

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES STANDARD CONTRACT**

**THIS CONTRACT** is entered into between the 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".

**I. THE PROVIDER AGREES:****A. Contract Document**

To provide services in accordance with the terms and conditions specified in this contract including all attachments and exhibits, which constitute the contract document.

**B. Requirements of Section 287.058, Florida Statutes (F.S.)**

The provider shall provide units of deliverables, including reports, findings, and drafts, as specified in this contract. These deliverables must be received and accepted by the contract manager in writing prior to payment. The provider shall submit bills for fees or other compensation for services or expenses in sufficient detail for proper pre-audit and post-audit; where itemized payment for travel expenses are permitted in this contract, submit bills for any travel expenses in accordance with section 112.061, F.S., or at such lower rates as may be provided in this contract. To allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S. and as prescribed by subsection 119.07(1) F.S., made or received by the provider in conjunction with this contract except that public records which are made confidential by law must be protected from disclosure. It is expressly understood that the provider's failure to comply with this provision shall constitute an immediate breach of contract for which the department may unilaterally terminate the contract.

**C. Governing Law, Jurisdiction and Venue****1. State of Florida Law**

This contract is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with Florida law, without regard to Florida provisions for conflict of laws. Courts of competent jurisdiction in Florida shall have exclusive jurisdiction in any action regarding this contract and venue shall be as provided in PUR 1000. (see Section I.BB)

**2. Federal Law**

- a. If this contract contains federal funds, the provider shall comply with the provisions of 45 Code of Federal Regulations (CFR), Part 74, 45 CFR, Part 92, and other applicable regulations.
- b. If this contract contains over \$100,000 of federal funds, the provider shall comply with all applicable standards, orders, or regulations issued under section 306 of the Clean Air Act, as amended (42 United States Code (U.S.C.) 7401 et seq.), section 508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), Executive Order 11738, as amended and where applicable, and Environmental Protection Agency regulations (40 CFR, Part 30). The provider shall report any violations of the above to the department.
- c. No federal funds received in connection with this contract may be used by the provider, or agent acting for the provider, or subcontractor to influence legislation or appropriations pending before the Congress or any State legislature. If this contract contains federal funding in excess of \$100,000, the provider must, prior to contract execution, complete the Certification Regarding Lobbying form, **Attachment II**. If a Disclosure of Lobbying Activities form, Standard Form LLL, is required, it may be obtained from the contract manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the contract manager, prior to payment under this contract.
- d. Unauthorized aliens shall not be employed. The department shall consider the employment of unauthorized aliens a violation of section 274A(e) of the Immigration and Nationality Act (8 U.S.C. 1324 a) and section 101 of the Immigration Reform and Control Act of 1986. Such violation shall be cause for unilateral cancellation of this contract by the department.
- e. If this contract contains \$10,000 or more of federal funds, the provider shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 and 45 CFR, Part 92, if applicable.
- f. If this contract contains federal funds and provides services to children up to age 18, the provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation or the imposition of an administrative compliance order on the responsible entity, or both.

**D. Audits, Inspections, Investigations, Records and Retention**

1. The provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the department under this contract.
2. Retention of all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract shall be maintained by the provider for a period of six (6) years after completion of the contract or longer when required by law. In the event an audit is required by this contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this contract, at no additional cost to the department.
3. Upon demand, at no additional cost to the department, the provider will facilitate the duplication and transfer of any records or documents during the required retention period in Section I, Paragraph D. 2.
4. These records shall be made available at all reasonable times for inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the department.

5. At all reasonable times for as long as records are maintained, persons duly authorized by the department and Federal auditors, pursuant to 45 CFR, section 92.36(i)(10), shall be allowed full access to and the right to examine any of the provider's contracts and related records and documents, regardless of the form in which kept.
6. A financial and compliance audit shall be provided to the department as specified in this contract and in Attachment III.
7. The provider shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.).

#### **E. Monitoring by the Department**

The provider shall permit all persons who are duly authorized by the department to inspect and copy any records, papers, documents, facilities, goods and services of the provider which are relevant to this contract, and to interview any clients, employees and subcontractor employees of the provider to assure the department of the satisfactory performance of the terms and conditions of this contract. Following such review, the department will deliver to the provider a written report of its findings, and request for development, by the provider, of a corrective action plan where appropriate. The provider hereby agrees to timely correct all deficiencies identified in the corrective action plan.

#### **F. Indemnification**

1. The provider shall be fully liable for the actions of its agents, employees, partners, or subcontractors and shall fully indemnify, defend, and hold harmless the department and its officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising from or relating to any alleged act or omission by the provider, its agents, employees, partners, or subcontractors, provided, however, that the provider shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the department.
2. Further, the provider shall, without exception, indemnify and save harmless the department and its employees from any liability of any nature or kind whatsoever, including attorneys fees, costs and expenses, arising out of, relating to or involving any claim associated with any trademark, copyrighted, patented, or unpatented invention, process, trade secret or intellectual property right, information technology used or accessed by the provider, or article manufactured or used by the provider, its officers, agents or subcontractors in the performance of this contract or delivered to the department for the use of the department, its employees, agents or contractors. The provider may, at its option and expense, procure for the department, its employees, agents or contractors, the right to continue use of, replace, or modify the product or article to render it non-infringing. If the provider is not reasonably able to modify or otherwise secure the department the right to continue using the product or article, the provider shall remove the product and refund the department the amounts paid in excess of a reasonable rental for past use. However, the department shall not be liable for any royalties. The provider has no liability when such claim is solely and exclusively due to the department's alteration of the product or article or the department's misuse or modification of the provider's products or the department's operation or use of vendor's products in a manner not contemplated by this contract. The provider shall provide prompt written notification to the department of any claim of copyright, patent or other infringement arising from the performance of this contract.
3. Further, the provider shall protect, defend, and indemnify, including attorneys' fees and costs, the department for any and all claims and litigation (including litigation initiated by the department) arising from or relating to provider's claim that a document contains proprietary or trade secret information that is exempt from disclosure or the scope of the provider's redaction, as provided for under Section I.EE.
4. The provider's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the department negligent shall excuse the provider of performance under this provision, in which case the department shall have no obligation to reimburse the provider for the cost of their defense. If the Provider is an agency or subdivision of the State, its obligation to indemnify, defend and hold harmless the department shall be to the extent permitted by law and without waiving the limits of sovereign immunity.

#### **G. Insurance**

Continuous adequate liability insurance coverage shall be maintained by the provider during the existence of this contract and any renewal(s) and extension(s) of it. By execution of this contract, unless it is a state agency or subdivision as defined by subsection 768.28(2), F.S., the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract. The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in this contract.

#### **H. Confidentiality of Client Information**

The provider shall not use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations except with the written consent of a person legally authorized to give that consent or when authorized by law.

#### **I. Assignments and Subcontracts**

1. The provider shall not assign the responsibility for this contract to another party without prior written approval of the department, upon the department's sole determination that such assignment will not adversely affect the public interest; however, in no event may provider assign or enter into any transaction having the effect of assigning or transferring any right to receive payment under this contract which right is not conditioned on full and faithful performance of provider's duties hereunder. Any sublicense, assignment, or transfer otherwise occurring without prior approval of the department shall be null and void. The provider shall not subcontract for any of the work contemplated under this contract without prior written approval of the department, which shall not be unreasonably withheld.
2. To the extent permitted by Florida Law, and in compliance with Section I.F. of this Standard Contract, the provider is responsible for all work performed and for all commodities produced pursuant to this contract whether actually furnished by the provider or its subcontractors. Any subcontracts shall be evidenced by a written document. The provider further agrees that the department shall not be liable to the subcontractor in any way or for any reason. The provider, at its expense, will defend the department against such claims.

3. The provider shall make payments to any subcontractor within seven (7) working days after receipt of full or partial payments from the department in accordance with section 287.0585, F.S., unless otherwise stated in the contract between the provider and subcontractor. Failure to pay within seven (7) working days will result in a penalty that shall be charged against the provider and paid by the provider to the subcontractor in the amount of one-half of one percent (.005) of the amount due per day from the expiration of the period allowed for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15%) percent of the outstanding balance due.
4. The State of Florida shall at all times be entitled to assign or transfer, in whole or part, its rights, duties, or obligations under this contract to another governmental agency in the State of Florida, upon giving prior written notice to the provider. In the event the State of Florida approves transfer of the provider's obligations, the provider remains responsible for all work performed and all expenses incurred in connection with the contract. This contract shall remain binding upon the successors in interest of either the provider or the department.
5. The provider shall include, or cause to be included, in all subcontracts (at any tier) the substance of all clauses contained in this Standard Contract that mention or describe subcontract compliance.

**J. Return of Funds**

The provider shall return to the department any overpayments due to unearned funds or funds disallowed that were disbursed to the provider by the department and any interest attributable to such funds pursuant to the terms and conditions of this contract. In the event that the provider or its independent auditor discovers that an overpayment has been made, the provider shall repay said overpayment immediately without prior notification from the department. In the event that the department first discovers an overpayment has been made, the contract manager, on behalf of the department, will notify the provider by letter of such findings. Should repayment not be made forthwith, the provider will be charged interest at the lawful rate of interest on the outstanding balance after department notification or provider discovery.

**K. Client Risk Prevention and Incident Reporting**

1. If services to clients are to be provided under this contract, the provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6 or circuit or region operating procedures.
2. The provider shall immediately report any knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon both the provider and its employees.

**L. Purchasing**

1. Articles which are the subject of or are required to carry out this contract shall be purchased from Prison Rehabilitative Industries and Diversified Enterprises, Inc., (PRIDE) identified under Chapter 946, F.S., in the same manner and under the procedures set forth in subsections 946.515(2) and (4), F.S. For purposes of this contract, the provider shall be deemed to be substituted for the department insofar as dealings with PRIDE. This clause is not applicable to subcontractors unless otherwise required by law. An abbreviated list of products/services available from PRIDE may be obtained by contacting PRIDE, (800) 643-8459.
2. The provider shall procure any recycled products or materials, which are the subject of or are required to carry out this contract, in accordance with the provisions of sections 403.7065, and 287.045, F.S.

**M. Civil Rights Requirements**

1. In accordance with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, or the Florida Civil Rights Act of 1992, as applicable the provider shall not discriminate against any employee (or applicant for employment) in the performance of this contract because of race, color, religion, sex, national origin, disability, age, or marital status. Further, the provider agrees not to discriminate against any applicant, client, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992, as applicable and CFOP 60-16. These requirements shall apply to all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to clients or employees in connection with its programs and activities.
2. Complete the Civil Rights Compliance Checklist, CF Form 946 in accordance with CFOP 60-16 and 45 CFR 80. This is required of all providers that have fifteen (15) or more employees.
3. Subcontractors who are on the discriminatory vendor list may not transact business with any public entity, in accordance with the provisions of 287.134, F.S.

