

THIS AMENDMENT, entered into between the State of Florida, **Department of Children and Families**, hereinafter referred to as the “**Department**,” and **South Florida Behavioral Health Network, Inc.**, hereinafter referred to as the “**Provider**,” amends **Contract # KH225**.

Amendment #0038, executed 12/7/2017, amended the Schedule of Funds (SOF) dated 10/25/2017, which added \$766,347.00 in direct service Care Coordination and \$600,000.00 in FIT.

Amendment #0039, executed 12/21/2017, amended the SOF dated 11/22/2017, which added \$840,082.00 in direct services for Beyond Empowerment (MH0FA) and \$750,000 for the transition of the two CAT teams to SFBHN (MHCAT).

Amendment #0040, executed 01/18/2018, amended the SOF dated 12/18/2017, which added \$28,101.00 in supplemental disaster behavioral health funding to capture expenditures in response to the impact of Hurricane Maria on Puerto Rico, pursuant to Executive Order 17-259, dated 10/2/2017.

Amendment #0041, executed 03/26/2018, amended the SOF dated 2/12/2018, which added a total of \$431,007.00 in non-recurring funding for FY2017-18. (\$20,815.00 for Indigent Drug Program and \$410,192.00 in supplemental disaster behavioral health funding for the Hurricane Irma Regular Service Program).

Amendment #0042, executed 05/16/2018, amended the SOF dated 4/19/2018, which adds a total of \$165,232.00 in direct service funding for FY2017-18. (\$164,232.00 additional in HIV Services, \$150,000.00 reduction in TANF, and \$151,000.00 additional in Opioid STR Grant funding).

Amendment #0043, executed 07/20/2018, restated contract documents and replaced the CF Standard Contract Integrated Contract 2016, Exhibits A - F2, and Attachments 1 – 3 with the CF Standard Integrated Contract 2018 Parts 1 and 2, the Managing Entity Contract Documents for FY2018-19 and Attachments 1 - 3. There is no budgetary impact as a result of this amendment.

The purpose of Amendment #0044 is to align contract funding with the approved operating budget for FY2018-19 as reflected by the Schedule of Funds dated 8/9/2018. This alignment causes a \$4,358,952.00 increase to the total value of the contract as well as the total fiscal year amount for 2018-19. This will amend the Standard Contract, Exhibit F- Method of Payment, Exhibit F1 – ME Schedule of Funds, and Exhibit F2 – Schedule of Payments to reflect the approved operating budget for the year. In addition, Exhibit C – Task List is being amended to include a Board membership requirement created in Executive Order 18-81. Exhibit C1 – Additional Region Specific Tasks will be amended to incorporate language adjustments and Exhibit C2 – Region Specific Appropriations is amended to include language regarding Mobile Crisis Teams.

As a result, CF Standard Contract 2018, **Exhibit C** – Task List; **Exhibit C1** – Additional Region Specific Tasks, **Exhibit C2** – Region Specific Appropriations; **Exhibit F** – Method of Payment; **Exhibit F1** – ME Schedule of Funds; and **Exhibit F2** – ME Schedule of Payments, are amended.

1. **Page 1, CF Standard Contract 2018, Part 1 of 2, Section 1, Paragraph 1.1. as previously amended on Page 1 of Amendment #0043, is hereby amended to read:**

1. **ENGAGEMENT, TERM AND CONTRACT DOCUMENT**

- 1.1 **Purpose and Contract Amount**

The Department is engaging the Provider for the purpose of **servicing as a Regional Managing Entity, pursuant to s. 394.9082, F.S., to manage the day-to-day operational delivery of behavioral health services through an organized system of care, pursuant to state and federal law, within the annual appropriation, as further described in Section 2, payable as provided in Section 3, in an amount not to exceed \$778,121,997.00.**

2. **Pages 39 - 53, CF Standard Contract 2018, Part 2 of 2, EXHIBIT C – TASK LIST, as previously amended on Page 1 of Amendment #0043, are hereby deleted in their entirety and replaced with Pages 39 – 53, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT C – TASK LIST (dated 9/1/2018), which are inserted in lieu thereof and attached hereto.**
3. **Pages 54 - 55, CF Standard Contract 2018, Part 2 of 2, EXHIBIT C1 – ADDITIONAL REGION SPECIFIC TASKS, as previously amended on Page 1 of Amendment #0043, are hereby deleted in their entirety and replaced with Pages 54 – 55, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT C1 – ADDITIONAL REGION SPECIFIC TASKS (dated 9/1/2018), which are inserted in lieu thereof and attached hereto.**
4. **Pages 56 - 66, CF Standard Contract 2018, Part 2 of 2, EXHIBIT C2 – REGION SPECIFIC APPROPRIATIONS, as previously amended on Page 1 of Amendment #0043, are hereby deleted in their entirety and replaced with Pages 56 – 66, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT C2 – REGION SPECIFIC APPROPRIATIONS (dated 9/1/2018), which are inserted in lieu thereof and attached hereto.**
5. **Pages 76 - 79, CF Standard Contract 2018, Part 2 of 2, EXHIBIT F– METHOD OF PAYMENT, as previously amended on Page 1 of Amendment #0043, are hereby deleted in their entirety and replaced with Pages 76 – 79, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F– METHOD OF PAYMENT (dated 9/1/2018), which are inserted in lieu thereof and attached hereto.**
6. **Page 92, CF Standard Contract 2018, Part 2 of 2, Exhibit F1 – ME Schedule of Funds, Exhibit F1-9 – ME Schedule of Funds FY2018-19, as previously amended on Page 1 of Amendment #0043, is hereby deleted in its entirety and replaced with Page 92, CF Standard Contract 2018, Part 2 of 2, REVISED Exhibit F1-9 – ME Schedule of Funds FY2018-19 Use Designation as of 8/9/2018 (dated 9/1/2018), which is inserted in lieu thereof and attached hereto.**
7. **Pages 94 - 95, CF Standard Contract 2018, Part 2 of 2, EXHIBIT F2 – SCHEDULE OF PAYMENTS, as previously amended on Page 1 of Amendment #0043, are hereby deleted in their entirety and replaced with Pages 94 – 95, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS (dated 9/1/2018), which are inserted in lieu thereof and attached hereto.**

This amendment shall begin on **September 1, 2018** or the date on which the amendment has been signed by both parties, whichever is later.


All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

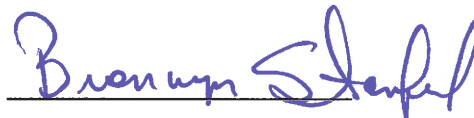
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract. **IN WITNESS THEREOF**, the parties hereto have caused this **thirty-eight (38)** page amendment to be executed by their officials thereunto duly authorized.

PROVIDER
SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED BY: 
NAME: Stephen Zuckerman

SIGNED BY: 
NAME: Bronwyn Stanford

TITLE: Interim President & Chief Executive Officer

TITLE: Regional Managing Director

DATE: 8/27/18

DATE: 8/29-18

FEDERAL ID NUMBER: 59-3380599

REVISED EXHIBIT C – TASK LIST

C-1 Service Tasks

The Managing Entity shall perform all functions necessary for the proper development, implementation, administration, and monitoring of a behavioral health Safety Net, including, but not limited to, the following functions:

C-1.1 Development and Planning Function

C-1.1.1 The Managing Entity shall develop and manage a comprehensive Network of qualified subcontracted Network Service Providers that:

C-1.1.1.1 Promotes recovery and resiliency;

C-1.1.1.2 Promotes the development and effective implementation of a coordinated system of care;

C-1.1.1.3 Provides an optimal array of services to meet identified community Behavioral Health Service needs;

C-1.1.1.4 Manages and allocates available funds in compliance with federal and state laws, rule and regulations; and

C-1.1.1.5 Is accessible and responsive to individuals, families, and community Stakeholders.

C-1.1.2 The Managing Entity shall participate in community, circuit, regional and state planning in accordance with s. 394.9082, F.S., and shall submit regional planning documents to enable the Department to comply with the following statutory requirements:

C-1.1.2.1 Section 394.4574(3), F.S.;

C-1.1.2.2 Section 394.461(4)(a)-(c), F.S.;

C-1.1.2.3 Section 394.4573, F.S.;

C-1.1.2.4 Section 394.75, F.S.;

C-1.1.2.5 The Long-Range Program Plan for the Department;

C-1.1.2.6 The Annual Business Plan for the Department;

C-1.1.2.7 Regional operational plans to assist in the development and implementation of the Strategic Plan for the Department; and

C-1.1.2.8 Any ad-hoc plans requested by the Department.

C-1.1.3 County Planning

The Managing Entity shall provide assistance to each county specified in **Section B-3.1** to develop a designated receiving system pursuant to s. 394.4573, F.S. and a transportation plan pursuant to s. 394.462, F.S.

C-1.1.4 Federal Planning

The Managing Entity shall collect and provide data and program information to the Department for the completion of Block Grant application, plans, and reports.

C-1.1.5 Resource Development

The Managing Entity shall, where appropriate, develop additional resources by pursuing third-party payments for services, applying for grants, assisting providers in securing local matching funds and

in-kind services, and employing other methods needed to ensure that services are available and accessible.

C-1.1.6 Triennial Needs Assessment

Effective July 1, 2016, the Managing Entity shall conduct a community behavioral health care needs assessment every three years, to be submitted to the Department no later than October 31 of each applicable year. At a minimum, the assessment shall consider:

C-1.1.6.1 The extent to which each designated receiving system within the Managing Entity service location functions as a "no-wrong-door model," as defined by s. 394.4573, F.S.;

C-1.1.6.2 The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;

C-1.1.6.3 The availability of less-restrictive services; and

C-1.1.6.4 The use of evidence-informed practices.

C-1.1.7 Annual Business Operations Plan

No later than July 31, of each year, the Managing Entity shall submit an annual business operations plan that outlines the operational plan for the present fiscal year. This plan shall be completed using **Template 4 – Managing Entity Annual Business Operations Plan**. The plan shall outline:

C-1.1.7.1 The current system capacity;

C-1.1.7.2 The Managing Entity's strategies for system engagement including:

C-1.1.7.2.1 A plan, or necessary updates to an existing plan, for reintegrating individuals ready for discharge from the State Mental Health Treatment Facilities to a less restrictive level of care;

C-1.1.7.2.2 The Triennial Needs Assessment, or necessary updates thereto, required by **Section C-1.1.6**;

C-1.1.7.2.3 Updates to the Care Coordination Plan required by **Section C-1.1.10**;

C-1.1.7.2.4 Updates to the Quality Assurance Plan required by **Section C-1.1.11**; and

C-1.1.7.2.5 The annual regional Assisted Living Facilities-Limited Mental Health (ALF-LMH) License Annual Plan required by **Section C-1.3.2.4** and **Guidance 8**.

C-1.1.7.3 Summary information on Managing Entity Specific Initiatives; and

C-1.1.7.4 The initial Network Service Provider Monitoring Plan, as required by **Section C-1.3.1**.

C-1.1.8 Enhancement Plan

Effective as of 2017, the Managing Entity shall develop an annual Enhancement Plan for Department approval, due on September 1. The Enhancement Plan shall:

C-1.1.8.1 Identify a minimum of three and a maximum of five priority needs for services in the geographic area;

C-1.1.8.2 Provide a detailed description of the Managing Entity's strategies for enhancing services to address each priority need;

C-1.1.8.3 Include an implementation plan for each strategy which specifies actions steps and identifies responsible parties; delineates specific services to be purchased and the projected cost of those services; projects the number of individuals to be served and estimates the benefits of the services; and

C-1.1.8.4 Be based upon a planning process which includes consumers and their families, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders.

C-1.1.9 Within 90 days of execution, the Managing Entity shall submit, a record transition plan to be implemented in the case of contract termination or non-renewal by either party, in accordance with **Guidance 3 – Managing Entity Expiration, Termination and Transition Planning Requirements**.

C-1.1.10 Care Coordination Plan

Within 60 days of execution, the Managing Entity shall submit a Care Coordination Plan for Department approval prior to implementation. The Managing Entity shall update this plan annually as a component of the Managing Entity Annual Business Operation Plan required by **Section C-1.1.7**. The plan shall, at minimum, address the following areas:

C-1.1.10.1 Specify methods that will be used to reduce, manage, and eliminate Waitlists for services;

C-1.1.10.2 Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance abuse and mental health disorders;

C-1.1.10.3 Promote access to clinically appropriate services by ensuring the use of screening, assessment, and placement tools designed to identify an appropriate level and intensity of care for an individual;

C-1.1.10.4 Promote the use of service outcome data to achieve desired outcomes;

C-1.1.10.5 Promote coordination of behavioral health care with primary care;

C-1.1.10.6 Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care and are diverted from higher levels of care when appropriate; and

C-1.1.10.7 Monitor and implement system changes to promote effectiveness.

