, and website
  - Video to be used on-going with agency presentations, employee recruitment, employee onboarding

25<sup>th</sup> Anniversary Plans:

- Open Houses – We are revising plans for the first 2 Open Houses scheduled during calendar year 2021
  - North Campus Programs, SUD, and Prevention Programs – Will be outlined and promoted on social media platforms and website
  - 5<sup>th</sup> St./Cary St./RICH Clinic – TBD
- Open Houses will all take place during Calendar Year 2022

Volunteer Projects:

- DIY Volunteer Projects scheduled for drop offs on:
  - October 21<sup>st</sup>, November 30<sup>th</sup>, December 8<sup>th</sup> 11am – 2pm
  - Hygiene Kits, Nourishment Kits, Cold Weather Item Kits (see attached)
- In-Person Volunteer Event via Altria and Hands On Greater Richmond (up to 10 volunteers)
  - Hygiene Kits for North Campus residents
  - November 10, 2021 in the gym at North Campus

Appeals:

- Planning in progress for end of year donor appeal

Fundraising Events:

- Beginning Wednesday, September 8, 2021:
  - Signed, matted prints of the building mural available – limited number
  - T-Shirts with mural design available for purchase through Bonfire

Monthly Mission Messages:

- July 2021 – Emergency Health Profile
- August 2021 – REVIVE Training (Narcan)
- September 2021 – North Campus Programs & SUD/Prevention Programs
- October 2021 – DIY Volunteer Projects & Giving Tuesday





# Corrective Action Plan (CAP) Data from FY19-21

Comparing CAP trends across the agency

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## Background

- In September 2018, DBHDS published new licensing regulations in response to the DOJ Settlement.
- The intent of the new regulations was to increase the Risk Management and Quality Improvement expectations of all providers.
- One of the major revisions was incident reporting. Prior to 2018 we reported on the serious injuries of individuals served within 24 hours of discovery.
- The 2018 regulations changed the reporting to serious incidents involving of individuals served within 24 hours of discovery.
- Consequently, the new regulations has led to increased scrutiny and review of all providers by DBHDS Office of Licensing and DBHDS Office of Human Rights.

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## Serious Incident Reporting

- Now there are 3 levels of serious incident- level I, II, III.
- Level II and III are reportable to DBHDS.
- Level II includes – serious injury, missing individual, ER or urgent care visit, unplanned psychiatric or medical hospital admission, choking that requires intervention, ingestion of hazardous material, or a DX of decubitus ulcer, bowel obstruction, aspiration pneumonia that occurs on the providers premises or during the provision of services.
- Level III includes – death, sexual assault, serious injury that results or will likely result in permanent physical or psychological impairment or suicide attempt of an individual admitted to a service that requires hospitalization whether or not the incident occurs while in a provision of service or on the providers premises.
- Level II incidents require us to complete a root cause analysis (RCA) for each of them.

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## What are CAP's and why do we get them?

Step 1

A service is reviewed by DBHDS.

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Step 2

A licensed service is reviewed by DBHDS within 6 months if it is a conditional license and 12 months if it is an annual or triannual service.

A licensed service can also be reviewed as a result of incident reports being submitted via DBHDS's reporting system, CHRIS.

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Step 3

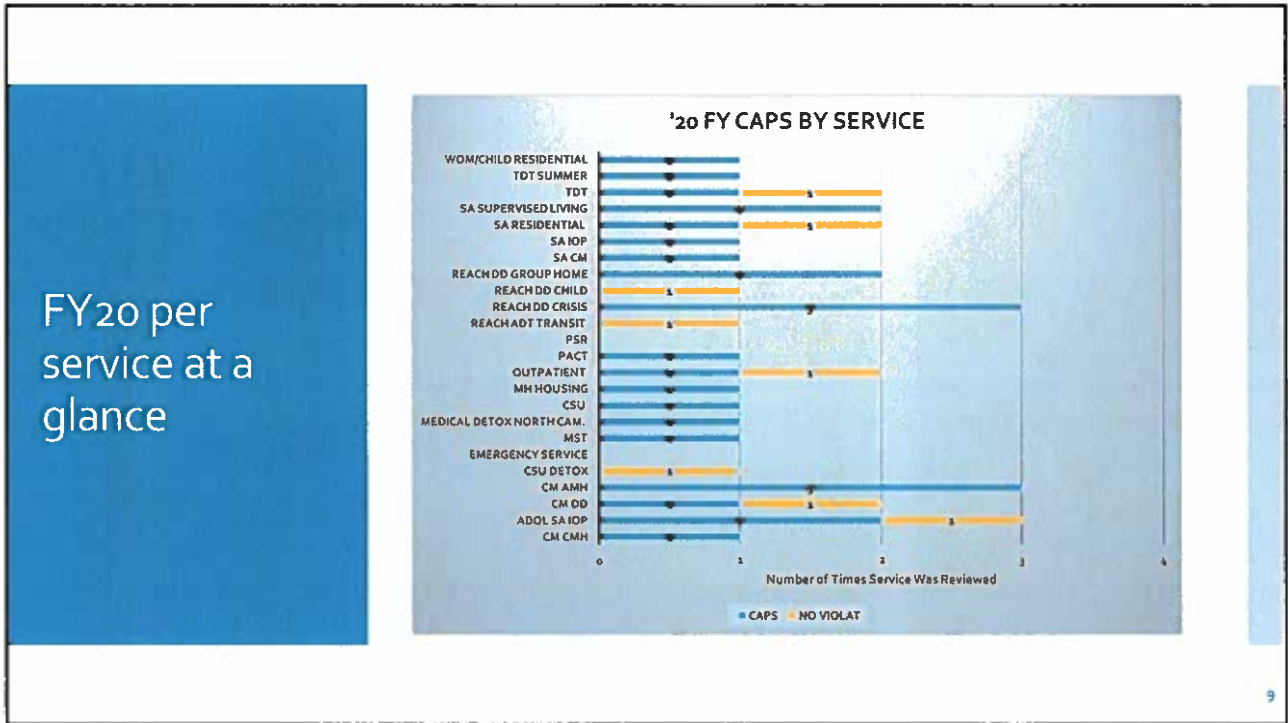
If the review determined the service to be out of compliance with any regulation, our licensing specialist will issue a CAP. A CAP can have multiple citations. A CAP is issued by service and citations are per violation of regulation.