**N. Independent Capacity of the Contractor**

1. In performing its obligations under this contract, the provider shall at all times be acting in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida, except where the provider is a state agency. Neither the provider nor its agents, employees, subcontractors or assignees shall represent to others that it has the authority to bind the department unless specifically authorized in writing to do so.
2. This contract does not create any right to state retirement, leave benefits or any other benefits of state employees as a result of performing the duties or obligations of this contract.
3. The provider shall take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venturer, or partner of the State of Florida.
4. The department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the provider, or its subcontractor or assignee, unless specifically agreed to by the department in this contract.
5. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the provider.

**O. Sponsorship**

As required by section 286.25, F.S., if the provider is a non-governmental organization which sponsors a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the sponsorship of the program state: "Sponsored by (provider's name) and the State of Florida, Department of Children and Families". If the sponsorship reference is in written material, the words "State of Florida, Department of Children and Families" shall appear in at least the same size letters or type as the name of the organization.

**P. Publicity**

Without limitation, the provider and its employees, agents, and representatives will not, without prior departmental written consent in each instance, use in advertising, publicity or any other promotional endeavor any State mark, the name of the State's mark, the name of the State or any State affiliate or any officer or employee of the State, or represent, directly or indirectly, that any product or service provided by the provider has been approved or endorsed by the State, or refer to the existence of this contract in press releases, advertising or materials distributed to the provider's prospective customers.

**Q. Final Invoice**

The final invoice for payment shall be submitted to the department no more than 31 days after the contract ends or is terminated. If the provider fails to do so, all rights to payment are forfeited and the department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the provider and necessary adjustments thereto, have been approved by the department.

**R. Use of Funds for Lobbying Prohibited**

The provider shall comply with the provisions of sections 11.062 and 216.347, F.S., which prohibit the expenditure of contract funds for the purpose of lobbying the Legislature, judicial branch, or a state agency.

**S. Public Entity Crime**

Pursuant to section 287.133, F.S., the following restrictions are placed on the ability of persons convicted of public entity crimes to transact business with the department. When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, he/she may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

**T. Gratuities**

The provider agrees that it will not offer to give or give any gift to any department employee. As part of the consideration for this contract, the parties intend that this provision will survive the contract for a period of two years. In addition to any other remedies available to the department, any violation of this provision will result in referral of the provider's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the provider's name on the suspended vendors list for an appropriate period. The provider will ensure that its subcontractors, if any, comply with these provisions.

**U. Patents, Copyrights, and Royalties**

1. It is agreed that all intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to provider's performance under this contract, and the performance of all of its officers, agents and subcontractors in relation to this contract, are works for hire for the benefit of the department, fully compensated for by the contract amount, and that neither the provider nor any of its officers, agents nor subcontractors may claim any interest in any intellectual property rights accruing under or in connection with the performance of this contract. It is specifically agreed that the department shall have exclusive rights to all data processing software falling within the terms of section 119.084, F.S., which arises or is developed in the course of or as a result of work or services performed under this contract, or in anyway connected herewith. Notwithstanding the foregoing provision, if the provider is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply.
2. If the provider uses or delivers to the department for its use or the use of its employees, agents or contractors, any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood without exception that the compensation paid pursuant to this contract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this contract.
3. All applicable subcontracts shall include a provision that the Federal awarding agency reserves all patent rights with respect to any discovery or invention that arises or is developed in the course of or under the subcontract.

**V. Construction or Renovation of Facilities Using State Funds**

Any state funds provided for the purchase of or improvements to real property are contingent upon the provider granting to the state a security interest in the property at least to the amount of the state funds provided for at least five (5) years from the date of purchase or the completion of the improvements or as further required by law. As a condition of receipt of state funding for this purpose, the provider agrees that, if it disposes of the property before the department's interest is vacated, the provider will refund the proportionate share of the state's initial investment, as adjusted by depreciation.

**W. Information Security Obligations**

1. An appropriately skilled individual shall be identified by the provider to function as its Data Security Officer. The Data Security Officer shall act as the liaison to the department's security staff and will maintain an appropriate level of data security for the information the provider is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all provider employees that request or have access to any departmental data system or information. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated provider employees.
2. The provider shall provide the latest departmental security awareness training to its staff and subcontractors who have access to departmental information.

3. All provider employees who have access to departmental information shall comply with, and be provided a copy of CFOP 50-2, and shall sign the DCF Security Agreement form CF 0114 annually. A copy of CF 0114 may be obtained from the contract manager.
4. The provider shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and storage devices are encrypted as prescribed in CFOP 50-2. If encryption of these devices is not possible, then the provider shall assure that unencrypted personal and confidential departmental data will not be stored on unencrypted storage devices. The provider shall require the same of all subcontractors.
5. The provider agrees to notify the contract manager as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data. The provider shall require the same notification requirements of all subcontractors.
6. The provider shall provide notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data provided in section 817.5681, F.S. The provider shall require the same notification requirements of all subcontractors.

**X. Accreditation**

The department is committed to ensuring provision of the highest quality services to the persons we serve. Accordingly, the department has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality service, the majority of the department's providers will either be accredited, have a plan to meet national accreditation standards, or will initiate a plan within a reasonable period of time.

**Y. Provider Employment Opportunities**

1. Agency for Workforce Innovation and Workforce Florida: The provider understands that the department, the Agency for Workforce Innovation, and Workforce Florida, Inc., have jointly implemented an initiative to empower recipients in the Temporary Assistance to Needy Families Program to enter and remain in gainful employment. The department encourages provider participation with the Agency for Workforce Innovation and Workforce Florida.
2. Transitioning Young Adults: The provider understands the department's Operation Full Employment initiative to assist young adults aging out of the dependency system. The department encourages provider participation with the local Community-Based Care Lead Agency Independent Living Program to offer gainful employment to youth in foster care and young adults transitioning from the foster care system.

**Z. Health Insurance Portability and Accountability Act**

The provider shall, where applicable, comply with the Health Insurance Portability and Accountability Act (42 U. S. C. 1320d.) as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

**AA. Emergency Preparedness**

1. If the tasks to be performed pursuant to this contract include the physical care or supervision of clients, the provider shall, within 30 days of the execution of this contract, submit to the contract manager an emergency preparedness plan which shall include provisions for records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan that will allow the provider to continue functioning in compliance with the executed contract in the event of an actual emergency. For the purpose of disaster planning, the term supervision includes the responsibility of the department, or its contracted agents to ensure the safety, permanency and well-being of a child who is under the jurisdiction of a dependency court. Children may remain in their homes, be placed in a non-licensed relative/non-relative home, or be placed in a licensed foster care setting.
2. The department agrees to respond in writing within 30 days of receipt of the plan accepting, rejecting, or requesting modifications. In the event of an emergency, the department may exercise oversight authority over such provider in order to assure implementation of agreed emergency relief provisions.
3. An updated emergency preparedness plan shall be submitted by the provider no later than 12 months following the acceptance of an original plan or acceptance of an updated plan. The department agrees to respond in writing within 30 days of receipt of the updated plan, accepting, rejecting, or requesting modification to the plan.

**BB. PUR (Purchasing) 1000 Form**

The PUR 1000 Form is hereby incorporated by reference. In the event of any conflict between the PUR 1000 Form, and any terms or conditions of this contract (including the department's Standard Contract), the terms or conditions of this contract shall take precedence over the PUR 1000 Form. However, if the conflicting terms or conditions in the PUR 1000 Form are required by any section of the Florida Statutes, the terms or conditions contained in the PUR 1000 Form shall take precedence.

**CC. Notification of Legal Action**

The provider shall notify the department of legal actions taken against them or potential actions such as lawsuits, related to services provided through this contract or that may impact the provider's ability to deliver the contractual services, or adversely impact the department. The department's contract manager will be notified within 10 days of provider becoming aware of such actions or from the day of the legal filing, whichever comes first.

**DD. Whistleblower's Act Requirements**

In accordance with subsection 112.3187(2), F.S., the provider and its subcontractors shall not retaliate against an employee for reporting violations of law, rule, or regulation that creates substantial and specific danger to the public's health, safety, or welfare to an appropriate agency. Furthermore, agencies or independent contractors shall not retaliate against any person who discloses information to an appropriate agency alleging improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of an agency, public officer, or employee. The provider and any subcontractor shall inform its employees that they and other persons may file a complaint with the Office of Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353.

## **EE. Proprietary or Trade Secret Information**

1. Unless exempted by law, all public records are subject to public inspection and copying under Florida's Public Records Law, Chapter 119, F.S. Any claim by provider of proprietary or trade secret confidentiality for any information contained in provider's documents (reports, deliverables or workpapers, etc., in paper or electronic form) submitted in connection with this contract will be waived, unless the claimed confidential information is submitted in accordance with paragraph 2 below.
2. The provider must clearly label any portion of the documents, data or records submitted that it considers exempt from public inspection or disclosure pursuant to Florida's Public Records Law as proprietary or trade secret. The labeling will include a justification citing specific statutes and facts that authorize exemption of the information from public disclosure. If different exemptions are claimed to be applicable to different portions of the protected information, the provider shall include information correlating the nature of the claims to the particular protected information.
3. The department, when required to comply with a public records request including documents submitted by the provider, may require the provider to expeditiously submit redacted copies of documents marked as confidential or trade secret in accordance with paragraph 2 above. Accompanying the submission shall be an updated version of the justification under paragraph 2, correlated specifically to redacted information. The redacted copy must exclude or obliterate only those exact portions that are claimed to be proprietary or trade secret. If the provider fails to promptly submit a redacted copy and updated justification in accordance with this paragraph, the department is authorized to produce the records sought without any redaction of proprietary or trade secret information.
4. The department is not obligated to agree with the provider's claim of exemption on the basis of proprietary or trade secret confidentiality and the provider shall be responsible for defending its claim that each and every portion of the redactions of proprietary or trade secret information are exempt from inspection and copying under Florida's Public Records Law.

## **FF. Support to the Deaf or Hard-of-Hearing**

The provider and its subcontractors, where direct services are provided, shall comply with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA), and the Children and Families Operating Instruction (CFOP) 60-10, Chapter 4, entitled "Auxiliary Aids and Services for the Deaf or Hard-of-Hearing."