C-1.1.11 The Managing Entity shall submit a Quality Assurance Plan documenting the process required by **Section C-1.2.7** within 60 days of execution. This plan shall be updated annually as a component of the Managing Entity Annual Business Operations Plan required by **Section C-1.1.7**. This plan shall be approved by the Department prior to implementation.

C-1.1.12 The Department will review the proposed policies, procedures, and plans required to be submitted by the Managing Entity. The Department will respond in writing indicating approval or noting any deficiencies within 30 business days from the date of receipt. Once approved by the Department, the Managing Entity's policies and procedures may be amended provided that they conform to state and federal laws, state rules, and federal regulations.

C-1.1.13 The Managing Entity shall make available and communicate all plans, policies, procedures, and manuals to the Managing Entity staff, Network Service Providers, Individuals Served, and Stakeholders, as applicable.

C-1.2 Administration Function

C-1.2.1 The Managing Entity shall collaborate with and accept input from Stakeholders to administer services and shall operate in a transparent manner, providing public access to information, notice of meetings and opportunities for participation in Managing Entity decision-making.

C-1.2.2 The Managing Entity shall maintain a comprehensive Network that provides an adequate and reasonable array of services in terms of geographic distribution to meet the service needs of individuals without excessive time and travel requirements.

C-1.2.3 The Managing Entity shall ensure the administration of the Network includes the following programmatic standards:

C-1.2.3.1 **Guidance 5 – Residential Mental Health Treatment for Children and Adolescents;**

C-1.2.3.2 **Guidance 6 – Outpatient Forensic Mental Health Services;**

C-1.2.3.3 **Guidance 7– Forensic and Civil Treatment Facility Admission and Discharge Processes;**

C-1.2.3.4 The Managing Entity shall facilitate Limited Mental Health Assisted Living Facility (LMH-ALF) training pursuant to Rule 58A-5.0191, F.A.C., and the additional guidance in **Guidance 8 – Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure;**

C-1.2.3.5 The Managing Entity shall promote the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative with appropriate Network Service Providers in conjunction with the Department. Programmatic guidance is provided in **Guidance 9 – Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)** and the recommended forms provided in **Template 5 – ALF-LMH Forms;**

C-1.2.3.6 **Guidance 10 – Prevention Services;**

C-1.2.3.7 **Guidance 11 – Juvenile Incompetent to Proceed (JITP);**

C-1.2.3.8 **Guidance 12 – Behavioral Health Network (BNet) Guidelines and Requirements** and the required forms provided in **Template 6 – Behavioral Health Network Forms;**

C-1.2.3.9 **Guidance 13 – Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP);**

C-1.2.3.10 The Managing Entity shall be responsible for contracting, and providing oversight of the Prevention Partnership Grants, pursuant to s. 397.99, F.S. The Managing Entity shall require that all Network Service Providers receiving PPG funding complete the Evidence-Based Self-Assessment Survey annually and shall comply with the requirements in **Guidance 14 – Prevention Partnership Grants (PPG);**

C-1.2.3.11 **Guidance 15 – Projects for Assistance in Transition from Homelessness (PATH);**

C-1.2.3.12 **Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook; and**

C-1.2.3.13 **Guidance 33 – HIV Early Intervention Services.**

C-1.2.3.14 The Managing Entity must comply with the applicable obligations under 42 U.S.C., ss. 601, et. seq. The Managing Entity agrees that TANF funds shall be expended for TANF participants as outlined in **Guidance 17 – Temporary Assistance for Needy Families (TANF) Funding Guidance.**

C-1.2.3.15 To ensure the implementation and administration of the Family Intensive Treatment (FIT) team model complies with the Department's programmatic standards, the Managing Entity shall require any Network Service Providers providing FIT model services adhere to the staffing, service delivery and reporting requirements of **Guidance 18 – Family Intensive Treatment (FIT) Model Guidelines and Requirements.**

C-1.2.3.16 The Managing Entity shall implement the Transitional Voucher project according to the specifications in **Guidance 29 – Transitional Voucher.**

C-1.2.3.17 If **Exhibit F1** contains funds allocated for the implementation of the Partnerships for Success (PFS) grant awarded to the Department under SAMHSA Grant # 1U79SP021677, the Managing Entity shall comply with the subcontracting requirements established in **Guidance 30 - Partnerships for Success (PFS)**.

C-1.2.4 Pursuant to s. 394.9082(3)(c), F.S., the Managing Entity shall provide care coordination activities, as specified in **Guidance 4 – Care Coordination**, designed to improve outcomes among individuals in the following priority populations:

C-1.2.4.1 Persons with a Serious Mental Illness (SMI) awaiting placement in a civil SMHTF or awaiting discharge from a SMHTF back to the community.

C-1.2.4.2 Adults with three (3) or more acute care admissions (CSU, Detoxification, and inpatient) within 180 days.

C-1.2.5 The Managing Entity shall notify the Department within 48 hours of conditions related to Network Service Provider performance that may interrupt the continuity of service delivery or involve media coverage.

C-1.2.6 The Managing Entity shall develop a fraud and abuse prevention protocol within 60 days of execution that complies with all state and federal requirements applicable to this contract. This protocol shall be approved by the Department prior to implementation.

C-1.2.7 Quality Assurance

C-1.2.7.1 The Managing Entity shall implement a quality assurance process to identify and address opportunities for improvement of operations for both Network Service Providers and the Managing Entity. The quality assurance process shall include, but is not limited to:

C-1.2.7.1.1 Periodic external review activities conducted by the Department and the Managing Entity to assure that the agreed upon level of service is achieved and maintained by the Managing Entity and its Network Service Providers; and

C-1.2.7.1.2 Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.

C-1.2.7.2 As applicable, the Managing Entity shall actively participate in the Department's local and statewide processes for quality assurance and quality improvement.

C-1.2.8 The Managing Entity shall be responsible, upon discovery of an incident involving a client whose services are paid for in whole or in part by the Managing Entity, for the management and oversight of incident reporting in accordance with the CFOP 215-6, Incident Reporting and Analysis System (IRAS).

C-1.2.9 The Managing Entity shall cooperate with the Department when investigations are conducted regarding a regulatory complaint relevant to a licensed facility operated by one of the Managing Entity's Network Service Providers.

C-1.2.10 The Managing Entity shall integrate the Department's current initiatives, new state and federal requirements, and policy initiatives into its operations.

C-1.2.11 Coordination with other Providers and Entities

C-1.2.11.1 The Managing Entity shall coordinate with the Community Based Care lead agency, or agencies, as appropriate, to further the child welfare role of the Department,

pursuant to s. 409.996(12), F.S and to integrate behavioral health services with the child welfare system. Such coordination shall be in accordance with **Guidance 19 – Integration with Child Welfare.**

C-1.2.11.2 The Managing Entity shall collaborate with and encourage increased coordination between Network Service Providers and the child welfare system, law enforcement agencies, the criminal justice system, the juvenile justice system, the Medicaid program, offices of the public defender, offices of criminal conflict and offices of the civil regional counsel within the geographic area.

C-1.2.11.3 Collaboration with the criminal justice system and the juvenile justice system, including the Department of Juvenile Justice, shall develop strategies and alternatives for diverting individuals from the criminal justice system to the civil system. Such diversion shall apply to persons with mental illness, substance use or co-occurring disorders;

C-1.2.11.4 The Managing Entity shall coordinate with the judicial system to:

C-1.2.11.4.1 Develop specific written procedures and agreements that maximize the use of involuntary outpatient services, reduce involuntary inpatient treatment and increase diversion from the criminal and juvenile justice systems; and

C-1.2.11.4.2 Provide effective and timely services covered through this contract that address the substance abuse and mental health needs of children and parents in the child welfare system and the juvenile justice system.

C-1.2.11.5 The Managing Entity shall participate in the interagency team meetings created as a result of the Interagency Agreement for child-serving agencies in accordance with **Guidance 20 – Local Review Team.**

C-1.2.11.6 The Managing Entity Shall provide the housing coordination function specified in **Guidance 21 – Housing Coordination**, with Network Service Providers and local housing and homelessness stakeholders, and the Local Community Providers of Services identified at the Department's Office on Homelessness webpage at

<http://www.myflfamilies.com/service-programs/homelessness/lead-agencies>.

C-1.3 Monitoring Function

C-1.3.1 Within 30 days after execution and annually thereafter the Managing Entity shall submit a Network Service Provider Monitoring Plan for Department approval. The plan shall include:

C-1.3.1.1 A Risk Assessment to develop an annual monitoring schedule.

C-1.3.1.2 A statistically valid sampling methodology to ensure that Network Service Providers have an onsite monitoring by the Managing Entity at least once every three years, if accredited.

C-1.3.1.3 The monitoring schedule shall distinguish between onsite monitoring and desk reviews.

C-1.3.1.4 Policies, procedures, and tools for General Contract Monitoring, which shall include the following components:

C-1.3.1.4.1 Fiscal stability,

C-1.3.1.4.2 Records,

C-1.3.1.4.3 Corrective Action Plan review,

- C-1.3.1.4.4 Audits,
 - C-1.3.1.4.5 Accounting System,
 - C-1.3.1.4.6 Insurance,
 - C-1.3.1.4.7 Sponsorship,
 - C-1.3.1.4.8 Publicity,
 - C-1.3.1.4.9 Lobbying,
 - C-1.3.1.4.10 Client Risk and Incident Reporting,
 - C-1.3.1.4.11 Intellectual Property Rights,
 - C-1.3.1.4.12 Data Security,
 - C-1.3.1.4.13 Confidentiality of Client Information,
 - C-1.3.1.4.14 Assignments and Subcontracts, and
 - C-1.3.1.4.15 Grievance Procedures.
- C-1.3.1.5 Policies, procedures, and tools for Program Monitoring, which shall include the following components:
- C-1.3.1.5.1 Scope of service,
 - C-1.3.1.5.2 Service tasks,
 - C-1.3.1.5.3 Staffing requirements,
 - C-1.3.1.5.4 Deliverables,
 - C-1.3.1.5.5 Data validation,
 - C-1.3.1.5.6 Performance specifications,
 - C-1.3.1.5.7 Network Service Provider responsibilities, and
 - C-1.3.1.5.8 Method of payment.
- C-1.3.1.6 Policies, procedures, and tools for Background Screening Monitoring, which shall include the following components:
- C-1.3.1.6.1 Level 1 and 2 screening,
 - C-1.3.1.6.2 Screening exemptions or exclusions, and
 - C-1.3.1.6.3 Attestations.
- C-1.3.1.7 Policies and procedures that comply with s. 394.9082(5)(q), F.S.
- C-1.3.2 The Managing Entity shall monitor Network Service Providers, in compliance with s. 402.7306, F.S., and CFOP 75-8. Monitoring shall include, but is not limited to:
- C-1.3.2.1 Compliance with federal and state confidentiality laws;
 - C-1.3.2.2 Compliance with the requirements and restrictions of the Block Grant funds, and accompanying maintenance of efforts requirements;
 - C-1.3.2.3 State and federal grant programs;
 - C-1.3.2.4 Compliance with specific appropriations, or GAA directed projects;
 - C-1.3.2.5 Compliance with TANF;

C-1.3.2.6 Compliance with the provisions of ch. 65E-14, F.A.C.; and

C-1.3.2.7 A sample of case management records to verify that services identified in community living support plans for residents of Assisted Living Facilities with Limited Mental Health Licenses are provided pursuant to s. 394.4574, F.S.

C-1.3.3 The Managing Entity shall make available to the Department, the results of both planned and ad hoc monitoring, by uploading to the electronic vault within 30 days of completion.

C-1.4 Data Collection, Reporting, and Analysis Function

C-1.4.1 The Managing Entity shall implement shared data systems necessary for the delivery of coordinated care and integrated services, the assessment of Managing Entity performance and Network Service Provider performance and the reporting of outcomes and costs of services.

C-1.4.2 The Managing Entity shall develop and implement policies and procedures that protect and maintain the confidentiality of sensitive information of Individuals Served.

C-1.4.3 The Managing Entity shall require accurate and timely data entry required from Network Service Providers for performance outcomes measurement, in accordance with PAM 155-2, and s. 394.74(3)(e), F.S. The data must:

C-1.4.3.1 Enable expenditures to be tracked by program, fund type, and service;

C-1.4.3.2 Capture service utilization by type and recipient; and

C-1.4.3.3 Document quality of care, access to services, and outcomes for each individual served within the Network.

C-1.4.4 The Managing Entity shall electronically submit all data, as specified in PAM 155-2, to the SAMH Data System by the 18th of each month.

C-1.4.5 The Department will provide a monthly records acceptance and rejection report to the Managing Entity. The Managing Entity shall correct 95% of rejected records within 60 days after each report is issued.