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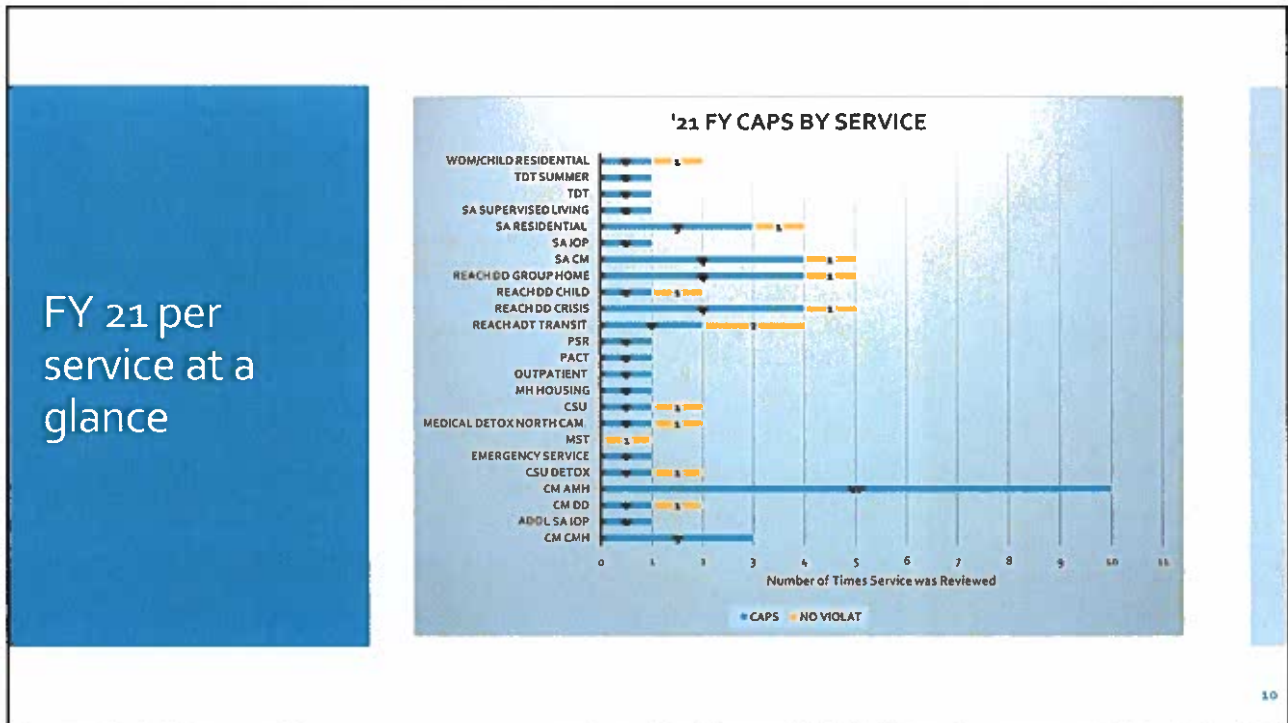
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## Breakdown of FY 21

- **Number of CAP's versus Citations:**
- 59 services were reviewed during FY21. Most services were reviewed more than once.
- 13 Non-Violation Reviews- services reviewed that did not result in any citations by CAP.
- 46 CAP's were issued
- 59 Citations were issued by the 46 CAP's. There can be multiple citations listed per CAP which are issued per licensed service.