1. If the provider or any of its subcontractors employs 15 or more employees, the provider shall designate a Single-Point-of-Contact (one per firm) to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504, the ADA, and CFOP 60-10, Chapter 4. The name and contact information for the provider's Single-Point-of-Contact shall be furnished to the department's Grant or Contract Manager within 14 calendar days of the effective date of this requirement.
2. The provider shall, within 30 days of the effective date of this requirement, contractually require that its subcontractors comply with section 504, the ADA, and CFOP 60-10, Chapter 4. A Single-Point-of-Contact shall be required for each subcontractor that employs 15 or more employees. This Single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the provider's Single-Point-of-Contact.
3. The Single-Point-of-Contact shall ensure that employees are aware of the requirements, roles & responsibilities, and contact points associated with compliance with Section 504, the ADA, and CFOP 60-10, Chapter 4. Further, employees of providers and its subcontractors with 15 or more employees shall attest in writing that they are familiar with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4. This attestation shall be maintained in the employee's personnel file.
4. The provider's Single-Point-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or companions are posted near where people enter or are admitted within the agent locations. Such Notices must be posted immediately by providers and subcontractors. The approved Notice can be downloaded through the Internet at: <http://www.dcf.state.fl.us/admin/ig/civilrights.shtml>
5. The provider and its subcontractors shall document the customer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the customer's record. Documentation, with supporting justification, must also be made if any request was not honored. The provider shall submit compliance reports monthly, by the 5<sup>th</sup> business day following the reporting month, to the department's Grant or Contract Manager. The provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.
6. If customers or companions are referred to other agencies, the provider must ensure that the receiving agency is notified of the customer's or companion's preferred method of communication and any auxiliary aids/service needs.

## **II. THE DEPARTMENT AGREES:**

### **A. Contract Amount**

The department shall pay for contracted services according to the terms and conditions of this contract of an amount not to exceed \$362,976,259.00 or the rate schedule, subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract.

### **B. Contract Payment**

Pursuant to section 215.422, F.S., the department has five (5) working days to inspect and approve goods and services, unless the bid specifications, purchase order, or this contract specify otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within forty (40) days, measured from the latter of the date a properly completed invoice is received by the department or the goods or services are received, inspected, and approved, a separate interest penalty set by the Chief Financial Officer pursuant to section 55.03, F.S., will be due and payable in addition to the invoice amount. Payments to health care providers for hospital, medical, or other health care services, shall be made not more than thirty-five (35) days from the date eligibility for payment is determined. Financial penalties will be calculated at the daily interest rate of .03333%. Invoices returned to a provider due to preparation errors will result in a non-interest bearing payment delay. Interest penalties less than one (1) dollar will not be paid unless the provider requests payment.

**C. Vendor Ombudsman**

A Vendor Ombudsman has been established within the Department of Financial Services. The duties of this office are found in section 215.422, F.S., which include disseminating information relative to prompt payment and assisting vendors in receiving their payments in a timely manner from a state agency. The Vendor Ombudsman may be contacted at (850) 413-5516.

**D. Notice**

Any notice that is required under this contract shall be in writing, and sent by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery. Said notice shall be sent to the representative of the provider responsible for administration of the program, to the designated address contained in this contract.

**III. THE PROVIDER AND DEPARTMENT MUTUALLY AGREE:**

**A. Effective and Ending Dates**

This contract shall begin on October 1, 2010, or on the date on which the contract has been signed by the last party required to sign it, whichever is later. It shall end at midnight, local time in Miami Dade County, Florida, on September 30, 2015.

**B. Financial Penalties for Failures to Comply with Requirement for Corrective Actions**

1. In accordance with the provisions of section 402.73(1), F.S., and Rule 65-29.001, F.A.C., corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
2. The increments of penalty imposition that shall apply, unless the department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan. The penalty, if imposed, shall not exceed ten percent (10%) of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. Noncompliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.
3. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.
4. The deadline for payment shall be as stated in the Order imposing the financial penalties. In the event of nonpayment the department may deduct the amount of the penalty from invoices submitted by the provider.

**C. Termination**

1. This contract may be terminated by either party without cause upon no less than thirty (30) calendar days notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by U.S. Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the contract manager or the representative of the provider responsible for administration of the program.
2. In the event funds for payment pursuant to this contract become unavailable, the department may terminate this contract upon no less than twenty-four (24) hours notice in writing to the provider. Said notice shall be sent by U.S. Postal Service or any expedited delivery service that provides verification of delivery. The department shall be the final authority as to the availability and adequacy of funds. In the event of termination of this contract, the provider will be compensated for any work satisfactorily completed.
3. This contract may be terminated for the provider's non-performance upon no less than twenty-four (24) hours notice in writing to the provider. If applicable, the department may employ the default provisions in Rule 60A-1.006(3), F.A.C. The department's failure to demand performance of any provision of this contract shall not be deemed a waiver of such performance. The department's waiver of any one breach of any provision of this contract shall not be deemed to be a waiver of any other breach and neither event shall be construed to be a modification of the terms and conditions of this contract. The provisions herein do not limit the department's right to remedies at law or in equity.
4. Failure to have performed any contractual obligations with the department in a manner satisfactory to the department will be a sufficient cause for termination. To be terminated as a provider under this provision, the provider must have: (1) previously failed to satisfactorily perform in a contract with the department, been notified by the department of the unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of the department; or (2) had a contract terminated by the department for cause.

**D. Renegotiations or Modifications**

Modifications of provisions of this contract shall be valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the department's operating budget.

**E. Official Payee and Representatives (Names, Addresses, Telephone Numbers, and e-mail addresses):**

1. The provider name, as shown on page 1 of this contract, and mailing address of the official payee to whom the payment shall be made is:

Name: South Florida Behavioral Health Network, Inc.  
Address: 2140 South Dixie Highway, Suite 204

City: Miami State: FL Zip Code: 33133  
Phone: 305-858-3335  
ext:

2. The name of the contact person and street address where financial and administrative records are maintained is:

Name: Stephen Zuckerman  
Address: 2140 South Dixie Highway, Suite 204

City: Miami State: FL Zip Code: 33133  
Phone: 305-858-3335  
ext: 306

e-mail: szuckerman@sfbhn.org

3. The name, address, telephone number and e-mail address of the contract manager for the department for this contract is:

Name: Jessica Rodriguez  
Address: 401 NW 2<sup>nd</sup> Avenue Suite N-826

City: Miami State: FL Zip Code: 33128  
Phone: 305-377-7650  
ext:

e-mail: Jessica\_Rodriguez@dcf.state.fl.us

4. The name, address, telephone number and e-mail of the representative of the provider responsible for administration of the program under this contract is:

Name: Stephen Zuckerman  
Address: 2140 South Dixie Highway, Suite 204

City: Miami State: FL Zip Code: 33133  
Phone: 305-858-3335  
ext:

e-mail: szuckerman@sfbhn.org

5. Upon change of representatives (names, addresses, telephone numbers and e-mail addresses) by either party, notice shall be provided in writing to the other party and the notification attached to the originals of this contract.

**F. All Terms and Conditions Included**

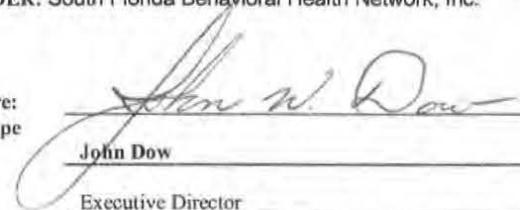
This contract and its attachments, I, II and III and any exhibits referenced in said attachments, together with any documents incorporated by reference, contain all the terms and conditions agreed upon by the parties. There are no provisions, terms, conditions, or obligations other than those contained herein, and this contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties. If any term or provision of this contract is legally determined unlawful or unenforceable, the remainder of the contract shall remain in full force and effect and such term or provision shall be stricken.

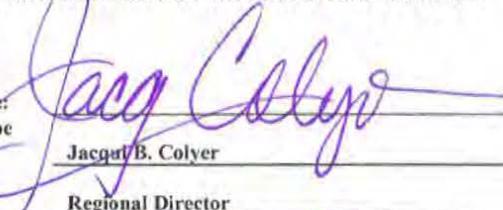
By signing this contract, the parties agree that they have read and agree to the entire contract, as described in Paragraph III. F. above.

IN WITNESS THEREOF, the parties hereto have caused this 0166 page contract to be executed by their undersigned officials as duly authorized.

PROVIDER: South Florida Behavioral Health Network, Inc.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

Signature:   
Print/Type Name: John Dow  
Title: Executive Director  
Date: 10/1/10

Signature:   
Print/Type Name: Jacob B. Colyer  
Title: Regional Director  
Date: 10-1-10

STATE AGENCY 29 DIGIT FLAIR CODE: \_\_\_\_\_

Federal Tax ID # (or SSN): 59-3385099 Provider Fiscal Year Ending Date: 06/30.

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

 9/30/10  
REGIONAL LEGAL COUNSEL DATE

## ATTACHMENT I

### A. SERVICES TO BE PROVIDED

#### 1. Definition of Terms

##### a. Contract Terms

Contract terms used in this document can be found in the Florida Department of Children and Families Glossary of Contract Terms, which is incorporated herein by reference.

##### b. Program/Service Specific Terms

- (1) **“Accessible”** – Children, families and community members should be helped to become knowledgeable about how to ask for and receive services that are timely, comprehensive and family-friendly without facing unreasonable barriers.
- (2) **“Activity”** means an educational process or procedure intended to stimulate learning.
- (3) **“Annual Action Plan”** means an annual plan developed by the managing entity and approved by the department that contains the deliverables for the ten baseline functions and other requirements for the behavioral health services needs for the Southern Region.
- (4) **“Approaches”** mean the methods used in dealing with or accomplishing a task or goal.
- (5) **“Approved Regional Plan”** means a plan established by the department in accordance with section 394.674, F.S. and section 394.675, F.S. and updated annually or as required.
- (6) **“ASAM PPC-2R Florida Supplement”** means the American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders, second edition - revised, July 1, 2001, or the latest revised edition thereof.
- (7) **“Assessment Instrument”** means a tool used for collection of detailed information concerning an individual’s substance abuse, emotional and physical health, social roles, and other areas that may reflect the severity of the individual’s abuse of alcohol or drugs, as a basis for identifying an appropriate treatment regimen.
- (8) **“Available Appropriations”** means State and other governmental funds allocated for mental health and substance abuse services including prevention and the associated local matching funds.