C-1.4.6 Within 60 days of execution, the Managing Entity shall submit an information technology plan for Department approval prior to implementation. This plan shall be reviewed annually for progress. The plan shall demonstrate that the Managing Entity's data system shall be able to meet the following minimum requirements:

C-1.4.6.1 The exchange of screening and assessment results among Network Service Providers to better coordinate care as outlined in the current Information Technology Plan;

C-1.4.6.2 Automated referral and electronic consent for release of confidential information within and between Network Service Providers;

C-1.4.6.3 Integrated processes for tracking and coordinating intake, admission, discharge and follow-up throughout the Network;

C-1.4.6.4 Electronic reconciliation of invoices submitted to the Department, including reconciliation of the amount of funding and services specified in this contract;

C-1.4.6.5 Electronic reconciliation of the Managing Entity's audit report and data information system for Individuals Served;

C-1.4.6.6 Automated processes for state and federal data analysis and reporting; and

C-1.4.6.7 Compliance with federal and state laws, and regulations pertaining to security and privacy of protected health information.

C-1.4.7 The Managing Entity shall provide Department approved Regional and Headquarters staff with access to its data system for Department funded clients and services.

C-1.4.8 The Managing Entity shall provide data system training and training products for Department approved staff.

C-1.4.9 The Managing Entity shall create and maintain accurate and complete Network Service Provider information for its Network in the Data System. The Managing Entity shall require that changes or updates to Network Service Provider records in the SAMH Data System are made within 30 days of a known change.

C-1.4.10 The Managing Entity shall be responsible for maintaining all SAMH Data System access data accounts for persons affiliated with its Network.

C-1.4.11 The Managing Entity shall participate in statewide data activities, including standing Department SAMH data conference calls or meetings. When possible, the Managing Entity shall make arrangements for the Managing Entity data officer or designee to attend policy or strategic meetings in person.

C-1.4.12 The Managing Entity's delegated data officer shall participate in the Department's SAMH data training. The Managing Entity shall be responsible for training other required Managing Entity staff and affiliated personnel on accessing and using SAMH data systems.

C-1.4.13 The Managing Entity shall verify that data submitted is consistent with the data maintained locally by Network Service Providers in their Individuals Served files.

C-1.4.14 The Managing Entity shall review the Department's file upload history in the SAMH Data System to determine the number of records accepted, updated, and rejected. Based on this review, the Managing Entity shall correct the erroneous records for resubmission in the SAMH Data System within 60 days after submission.

C-1.4.15 The Managing Entity shall require that all data collection required as a result of Federal and State grant awards is submitted to the appropriate parties and completed within the timeframes established by the grantor. The Department will provide technical assistance to the Managing Entity.

C-1.4.16 The Managing Entity shall require public receiving facilities, detoxification facilities and addictions receiving facilities within its Network Service Providers to collect and submit the acute care service utilization data specified in s. 394.9082(10), F.S., according to the timeframes established therein, using a file transfer protocol process or a web portal developed by the Managing Entity.

C-1.5 Fiscal Responsibility Function

C-1.5.1 The Managing Entity shall comply with **Guidance 22 – Federal Grant Financial Management Requirements**.

C-1.5.2 The Managing Entity's financial management and accounting system must have the capability to generate financial reports detailing by fund source, individual recipient utilization, and cost, which, at a minimum, will meet federal requirements for the Block Grants

C-1.5.3 The Managing Entity shall ensure that it budgets and accounts for revenues and expenditures in compliance with Ch. 65E-14, F.A.C.

C-1.5.4 Direct and indirect costs eligible for payment from Department funds are expenses directly incurred by the Managing Entity to manage Behavioral Health Services under and pursuant to this contract and in accordance with:

C-1.5.4.1 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;

C-1.5.4.2 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;

C-1.5.4.3 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards; and

C-1.5.4.4 The Reference Guide for State Expenditures, which is incorporated herein by reference and may be located at: www.myfloridacfo.com/aadir/reference_guide/

C-1.5.5 Managing Entity operational and indirect costs shall not include any Network Service Provider indirect costs.

C-1.6 Disaster Planning and Response Function

C-1.6.1 Planning

The Managing Entity shall cooperate with the Department to develop a regional disaster plan that reflects the Managing Entity's planned involvement with community based disaster management agencies. The regional disaster plan shall include, but not be limited to, pre-disaster records protection; alternative suitable accommodations and supplies for Individuals Served in residential settings during a disaster or emergency; and post-disaster recovery efforts which allow for post-disaster continuity of services.

C-1.6.2 Response

The Managing Entity shall be responsible for providing the FEMA CCP services in the event of a qualifying declared major disaster.

C-1.6.2.1 The Managing Entity shall designate a CCP Network Service Provider for each county within the Managing Entity's service area and provide a comprehensive list of said Network Service Providers to the Department's Disaster Behavioral Health Coordinator within 60 days of execution and within 10 days of any changes to the designated Network Service Provider.

C-1.6.2.2 At the direction of the Department's Disaster Behavioral Health Coordinator, the Managing Entity shall implement CCP services through the designated CCP Network Service Provider according to the terms and conditions of any CCP grant award approved by representatives of FEMA and SAMHSA, using the CCP contract template, provided in **Guidance 23 – Crisis Counseling Program**.

C-1.6.2.3 The Managing Entity shall ensure compliance with the FEMA CCP Guidance, which is incorporated herein by reference and may be located at:

<https://www.samhsa.gov/dtac/ccp-toolkit>

C-1.7 Additional Region-Specific Tasks

The Managing Entity shall comply with the additional region-specific tasks specified in **Exhibit C1**.

C-2 Administrative Tasks

C-2.1 Staffing

C-2.1.1 The Managing Entity shall comply with their staffing plan contained in the Department-approved SAMH Projected Operating and Capital Budget submitted using Form CF-MH 1042, in accordance with Rule 65E-14.021, F.A.C.

C-2.1.2 The Managing Entity shall, within five business days, submit written notification to the Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:

C-2.1.2.1 Chief Executive Officer (CEO);

C-2.1.2.2 Chief Operations Officer (COO); or

C-2.1.2.3 Chief Financial Officer (CFO).

C-2.1.3 The structure and membership of Managing Entity's Board of Directors shall comply with s. 394.9082(4), F.S., ch. 617, F.S., and Executive Order 18-81.

C-2.1.4 The Managing Entity shall nominate a member of their staff to perform the following functions:

C-2.1.4.1 A member of the Managing Entity staff that is available to the Department for providing an immediate response 24 hours a day, seven days a week.

C-2.1.4.2 A member of the Managing Entity staff to be a Consumer Affairs Representative, or equivalent title. The name of and contact information for this person shall be submitted to the Department at execution and annually on or before July 1.

C-2.1.4.3 A member of the Managing Entity staff to serve as the Facilities Representative, or equivalent title as point of contact for reintegrating individuals that are ready for discharge from State Mental Health Treatment Facilities. The name and contact information of this person shall be submitted to the Department at execution and updated annually no later than July 1.

C-2.1.4.4 A member of the Managing Entity staff to serve as the Network Service Provider Affairs Ombudsman, or equivalent title. This position shall be the first point of contact for Network-Managing Entity questions, concerns, and disputes. The name and contact information of this person shall be submitted to the Department at execution and updated annually no later than July 1.

C-2.1.4.5 A member of the Managing Entity or a subcontractor staff to serve as a Data Officer to participate in statewide data activities.

C-2.1.4.6 A member of the Managing Entity staff to serve as a Full-Time Equivalent (FTE) Lead Housing Coordinator, in compliance with the provisions of **Guidance 21 – Housing Coordination**.

C-2.2 Subcontracting

C-2.2.1 The Managing Entity shall subcontract with Network Service Providers to provide community-based Behavioral Health Services, as authorized in ss. 394.74 and 394.9082, F.S., subject to the provisions of **Section 4.3**.

C-2.2.2 Additional Program Specific Funds

C-2.2.2.1 The Managing Entity shall incorporate into subcontracts any additional program-specific funds appropriated by the Legislature for services, as specified in **Exhibit C2**. Any increases will be documented through an amendment to this Contract, resulting in a current fiscal year funding and corresponding service increase. Such increase in services must be supported by additional deliverables as outlined in the amendment.

C-2.2.2.2 The Managing Entity shall collaborate with the Department to amend into this Contract all applicable requirements of any appropriations, awards, initiatives, or federal grants received by the Department.

C-2.2.3 All subcontracts with Network Service Providers shall include, at a minimum:

C-2.2.3.1 The applicable terms and conditions of this contract;

C-2.2.3.2 Provisions to require compliance with:

C-2.2.3.2.1 Exhibit B1;

C-2.2.3.2.2 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;

C-2.2.3.2.3 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;

C-2.2.3.2.4 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

C-2.2.3.2.5 the Reference Guide for State Expenditures;

C-2.2.3.2.6 Chapter 65E-14, F.A.C.;

C-2.2.3.2.7 Block Grant requirements, including maintenance of effort;

C-2.2.3.2.8 State and federal grant requirements;

C-2.2.3.2.9 TANF requirements, if applicable; and

C-2.2.3.2.10 Department policies related to the delivery of service.

C-2.2.3.3 Clearly identifiable deliverables and performance measures that set minimum acceptable levels of service;

C-2.2.3.4 The outcome measures established pursuant to **Section E-2**. The methodology and algorithms to be used in determining performance are outlined in **Guidance 24 – Performance Outcomes Measurement Manual**; and

C-2.2.3.5 The National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), ss. 97.021 and 97.058, F.S., and ch. 1S-2.048, F.A.C., in accordance with **Guidance 25 – National Voter Registration Act Guidance**.

C-2.2.4 The Managing Entity shall conduct cost analyses for each subcontract and all supporting documentation shall be retained in the Managing Entity's contract file for the respective Network Service Provider.

C-2.2.5 Subject to the limitations of Florida law, the Managing Entity shall develop a procurement policy that will outline the processes used to publicize opportunities to join the Network and evaluate Network Service Providers for continued participation in the Network. The procurement policy shall be approved by the Department prior to implementation and made publicly available on the Managing Entity's website. This policy shall comply with state and federal expectations for grantees, and the effective use of public funding. This policy shall be submitted within 90 days of execution, and must be approved by the Department prior to implementation.

C-2.2.6 The Managing Entity shall make all subcontract documents available in an Electronic Vault. The Managing Entity shall ensure that all documents are clearly legible and those not requiring an original signature are uploaded in their original formats. All contracts initially assigned to the Managing Entity must be uploaded to the Electronic Vault within 60 days of assignment to the Managing Entity. All new contracts or changes to existing contracts shall be uploaded within 10 business days of contract execution.

C-2.2.7 Files of Individuals Served

The Managing Entity shall require that Network Service Providers maintain all current and subsequent medical records and clinical files of Individuals Served. In the event a Network Service Provider program closes, the Managing Entity shall:

C-2.2.7.1 Maintain all inactive records documenting services provided with SAMH funds in compliance with the records retentions requirements of **Section 5**.; and

C-2.2.7.2 Coordinate the transition of active records documenting services provided with SAMH funds to a successor Network Service Provider for the program, as identified by the Managing Entity, in compliance with any service transition requirements in the terminated subcontract or a transition plan developed in coordination with the successor Network Service Provider.

C-2.2.8 Satisfaction Survey for Individuals Served

The Managing Entity shall ensure all Network Service Providers conduct satisfaction surveys of Individuals Served pursuant to PAM 155-2.

C-2.2.9 Third Party Billing

The Managing Entity shall adhere to the following guidelines for payment of services billed by Network Service Providers:

C-2.2.9.1 Department funds may not reimburse services provided to:

C-2.2.9.1.1 Individuals who have third party insurance coverage when the services provided are paid under the insurance plan; or

C-2.2.9.1.2 Medicaid enrollees or recipients of another publicly funded health benefits assistance program, when the services provided are paid by said program.

C-2.2.9.2 Department funds may reimburse services provided to:

C-2.2.9.2.1 Individuals who have lost coverage through Medicaid, or any other publicly funded health benefits assistance program coverage for any reason during the period of non-coverage; or

C-2.2.9.2.2 Individuals who have a net family income less than 150 percent of the Federal Poverty Income Guidelines, subject to the sliding fee scale requirements in Rule 65E-14.018 F.A.C.

C-2.2.9.3 The Managing Entity shall ensure that Medicaid funds will be accounted for separately from funds for this Contract at both the Network Service Provider and Managing Entity levels. This includes services such as SIPP and FACT.

C-2.3 Records and Documentation

C-2.3.1 The Managing Entity shall protect the confidentiality of all records in its possession and ensure that all Network Service Providers protect confidential records from disclosure and protect the confidentiality of Individuals Served in accordance with federal and state law.

