

**STATE OF CONNECTICUT  
DEPARTMENT OF DEVELOPMENTAL SERVICES**

**Procedure No.:** I.G.PR.003  
**Subject:** Enhanced Monitoring  
**Section:** Contracted Services

**Issue Date:** October 29, 2003  
**Effective Date:** October 29, 2003  
**Revised Date:** August 1, 2008  
**Approved:** /s/Peter H. O'Meara/KdP

**A. Purpose**

To ensure that consumers obtain the services as specified in their Individual Plans and that providers of services comply with all statutes, regulations, policies and/or procedures as set forth or referenced in the contract.

**B. Applicability**

This procedure shall apply to all providers of support services qualified by the Department of Developmental Services (DDS) and to regional Resource Administration and Central Office Operations Center Staff.

**C. Definitions**

State of Connecticut Purchase of Service Contract: This refers to the type of contract used between a private provider and state agency for the purchase of a single type of service. These contracts have prior language approval from the attorney general's office and do not require review and approval for each individual contract prior to execution. State of Connecticut Purchase of Service Contracts are negotiated on a case-by-case basis and require a memorandum of understanding between the state agency and the attorney general.

Qualified Provider: Private agency that is qualified to provide residential and/or day supports to an individual or group of individuals with mental retardation.

Significant Progress: Measurable progress within a specified time period as defined by the department after discussions with the provider based on an initial listing of issues or problems that led to enhanced monitoring.

Enhanced Monitoring: An increased level of monitoring, beyond the regular monitoring, which is one component of the quality assurance and improvement system. Such increased monitoring may include, but is not limited to: frequency of site visits, provider meetings, and documentation requirements deemed necessary by the department to assess progress of the agency toward meeting identified goals and outcomes established in response to assessments of unsatisfactory performance in accordance with this procedure.

Program Integrity Review – An ad-hoc multi-disciplinary team consisting of auditing, legal, licensing, quality assurance, regional and central office staff that reviews supports provided by a qualified provider.

**D. Implementation**

When a qualified provider is not complying with statutes, regulations, policies, procedures, directives, provisions of the Purchase of Service Contract or the Provider Assurance Agreement and such non-compliance is negatively impacting supports to consumers, DDS and the provider

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shall follow the process as described below. This will assure that a consistent methodology for resolution, termination, non-renewal or disqualification of provider status is used in all cases. Such matters as issues affecting health and safety, uncorrected licensing citations, abuse and neglect, mortality review, financial or ethical concerns, or failure to comply with the contract, are examples of when this process may be invoked. At any point in the process, the region(s) has the right to consult or ask for technical assistance from auditing, licensing, legal, etc.

Regional Review

1. The region(s) in which the specific issue exists will meet with the Provider to discuss the issue(s). The qualified provider's owner or board of directors shall be contacted beforehand and the owner and/or one or more members of the board must attend this initial meeting, as well as, any subsequent meetings deemed necessary until the issue has been resolved. During this initial meeting, expected outcomes and timeframes for resolution will be established and documented in writing. Subsequent meetings may result in reconfirming expectations, identifying additional problems, and modifying timelines. The region(s) reserves the right to implement an increased number of site visits at any point in this process. Minutes of the meeting will be sent to the Operations Center and provider.
2. Upon completion of the timeframe for resolution a follow up meeting between the region(s) and the provider will occur to assess the outcome(s).
3. If the issue is resolved, the matter will be considered closed.

Conditional Status

1. If it is determined at the initial review or at a follow-up meeting that the identified issues are detrimental to the health and well-being of the consumers or to the fiscal integrity of the organization and/or measurable progress on established goals have not been achieved, the region(s) will reclassify the provider to "qualified with conditions." The provider will be notified in writing and a copy will be sent to the Operations Center.
2. The region(s) will determine the actions to be taken based on the nature of the specific issue(s) and after consultation with the Operations Center. This may include one or all of the following:
  - a. Expected outcomes and timelines may be revised.
  - b. Program Integrity Review may be conducted.
  - c. Suspend new admissions into the affected service within a particular region.
  - d. Suspend new admissions into the affected service in all regions.
  - e. Suspend admissions for all services provided by the provider.
  - f. Suspend expansion of services in a particular region.
  - g. Suspend expansion of services in all regions.
  - h. Prohibit the Provider from submitting an RFP in the service category under enhanced monitoring in all regions.
  - i. Prohibit the provider from submitting a proposal for all RFPs.
  - j. Assign management oversight.
  - k. Remove Provider as a qualified provider of the effected service and transition consumers to other programs.

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3. If the issue has not been resolved satisfactorily, the region(s) will proceed with termination, non-renewal or disqualification of provider status.

Termination, Non-renewal of the Contract or Disqualification of Provider Status

1. If measurable progress is not made to the satisfaction of the region(s), the region(s), in consultation with Central Office, will notify the Provider in writing of the department's intentions regarding termination, non-renewal of the contract(s) or the disqualification of provider status. A copy of such notification will be sent to the Operations Center and to the Director of Legal and Government Affairs.
2. If the region decides not to renew the contract, the region shall give appropriate notice to the Provider.
3. If the region decides to cancel the contract, a 90-day notice shall be given in accordance with Part II Section C-8. Cancellation and recoupment of the Purchase of Service Contract must be given to the Provider, or such other notice as required by law.
4. If the contract is to be terminated (i.e., before the normal expiration of the contract period), the DDS Contract Review Process will be invoked.
5. If the region decides to disqualify the provider, the region will give at least a 30 day notice to the provider.

**E. References**

Section 4-8, section 17a-210, section 17a-226, section 17a-227, section 17a-238 and sections 17a-313b-1, et. seq. of the Connecticut General Statutes

**F. Attachments**

None