- (9) **Behavioral Health Services**” means mental health services and substance abuse prevention and treatment services as defined in chapters 394, 397 and 916, F.S. which are provided using state and federal funds.
- (10) **“CFP 155-2 Department of Children & Families, Pamphlet 155-2 - Mental Health and Substance Abuse Measurement and Data, effective September 2008 (9th edition, version 1)”**, or the latest revised edition thereof means a document promulgated by the department that contains required data-reporting elements for substance abuse and mental health services, hereafter referred to as “CFP 155-2”, and which can be found at: <http://www.dcf.state.fl.us/mentalhealth/publications/index.shtml>, and is incorporated herein by reference.
- (11) **“Client Fees”** means compensation to the managing entity’s contracted network providers for services rendered to the client, who has been authorized to receive services pursuant to this contract, from any source of funds, including city, county, state, federal, private sources and client paid.
- (12) **“Clinical Assessment”** means the collection of detailed information concerning an individual’s behavioral health, emotional and physical health, social roles, and other areas that may reflect the individual’s overall health as a basis for identifying an appropriate treatment regimen.
- (13) **“Clinician”** means a substance abuse or mental health professional that provides one or more of the following services: assessment; individual, group, or family counseling services; or case management.
- (14) **“CODECAT™ (Co-occurring Disorders Educational Competency Assessment Tool)”** means a tool used to evaluate clinicians’ training needs based on a competency assessment to determine knowledge, skills, attitudes, and values relative to persons with co-occurring disorders.
- (15) **Comprehensive Community Action Plan”** means a plan developed by a local, department recognized, community substance abuse coalition which is based on an assessment of substance abuse related epidemiology data and the resources needed to address identified needs. The plan includes goals to reduce the community's prioritized substance use problems and the approaches to take to achieve them.
- (16) **“Community-Based Services”** means behavioral health services provided outside of a state facility.

- (17) **“Community-Focused”** means the process of planning, management and decision-making to ensure resources are designed to build on the unique strengths and meet the specific needs of the local community.
- (18) **“Community Prevention”** means strategies and activities aimed at changing community conditions related to substance abuse. It includes environmental strategies designed to change one or more community conditions. Community prevention is aimed at larger universal populations and selected sub-populations and does not track specific individuals.
- (19) **“COMPASS™ (Comorbidity Program Audit and Self-Survey for Behavioral Health Services)”** means a tool that can be used by behavioral health care systems to assess program competencies in multiple areas that reflect the basic expectations of program performance for mental health services, substance abuse disorder services and integrated systems of care.
- (20) **“Comprehensive Continuous Integrated System of Care (CCISC)”** means the model for improving service system wide to individuals with co-occurring psychiatric and substance disorders. “Comprehensive, Continuous, Integrated System of Care (CCISC) model” means a system design and implementation model for organizing services for individuals and families with co-occurring disorders that is designed to improve services capability on a statewide or regional basis to achieve: system level change; efficient use of resources; use of evidence-based and consensus based practices; and integrated mental health and substance abuse services throughout the system, by organizing a process in which every program improves their provision of co-occurring disorder services, and every clinical staff person improves their level of co-occurring disorder service competency based on their job and level of training.
- (21) **“Consolidated Program Description”** means the combination of all of the managing entity network providers’ program descriptions and the managing entity program description.
- (22) **“Continuous Quality Improvement”** means continuous internal improvements in service provision and administrative functions. These include the systematic ongoing process of improving performance, both in process and end of process indicators.
- (23) **“Continuum of Services”** Recovery-oriented systems of care will offer a full array of services, including pretreatment, treatment, continuing care and support throughout recovery. Individuals will have a full range of stage-appropriate services from which to choose at any point in the recovery process.

- (24) **“Contract Manager”** means the department employee who is responsible for enforcing the compliance with administrative and programmatic terms and conditions of a contract. The contract manager is the primary point of contact through which all contracting information flows between the department and the provider. All actions related to the contract shall be initiated by or coordinated with the contract manager.
- (25) **“Co-occurring Disorder”** means any combination of mental health and substance abuse in any individual, whether or not they have been already diagnosed. Families impacted by co-occurring disorders are characterized by a family where one member has one kind of problem, like a child with an emotional disturbance, and another member has another kind of problem, like a family member or caregiver with a substance abuse issue.
- (26) **“Co-occurring Disorder Service Capability”** means the ability of any program to coordinate every aspect of its program infrastructure (policies, procedures, practices, documentation, and/or staff competencies), within its existing resources, to be able to provide and/or coordinate appropriately matched, integrated services to the individuals and families with co-occurring disorders that are routinely presenting for care in that program.
- (27) **“Cost Analysis”** means the review of the proposed cost elements to determine if they are necessary, allowable, appropriate and reasonable.
- (28) **“Cost Center”** means a grouping of services that is similar in time, intensity and function where the average cost for service is generally the same, and are specified in the **State Funding by Program and Activity** which is incorporated herein by reference. See Rule 65E-14.021(7), Florida Administrative Code (F.A.C.), and the **Substance Abuse Recovery Support Services (Individual and Group), Comprehensive Community Service Teams, and Clinical Supervision for Evidence-Based Practices** (which are incorporated herein by reference) for a complete listing of services that comprise the cost centers. The Children’s Mental Health Comprehensive Community Service Team (CCST) cost center is described in **Exhibit H, Children’s Mental Health Community Service Team**.
- (29) **“Data Management”** means activities that use data elements to track cost, utilization, quality of care and access to services within the network of providers. “CFP 155-2 Department of Children & Families, Pamphlet 155-2 - Mental Health and Substance Abuse Measurement and Data, effective September 2008 (9th edition, version 1)”, or the latest revised edition thereof means a document promulgated by the department that contains required data-reporting elements for substance abuse and mental health services, hereafter referred to as “CFP 155-2”, and which can be found at:

<http://www.dcf.state.fl.us/mentalhealth/publications/index.shtml>, and is incorporated herein by reference.

- (30) **“Epidemiology data”** means data relating to factors affecting the health and illness of populations that serve as the foundation and logic of interventions made in the interest of public health.
- (31) **“Evidence-Based Practices”** means those practices that are based on accepted practices in the profession and are supported by research, field recognition, or published practice guidelines.
- (32) **“Family Intervention Specialists/Adult Intervention Specialists (FIS)”** means individuals employed to provide adult behavioral health outreach, screening, intervention, and case management to families involved in the child welfare system and/or the Abuse Hotline.
- (33) **“Family Intervention Specialist Services”** means services designed to reduce the incidence of child abuse and neglect resulting from parents’ or caregivers’ behavioral health and to improve outcomes for families in the child welfare system and/or community based care.
- (34) **“Florida Department of Children and Families Strategic Intent”** means the Secretary’s Strategic Intent gives guidance and summarizes the department’s major initiatives. This document provides the Secretary’s intent on what the department and its partners must accomplish during a specific period of time. The Secretary’s guidance drives the development of the department’s Strategic Plan, which depicts how the department will achieve these initiatives, when they will be accomplished and the metrics used to measure progress.
- (35) **“Forensic Mental Health Services”** means Forensic Mental Health Services provide services to individuals with mental illness pursuant to Chapter 916, Florida Statutes.
- (36) **“Global Assessment of Individual Needs (GAIN)”** means one of the department approved evidenced-based assessment instrument. Information regarding this instrument can be obtained from the following website:  
<http://www.chestnut.org/LI/gain/>
- (37) **“Governing Board”** means the Commission, Board of Directors, Board of Trustees, Governing Body, etc.
- (38) **“HIPAA”** is the acronym for Health Insurance Portability and Accountability Act.
- (39) **“Incompetent to Proceed (ITP)”** as defined in chapter 916 F.S., means unable to proceed at any material stage of a criminal

proceeding, which shall include trial of the case, pretrial hearings involving questions of fact on which the defendant might be expected to testify, entry of a plea, proceedings for violation of probation or violation of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with court orders or conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

- (40) **“Indigent Drug Program (IDP)”** means the program that allows the Department of Children and Families to purchase medications for individuals who are indigent.
- (41) **“Individual(s) Served”** is (synonymous with recipients, individual(s), and persons who are receiving services, also synonymous with client/consumer) – Any individual who is receiving services in any substance abuse treatment or prevention program or mental health treatment program whose cost of care is paid, in part or in whole, by the department, Medicaid, Medicaid capitated managed care entities, or local match.
- (42) **“Juvenile Incompetent to Proceed (JITP)”** means a "child" or "juvenile" or "youth" as defined in chapter 985, F.S., as any unmarried person under the age of 18 who has not been emancipated by order of the court and who has been found or alleged to be dependent, in need of services, or from a family in need of services; or any married or unmarried person who is charged with a violation of law occurring prior to the time that person reached the age of 18 years.
- (43) **“KIT Solutions”** means the entity that maintains the database called Performance Based Prevention System (PBPS).
- (44) **“Local Match”** means funds received from governing bodies of local government, including city commissions, county commissions, district school boards, special tax districts, private hospital funds, private gifts both individual and corporate, bequests and funds received from community drives or any other sources. See section 394.67(14), F.S. and 65E-14.005, F.A.C.
- (45) **“Managing Entity (ME)”** means pursuant to section 394.9082(2)(d), F.S., a corporation that is organized in the State of Florida, is designated or filed as a non-profit organization under section 501(c)(3) of the Internal Revenue Code, and is under contract to the department to manage the day-to-day operational delivery of behavioral health services through an organized system of care.
- (46) **“Monitoring Subcontracts”** is the process whereby the managing entity conducts a systematic organized review of a network provider's performance in order to give reasonable assurance that the network

provider is complying with subcontract requirements, rules, regulations and laws applicable to contract performance.

- (47) **“Overpayment” means** for the purposes of this contract, the amount of money the department has paid the managing entity for administrative expenses and/or program expense over and above what was properly earned for these expenses by the managing entity according to the approved line item budget.
- (48) **“Participant”** means any individual who takes part in targeted substance abuse prevention programs, activities or services which are paid, in part or in whole, by the department.
- (49) **“Payor class”** means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-pay health insurance, private-pay health maintenance organization, private preferred provider organization, the Department of Children and Family Services, other government programs, self-pay patients, and charity care.
- (50) **“PBPS”** means the Performance Based Prevention System that collects data related to Substance Abuse Prevention programs and activities. The system can be accessed by contacting technical support at 1-888-600-4777 or <https://kitprevention.kithost.net/>.
- (51) **“Performance Measures”** means quantitative indicators, outcomes and outputs that are used by the department to objectively measure performance and are used by the managing entity and network providers to improve services.
- (52) **“Prevalence”** means the count of all individuals affected by a disease/condition within a particular period of time, compared with the entire population of concern.
- (53) **“Prevention”** means a process involving strategies aimed at the individual or the environment which preclude, forestall, or impede the development of substance abuse problems and promote healthy development of individuals, families and communities.
- (54) **“Prevention Program Description (PPD)”** means the report generated by the PPT that contains the information required for a program description pursuant to Rule 65E-14.021, Florida Administrative Code (F.A.C.).
- (55) **“Program Planning Tool (PPT)”** means the data collection module contained in the Performance Based Prevention System that collects a variety of program information. It is designed to assure substance abuse prevention contracts reflect best practices and level of effort, inform the department’s provider support system, and set the stage for determining effectiveness in achieving prevention outcomes.