C-2.3.2 The Managing Entity shall notify the Department of any requests made for public records within 10 business days of receipt of the request and shall assume all financial responsibility for records requests, records storage, and retrieval costs.

C-2.3.3 The Managing Entity shall maintain adequate documentation of the provision of all tasks, deliverables and expenditures related to its operations.

C-2.3.4 The Managing Entity shall monitor the maintenance of Network Service Providers documentation of the provision of all services, sufficient to provide an audit trail.

C-2.4 Reports

C-2.4.1 The Managing Entity shall demonstrate acceptable performance of the administrative functions and progress towards meeting behavioral health service delivery targets by submitting all required documentation specified in **Exhibit C3** by the dates specified therein.

C-2.4.2 The Managing Entity shall make all requested documentation available in the Electronic Vault. All reports and plans or changes to existing reports and plans shall be uploaded within 10 business days of the change or Department approval, when approval of a plan is required.

C-2.4.3 Within 30 days after each fiscal year's **Exhibit F1** is amended into this Contract and prior to the start of a Network Service Provider's contract or subcontract period, the Managing Entity shall:

C-2.4.3.1 Submit a revised Form CF-MH 1042, pursuant to Rule 65E-14.021(5)(d), F.A.C.; and

C-2.4.3.2 Review, approve and submit all Network Service Provider forms required pursuant to Rule 65E-14.021(5)(e), F.A.C., and submit to the Department in the Electronic Vault.

C-2.4.4 The Managing Entity shall require that all Network Service Providers comply with **Attachment 3**.

C-2.4.5 Local Match

The Managing Entity shall ensure that Network Service Providers annually complete and submit the Department-approved **Template 9 – Local Match Calculation Form**.

C-2.4.6 Quarterly Report

The Managing Entity shall submit a report detailing its quarterly activities and performance, no later than October 20, January 20, April 20 and August 15. The report shall contain the following minimum elements:

C-2.4.6.1 Exhibit B1;

C-2.4.6.2 Overview of necessary adjustments to any elements of the Annual Business Operation Plan required by **Section C-1.1.7**, including justification for proposed changes, identification of barriers or anticipated barriers to achieving stated goals, and proposed strategies to mitigate the impact of said barriers on the Network;

C-2.4.6.3 Network management including:

C-2.4.6.3.1 New subcontracts, or amendments to existing subcontracts with Network Service Providers;

C-2.4.6.3.2 Collaborative strategies and activities with the Department or Stakeholders; and

C-2.4.6.3.3 Adverse fiscal impact of proposed Network changes and recommendations for resolution.

C-2.4.6.4 Network Service Provider performance including:

C-2.4.6.4.1 Monitoring and review results, including reports and corrective action plans or other necessary follow-up actions; and

C-2.4.6.4.2 Performance measures.

C-2.4.6.5 Implementation of specific appropriations, or grant funds;

C-2.4.6.6 Any adverse finding or report against a Network Service Provider by any regulatory or law enforcement entity; and

C-2.4.6.7 Any additional recurring reporting elements requested by the Department.

C-2.4.7 Where this Contract requires the delivery of reports to the Department, mere receipt by the Department shall not be construed to mean or imply acceptance of those reports. It is specifically

intended by the parties that acceptance of required reports shall require a separate act in writing within 15 days of receipt of the report by the Department. The Department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in this contract, and must notice the Managing Entity electronically within 15 days of receipt of the report by the Department. The Department may allow additional time within which the Managing Entity may remedy the objections noted by the Department or the Department may, after having given the Managing Entity a reasonable opportunity to complete, make adequate, or acceptable, such reports, declare the contract to be in default.

C-2.5 Preference to Florida-Based Businesses

The Managing Entity shall maximize the use of state residents, state products, and other Florida-based businesses in fulfilling its contractual duties under this contract.

C-2.6 Use of Department's Operating Procedures

The Managing Entity shall use the Department's Operating Procedures until its agency procedures are approved by the Department for implementation. In the event of differing interpretation, the parties agree to meet for resolution. The Managing Entity shall have its operating procedures approved within 180 days of contract execution. The Department agrees to review proposed operating procedures submitted by the Managing Entity and will respond in writing with comments, or will approve within 30 working days from the day of receipt. Once approved by the Department, the Managing Entity's operating procedures may be amended without further Departmental review provided that they conform to state and federal laws and regulations.

C-2.7 National Provider Identifier (NPI)

C-2.7.1 All health care providers, including Managing Entities and Network Service Providers, are eligible to be assigned a Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI). However, health care providers who are covered entities (which includes all state-contracted community SAMH providers and State Treatment Facilities) must obtain and use NPIs.

C-2.7.2 An application for an NPI may be submitted online at:

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

C-2.7.3 Additional information can be obtained from one of the following websites:

C-2.7.3.1 The Florida Medicaid Health Insurance Portability and Accountability Act:

<http://www.fdhc.state.fl.us/medicaid/hipaa>

C-2.7.3.2 The National Plan and Provider Enumeration System (NPPES):

<https://nppes.cms.hhs.gov/NPPES/Welcome.do>

C-2.7.3.3 The CMS NPI:

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>

C-3 Standard Contract Requirements

The Provider will perform all acts required by **Sections 4., 5., 7., 8. and 9.** of this Contract.

REVISED EXHIBIT C1 – ADDITIONAL REGION-SPECIFIC TASKS

C1-1 Communication

Any e-mail communication from the Managing Entity to the Department (either Regional or Headquarters) in response to a request must include the Regional Contract Manager.

C1-2 SSI/SSDI Outreach Access & Recovery (SOAR)

The Provider shall require that there is a SOAR trained individual within all Department funded programs. The SOAR trained staff should preferably be direct service, however, utilization of a full time SOAR processor would be acceptable. In addition, the Provider shall periodically monitor that all network service providers are assessing for SOAR eligibility within 60 days of intake and annually.

C1-3 Community Trainings

At a minimum, annually, the Provider will host, in collaboration with the Regional SAMH Program Office, the following community trainings:

C1-3.1 Baker Act/Marchman Act Law with focus on local resource.

C1-3.2 Resource Trainings for Baker Act Facilities that serve minors. Said trainings should occur at the Baker Act facility location and be designed for direct service social workers and/or discharge planners.

C1-3.3 Court Reporting/Etiquette

C1-3.4 Additional trainings to be discussed based on Regional SAMH Program Office input.

C1-4 SFBHN Website

Pursuant to Ch. 394.9082(10), F.S., the Provider shall ensure that the Acute Care Services Utilization Database is accurate and information to access data is clearly defined to facilitate the community's ability to ensure that individual needs are being met. The Provider shall seek community input on the usability of the data and overall website elements from the following stakeholders: the Regional SAMH Program Office, first responders, persons served, family members, facilities, and other pertinent users.

C1-5 Motivational Support Program (MSP)

In addition to the requirements in **Section C-1.3.9** and **Guidance 19 – Integration with Child Welfare**, the Managing Entity shall contract with a community Network Service Provider to operationalize the current MSP protocol for the purpose of enhancing the integration across the behavioral health and child welfare systems. The Managing Entity shall ensure the implementation and efficiency of the MSP protocol and report monthly progress to the Regional SAMH Program Office. This protocol is agreed upon with the Department, the Provider, the Community-Based Care organization (CBC), and the contracted Network Service Provider and can be modified at any time as needed by the agreement of the parties involved.

C1-6 Statewide Forensic Beds

For the following programs, the Managing Entity shall make services available through its Network Service Providers to eligible consumers on conditional release from other Circuits at:

C1-6.1 Public Health Trust/Jackson Health System – Miami-Dade Forensic Alternative Center (MDFAC)

Up to six (6) beds shall be available to Broward residents who meet MDFAC's Eligibility Criteria, which is incorporated by reference. MDFAC is a locked and staff secured facility intended to serve adult forensic consumers charged with second or third degree felonies who are committed to the department under Sections 916.13 and 916.15, F.S. These consumers have been found by a circuit court to be incompetent to proceed due

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to a serious mental illness or not guilty by reason of insanity and who do not have a significant history of violence.

C1-6.2 Citrus Health Network, Inc.

Eight (8) statewide residential beds in the Safe Transition and Access to Recovery (STAR) Program shall be available to eligible consumers on conditional release in need of forensic mental health services placed by the Managing Entity pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17. The STAR Program provides intensive, short-term treatment to individuals who are temporarily in need of a structured therapeutic setting in a less restrictive but longer-stay alternative to acute hospitalization.

C1-6.3 Passageway Residence of Dade County, Inc.

Fourteen (14) statewide residential beds in both level 2 and room and board with supervision level 2 shall be available to eligible consumers on conditional release who are in need of forensic mental health services placed by the Managing Entity. Statewide admission to Passageway Residence of Dade County, Inc. is for individuals committed to the Florida Department of Children and Families, in accordance with the provisions of Florida Statutes Chapter 916, Forensic Services Act and released pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17.

C1-6.4 Psychosocial Rehabilitation Center dba Fellowship House

Four (4) statewide residential beds in both level 2 and room and board with supervision level 2 shall be available to eligible consumers on conditional release who are in need of forensic mental health services placed by the Managing Entity pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17.

C1-7 Regionally Necessary Services

The terms of **Section B-3.1** notwithstanding, the Managing Entity may subcontract with Citrus Health Network, Inc. in Broward County for Statewide Inpatient Psychiatric Program (SIPP) placements for children and Short-Term Residential Treatment (SRT) services to adults.

C1-8 Priority of Effort (POE) Protocol

The Department facilitates Quarterly POE Meetings throughout the year to discuss the implementation and progress of the priorities established by the Secretary. The Substance Abuse and Mental Health priorities that involve the Managing Entity will be established at the beginning of each state fiscal year. The Provider shall collaborate with the Regional SAMH Program Office on any data requests needing response or clarification as needed, prior to the Quarterly POE Meetings. Timeframes for response will be agreed upon between the Provider and the Department.

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REVISED EXHIBIT C2 – REGION-SPECIFIC APPROPRIATIONS

C2-1 Pursuant to the terms of **Section C-2.2.2.1**, the Managing Entity shall subcontract for the Department-specified special projects and the legislatively appropriated program-specific funds detailed herein. Each subcontract shall require the Network Service Provider to use these funds only for the specified service and to report the unique numbers of persons served or services provided with these funds as distinct reporting elements within the subcontract report requirements.

C2-2 The Managing Entity shall provide the Department with a copy of the executed subcontract document for each program-specific fund no later than 30 days after subcontract execution. The subcontract document shall include:

C2-2.1 A description of the service purchased with the specific appropriation;

C2-2.2 The payment methodology and rate applied to the service;

C2-2.3 Output and outcome performance measures applied to the service; and

C2-2.4 The reporting requirements implemented to ensure regular and ad hoc status updates to the Department.

C2-3 The managing entity shall ensure each Network Service Provider:

C2-3.1 Complies with all applicable reporting standards established for the special project or service identified herein, and

C2-3.2 Complies with any requirements established by the Executive Office of the Governor for return on investment reporting.

C2-4 **Department-Specified Special Projects**

C2-4.1 **Prevention Partnership Grants**

Pursuant to Notices of Award for the PPG procurement, the Managing Entity shall execute 3 year subcontracts with Network Service Providers for the amounts detailed in **Table 1** for the implementation of the PPG program.

C2-4.1.1 Beginning Fiscal Year 2015-16, the Managing Entity shall execute subcontracts based on the Notice of Award for RFA # LHZ03.

C2-4.1.2 Beginning Fiscal Year 2018-19, the Managing Entity shall execute subcontracts based on the Notice of Award for RFA # 10H17GN1.

C2-4.1.3 The Managing Entity shall negotiate PPG services within the scope of work detailed in the Network Service Provider's application.

C2-4.1.4 The Subcontract shall incorporate the specifications and elements detailed in the RFA, including but not limited to objectives, measures, and reporting.

C2-4.1.5 The Subcontract shall incorporate funding as detailed in **Table 1** for reasonable, allowable, and necessary expenditures required to perform PPG services.

C2-4.1.6 The Subcontract shall require the Network Service Provider to enter all prevention data into the Department's Performance Based Prevention System (PBPS).

C2-4.2 **FEMA DR 4337 FL - Hurricane Irma Disaster Behavioral Health Response**

In response to the impact of Hurricane Irma, the Managing Entity shall implement the FEMA Crisis Counseling Program (CCP) Immediate Services Program (ISP), as defined in **Guidance 23**, under the project name "Project H.O.P.E. (Helping Our People in Emergencies)." The Managing Entity shall subcontract for these

services as specified in **Section C-1.7.2** and shall comply with the provisions regarding supplemental method of payment in **Section F-8**.

C2-4.2.1 Immediate Services Program (ISP)

C2-4.2.1.1 The Managing Entity shall implement the program in Miami-Dade and Monroe counties.