*Overall, we have decreased the number of violations related to clinical documentation in the last 2 FY's and increased our administrative and human rights citations.*



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## What are our top citations and why? FY 21

### Top 5 citations in FY 21:

- **Regulation 160 D.2, Reviews by the department; required reporting-total 19 citations.**  
-Late reporting are instances where incident reports were not submitted within the required timeframes.
- **Regulation 450, Employee training and development-7 citations**  
-Trainings not being completed by staff in a timely manner or not being completed at all by due date when records were reviewed.
- **Regulation 665.A, ISP requirements-total 5 citations**  
-ISP requirements not being met such as no signatures by staff or individual, not updating goals and objectives based on individual's changing needs or staff not demonstrating a working knowledge of an individuals goals and objectives.
- **Regulation 620, Monitoring and evaluating service quality-total 5 citations**  
-Statewide performance indicators are being collected internally through ODS therefore there is no follow up required by provider per DOJ settlement.
- **Regulation 920, Review process for records- total 5 Citations**  
-The provider shall implement a review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries, i.e. incomplete consumer records to include missing signatures or dates on clinical documents by clinician or consumer.

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	665	150	880	170	160.D	450	460
MH Housing	1						
Outpatient	1						
PACT	1						
PSR		1					1
MST							
CM AMH		1		1	8	1	
TDT						1	
TDT Summer						1	
CMCMH			1		1	1	

### MH Division Citations by service for FY 21

CITATION DEFINITION:

- 665- ISP requirements
- 150- Compliance with applicable laws, regulations and policies
- 880- Documentation policy
- 170- Corrective action plan
- 160.D- Reviews by the department; requests for information; required reporting
- 450- Employee training and development
- 460- Emergency and medical or first aid training

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	920	665	675	880	150	160.D	510	450
Adl. IOP	1						1	
Medical Detox						1		
CM	2	1	1	1		1		
IOP		1			1		1	1
SA Res						3		
SA Sup Living							1	1
Wom/Child Res.						1		

### SUD Division Citations by service in FY 21

CITATION DEFINITIONS:

- 920- Review process for records
- 665- ISP requirements
- 675- Reassessment and ISP reviews
- 680- Progress notes or other documentation
- 150- Compliance with applicable laws, regulations and policies
- 160.D- Reviews by the department; requests for information; required reporting
- 510- Tuberculosis screening
- 450- Employee training and development

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### DS Division Citations by Service in FY 21.

**CITATION DEFINITIONS:**

920- Review process for records

675- ISP requirements

150- Compliance with applicable laws, regulations and policies

160.D- Reviews by the department; requests for information; required reporting

620- Monitoring and evaluating service quality

	920	675	150	160.D	620
CM					1
REACH Adult Transition	1			1	1
REACH Crisis				3	1
REACH Child	1				1
REACH Group Home		1	2		1

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### ES Division Citations by Service in FY 21

**CITATION DEFINITIONS:**

150- Compliance with applicable laws, regulations and policies

770- Medication management

450- Employee training and development

460- Emergency and medical or first aid training

	150	770	450	460
CSU	1			
CSU Detox		1		
Crisis	1		1	1

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## Total number of incident reports in FY 21.

- 988 Incident Reports were submitted for review and logging.
- 391 Level I's, required quarterly review by the RBA's Quality Committee.
- 322 Level II's requiring a Root Cause Analysis (RCA).
- 438 Level II and III incidents required CHRIS reporting.
- 159 incidents did not occur during the provision of service or on the premise not meeting the definition of level I, II or III.
- Our top citation is late reporting; 160.D2 which has 19 citations. This only represents 4.34% of all reports requiring reporting to DBHDS.
- This is above the target set by DBHDS in response to the DOJ settlement that 86% of critical incident reports be reported within the required timeframe. RBHA is at 95.66% for FY 21.

Division	Percentage
SUD	12%
MHI	15%
DS	43%
ES	30%

Division	Number of Reports
SUD	182
MHI	429
DS	317
ES	68

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## How do we process CAP's?

- How we Address and Respond to CAP's:
  1. CAP's are issued by external entities such as DBHDS and MCO's. They are sent to the Q&S Department's Program Manager who conducts preliminary research to establish what transpired.
  2. Q&S Program Manager will send an email to Program Supervisor/Manager as well as Division Director and division Quality Specialist to request a meeting and review the citations. Additional staff may be added who were involved at the discretion of division leadership.
  3. Q&S facilitates the meeting and drafts responses.
  4. After the meeting, the Q&S Program Manager will review the responses and submit to division before sending to the respective specialist at DBHDS before or by the due date.
  5. If this cannot be accomplished within the 2 week timeframe of the citation being issued and the due date, an extension will be requested by Q&S before the due date.
  6. Once a CAP is accepted, Q&S will send back to division for their records. The divisions Quality Specialist is responsible for updating the CAP tracker to ensure follow up actions have occurred. This information is reviewed during quarterly quality meetings. Look behind audits will begin in FY 22 by the Quality Committee.
- *The amount of time needed to resolve CAP's-on average it takes 5 hours to resolve a CAP with 1 or more citations. Depending on the volume of citations per CAP it can take longer if more staff need to be included.*

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## What have we implemented to address trends?