- (56) **“Program”** means a structured Schedule of Activities designed so that participants will attain so far as possible, certain educational, attitudinal, social and behavioral objectives. This is an unduplicated count of participants.
- (57) **“Program Description”** means the document the provider prepares and submits to the department for approval prior to the start of the contract period, which provides a detailed description of the services to be provided under the contract pursuant to Rule 65E-14.021, F.A.C. It includes but is not limited to the provider’s organizational profile, a detailed description of each program and cost center funded in the contract, the geographic service area, service capacity, staffing information, and client and target population to be served.
- (58) **“Projects for Assistance in Transition from Homelessness (PATH)”** means the Federal grant to support homeless individuals with behavioral health needs.
- (59) **“Promising Practices”** means the use of practices that incorporate the best objective information available regarding effectiveness and acceptability.
- (60) **“Prorated Share”** means the total number of unpaid units or funds divided by the number of months remaining between the time the prorated share is calculated and the end date of the contract.
- (61) **“Protected Health Information” (PHI)** means any information whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
- (62) **“Provider Network”** (subcontractor or network provider) means the direct service agencies that are under contract with a managing entity and that together constitute a comprehensive array of emergency, acute care, residential, outpatient, recovery support, and consumer support services or other services as designated by this contract. See section 394.9082, F.S.
- (63) **“Quality Improvement/Continuous Quality Improvement”** means a management technique to assess and improve internal operations and network services. It focuses on organizational systems rather than individual performance and seeks to continuously improve quality. The process involves setting goals implementing systematic changes, measuring outcomes, and making subsequent appropriate

improvements. Quality improvement activities will assess compliance with contract requirements, state and Federal law and associated administrative rules, regulations, and operating procedures and validate quality improvement systems and findings.

- (64) **“Readiness Assessment”** means a formalized process to determine the operational capacity of a managing entity to satisfactorily perform required duties.
- (65) **“Recovery”** means an on-going process which enables a person with behavioral health issues to live a meaningful life in a community of his or her choice while striving to achieve his or her potential. This allows individuals to improve their health, wellness, and quality of life.
- (66) **“Recovery Based”** is based upon a personal process of overcoming the negative impact of substance abuse addiction or mental illness. A system of care provides treatment and supports that promote recovery and functioning in the community.
- (67) **Representative Payee”** means an entity/individual who is legally authorized to receive Supplemental Security Income, Social Security Income, Veterans Administration benefits, or other federal benefits on behalf of an individual served.
- (68) **“SAMH”** means the Substance Abuse and Mental Health Programs within the department.
- (69) **“Schedule of Activities”** means the defined instructional content, materials, resources, and processes in order to attain educational objectives.
- (70) **“Service Units”** means those units of measure specified in Rule 65E-14.021(7), F.A.C. and in **Substance Abuse Recovery Support Services, Comprehensive Community Service Teams, and Clinical Supervision for Evidence Based Practices.**
- (71) **“SOAR”** stands for “SSI/SSDI Outreach, Access and Recovery” and is a technical assistance initiative. This strategy helps States and communities increase access to SSI and SSDI for people through training, technical assistance and strategic planning.
- (72) **“Stakeholder”** means individuals/groups with an interest in the provision of behavioral health services.
- (73) **“Statewide Inpatient Psychiatric Programs (SIPP)”** means residential inpatient facilities under contract with the Agency for Health Care Administration under the Medicaid IMD waiver for children under age 18 to provide diagnostic and active treatment services in a secure setting.

- (74) **“Substance Abuse and Mental Health Information System (SAMHIS)”** means the department's online data system which providers are required to use to collect and report data and performance outcomes on persons served whose services are paid for, in part or in whole, by the department's Substance Abuse and Mental Health (SAMH) contract, Medicaid, or local match. Instructions on how to access the system can be found in CFP 155-2.
- (75) **“System of Care”** means behavioral health services that are coordinated and developed into an integrated network of services accessible and responsive to the needs of individuals served, their families, and community stakeholders.
- (76) **“TANF Participant”** means a person or family member of that person defined in 45 CFR Part 260.30 and section 414.1585 and subsection 414.0252(9), F.S.
- (77) **“Targeted Prevention”** means prevention programs or other Schedule of Activities conducted with individuals or groups of individuals to educate them on personal prevention concepts and skills and consists of prevention programs or curricula.
- (78) **“Temporary Assistance to Needy Families (TANF)”** means cash assistance for families, including any family receiving cash assistance payments or TANF diversion services from the state program pursuant to the provisions of section 414.045, F.S., and Part A of Title IV of the Social Security Act.
- (79) **“Transformation”** means a process that strives to change the form and function of the behavioral health services delivery system to better meet the needs of the individuals and families it is designed to serve.
- (80) **“Utilization Management”** means a system to ensure maximum, cost-effective, and clinically appropriate utilization of behavioral health services. The goal of the program is to eliminate waitlists and maximize utilization as well as diverting individuals served to more clinically appropriate services when applicable.

## 2. General Description

### a. General Statement

This contract is for the purchase of the administration, management, and oversight of a consumer-centered and family-focused comprehensive coordinated system of care by a managing entity. The contract requires the managing entity to subcontract with qualified, direct service, community-based network providers who will provide services for adults and children with behavioral health issues as authorized in section 394.9082, F.S. and which are consistent with the Approved Regional Plan.

The managing entity will provide administrative and programmatic oversight to ensure that network providers comply with all consumer-related services and other requirements of this contract.

#### **b. Approved Annual Action Plan**

The managing entity will develop and operationalize an annual action plan in partnership with the department, which is incorporated herein by reference. This action plan will be approved by the department on an annual basis and may be modified by mutual agreement and approved/dated by the managing entity Executive Director and the approved department Representative i.e., the Southern Region SAMH Program Supervisor. A copy of any revisions to the approved annual action plan shall be provided to the department's contract manager.

#### **c. Baseline Functions**

There are ten (10) baseline functions that the Managing Entity must provide. Performance on these functions will be provided in the Approved Annual Action Plan. The deliverables are outlined in the Annual Action Plan. These functions are as follows:

##### **(1) Function 1. System of Care Development and Management**

Behavioral health services that are coordinated and developed into an integrated network of services accessible and responsive to individuals in need of substance abuse and mental health services, families, and community stakeholders. To accomplish this, managing entities support the application of evidence based practices through contracting requirements, program development and design, training, quality improvement activities, and the development of mechanisms for care management and service coordination.

##### **(2) Function 2. Utilization Management**

Systems to ensure cost-effective and clinically appropriate utilization of treatment services. For the purposes of this contract, the specific goals of utilization management include the elimination/management of wait lists, the maximum utilization of treatment resources, and the delivery of clinically appropriate services. Utilization management systems will include preauthorization for some services as well as retrospective reviews and focused reviews of individuals receiving services and subcontractors whose utilization of services is outside of expected parameters. Utilization management includes methods used to manage the system of care to ensure access to the appropriate level of care. These methods may include programs of intervention and/or diversion. Utilization management includes not only managerial and supervisory strategies, methods and tools to ensure timely access to care, but also includes processes to promote continuous improvement to manage resources. The managing entity will develop an automated utilization management system that includes treatment authorization and management reports for the system of care as outlined in the approved annual action plan.

**(3) Function 3. Network/Subcontract Management**

The process whereby the managing entity conducts a systematic organized review of a subcontractor's operations and service provision in order to give reasonable assurance that the subcontractor is complying with subcontract requirements, rules, regulations and laws applicable to the subcontractor's contract performance.

For the purposes of this contract network management includes processes by which accountability for performance and quality of services from subcontractors will be ensured.

**(4) Function 4. Quality Improvement**

A series of management techniques and processes used to assess and improve internal managing entity operations and network services. Quality improvement focuses on organizational systems of network members' performance and seeks to continuously improve quality of services provided. The managing entity will establish a clearly delineated quality improvement program that provides for the meaningful involvement of managing entity staff members, subcontractor organizations, and individuals served and other stakeholders.

**(5) Function 5. Technical Assistance/Training**

The managing entity will provide technical assistance and training in two broad areas. First, they will provide training and technical assistance to help subcontractors perform network-functions, such as invoice submission and participation in network quality improvement activities. The second area is training and technical assistance to help subcontractors implement quality of care including the implementation of evidence-based practices, such as the application of process improvement methods to improve coordination and access, the use of evidence-based treatment protocols, and providing services that are culturally and linguistically appropriate. The managing entity will provide the technical assistance and training directly or arrange for the provision of technical assistance or training in the most fiscally responsible manner.

**(6) Function 6. Data Collection, Reporting, and Analysis**

The managing entity will manage activities that use data elements to track cost, utilization, quality of care, access to services, and individuals served outcomes within the network of subcontractors. The managing entity will describe the implementation of the electronic health records (EHR) for the subcontractors in the approved annual action plan.

**(7) Function 7. Financial Management**

Financial management activities include the following elements:

- (a)** Negotiating and developing administrative costs and service rates within the parameters established by the department;
- (b)** Developing contracts that allocate funds according to department utilization targets and reallocating funds according to shifts in utilization patterns, all funds are allocated in accordance with the approved operating

budget and approved annual action plan, incorporated herein by reference. Paying invoices in a timely manner and verifying the accuracy of the invoices submitted by subcontractors. The managing entity will pay subcontractors within 15 working days of receiving a valid invoice, based upon or subject to the availability of funds.

**(c)** Managing contracted funds according to State and Federal requirements;

**(d)** Complying with Local Match requirements.

**(e)** Securing, managing and leveraging other sources of funding. Resource maximization to include pursuit of third party payments prior to the billing of SAMH funding;

**(f)** The managing entity will pursue additional sources of revenue particularly grant applications in accordance with the approved annual action plan;

**(g)** Achieving efficiencies by consolidating subcontractor operational functions;

**(h)** Reinvesting efficiencies into the system of care or infrastructure development designed to continuously improve the quality of services and maximize capacity in partnership with department staff; and

**(i)** Redirecting service dollars from restrictive care settings (as defined in the approved annual action plan) to community-based recovery services.

**(8) Function 8. Planning**

The managing entity will be the source of performance, utilization, and other network information used by the department in formulating its plans, including the Annual Action Plan. The managing entity's approved annual action plan, subject to the approval of the department, is the vehicle for identifying the network's goals, objectives, and improvements. The managing entity will participate in departmental planning processes at the State, regional, and circuit levels as appropriate.

**(9) Function 9. Board Development and Governance**

The managing entity will maintain a governing body that is representative of the community and that includes individuals served and family members, relevant community stakeholders and organizations, and subcontractors of behavioral health services.

**(10) Function 10. Disaster Planning and Responsiveness**

Includes working collaboratively with the department and taking direction from department staff for any disaster-related preparedness, response activities, and the Regional Disaster Plans and/or as specified in the approved annual action plan.