C2-4.2.1.2 The Managing Entity shall implement the program in compliance with the terms of the DR 4337 FL Notice of Award, and with the plan of services and budget narratives contained in Department's ISP Application, which are hereby incorporated by reference. Copies of the Notice of Award and the ISP Application are maintained in the contract file.

C2-4.2.2 Regular Services Program (RSP)

The Managing Entity shall implement the program in Monroe County, in compliance with the terms of the following documents which are hereby incorporated by reference, copies of which are maintained in the contract file:

C2-4.2.2.1 SAMHSA Notice of Award #1H07SM063565-01, dated 1/19/2018;

C2-4.2.2.2 The plan of services and budget narratives contained in Department's RSP Application, dated 11/3/17; and

C2-4.2.2.3 The Department's Response to Conditions of Award, dated 2/2/18.

C2-4.3 FEMA DR 4339 PR - Hurricane Maria Evacuee Disaster Behavioral Health Response

Pursuant to Executive Order 17-259 in response to the impact of Hurricane Maria on Puerto Rico, the Managing Entity shall subcontract for disaster behavioral services, if Exhibit F1 contains funds allocated for the implementation of services as specified in **Section C-1.7.2.3**.

C2-4.3.1 These services shall be provided to persons evacuating from Puerto Rico at locations identified by the Department in coordination with the Florida Division of Emergency Management.

C2-4.3.2 The Managing Entity shall be invoiced in compliance with the provisions regarding supplemental method of payment in **Section F-8** and the submission of a supplemental invoice using **Template 24**.

C2-4.3.3 Notwithstanding the instructions accompanying **Template 24**, subcontracts for these services may include an indirect administrative cost not to exceed 9% of the total direct costs invoiced for the services.

C2-4.4 Marjory Stoneman Douglas High School Public Safety Act

C2-4.4.1 Pursuant to Ch. 2018-03, Laws of Florida, Section 47, the Managing Entity shall conduct a procurement to obtain a Network Service Provider to operate a CAT team, as specified in **Guidance 32**, for Monroe County for \$750,000.00.

C2-4.4.2 Pursuant to Ch. 2018-03, Laws of Florida, Section 48, the Managing Entity shall conduct a procurement to obtain a Network Service Provider to establish additional Mobile Crisis Teams in the Managing Entity's service region. The procurement must:

C2-4.4.2.1 Be conducted with the collaboration of local Sheriff's Offices in the procurement planning, development, evaluation, and selection process;

C2-4.4.2.2 Be designed to ensure reasonable access to services among all counties in the Managing Entity's service region, taking into consideration the geographic location of existing mobile crisis teams.

C2-4.4.2.3 Require services be available 24 hours per day, seven days per week with on-site response time to the location of referred crises within 60 minutes of the request for services;

C2-4.4.2.4 Require the Network Service Provider to establish formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents;

C2-4.4.2.5 Require access to a board-certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner;

C2-4.4.2.6 Provide for an array of crisis response services that are responsive to the individual and family needs, including screening, standardized assessments, early identification, or linkage to community services as necessary to address the immediate crisis event.

C2-4.4.3 The Managing Entity shall conduct the procurements required herein using a competitive solicitation consistent with the competitive solicitation procedures contained within the Managing Entity's Department-approved procurement policies. In addition to those procedures, the Managing Entity shall:

C2-4.4.3.1 Advertise the solicitation on a public-facing website and, on the day the solicitation is advertised, provide a link to the solicitation to the Department for additional distribution and publication;

C2-4.4.3.2 Conduct a public meeting for the solicitation evaluation on the same terms as a public meeting as defined in s. 286.011, F.S.; and

C2-4.4.3.3 Document completion of the solicitation through the publication of a Notice of Intent to Award on a public-facing website no later than:

C2-4.4.3.3.1 CAT Teams: September 30, 2018; and

C2-4.4.3.3.2 Mobile Crisis Teams: October 31, 2018

C2-5 Fiscal Year 2014-15 Appropriations

Pursuant to the FY14-15 General Appropriations Act, Ch. 2014-51, Laws of Fla., the Managing Entity shall implement the following summarized in Table 2:

C2-5.1 Specific Appropriation 351 Projects

C2-5.1.1 From the funds in Specific Appropriation 351, the recurring sum of \$455,000 from the General Revenue fund shall continue to be provided to the Citrus Health Network.

C2-5.1.2 From the funds in Specific Appropriation 351, the nonrecurring sum of \$25,000 from the General Revenue Fund is provided for Camillus House mental health and substance abuse treatment for the homeless.

C2-5.1.3 From the funds in Specific Appropriation 351, the nonrecurring sum of \$100,000 from the General Revenue Fund is provided to Guidance Care Center of Key West for mental health and substance abuse treatment services.

C2-5.2 Specific Appropriation 372 – Pregnant and Post-Partum Women Funding

From the funds in Specific Appropriation 372, recurring General Revenue for the expansion of substance abuse services for pregnant women and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on

Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with greatest need and available treatment capacity.

C2-5.3 Specific Appropriation 372 - Family Intensive Treatment Funding

From the funds in Specific Appropriation 372, the recurring sum of \$633,188.00 from the General Revenue Fund is provided to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

C2-5.3.1 The Managing Entity shall designate a Network Service Provider to deliver the FIT model for each location specified above and shall subcontract with the provider to implement this proviso appropriation by August 15, 2014.

C2-5.3.2 The Managing Entity shall subcontract with the Network Service Providers providing FIT model services for the full amount of funding specified in Table A and shall not reduce payment to these providers for any operational costs, including behavioral health fees, of the Managing Entity associated with the administration of the subcontracts.

C2-6 Fiscal Year 2015-16 Appropriations

Pursuant to the FY15-16 General Appropriations Act, Ch. 2015-232, Laws of Fla., the Managing Entity shall implement the following projects, summarized in **Table 3**:

C2-6.1 Specific Appropriation 377H – Citrus Health Network

From the funds in Specific Appropriation 377H, General Revenue shall continue to be provided to the Citrus Health Network for behavioral health services

C2-6.2 Specific Appropriation 377J – Pregnant Women, Mothers, and Affected Families Funding

From the funds in Specific Appropriation 377J, recurring General Revenue for the expansion of substance abuse services for pregnant women and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with greatest need and available treatment capacity.

The Managing Entity shall subcontract with the Network Service Providers for this funding as listed in Table 2. With the submission of the Final Fiscal Year Invoice, the Managing Entity will submit a report that details for each provider the sub contractual amount, actual amount paid, and total units purchased. This report shall also contain the total of any anticipated carry forward funds of Specific Appropriation 377J – Pregnant and Post-Partum Women Funding. These anticipated carry forward funds will also be included on **Template 13 – Managing Entity Carry Forward Expenditure Report**.

C2-6.3 Specific Appropriation 377J – Family Intensive Treatment Funding

From the funds in Specific Appropriation 377J, General Revenue Fund to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases located in the Department of Children and Families' Central, Northeast, Southern, and SunCoast regions.

C2-6.4 Specific Appropriation 377J – Here’s Help, Inc.

From the funds in Specific Appropriation 377J, General Revenue shall continue to be provided to Here’s Help, Inc.

C2-6.5 Specific Appropriation 377M – Camillus House

From the funds in Specific Appropriation 377M, nonrecurring General Revenue is provided to Camillus House for behavioral health services.

C2-7 Fiscal Year 2016-17 Appropriations

Pursuant to the FY16-17 General Appropriations Act, Ch. 2016-66, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 4**:

C2-7.1 Specific Appropriation 383 – Forensic Multidisciplinary Team (FMDT)

From the funds in Specific Appropriation 383, recurring General Revenue Fund is provided for the creation of a pilot community Forensic Multidisciplinary Team designed to divert individuals from secure forensic commitment by providing community-based services. To implement this pilot proviso project, the Managing Entity shall subcontract with a qualified Network Service Provider in the location specified in **Table 4** to provide services according to the provisions of **Guidance 28 – Forensic Multidisciplinary Team**.

C2-7.2 Specific Appropriation 383 – Citrus Health Network, Inc.

From the funds in Specific Appropriation 383, the sum of \$455,000 from the General Revenue Fund shall continue to be provided to the Citrus Health Network

C2-7.3 Specific Appropriation 385 – Women’s Special Funding

From the funds in Specific Appropriation 385, General Revenue for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These subcontracts shall be executed and managed in accordance with **Guidance 26 – Women’s Special Funding**. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

C2-7.4 Specific Appropriation 385 – Family Intensive Treatment Funding

From the funds in Specific Appropriation 385, General Revenue to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. These subcontracts shall be executed and managed in accordance with **Guidance 18 – Family Intensive Treatment (FIT) Model Guidelines and Requirements**. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

C2-7.5 Specific Appropriation 385 – Here’s Help

From the funds in Specific Appropriation 385, the recurring sum of \$200,000 and the nonrecurring sum of \$300,000 from the General Revenue Fund shall be provided to Here’s Help, Inc.

C2-7.6 Specific Appropriation 388 Projects

From the funds in Specific Appropriation 388, nonrecurring General Revenue is provided for the following projects:

C2-7.6.1 Camillus House - Behavioral Health Services

C2-7.6.2 Miami-Dade Homeless Trust - Crisis Outpatient Bed Program

C2-8 Fiscal Year 2017-18 Appropriations

Pursuant to the FY17-18 General Appropriations Act, Ch. 2017-70, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 5**:

C2-8.1 Specific Appropriation 363 Project - Community Action Treatment (CAT) Teams

C2-8.1.1 Funds provided in Specific Appropriation 363, shall be used for the operation of Community Action Treatment (CAT) teams that provide community-based services to children ages 11 to 21 with a mental health or co-occurring substance abuse diagnosis with any accompanying characteristics such as being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care; having two or more hospitalizations or repeated failures; involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or poor academic performance or suspensions. Children younger than 11 may be candidates -they display two or more of the aforementioned characteristics.

C2-8.1.2 The Managing Entity shall accept subcontract management assignment of the Department contracts specified in **Table 5**. These subcontracts shall be managed in accordance with the terms of **Guidance 32 - Community Action Treatment (CAT) Team**.

Citrus Health Network, Inc. \$375,000; and
Institute for Child and Family Health, Inc. \$375,000.

C2-8.2 Specific Appropriation 364 Projects

C2-8.2.1 Citrus Health Network

From the funds in Specific Appropriation 364, the following recurring base appropriations projects shall be funded with general revenue funds: Citrus Health Network 455,000.

C2-8.2.2 Supported Employment Services

C2-8.2.2.1 From the funds in Specific Appropriation 364, GAA provided the Department non-recurring General Revenue funds for supported employment services for individuals with mental health disorders. Supported employment services are evidence-based services in an integrated work setting which provides regular contact with non-disabled coworkers or the public.

C2-8.2.2.2 These funds are intended to expand supported employment services within existing clubhouse providers that are accredited by the International Center for Clubhouse Development (ICCD).

C2-8.2.2.3 Club Fellowship \$125,000.00; and

C2-8.2.2.4 The Key Clubhouse \$125,000.00.

C2-8.3 Specific Appropriation 366 Projects

C2-8.3.1 Women's Special Funding

From the funds in Specific Appropriation 366, General Revenue for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These subcontracts shall be executed and managed in accordance with **Guidance 26 – Women's Special Funding**. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the

Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

C2-8.3.2 Family Intensive Treatment Funding

From the funds in Specific Appropriation 366, General Revenue to implement the Family Intensive Treatment (FIT) team model that is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. These subcontracts shall be executed and managed in accordance with **Guidance 18 – Family Intensive Treatment (FIT) Model Guidelines and Requirements**. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

C2-8.4 Specific Appropriation 366 – Here’s Help

From the funds in Specific Appropriation 366, the following recurring base appropriations projects shall be funded with general revenue funds: Here’s Help 200,000; and

From the funds in Specific Appropriation 366, the following projects shall be funded with nonrecurring general revenue funds: Here’s Help (HB 4359) 300,000

C2-8.5 Specific Appropriation 369 Project

From the funds in Specific Appropriation 369, the following projects shall be funded with nonrecurring general revenue funds: New Hope Residential Substance Abuse and Mental Health Treatment Project (HB 3259) 500,000.