- Late reporting is our largest trend as an agency. To date the Q&S division, the Quality Committee and respective programs have implemented the following:
- As of 1/1/2021, staff are required to complete a quiz when they take the annual incident report training in an effort to reduce late reporting.
- Incident report trends revealed late or missed medication errors being reported on North Campus. Q&S provided training and review on IR policy and work flow for staff during team meetings.
- The IR workflow was also updated and shared with staff in response to any late reporting CAP's.
- Posters were created to put up in the RN stations in residential programs in response as visual aids and reminders.

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## Continued

- Q&S also completed an audit of staff training in response to trends in CAP's for FY 20.
- Q&S has worked with Human Resources to problem solve and implement strategies on how to ensure staff complete trainings in a timely manner. This has also led to the update of our training policy to include an appendix in FY 21 of all required trainings; a supplemental training log and more frequent reminders to staff for upcoming and past due trainings.
- Both the updated Incident Report and Training policies provides guidance on how to implement consequences to staff who do not adhere to the requirements outlined in the policy.
- Look behind CAP reviews will also be completed by the Quality Committee beginning FY 22 to ensure we have completed our corrective action and that it is sustainable. This is in addition to the existing CAP tracker the committee updates.

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## Things to consider...

- In addition to our annual inspection of all licensed services, currently at 26, increased oversight from DBHDS as a result of regulation changes has led to more reviews. Examples include:
  - Mortality Review Committee (MRC); they review all documents for any DD death and we send within 10 days to include assessment, discharge summary, ISP, physical exam, progress notes, quarterly report and medical records.
  - The Incident Management Unit (IMU) they cite providers for late reports, with a zero tolerance policy.
  - Human Rights (HR) has a designated specialist citing providers for any incidents that meet human rights violations or any investigations that result in human rights violations such as neglect or HIPAA.
  - Care Concern Reports, are run by the IMU and sent to our licensing specialist to make a determination if further investigation is required. The number of incidents per licensed service or individual drives care concern reports in a 30, 60 or 90 day period. Due to our high volume of reports, our specialist triages these reports with Q&S.
  - Any non-DD Suicide attempt or death reported to CHRIS is also forwarded to our specialist from the IMU for review resulting in triage by Q&S and possibly record requests.

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## What does this mean?

- Overall, we are trending down in citations since FY19 but trending up in number of CAP's issued.
- Staff continue to follow the agency's P&P regarding reporting serious incidents and we self report. In addition to investigations as a result of human rights and HIPAA violations that lead to citations.
- CAP's are taking longer to be accepted due to a recent trend by the department to request that the CAP target systematic approaches to resolution even though they are not necessarily systematic issues. i.e. late incident reports.
- This FY, we have had a total of 9 citations not accepted resulting in 6 partially accepted CAP's and 2 not accepted CAP's requiring additional information be documented and sent back for review. This is an increase in administrative time and oversight.
- This indicates that despite additional oversight and an increased number of licensed services being reviewed since FY18, we have fewer citations and no citation reviews despite an increase in CAP's issued.

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## Where do we go from here?

- Overall, CAP's are perceived as an opportunity for improvement. The Q&S Division works closely with each department to ensure that we can use a CAP as a learning tool.
- What are the consequences to multiple citations and CAP's?
  1. The Department continues to look into ways to decrease repeat violations from both private and public providers, possibly including fines moving forward of up to \$500 per violation, per day. In addition to the denial of an application for license renewal, issuance of a provisional license or revocation or suspension of a full, conditional or provisional license.
  2. Currently, the department started issuing mandatory training for the CEO or their representative, in addition to a CAP response for repeat citations such as late incident reports.
  3. CAP's can be viewed on the department's website by external entities and are often considered by MCO's or other governing bodies when completing credentialing and contracting with providers.
  4. Generally, CAP's create additional administrative burden in addition to lowering staff morale. It is typical for staff responsible for the citation/CAP to be subject to the agency's disciplinary process at the discretion of the division/program leadership.
  5. We always strive for fewer violations and major improvements have been made agency wide such as fewer citations for clinical documentation, increased collaboration across divisions and a streamlined process to respond to CAP's.

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## Questions or Comments?

Thank you! Please email me if you would like any of the information from this presentation.

Circe Black, LCSW O&S Program Manager II

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