#### **d. Minimum Programmatic Requirements**

The managing entity, either individually or through the management and oversight of services provided by subcontractors, shall maintain the following minimum programmatic requirements:

##### **(1) System Of Care**

The consumer-centered and family-focused comprehensive coordinated system of care will:

- (a)** Be driven by the needs and choices of the customers;
- (b)** Promote family and personal self-determination and choice;
- (c)** Be ethically, socially, and culturally responsible; and
- (d)** Be dedicated to excellence and quality results.

There is a commitment to expand clinical treatment to include the Behavioral Health Transformation Initiative, evidence-based practices and recovery support services for the full continuum of care based on priorities established by the department for substance abuse, mental health treatment and/or co-occurring disorders, substance abuse and mental health treatment capacity, children and families, criminal and juvenile justice, HIV and hepatitis.

##### **(2) Guiding Principles**

Guiding principles specify that services are as follows:

- (a)** Inclusive - involve and engage families and consumers as full partners to participate in the planning and delivery of services;
- (b)** Comprehensive - incorporating a broad array of service and supports (e.g. physical, emotional, clinical, social, educational and spiritual);
- (c)** Individualized - meeting the individual's exceptional needs and strengths;
- (d)** Community-based - provided in the least restrictive, clinically appropriate setting; and
- (e)** Coordinated - both at the system and service delivery levels to ensure that multiple services are provided and change as seamlessly as possible when warranted.
- (f)** Cultural and linguistic competence.

**e. Programmatic Authority**

Sections 20.19, 39.001(2), 39.001(4), 394.457(3), 394.74, 394.9082, 397.305(2) and 397.321(5), 916, F.S, provide the department with the authority to contract for these services.

**f. Scope Of Service**

The following scope of service applies to each fiscal year of this five (5) year contract and any renewal or extension:

The managing entity is responsible for the administration, management, and oversight, and through sub-contracts, the provision of behavioral health services in Miami-Dade and Monroe counties as stipulated in this contract. Prevention services designed to preclude the development and/or exacerbation of substance abuse problems and mental health disorders by addressing risk factors with children and families and in the community at large are a part of the behavioral health services.

**g. Major Program Goals**

- (1) The primary goal of the Substance Abuse and Mental Health Programs is to reduce or prevent substance abuse and promote and improve the mental health of the citizens of the state by making behavioral health services available through a community-based system of care.
- (2) It is the goal of the managing entity to improve accountability, ensure quality of care through best practice models and seek to ensure delivery of Behavioral Health Services across the provider network and across systems resulting in systematic access to a full continuum of care for all children, adolescents and adults who enter the publicly-funded behavioral health services systems.
- (3) Construct a system of care design that will facilitate and improve co-occurring capability and expertise in all programs and for all service network providers.
- (4) Promote and improve the behavioral health of Florida's Southern Region communities by strategically applying substance prevention programs, activities and services available as part of the community-based system action plan.

**3. Clients to be Served****a. Client General Description**

Pursuant to section 394.9082(7)(b), F.S., the managing entity shall ensure that services funded by the contract are furnished to eligible adults and children with or at risk of developing behavioral health disorders .

- Adult Mental Health – Forensic Involvement
- Adult Mental Health – Severe and Persistent Mental Illness
- Adult Mental Health – Serious and Acute Episodes of Mental Illness
- Adult Mental Health – Mental Health Problems
- Children’s Mental Health – Seriously Emotionally Disturbed
- Children’s Mental Health – Emotionally Disturbed
- Children’s Mental Health – At Risk of Emotional Disturbance
- Adults with Substance Abuse Problems
- Children with Substance Abuse Problems
- Adults at Risk of Substance Abuse Problems
- Children at Risk of Substance Abuse Problems

#### **b. Client Eligibility**

- (1) The managing entity shall ensure that all persons meeting the target population descriptions in paragraph A.3.a. above, and as described in CFP 155-2, receive services through its subcontractors based on the availability of resources. However, department funding shall be targeted for the medically indigent. A detailed description of each target population is contained in CFP 155-2.
- (2) The managing entity shall ensure that substance abuse detoxification and addiction receiving facility services are provided to all persons meeting the criteria for admission, subject to the availability of funds.
- (3) Mental Health Crisis: The managing entity shall ensure that all crisis services are provided for both children and adults meeting criteria pursuant to chapter 394, F.S.; Rule 65E-5, F.A.C.; and Rule 65E-12, F.A.C. This includes but is not limited to, mobile crisis services and inpatient hospitalization at receiving facilities and crisis stabilization units.

#### **c. Client Determination**

The department is exclusively responsible for defining client eligibility for services provided through this contract. The managing entity shall apply this definition to persons on a case-by-case basis, and the managing entity may delegate the client eligibility determinations to the network providers.

The department reserves the right to make final determinations of client eligibility. If the managing entity disputes the department's determination regarding eligibility of a client, dispute resolution, as described on in Section D.2. shall be implemented. Services shall be provided to the client unless and until the dispute resolution process reverses the department's determination.

The managing entity shall work with the Southern Region to coordinate admissions and discharges from state forensic hospitals and residential treatment centers.

#### **d. Client Contract Limits**

- (1) The managing entity is not authorized to receive funding from the department for more dollars than are allocated.
- (2) The managing entity shall ensure that funds provided in this contract will not be used to serve persons outside the target population(s) specified in Section A.3.a. and A.3.b. above.
- (3) Services provided under this contract are limited by the availability of funds, with the exception of Section A.3.b(3) above. The managing entity may not authorize or incur indebtedness on behalf of the department.

### **B. MANNER OF SERVICE PROVISION**

#### **1. Service Tasks**

##### **a. Task List**

The following tasks shall be completed for each fiscal year of the contract unless otherwise noted:

##### **(1) Develop, Maintain, and Improve the Provider Network**

The managing entity shall develop and maintain a network of qualified, direct service, community-based providers to provide services for adults and children with behavioral health and/or co-occurring disorders as authorized in section 394.9082, F.S. This network shall deliver all services in accordance with the Consolidated Program Description on file in the department contract manager's file. The managing entity shall continue to assess the adequacy of the network and modify the network as indicated by department plans and requirements, consumer and stakeholder needs and preferences, data analysis and best practice findings scientific findings, and improvement opportunities identified in the managing entity approved annual action plan based upon the most current Florida Department of Children and Families Strategic Intent 2008-2010, or the latest revision thereof, and through quality management processes.

The exact array of services, the required features of particular services, priorities for service development and improvement, and service coordination efforts are made at the Regional level within the broader framework of Department of Children and Families (DCF) priorities and policies. Each year, the department, with the assistance of the local regional planning councils, will identify the service requirements that the managing entity will address in its approved annual action plan. The managing entity will develop the network according to the general values and features described in this contract and the specific dimensions that follow:

**(a) Ensure Timely Access to Care for Services**

The standards for timely access to care are along the lines of those required by managing entity accrediting bodies and the Medicaid prepaid plans:

- (i) Immediate/Crisis: seen immediately for life behavioral health life threatening emergencies
- (ii) Within 24 hours of initial contact for non-life threatening emergencies;
- (iii) Within 48 hours for urgent care;
- (iv) The offer of an appointment for routine care within 7 business days.

The managing entity shall monitor compliance with the timely access standard, and if a pattern of noncompliance develops with any network provider, the managing entity will take corrective action and monitor the results of corrective action. Please refer to approved annual action plan for deliverables.

**(b) Ensure Geographic Access to Services**

Aspects of geographic access include drive times, the location of services on public transportation routes, and proximity to other services and locations often used by members of the covered population. Standards for acceptable geographic access are:

- (i) Thirty (30) mile drive for outpatient services in Miami-Dade County and fifty (50) mile drive within Monroe County;
- (ii) Sixty (60) mile drive for inpatient and residential services in Miami-Dade County and one hundred twenty (120) mile drive for Monroe County;
- (iii) Services located on available public transportation routes where public transportation is available.

As with the timeliness standards, these standards define acceptable performance that when not achieved trigger corrective action, consistent with the approved annual action plan.

**(c) Promote Family and Personal Self-Determination**

The managing entity will promote personal self-determination and choice by:

- (i) Providing oversight so that the needs and preferences of consumers and their families drive treatment planning and service delivery, and

that consumers and their families (with consent) are involved in all aspects of treatment (pre, during and post);

- (ii) Engaging service recipients, family members, and advocates in the design, development, and evaluation of services;
- (iii) Giving consumers a choice of provider and services, whenever possible;
- (iv) Assessing and improving consumer satisfaction.

**(d) Develop and Assure the Delivery of Services Based on Evidence-Based Practices/Promising Practices Guidelines**

The managing entity shall identify specific services provided by the network and service features in the managing entity's department-approved annual action plan. These include such service features as evidence-based practices (EBPs) and promising practice guidelines, as specified in the approved annual action plan, endorsed by expert panels. The managing entity shall assure that the service requirements are identified in subcontracts and that the services are provided according to service guidelines (see Section B.a(2)).

**(e) Ensure Access to Services that Meet Linguistic and Cultural Needs of Recipients**

The managing entity shall assure that the network provides sign language, translation, and interpretive services required to meet the communication needs of service recipients, including English, Spanish and Creole. Services will meet the cultural needs and preferences of the covered populations. The managing entity shall identify, through the approved annual action plan, specific service characteristics that will include features designed to meet the needs and preferences of cultural groups. In addition, the managing entity will address in its approved annual action plan, improving the ability of the network to provide services that meet the cultural needs, languages and preferences of the covered populations.

The managing entity shall provide processes so that the contracted network providers engage in recruitment to maintain as much as possible staff with the ethnic and racial composition of the clients served.

**(f) Facilitate National Accreditation of Network Providers**

The department intends that most of the services it purchases through managing entities be delivered by nationally accredited provider organizations. To that end, the managing entity will subcontract with organizations that are accredited, or working towards accreditation, in order to promote best practices and the highest quality of care, as specified in the approved annual action plan. However, national accreditation might not be

realistic or useful for some smaller niche providers of such important services as recovery support services, and consumer operated services. Consequently, the department may grant exceptions to the requirement for accreditation on a case-by-case basis.

**(g) Coordinate Services for Persons with Co-occurring Disorders**

The managing entity shall develop and operate a system of care to ensure the provision of appropriate services in the least restrictive setting for adults and children with substance abuse, mental health and/or co-occurring disorders. Those services are needed in order to provide a seamless Comprehensive Continuous Integrated System of Care (CCISC) for this population that will increase access to services and improve outcomes in the most cost effective manner. The managing entity shall implement a “no wrong door” model by developing a process for assessing and referring clients with co-occurring disorders to increase access of persons identified as co-occurring to provide services for both disorders regardless of the initial point of contact. As used in conjunction with the CCISC model, “no wrong door” (See <http://www.kenminkoff.com/ccisc.html> ) requires that systems develop policies and procedures that mandate a welcoming approach to individuals with co-occurring psychiatric and substance disorders in all system programs, eliminate arbitrary barriers to initial evaluation and engagement, and specify mechanisms for helping each client (regardless of presentation and motivation) to get connected to a suitable program as quickly as possible. The managing entity must collect and review **Required Reports** as identified in **Exhibit G** and as identified in the Annual Action Plan submit these reports to the department’s contract manager and the SAMH Program Office in Tallahassee.