C2-9 Fiscal Year 2018-19 Appropriations

Pursuant to the FY18-19 General Appropriations Act, Ch. 2018-10, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 6**:

C2-9.1 Specific Appropriation 366 Projects

C2-9.1.1 Funds provided in Specific Appropriation 366 shall be used to contract for the operation of Community Action Treatment (CAT) teams. The Managing Entity shall subcontract with Network Service Providers per the terms of **Guidance 32**. The following recurring base appropriation projects are funded from general revenue funds:

C2-9.1.1.1 Institute for Child and Family Health – Miami-Dade

C2-9.1.1.2 Citrus Health Network – Miami-Dade

C2-9.2 Specific Appropriation 367 Projects

C2-9.2.1 Citrus Health Network

From the funds in Specific Appropriation 367, the following recurring base appropriations projects shall be funded with general revenue funds: Citrus Health Network 455,000

C2-9.2.2 Supported Employment Services

C2-9.2.2.1 From the funds in Specific Appropriation 364, GAA provided the Department non-recurring General Revenue funds for supported employment services for individuals with mental health disorders. Supported employment services are evidence-based services in an integrated work setting which provides regular contact with non-disabled coworkers or the public.

C2-9.2.2.2 These funds are intended to expand supported employment services within existing clubhouse providers that are accredited by the International Center for Clubhouse Development (ICCD).

C2-9.2.2.3 The Department allocated \$87,500 each to Club Fellowship and The Key Clubhouse.

C2-9.3 Specific Appropriation 369 Projects

C2-9.3.1 Women’s Special Funding

From the funds in Specific Appropriation 369, recurring General Revenue continues to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These subcontracts shall be executed and managed in accordance with **Guidance 26** and shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns.

C2-9.3.2 Family Intensive Treatment Funding

From the funds in Specific Appropriation 369, recurring sums from the General Revenue Fund and from the Alcohol, Drug Abuse and Mental Health Trust Fund are provided to implement the Family Intensive Treatment (FIT) team model. The Managing Entity shall execute and manage subcontracts for these services in accordance with **Guidance 18**.

C2-9.3.3 Here’s Help

From the funds in Specific Appropriation 369, the following recurring base appropriations projects shall be funded with general revenue funds: Here’s Help 200,000

C2-9.4 Specific Appropriation 372 Projects

From the funds in Specific Appropriation 372, the following projects are funded with nonrecurring general revenue funds:

C2-9.4.1 New Hope C.O.R.P.S. (HB 3085) (Senate Form 1117) ... 250,000

C2-9.4.2 Miami-Dade County Homeless Trust (HB 2841) (Senate Form 2351) ... 250,000

C2-9.4.3 Here’s Help - Opioid Treatment and Training (HB 4605) (Senate Form 2467) ... 100,000

C2-9.4.4 South Florida Behavioral Health Network (HB 3493) (Senate Form 1037) 300,000.
These funds will be awarded to a Network Service Provider by a competitive procurement to implement an Involuntary Outpatient Services Demonstration Project.

Table 1 – Department-Specified Special Projects

| Project | Provider | Amount | Recurring? |
|------------------------------|--|------------------|------------|
| PPG Solicitation RFA LHZ03 | 1. Guidance Care Center, Inc. | 1. \$150,000.00 | Yes |
| | 2. Village South/WestCare Foundation | 2. \$150,000.00 | FY15-16 |
| | 3. Miami Coalition for a Drug-Free Community | 3. \$150,000.00 | through |
| | 4. HOPE for Miami | 4. \$150,000.00 | FY17-18 |
| | 5. Gang Alternatives, Inc. | 5. \$149,941.00 | |
| | 6. Switchboard of Miami, Inc. (contract terminated 12/31/2016) | 6. \$37,500.00 | |
| PPG Solicitation RFA 0H17GN1 | 1. Informed Families/The Florida Family Partnership | 1. \$150,000.00 | Yes |
| | 2. Citrus Health Network | 2. \$123,778.00 | FY18-19 |
| | 3. Gang Alternative, Inc. | 3. \$150,000.00 | through |
| | 4. Village South Inc. | 4. \$150,000.00 | FY20-21 |
| | 5. WestCare Guidance/Care Center | 5. \$150,000.00 | |
| | 6. Family and Faith Coalition d/b/a Hope for Miami * | 6. \$150,000.00* | |

*\$26,163.00 funded by PPG; \$123,837.00 funded by MS025, for a total contract amount of \$150,000

| Table 1 – Department-Specified Special Projects | | | |
|---|--|-----------------|------------|
| Project | Provider | Amount | Recurring? |
| FEMA DR 4337 FL | Hurricane Irma Disaster Behavioral Health Response 1. FEMA CCP Immediate Response Program 2. FEMA CCP Regular Services Program | 1. \$419,542.00 | No |
| | | 2. \$410,192.00 | No |
| FEMA DR 4339 PR | Hurricane Maria Evacuees Disaster Behavioral Health Response Maria Assistance Center Services | \$28,101.00 | No |
| Ch. 2018-03, Laws of Florida, Section 47 | Community Action Treatment (CAT) Teams allocated to Monroe County | \$750,000.00 | Yes |
| Ch. 2018-03, Laws of Florida, Section 48 | Mobile Crisis Teams | \$636,471.00 | Yes |

| Table 2 – Fiscal Year 2014-15 Appropriations | | | |
|--|--|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 351 | Citrus Health Network | \$455,000.00 | Yes |
| | Camillus House | \$25,000.00 | No |
| | Guidance Care Center of Key West | \$100,000.00 | No |
| 372 | Pregnant and Post-Partum Women Funding, allocated to the following providers and amounts 1. South Florida Jail Ministries, Inc.: \$970,841.00 2. The Village South, Inc.: \$841,882.00 | \$1,812,723.00 | Yes |
| | Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-5.3 | | Yes |
| | 1. Miami-Dade County – Liberty City, specifically limited to address child welfare cases referred from zip codes 33147 and 33142 2. Monroe County | 1. \$483,871.00 2. \$149,317.00 | |

| Table 3 – Fiscal Year 2015-16 Appropriations | | | |
|--|--|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 377H | Citrus Health Network | \$455,000.00 | Yes |
| 377J | Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. South Florida Jail Ministries, Inc. 2. The Village South, Inc. | \$1,812,723.00 | Yes |
| | Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-6.3 1. Miami-Dade County – Liberty City, specifically limited to address child welfare cases referred from zip codes 33147 and 33142 2. Monroe County | 1. \$483,871.00 2. \$149,317.00 | Yes |
| | Here's Help, Inc. | \$200,000.00 | Yes |
| | Camillus House | \$200,000.00 | No |

| Table 4 – Fiscal Year 2016-17 Appropriations | | | |
|--|--|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 383 | Community Forensic Multidisciplinary Team (FMDT) Miami-Dade County – Provider TBD | \$652,000.00 | Yes |
| | Citrus Health Network, Inc. | \$455,000.00 | Yes |
| 385 | Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. South Florida Jail Ministries, Inc. 2. The Village South, Inc. | \$1,812,723.00 | Yes |
| | Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-7.4. 1. Miami-Dade County 2. Monroe County | 1. \$483,871.00 2. \$149,317.00 | Yes |
| | Here's Help, Inc. | \$200,000.00 | Yes |
| | | \$300,000.00 | No |
| 388 | Camillus House | \$200,000.00 | No |
| | Miami-Dade Homeless Trust | \$189,794.00 | No |

| Table 5 – Fiscal Year 2017-18 Appropriations | | | |
|--|---|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 363 | Community Action Treatment (CAT) team funding allocated to the following providers and locations: 1. Citrus Health Network, Inc.; Miami-Dade 2. Institute for Child and Family Health, Inc.; Miami-Dade | 1. \$375,000.00 2. \$375,000.00 | Yes |
| | Citrus Health Network | \$455,000.00 | Yes |
| 364 | Supported Employment Services 1. Club Fellowship 2. The Key Clubhouse | 1. \$125,000.00 2. \$125,000.00 | No |
| | Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. South Florida Jail Ministries, Inc. 2. The Village South, Inc. | \$1,812,723.00 | Yes |
| 366 | Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location 1. Miami-Dade County 2. Monroe County | 1. \$983,871.00 2. \$249,317.00 | Yes |
| | Here's Help, Inc. | \$200,000.00 | Yes |
| | | \$300,000.00 | No |
| 369 | New Hope Residential | \$500,000.00 | No |

| Table 6 – Fiscal Year 2018-19 Appropriations | | | |
|--|---|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 366 | Community Action Treatment (CAT) team funding allocated to the following providers and locations: 1. Institute for Child and Family Health 2. Citrus Health Network | 1. \$750,000.00 2. \$750,000.00 | Yes |
| | Citrus Health Network | \$455,000.00 | Yes |
| 367 | Supported Employment Services 1. Club Fellowship 2. The Key Clubhouse | 1. \$87,500.00 2. \$87,500.00 | No |

| Table 6 – Fiscal Year 2018-19 Appropriations | | | |
|--|--|------------------------------------|------------|
| Appropriation | Provider | Amount | Recurring? |
| 369 | Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. South Florida Jail Ministries, Inc. 2. The Village South, Inc. | \$1,812,723.00 | Yes |
| 369 | Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-9.3.2. 1. Miami-Dade County 2. Monroe County | 1. \$600,000.00 2. \$633,188.00 | Yes |
| | Here's Help, Inc. | \$200,000.00 | Yes |
| 372 | New Hope C.O.R.P.S., Inc. | \$250,000.00 | No |
| | Miami-Dade County Homeless Trust | \$250,000.00 | |
| | Here's Help | \$100,000.00 | |
| | TBD – Involuntary Outpatient Services Demonstration Project | \$300,000.00 | |

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REVISED EXHIBIT F – METHOD OF PAYMENT

F-1 Funding

F-1.1 This advance fixed price, fixed payment Contract is comprised of federal and state funds, subject to reconciliation. **Exhibit F1** identifies the type and amount of funding provided. At the beginning of each fiscal year, the **Exhibit F1** will be amended into this Contract, and the total Contract amount in **Table 6** will be adjusted accordingly.

F-1.2 The contract total dollar amount shall not exceed the amount specified in **Section 1.1**, subject to the availability of funds, as specified in **Table 6**.

| Table 6 – Contract Funding | | | | |
|----------------------------|----------------------------------|-------------------------|------------------------|-------------------------|
| State Fiscal Year | Managing Entity Operational Cost | Direct Services Cost | Supplemental DBH Funds | Total Value of Contract |
| 2010-2011 (9 months) | \$3,399,627.00 | \$52,952,530.00 | | \$56,352,157.00 |
| 2011-2012 | \$3,491,295.00 | \$72,420,596.00 | | \$75,911,891.00 |
| 2012-2013 | \$3,465,665.00 | \$70,244,946.00 | | \$73,710,611.00 |
| 2013-2014 | \$3,432,250.00 | \$72,178,646.00 | | \$75,610,896.00 |
| 2014-2015 | \$3,481,522.37 | \$72,203,746.63 | | \$75,685,269.00 |
| 2015-2016 (3 months) | \$866,416.00 | \$19,811,845.75 | | \$20,678,261.75 |
| 2015-2016 (9 months) | \$2,756,874.00 | \$59,209,297.25 | | \$61,966,171.25 |
| 2016-2017 | \$3,978,889.00 | \$80,415,982.00 | | \$84,394,871.00 |
| 2017-2018 | \$3,809,174.00 | \$78,984,414.00 | \$857,835.00 | \$83,651,423.00 |
| 2018-2019 | \$3,809,174.00 | \$83,194,486.00 | \$256,039.00 | \$87,259,699.00 |
| 2019-2020 | \$3,674,793.00 | \$79,225,954.00 | | \$82,900,747.00 |
| Total | \$36,165,679.37 | \$740,842,443.63 | \$1,113,874.00 | \$778,121,997.00 |

F-2 Payment

F-2.1 The Department will pay the Managing Entity an operational cost for the management of the Network in accordance with the terms and conditions of this Contract. The direct service cost is defined as the annual value of the Contract less the total value of both the Managing Entity operational cost and the Supplemental DBH Funds.

F-2.2 In accordance with s. 394.9082, F.S., the Department will pay the Managing Entity a two-month advance at the beginning of each fiscal year. Thereafter, the Managing Entity shall request monthly fixed payments equal to the fiscal year contract balance divided by the number of months remaining in the fiscal year. The advance and payment amounts for each fiscal year are specified in **Exhibit F2**. The payment request may be subject to financial consequences, pursuant to **Section E-5.2**.

F-2.3 The Managing Entity shall temporarily invest surplus advance funds in an insured interest bearing account, in accordance with s. 216.181(16)(b), F.S. The Managing Entity shall remit to the Department, on a quarterly basis, any interest earned on advance funds via check. The Managing Entity must submit documentation from the financial entity where said funds are invested, evidencing the Annual Percentage Rate and actual interest income for each month.

F-2.4 The Managing Entity shall expend any advance in accordance with the General Appropriations Act.

F-2.5 The Managing Entity shall request payment in accordance with **Section F-3**.