**(h) Ensure Provision of Services to Clients with Special Needs**

The managing entity shall ensure the coordination of specialty services including employability skills training and linkage, victimization and trauma services, infant mental health services, the elderly, and services to families in recovery. The managing entity shall also ensure the availability of appropriate services to consumers with special needs such as those who are blind, deaf or hard of hearing, developmentally disabled, physically handicap, criminally involved, or forensic clients. The department reserves the right to modify this list as the needs of the consumers change.

- (i)** Providing early diagnosis and treatment intervention to enhance recovery and prevent hospitalization
- (ii)** Promote specialized behavioral health services to residents of assisted living facilities.
- (iii)** The managing entity shall work with the state and other stakeholders to reduce the admissions and the length of stay for dependent

children and adults with mental illness in residential treatment services.

## **(2) Develop, Maintain, and Improve Contract Management and Provider Relations**

The managing entity will rely on national accreditation and State licensing to deal with the network providers' compliance with the rules and regulations covered by accreditation and licensing requirements. The managing entity will focus its contract management and oversight activities on the contract requirements. Network providers will be required to provide the managing entity with their full accreditation and licensing reports upon request.

### **(a) Establish Contract Management Procedures**

The managing entity shall develop and implement procedures for subcontract procurement, development, performance, and management that meet contract management and provider relations requirements and establish a process to regularly update contract procedure directives as specified in the in the approved annual action plan. The managing entity shall submit a copy of the procedures and any updates to the department's contract manager for department approval.

### **(b) Establish a Process for Approving Subcontracted Organizations and Terminating Contracts**

The managing entity's formal processes for approving subcontracting organizations and terminating contracts shall include:

- (i)** Responding to provider organization inquiries
- (ii)** Formal applications, reviews, and approvals as well as onsite visits, primary verifications of licensing and accreditation status, receipt of liability insurance documents, and, for non-accredited providers, verifications that the organization's credentialing process meet the requirements outlined in this task list
- (iii)** A grievance or appeal procedure to the managing entity's governing body or highest ranking local officer for adverse decisions
- (iv)** Contract termination

The managing entity shall not terminate a subcontract agreement between a network provider and the managing entity without prior written approval from the department. To the extent possible, the managing entity will confer with the department regarding any potential termination of contracts as soon as identified. The managing entity shall submit to the department's Contract Manager, a written request for approval at least 15 fifteen days prior to the

intended notification of the network provider of termination of a subcontract between a network provider and the managing entity. This request for approval shall include evidence of due diligence on the part of the managing entity to address the performance deficiencies of the network provider, including, but not limited to, provision of technical assistance and the implementation of Corrective Action Plans.

- (v) The specific make-up of the network, including the organizations identified to provide services, is subject to the prior written approval of the department.

**(c) Develop Terms of Subcontracts with Subcontracted Organizations**

The managing entity shall enter into subcontract agreements with network providers for the provision of substance abuse, mental health and/or co-occurring, and prevention services which adopt the applicable terms of the managing entity's contract **KH225** with the department and abide by all terms of the department's standard contract. The managing entity will develop contracts with subcontracted organizations that include:

**(i) A Detailed Scope of Work with Clear and Specific Deliverables**

- [a]** Service delivery requirements, features, and improvements as specified in the Consolidated Program Description and approved annual action plan, including the staffing levels and qualifications needed for particular services
- [b]** Access to care, coordination of care, and service integration requirements
- [c]** Requirements for the involvement of consumers and other stakeholders
- [d]** Recipient eligibility requirements
- [e]** Client rights and grievance procedures
- [f]** Performance outcomes and outputs

**(ii) Performance Standards and Administrative Requirements**

- [a]** Detailed documentation requirements
- [b]** Requirements that subcontractors meet Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and Community Mental Health Services Block Grant (CMHSBG) requirements applicable to their organizations and services along with a listing of these requirements

- [c]** Reporting, service, and administrative requirements from the department, federal block grants and other funding streams
- [d]** Liability insurance requirements
- [e]** Accreditation and licensing requirements, and, for non-accredited providers, the additional credentialing requirements presented in this task list. Also, a requirement that subcontracted providers provide the managing entity with their full accreditation and licensing reports upon request
- [f]** Agreements to participate in network training events
- [g]** Agreements to follow the procedures outlined in the network's provider manual, as specified in the approved annual action plan, or similar document which outlines network procedures and policies
- [h]** Requirements for security agreements (incorporated herein by reference)
- [i]** Requirements for emergency plans

### **(iii) Monitoring and Sanctions for Non-Performance**

- [a]** Programmatic and fiscal monitoring requirements, including requirements to allow the department to review client, programmatic, and fiscal records
- [b]** Sanctions for non-performance and processes for problem correction
- [c]** Agreement to participate in managing entity and the department quality assurance and quality management activities, including peer reviews, critical incident reporting, and evaluations, including reviews of client and administrative records, and to comply with contract management requirements
- [d]** The process for contract termination, including the transfer or continued treatment of recipients

### **(iv) Fiscal Requirements**

- [a]** Funding activity levels and rates for each cost center will be negotiated in accordance with rule and statute.
- [b]** Sliding fee scale amounts and procedures

- [c]** Financial management, billing and invoice verification requirements
- [d]** Innovations leading to the reduction of administrative costs as specified in the approved annual action plan

**(d) Conduct Contract Monitoring**

The managing entity shall monitor the performance of all subcontractors and perform follow up actions as necessary. The managing entity shall notify the department verbally within 24 hours and in writing within 48 hours of conditions related to subcontractor performance that could impair continued service delivery and/or include a health and safety violation. The managing entity shall monitor subcontracts, according to the departments operating procedure 75-8, Contract Monitoring, using a systematic review of the subcontracted organization's compliance with their subcontract requirements. Contract monitoring may include desk audits and onsite reviews. Onsite reviews will occur at least annually, for high risk network providers, with more frequent visits triggered by patterns of compliance problems. Within 30 days of contract execution, and by July 30<sup>th</sup> of each subsequent fiscal year of the contract, the managing entity shall develop and distribute a monitoring schedule to network providers. The managing entity shall submit a copy of the monitoring schedule and any revisions to the monitoring schedule to the department's contract manager and to the SAMH Program Office. The managing entity shall submit copies of the monitoring reports, including any requests for corrective action plans, to the contract manager within 30 calendar days of the completed contract monitoring exit conference with the network provider. Copies of corrective action plans received from subcontractors shall be forwarded to the contract manager and to the SAMH Program Office within 30 days of receipt. While contract monitoring addresses compliance with all requirements, the managing entity's reviews shall focus on the subcontracted providers' compliance with section B.1.a(2)(c) above particularly:

- (i)** Federal Substance Abuse Prevention and Treatment Block Grant requirements or Community Mental Health Block Grants.
- (ii)** Primary source verification that the subcontracted organization is maintaining their licenses and national accreditation. (The managing entity shall submit to the department's contract manager (6) six-month reports containing each of the network providers name and expiration date of their license and accreditation.);
- (iii)** Performance outcomes;
- (iv)** Service delivery requirements;

- (v) Access to care, coordination of care, and service integration requirements;
- (vi) Invoice verification and financial management;
- (vii) Recipient eligibility.

**(e) Establish Fiscal Operations and the Invoice Payment Process**

- (i) Develop and implement fiscal operational procedures as specified in the approved annual action plan. These procedures shall contain, but not be limited to, procedures relating to overpayments, charge-backs that directly apply to subcontractors and documentation of cost sharing (match) that comply with state and federal regulations, and invoice review procedures. The managing entity shall submit a copy of the procedures to the department's contract manager.
- (ii) Prior to entering into any subcontract, or an amendment which modifies the negotiated unit cost rate or adds additional cost centers, the managing entity shall conduct a cost analysis for said subcontract, in accordance with Rule 65E-14.021. These analyses may be based on projections for new or significantly modified services and on retrospective cost studies for current services. All requests to the department by the managing entity for approval of subcontracts must include evidence of cost analysis.
- (iii) Establish quantifiable units of deliverables that must be received and accepted in writing by the managing entity before payment. Each deliverable must be directly related to the scope of work and must specify the required minimum level of service to be performed and the criteria for evaluating the successful completion of each deliverable.
- (iv) Verify client eligibility and avoid payment for those not included in the service population.
- (v) Reimburse network providers within 15 working days of receiving a valid invoice based upon or subject to the availability of funds.
- (vi) Enforce requirements for sliding fee scales.
- (vii) Manage flexible funding administration, such as capitation and case rates, as may be specified in the Annual Action Plan.
- (viii) Monitor expenditures by subcontracted organization, service level, and funding source.

- (ix) Reallocate funds (with prior department approval) to respond to utilization trends and needs throughout the contract year.
- (x) Assure the fiscal integrity of all funds under this contract, and for demonstrating that a comprehensive audit and tracking system exists to account for funding by client, by region, by network provider.

**(f) Develop and Distribute a Provider Manual Outlining Processes for Network Participation**

The managing entity shall develop a provider manual that summarizes network procedures for subcontracted provider organizations and provide a copy of this manual to the department as specified in the approved annual action plan. managing entity will be responsible for keeping the manual up to date and informing the subcontracted providers of changes.

**(g) Identify a Subcontractor Provider Liaison**

The designated contract manager for the managing entity will serve as point of contact between the managing entity and subcontractor.

**(h) Provide Technical Assistance**

The managing entity will provide technical assistance to help subcontractors meet the reporting and other contract requirements for participating as a network provider.

**(i) Maintain Subcontractor Records and Reports**

The managing entity shall provide copies of all subcontracts and any amendments to the subcontracts to the department's contract manager within ten (10) days of execution of those documents. In addition, the managing entity will provide a quarterly report listing all active subcontracts and all outstanding invoices, including service period and invoice amount.

**(j) Coordinate Network Services and Operations**

The managing entity is responsible for all of the network services and operations required under this contract including the approved annual action plan. Any failure to perform on the part of a network provider does not relieve the managing entity of any accountability for tasks or services that the managing entity is obligated to perform pursuant to this contract.

**(k) Substance Abuse Prevention and Treatment Block Grant Requirements and Community Mental Health Block Grants for the Managing Entity**

- (i) The managing entity shall comply and agrees to ensure that its

network providers that receive federal Substance Abuse Prevention and Treatment Block Grant and/or Community Mental Health Block Grants, comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, s. 42 U.S.C. 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96).