F-3 Invoice Requirements

F-3.1 In accordance with **Exhibit F2**, the Managing Entity shall:

F-3.1.1 Request payment monthly through the submission of a properly completed **Template 10 – Managing Entity Monthly Fixed Payment Invoice**;

F-3.1.2 Submit a properly completed **Template 11 – Managing Entity Monthly Progress Report**, for the month that payment is requested;

F-3.1.3 Submit a properly completed **Template 12 – Managing Entity Monthly Expenditure Report**, detailing actual costs incurred by the Managing Entity for the month that payment is requested. The SAMH Managing Entity Monthly Expenditure Report shall be certified by an authorized representative; and

F-3.1.4 Submit a properly completed **Template 13 – Managing Entity Monthly Carry Forward Expenditure Report**, detailing the expenditure of approved carry forward funds, until said funds are fully expended.

F-3.2 Failure to submit the properly completed required documentation shall cause payment to be delayed until such documentation is received. Submission and approval of the elements in **Sections F-3.1** for the invoice period shall be considered the deliverables necessary for payment.

F-3.3 Within five business days of receipt of a properly completed invoice and **Template 11 – Managing Entity Monthly Progress Report**, the Contract Manager will either approve the invoice for payment or notify the Managing Entity in writing of any deficiencies that must be corrected by the Managing Entity before resubmission of the invoice.

F-3.4 The Department and the state's Chief Financial Officer reserve the right to request supporting documentation at any time, prior to the authorization of payment.

F-4 Cost Allocation Plan

F-4.1 The Managing Entity shall submit an initial **Template 14 – Cost Allocation Plan** within 30 days of execution and a revised Cost Allocation Plan to the Contract Manager annually by August 31, unless otherwise extended in writing by the Department.

F-4.2 The Department will review the Cost Allocation Plan and provide any comments within 15 days of submission. Revisions required by the Department shall be submitted by the date of the payment request for September. Failure to have an approved Cost Allocation Plan by September 20, unless extended in writing by the Department, will result in no further payment being made to the Managing Entity until the Department approves the Cost Allocation Plan.

F-4.3 The Managing Entity shall submit a revised Cost Allocation Plan whenever the Managing Entity:

F-4.3.1 Experiences a change in the type of funding it receives, whether under this Contract or an outside funding source; for example, when a new OCA is added, when a new outside funding source contributes to the Managing Entity's operational revenue or when an existing funding source is discontinued;

F-4.3.2 Makes internal organizational changes that affect the cost allocation methodology; or

F-4.3.3 Makes any changes in the allocation of costs relative to funds provided under this Contract and other outside sources.

F-4.4 The Managing Entity may request to amend or revise their Cost Allocation Plan at any time during the state fiscal year, in writing to the Contract Manager. The Managing Entity shall submit the amended or revised Cost Allocation Plan within 20 days of providing written notification. The Department will review and provide written comments within 15 days of submission. The Managing Entity must submit a revised Cost

Allocation Plan addressing any revisions required by the Department, within 15 days of the date of the Department's written response.

F-5 Carry Forward Funding

F-5.1 In accordance with s. 394.9082, F.S., the Managing Entity may carry forward documented unexpended state funds from one fiscal year to the next fiscal year, unless the following fiscal year falls outside the contract period, subject to the following conditions.

F-5.1.1 Any funds carried forward shall be expended in accordance with the General Appropriations Act in effect when the funds were allocated to the Managing Entity

F-5.1.2 The cumulative amount carried forward may not exceed eight percent of the contract total. Any unexpended state funds in excess of eight percent must be returned to the Department.

F-5.1.3 The funds carried forward may not be used in any way that would create increased recurring future obligations, and such funds may not be used for any type of program or service that is not currently authorized by this contract.

F-5.1.4 Any unexpended funds that remain at the end of the contract period shall be returned to the Department.

F-5.2 Within 30 days after receiving confirmation of the approved carried forward amount from the Department, The Managing Entity shall submit a properly completed **Template 15 – Managing Entity Spending Plan for Carry Forward Report**.

F-6 Allowable Costs

F-6.1 All costs associated with performance of the services contemplated by this contract must be both reasonable and necessary and in compliance with the cost principles pursuant to 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards - Subpart E, 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards - Subpart E, The Reference Guide for State Expenditures, and Ch. 65E-14, F.A.C.

F-6.2 Unless otherwise specified in writing by the federal grant issuing agency, none of the funds provided under any federal grants may be used to pay the salary of an individual at a rate in excess of Level II of the Executive Schedule, published but the U.S. Office of Personnel Management at:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>

F-6.3 Any compensation paid for an expenditure subsequently disallowed as a result of the Managing Entity's or any Network Service Providers' non-compliance with state or federal funding regulations shall be repaid to the Department upon discovery.

F-6.4 Invoices must be dated, signed by an authorized representative of the Managing Entity and submitted in accordance with the submission schedule in this contract, with appropriate service utilization and Individuals Served data accepted into the SAMH Data System, in accordance with PAM 155-2.

F-6.5 The Managing Entity is expressly prohibited from expending funds specified as "Direct Services Costs" in **Table 6**, for anything other than a subcontract with a Network Service Provider.

F-7 Financial Reconciliation

F-7.1 The Managing Entity shall submit reports that reflect the Managing Entity's actual operational cost and the actual service cost of the Network in accordance with **Exhibit F2**. The Managing Entity shall submit a final Managing Entity Monthly Expenditure Report annually no later than August 15. Payment for the final month of the fiscal year and carry forward shall not be approved until final reconciliation has been completed by the Department.

F-7.2 The Department will reconcile actual expenditures reported to the funds disbursed to the Managing Entity based on the properly completed Managing Entity Monthly Expenditure Reports and the Managing Entity Monthly Carry Forward Expenditure Reports, according to the following schedule:

F-7.2.1 Quarterly, after September 30, December 31, March 31, and June 30 each state fiscal year during desk reviews; and

F-7.2.2 Annually, after June 30 each state fiscal year during year end reconciliation.

F-7.3 Any funds disbursed to the Managing Entity that are not expended or were determined to have been expended for unallowable costs shall be considered overpayment to the Managing Entity. The Department shall recoup such overpayments pursuant to **Section 3.5**. In the event an overpayment is identified after the end of a fiscal year and no further invoice is due, the Managing Entity shall remit the overpayment to the Department via check.

F-8 Supplemental Disaster Behavioral Health Provisions

Whenever the Department authorizes Disaster Behavioral Health (DBH) response services, pursuant to **Section C-1.7**, the following provisions shall apply, notwithstanding any provisions in this Contract to the contrary.

F-8.1 Supplemental Payments

F-8.1.1 The terms of **Section F-2** notwithstanding, the Department will pay the Managing Entity each month for the amount of actual expenditures incurred by the Managing Entity or its Network Service Providers in the course of providing FEMA Crisis Counseling Program (CCP) services or other authorized DBH services.

F-8.1.2 Funds designated in **Exhibit F1** for CCP or other DBH services shall be excluded from the fixed payment calculations specified in **Section F2-2**.

F-8.2 Supplemental Allowable Costs

F-8.2.1 The terms of **Section F-6** notwithstanding, allowable costs for DBH response services is expressly limited to the extent such expenditures are allowable under the terms and conditions of any funds awarded to the Department for the purpose of responding to a specific disaster event.

F-8.2.2 In response to each event, the Notice of Award, the Department's DBH application, plan of service, and budget narratives identifying allowable costs shall be incorporated by reference into **Exhibit C2**.

F-8.3 Supplemental Invoices

F-8.3.1 The terms of **Section F-3** notwithstanding, the Managing Entity shall request payment for DBH response services through submission of **Template 24 - Disaster Behavioral Health Managing Entity Supplemental Invoice and Expenditure Report**.

F-8.3.2 The Managing Entity shall submit supplemental invoices on or before the 20th of each month for services provided during the preceding month, unless the Department approves a request for an alternative invoicing schedule in writing.

F-8.4 Supplemental Financial Reconciliations

The terms of **Section F-7** notwithstanding, the Managing Entity shall submit financial reports reflecting actual DBH service expenses of the Managing Entity and its Network Service Providers as scheduled by and using templates distributed by the Department's Disaster Behavioral Health Coordinator. Actual DBH expenses may not include any Managing Entity allocated, administrative, overhead or indirect expenses without express advance written authorization by the Department's Disaster Behavioral Health Coordinator.

Exhibit F-1 ME Schedule of Funds

REVISED Exhibit F1-9 - ME Schedule of Funds
South Florida Behavioral Health Network, Inc. - Contract# KH225
FY 2018-19 Use Designation - As of 8/9/2018

| Other Cost Accumulators Title | Line # | GAA Category | Other Cost Accumulators (OCA) | Federal | State | Total | The Amount of Non-Recurring Funds included in Total Amount |
|--|-----------------|-----------------------------|-------------------------------|-------------------|-------------------|-------------------|--|
| Managing Entity Operational Cost | | | | | | | |
| ME Administrative Cost | 379 | 106220 | MHS00 | 182,127 | 3,283,537 | 3,465,664 | - |
| ME Care Coordination | 369/371/372 | 100618/100777/100778 | MHSCD | 118,600 | 118,600 | 237,200 | 237,200 |
| ME Housing Coordination | 367/369/371 | 100610/100618/100777 | MHSHG | - | 106,310 | 106,310 | 106,310 |
| ME MH System of Care | 372 | 100778 | MHOSK | - | - | - | - |
| Total Operational Cost | | | | 300,727 | 3,508,447 | 3,809,174 | 343,510 |
| Direct Services Cost | | | | | | | |
| Mental Health Core Services Funding | | | | | | | |
| ME Mental Health Services & Support | 367/368/371/372 | 100610/100611/100777/100778 | MH000 | 3,932,728 | 28,781,920 | 32,714,648 | 778,631 |
| ME Early Intervention Svs - Psychotic Disorders | 367 | 100610 | MH026 | 750,000 | - | 750,000 | - |
| ME MH State Funded Federal Excluded Services | 367/368 | 100610/100611 | MHSFP | - | 250,000 | 250,000 | - |
| Total Mental Health Core Services Funding | | | | 4,682,728 | 29,031,920 | 33,714,648 | 778,631 |
| Mental Health Discretionary Grants Funding | | | | | | | |
| ME FL SOC Expansion and Sustainability Project | 367 | 100610 | MHESP | - | - | - | - |
| ME PATH Grant | 367 | 100610 | MHOPG | 564,167 | - | 564,167 | - |
| ME MH FL Youth Transition to Adulthood - Year 4 | 367 | 100610 | MHTA4 | - | - | - | - |
| ME MH FL Youth Transition to Adulthood - Year 5 | 367 | 100610 | MHTA5 | - | - | - | - |
| ME Project Launch | 372 | 100778 | MH0PL | - | - | - | - |
| Total Mental Health Discretionary Grants Funding | | | | 564,167 | - | 564,167 | - |
| Mental Health Proviso Projects Funding | | | | | | | |
| ME Miami Dade Homeless Trust | 372 | 100778 | MH010 | - | 250,000 | 250,000 | 250,000 |
| ME Stewart-Marchman Behavioral Healthcare | 372 | 100778 | MH011 | - | - | - | - |
| ME MH Apalachee Center - Forensic Treatment Services | 367 | 100610 | MH012 | - | - | - | - |
| ME MH Personal Enrichment MH Crisis Stabilization Unit | 372 | 100778 | MH016 | - | - | - | - |
| ME MH South Florida Behavioral Network-IOS Pilot Project | 372 | 100778 | MH021 | - | 300,000 | 300,000 | 300,000 |
| ME Orange Park Medical Center | 372 | 100778 | MH023 | - | - | - | - |
| ME Osceola Mental Health-Park Place | 372 | 100778 | MH028 | - | - | - | - |
| ME MH John Hopkins Children's Hospital-Post Partum Depression | 372 | 100778 | MH029 | - | - | - | - |
| ME David Lawrence Center-Behavioral Health Services | 372 | 100778 | MH031 | - | - | - | - |
| ME Baycare Behavioral Health- Veterans Intervention Program | 372 | 100778 | MH032 | - | - | - | - |
| ME Fort Myers Salvation Army | 372 | 100778 | MH037 | - | - | - | - |
| ME Centerstone Florida | 372 | 100778 | MH046 | - | - | - | - |
| ME Veterans Alternative Retreat Program | 372 | 100778 | MH060 | - | - | - | - |
| ME Clay Behavioral Health Center - Crisis Prevention | 372 | 100778 | MH089 | - | - | - | - |
| ME MH Citrus Health Network | 367 | 100610 | MH094 | - | 455,000 | 455,000 | - |
| ME Jerome Golden Center | 372 | 100778 | MH096 | - | - | - | - |
| ME Lifestream Center | 372 | 100778 | MHS50 | - | - | - | - |
| ME Circles of Care - Crisis Stabilization | 372 | 100778 | MHS52 | - | - | - | - |
| ME Circles of Care - Geropsychiatric Care Center Services | 372 | 100778 | MHS55 | - | - | - | - |
| ME Renaissance Manor | 372 | 100778 | MHRM5 | - | - | - | - |
| Total Mental Health Proviso Projects Funding | | | | - | 1,005,000 | 1,005,000 | 550,000 |
| Mental Health Targeted Services Funding | | | | | | | |
| ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth | 375 | 102780 | MH071 | - | 342,970 | 342,970 | - |
| ME MH Community Forensic Beds | 367 | 100610 | MH072 | - | 3,027,332 | 3,027,332 | - |
| ME MH Florida Assertive Community Treatment (FACT) Administration | 367 | 100610 | MH073 | 1,164,515 | 2,289,063 | 3,453,578 | - |
| ME MH Indigent Psychiatric Medication Program | 374 | 101350 | MH076 | - | 140,166 | 140,166 | - |
| ME MH Title XXI Children's Health Insurance Program (Behavioral Health Network) | 367 | 100610 | MH0BN | 620,702 | - | 648,122 | - |
| ME MH Care Coordination Direct Client Services | 367 | 100610 | MH0CN | - | 536,443 | 536,443 | - |
| ME Community Forensic Multidisciplinary Teams | 367 | 100610 | MH0FH | - | 652,000 | 652,000 | - |
| ME MH Temporary Assistance for Needy Families (TANF) | 367 | 100610 | MH0TB | 797,249 | - | 797,249 | - |
| ME MH Community Action Treatment (CAT) Teams | 366 | 100425 | MHCAT | - | 2,250,000 | 2,250,000 | - |
| ME Disability Rights Florida Mental Health | 367 | 100610 | MHDRF | - | - | - | - |
| ME MH Supported Employment Services | 367 | 100610 | MHEMP | - | 175,000 | 175,000 | 175,000 |
| ME MH Forensic Transitional Beds | 367 | 100610 | MHFMH | - | - | - | - |
| ME MH Mobile Crisis Teams | 367 | 100610 | MHMCT | - | 636,471 | 636,471 | - |
| ME Centralized Receiving Facilities | 370 | 100621 | MHSCR | - | - | - | - |
| ME MH Transitional Beds for MH Institution | 367 | 100610 | MHTMH | - | - | - | - |
| ME Transition Vouchers Mental Health | 367 | 100610 | MHTRV | - | 296,137 | 296,137 | - |
| Total Mental Health Targeted Services Funding | | | | 2,582,466 | 10,373,002 | 12,955,468 | 175,000 |
| Subtotal Mental Health | | | | 7,829,361 | 40,409,922 | 48,239,283 | 1,503,631 |
| Substance Abuse Core Services | | | | | | | |
| ME Substance Abuse Services and Support | 369/371 | 100618/100777 | MS000 | 10,248,431 | 11,665,402 | 21,913,833 | - |
| ME SA HIV Services | 369 | 100618 | MS023 | 839,174 | - | 839,174 | - |
| ME SA Prevention Services | 369 | 100618 | MS025 | 3,480,531 | - | 3,480,531 | - |
| ME SA State Funded Federal Excluded Services | 369 | 100618 | MSSFP | - | - | - | - |
| Total Core Services Funding | | | | 14,568,136 | 11,665,402 | 26,233,538 | - |
| Substance Abuse Discretionary Grants | | | | | | | |
| ME SA Prevention Partnership Program | 369 | 100618 | MS0PP | 749,941 | - | 749,941 | - |
| ME FL Partnership for Success - Hospital Pilot | 369 | 100618 | MS0FH | - | - | - | - |
| ME FL Partnerships for Success | 369 | 100618 | MS0FS | - | - | - | - |
| ME State Epidemiology Outcomes Workgroup Local | 369 | 100618 | MS0WL | - | - | - | - |
| ME Florida Targeted Response Opioid Crisis-Hospital | 369/372 | 100618/100778 | MS0PH | 150,000 | - | 150,000 | 150,000 |
| ME Florida Response to the Opioid Crisis MAT | 369 | 100618 | MS0PM | 934,902 | - | 934,902 | 934,902 |
| ME Florida Response to the Opioid Crisis School | 372 | 100778 | MS0PS | - | - | - | - |
| Total Discretionary Grants Funding | | | | 1,834,843 | - | 1,834,843 | 1,084,902 |
| Substance Abuse Proviso Projects | | | | | | | |
| ME Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families | 369 | 100618 | MS081 | - | 1,812,723 | 1,812,723 | - |
| ME SA Family Intensive Treatment (FIT) | 369 | 100618 | MS091 | 616,594 | 616,594 | 1,233,188 | - |
| ME SA Drug Abuse Comprehensive Coordinating Treatment (DACC0) | 369 | 100618 | MS095 | - | - | - | - |
| ME Here's Help | 369 | 100618 | MS903 | - | 200,000 | 200,000 | - |
| ME SA St. Johns County Sheriff's Office - Detox Program | 369 | 100618 | MS907 | - | - | - | - |
| ME SA New Hope C.O.R.P.S | 372 | 100778 | MS908 | - | 250,000 | 250,000 | 250,000 |
| ME Saluscare Wraparound Services- Opioid Crisis | 372 | 100778 | MS909 | - | - | - | - |
| ME SA Memorial Healthcare-Medication Assisted Treatment Program | 372 | 100778 | MS912 | - | - | - | - |
| ME SA Here's Help-Opioid Treatment and Training | 372 | 100778 | MS913 | - | 100,000 | 100,000 | 100,000 |
| ME DACC0 Behavioral Health | 372 | 100778 | MS914 | - | - | - | - |
| ME Gulfcoast Veterans Behavioral Integrated Healthcare | 372 | 100778 | MS915 | - | - | - | - |
| ME St. Vincent's Healthcare-Savings Lives Project | 372 | 100778 | MS916 | - | - | - | - |
| ME Specialized Treatment, Education and Prevention Services-Women's Residential Treatment | 372 | 100778 | MS917 | - | - | - | - |
| ME Special Services for Jerome Golden Center | 369 | 100618 | MS0JG | - | - | - | - |
| Total Proviso Projects Funding | | | | 616,594 | 2,979,317 | 3,595,911 | 350,000 |
| Substance Abuse Targeted Services | | | | | | | |
| ME SA Care Coordination Direct Client Services | 369 | 100618 | MS0CN | 114,952 | 114,952 | 229,904 | - |
| ME SA Temporary Assistance for Needy Families (TANF) | 369 | 100618 | MS0TB | 830,123 | - | 830,123 | - |
| ME SA Community Based Services | 369 | 100618 | MSCBS | - | 2,038,590 | 2,038,590 | - |
| ME Transition Vouchers Substance Abuse | 369 | 100618 | MSTRV | - | 192,294 | 192,294 | - |
| Total Targeted Services Funding | | | | 945,075 | 2,345,836 | 3,290,911 | - |
| Subtotal Substance Abuse | | | | 17,964,648 | 16,990,555 | 34,955,203 | 1,434,902 |
| Total All Fund Sources | | | | 26,094,736 | 60,908,924 | 87,003,660 | 3,282,043 |
| Supplemental Disaster Behavioral Health (DBH) Response Funds | | | | | | | |
| ME Hurricane Irma Regular Services | 371/372 | 100777/100778 | MHHIR | 256,039 | - | 256,039 | 256,039 |
| Total DBH Response Funds | | | | 256,039 | - | 256,039 | 256,039 |
| Total FY Contract Amount | | | | 26,350,775 | 60,908,924 | 87,259,699 | 3,538,082 |

REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS

F2-1 Table 7 specifies the schedule of payments for the current fiscal year of this Contract, exclusive of Supplemental Disaster Behavioral Health payments as specified in Section F-8.

| Table 7 - Schedule of Payments for Fiscal Year 2018-19 | | | | | |
|--|--------------------------------------|-------------------------|--|-------------------------|--|
| Month of Services | FY Contract Balance Prior to Payment | Fixed Payment Amount | FY Contract Balance after this Payment | Invoice Packet Due Date | Progress and Expenditure Report Period |
| Annual Advance | \$ 82,900,747.00 | \$ 13,816,791.17 | \$ 69,083,955.83 | 7/1/2018 | N/A |
| Jul-18 | \$ 69,083,955.83 | \$ 5,756,996.31 | \$ 63,326,959.52 | 8/20/2018 | July |
| Aug-18 | \$ 63,326,959.52 | \$ 5,756,996.32 | \$ 57,569,963.20 | 9/20/2018 | August |
| Sep-18 | \$ 61,672,876.20 | \$ 6,167,287.62 | \$ 55,505,588.58 | 10/20/2018 | September |
| Oct-18 | \$ 55,505,588.58 | \$ 6,167,287.62 | \$ 49,338,300.96 | 11/20/2018 | October |
| Nov-18 | \$ 49,338,300.96 | \$ 6,167,287.62 | \$ 43,171,013.34 | 12/20/2018 | November |
| Dec-18 | \$ 43,171,013.34 | \$ 6,167,287.62 | \$ 37,003,725.72 | 1/20/2019 | December |
| Jan-19 | \$ 37,003,725.72 | \$ 6,167,287.62 | \$ 30,836,438.10 | 2/20/2019 | January |
| Feb-19 | \$ 30,836,438.10 | \$ 6,167,287.62 | \$ 24,669,150.48 | 3/20/2019 | February |
| Mar-19 | \$ 24,669,150.48 | \$ 6,167,287.62 | \$ 18,501,862.86 | 4/20/2019 | March |
| Apr-19 | \$ 18,501,862.86 | \$ 6,167,287.62 | \$ 12,334,575.24 | 5/20/2019 | April |
| May-19 | \$ 12,334,575.24 | \$ 6,167,287.62 | \$ 6,167,287.62 | 6/20/2019 | May |
| Jun-19 | \$ 6,167,287.62 | \$ 6,167,287.62 | \$ - | 8/15/2019 | June |
| Total FY Payments | | \$ 87,003,660.00 | | | |
| Supplemental Disaster Behavioral Health Funding | | \$ 256,039.00 | | | |
| Total FY Contract Funding | | \$ 87,259,699.00 | | | |

F2-2 Table 8 details the schedule of payments for the next Fiscal Year of this Contract, exclusive of Supplemental Disaster Behavioral Health payments as specified in Section F-8.

| Table 8 - Schedule of Payments for Fiscal Year 2019-20 | | | | | |
|--|--------------------------------------|-------------------------|--|-------------------------|--|
| Month of Services | FY Contract Balance Prior to Payment | Fixed Payment Amount | FY Contract Balance after this Payment | Invoice Packet Due Date | Progress and Expenditure Report Period |
| Annual Advance | \$ 82,900,747.00 | \$ 13,816,791.16 | \$ 69,083,955.84 | 7/1/2019 | N/A |
| Jul-19 | \$ 69,083,955.84 | \$ 5,756,996.32 | \$ 63,326,959.52 | 8/20/2019 | July |
| Aug-19 | \$ 63,326,959.52 | \$ 5,756,996.32 | \$ 57,569,963.20 | 9/20/2019 | August |
| Sep-19 | \$ 57,569,963.20 | \$ 5,756,996.32 | \$ 51,812,966.88 | 10/20/2019 | September |
| Oct-19 | \$ 51,812,966.88 | \$ 5,756,996.32 | \$ 46,055,970.56 | 11/20/2019 | October |
| Nov-19 | \$ 46,055,970.56 | \$ 5,756,996.32 | \$ 40,298,974.24 | 12/20/2019 | November |
| Dec-19 | \$ 40,298,974.24 | \$ 5,756,996.32 | \$ 34,541,977.92 | 1/20/2020 | December |
| Jan-20 | \$ 34,541,977.92 | \$ 5,756,996.32 | \$ 28,784,981.60 | 2/20/2020 | January |
| Feb-20 | \$ 28,784,981.60 | \$ 5,756,996.32 | \$ 23,027,985.28 | 3/20/2020 | February |
| Mar-20 | \$ 23,027,985.28 | \$ 5,756,996.32 | \$ 17,270,988.96 | 4/20/2020 | March |
| Apr-20 | \$ 17,270,988.96 | \$ 5,756,996.32 | \$ 11,513,992.64 | 5/20/2020 | April |
| May-20 | \$ 11,513,992.64 | \$ 5,756,996.32 | \$ 5,756,996.32 | 6/20/2020 | May |
| Jun-20 | \$ 5,756,996.32 | \$ 5,756,996.32 | \$ - | 8/15/2020 | June |
| Total FY Payments | | \$ 82,900,747.00 | | | |
| Supplemental Disaster Behavioral Health Funding | | | | | |
| Total FY Contract Funding | | \$ 82,900,747.00 | | | |

F2-3 The Department shall amend into this Contract additional Schedules of Payments for any remaining fiscal years annually following the expiration of Table 7.