- (ii) The managing entity shall ensure that a network provider that receives funding from the Substance Abuse Prevention and Treatment Block Grant certifies compliance with all of the requirements of the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice provisions and the implementing regulations of 42 CFR54a.
- (iii) Guidance for contracting SAPTBG funds can be obtained from the SAMH Funding Restrictions Resource Guide at the following website:

<http://www.dcf.state.fl.us/programs/samh/publications/samhfund.doc>

#### **(I) Adhere to Prohibitions Against Subcontracting with Certain Entities**

See Section.B.2.d.

#### **(m) Incident Reporting**

The managing entity will be responsible for the review, input, follow-up/corrective action, and tracking of monthly reports related to client risk prevention and incidents. Lotus Notes will be used unless another acceptable format is mutually agreed upon.

- (i) The managing entity will establish an electronic system utilizing Lotus Notes for the usage of the incident report system.
- (ii) Each Network provider will submit an incident report (**Circuit 11 & 16 SAMH Incident Report**, incorporated herein by reference) on all reportable incidents per CFOP 215-6 within 24 hours via fax machine to the managing entity. The managing entity will review incident reports for completeness and input into the system. If a report is incomplete, the managing entity will contact the provider for additional information. The managing entity shall ensure that timely notification is/has been made by the provider in the incident report to the appropriate individuals and agencies. Such notifications may include, but are not limited to: the Florida Abuse Hotline; Law Enforcement; Fire Department; parent, guardian, relative; Death Review Coordinator; Building Manager; Safety Coordinator; Local Advocacy Council; etc. Within forty-eight (48) hours, incident reports with any corresponding follow-up should be forwarded to the department's Regional Incident Report Liaison.

- [a]** In the event an incident has an immediate impact on the health or safety of a client, has potential media impact, or involves employee-related incidents of criminal activity (CFOP 180-4), the managing entity must notify the Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) Program Supervisor as soon as possible after notification but not to exceed 24 hours.
- [b]** Employee related incidents of criminal activity or other types of serious wrongdoing per CFOP 180-4 must be submitted to the Office of the Inspector General utilizing the Notification/ Investigation Request form CF 1934 after notifying the DCF SAMH Program Supervisor. This must be e-mailed to the Office of Inspector General at [ig\\_complaints@dcf.state.fl.us](mailto:ig_complaints@dcf.state.fl.us). The provider and subcontractor may also mail the completed form to the Office of Inspector General, 1317 Winewood Boulevard, Building 5, 2<sup>nd</sup> Floor, Tallahassee, Florida, 32399-0700; or via fax at (850) 488-1428. A reportable incident is defined in CFOP 180-4, which can be obtained from the contract manager.
- [c]** For all deaths, the managing entity should request the following information from all providers:
- 1) Cause of Death;
  - 2) Medication(s) consumer was taking;
  - 3) Medical Examiner's report;
  - 4) What services was the consumer receiving from your agency; and
  - 5) Dates of contact by case manager and/or therapist with consumer for the last 3 months; include a summary of the consumer's status during this time.
- (iii)** The managing entity shall ensure that appropriate corrective action is/was taken to minimize both immediate and future risk. If a plan for corrective action is necessary, the administrator or designee shall oversee plan development and implementation.
- (iv)** It is the responsibility of the managing entity to maintain a monthly log listing all incidents including those submitted to the Office of the Inspector General with the following information: the Provider name, IR tracking number from Lotus Notes, or another agreed upon format, client's initials, incident report category number, date

and time of incident, and description of follow-up action taken. In addition, a monthly report needs to be generated by provider the total number of incidents by category, number of untimely reports, and description of follow-up action necessary.

- (v) Certain incidents may require managing entity staff to conduct a monitoring of the facility or other types of investigation.
- (vi) A quarterly trends analysis regarding incident reports will be developed by the managing entity that analyzes and reports on the quality improvement mechanisms in place to ensure that providers successfully correct deficiencies. This needs to be submitted to the SAMH Program Office quarterly upon which a meeting will commence to review the results of the quarterly trends analysis between the managing entity and the department.

### **(3) Develop, Maintain and Improve, Utilization Management (UM)**

The managing entity shall apply UM systems and processes to: ensure maximum, cost-effective, and clinically appropriate utilization of substance abuse and mental health treatment services. All items will be addressed more specifically in the managing entity's approved annual action plan.

#### **(a) Establish Utilization Management Procedures**

The managing entity shall develop and implement written utilization management procedures inclusive of and not limited to agreed upon behavioral health services which meets the department's requirements and which details what process will be utilized to prevent over and under utilization of services. The Utilization Management procedures minimum requirements are specified in the managing entity's approved annual action plan.

#### **(b) Submit Utilization Management Reports**

The managing entity will submit quarterly utilization management reports to the department. These reports will include utilization activity relative to utilization goals, corrective actions, and a monthly report of the substance abuse/mental health waiting list for residential treatment.

#### **(c) Oversee Application of Utilization Management Criteria**

The utilization management criteria for substance abuse is the **ASAM PPC-2R Florida Supplement**, American Society of Addiction Medicine, Patient Placement Criteria for the Treatment of Substance Related Disorders, second edition - revised, July 1, 2001, or the latest revised edition thereof. The State may specify an alternate assessment tool that may replace the current tool. Consumer placement criteria specific to mental health services will be developed by the managing entity and approved by the Southern Region

SAMH Program Office. Standardized tools and assessments approved by the department must be used to determine placement and level of care. The managing entity will ensure that subcontractors use the GAIN, when appropriate, as the behavioral health assessment and placement tool for ages 12 and up in the Southern Region, or as otherwise specified in the approved annual action plan.

**(d) Develop Service Utilization Goals as Part of the Managing Entity's Approved Annual Action Plan and Monitor Performance**

The managing entity will develop utilization projections to be incorporated in the Utilization Management Section of the Approved Annual Action Plan. These projections will be developed for program service area and include the number of persons to be served, average length of stay, and the application of dollars from the funding source managed by the department. The managing entity will generate and analyze quarterly utilization reports that compare actual utilization of services by program service area in relation to these goals by subcontractor and for the region. The managing entity will work with subcontractors to address and resolve service delivery practices that do not conform to client placement criteria and utilization targets.

**(e) Review Compliance with Utilization Management Criteria**

As part of the quality improvement program, the managing entity will provide or coordinate reviews of service compliance with criteria and practice guidelines, such as retrospective reviews to ensure the level of placement of clients is appropriate. (See the Quality Improvement section.) The managing entity will take corrective action to resolve situations in which the subcontracted provider is not following the guidelines or working to help the system meet its utilization goals.

**(f) Manage Waiting List and Interim Services**

The managing entity shall conduct oversight, reporting and management of the behavioral health plan for individuals served. In the event that waiting lists do develop, the managing entity will develop and implement procedures for managing the substance abuse and mental health waiting list for all applicable levels of care including provision of interim services.

**(g) Authorize Services**

The managing entity shall conduct authorization and reauthorizations for applicable levels of care as described in the approved Annual Action Plan in order to ensure timely access to behavioral health services and eliminate the wait lists. The authorization processes will include:

- (i) Timeliness standards for authorization review must adhere to timelines standards referenced in section B.1.a.(1) (a) for the

services provided and departmental, statutory, and judicial regulations or requirements.

- (ii) Processes for making the criteria on which decisions are made available to practitioners, including any standardized tools and assessments for use in determining placement and/or level of care.
- (iii) Provisions for providing timely appeals, or second opinions, when a request for authorization for a particular service is denied. (An appeal differs from a grievance in that grievances are used when a recipient or member of the covered population believes that he or she has been treated improperly, whereas an appeal is a request to review a judgment.) The second opinion shall be obtained according to the timeliness standards for the service in question.

**(h) Manage Resources and Recommend Reallocations of Funds, Provide Cost Allocation Plan and Submit Annually**

The managing entity shall manage resources by funding source, cost center, and network provider. Within 30 days of contract execution, and annually by July 30<sup>th</sup> of each subsequent fiscal year, the managing entity shall submit a funding allocation plan for department approval. Any subsequent changes to the approved allocation plan must be submitted to the department for approval prior to implementation. The managing entity will recommend reallocation of funds during the contract year as a result of patterns of underutilization of funds, high demand that reflects the needs and preferences of consumers and the department targets and plans.

**(4) Develop, Maintain, and Improve Care Coordination and Integrated Care Systems**

**(a) Develop Initial Service Agreements**

The managing entity shall develop and/or maintain written cooperative agreements with the judicial system and the criminal justice system which define strategies and alternatives for diverting persons from the criminal justice system and address the provision of appropriate services to persons with substance abuse, mental health and/or co-occurring disorders who are involved with the criminal justice system, as specified in the approved annual action plan. These agreements must also address the provision of appropriate services to persons who have behavioral health problems and leave the criminal justice system. The managing entity shall submit a copy of the agreements to the department's contract manager.

The managing entity shall execute a department-approved working agreement with the department's contracted Community Based Care (CBC) providers in support of the Southern Region's SAMH Program Office's working agreement with the CBC. The intent of the working agreement is to establish a formal linkage of partnerships with a shared vision for improving outcomes for

families involved in the child welfare system by providing integrated community support and services. The working agreement shall be submitted to the department's contract manager, as specified in the approved annual action plan.

**(b) Develop a Plan for Care Coordination**

The managing entity will develop written cooperative agreements with other external stakeholders as described in the approved Annual Action Plan.

- (1) The managing entity will oversee the regional SOAR Initiative by ensuring that providers with co-occurring clients participate in the SOAR Initiative. The managing entity staff should be trained in SOAR and assist the department in training needs including technical assistance and data collection.

**(5) Develop, Maintain, and Improve Processes Advocating for Consumer Rights and Network Access**

**(a) Establish Procedures**

The managing entity shall establish and maintain a consumer rights and grievance procedure which applicants for, and recipients of, contracted services may use to present grievances to the managing entity, if their grievances were not resolved at the subcontractors level and to achieve resolution. The managing entity shall submit a copy of their rights and grievance procedure to the department's contract manager for review and approval within thirty (30) days of contract execution.

**(b) Develop and Disseminate Consumer Manual**

The managing entity shall develop and maintain a format for subcontractor service recipients which includes information about access procedures, recipient rights and responsibilities (including grievance and appeal procedures). This information will be placed in a manual available for use by the consumers within each subcontractor location. In addition, the managing entity shall maintain updated information of each subcontractor on their website. The managing entity shall submit a copy to the department's contract manager for review and approval as specified in the approved annual action plan.

**(c) Assist Consumers in Choosing Network Providers**

At a minimum, the managing entity will assist consumers in choosing Network Providers by providing 24 hour/7 days a week access as specified in the approved annual action plan for individuals who need assistance in accessing behavioral health services.

**(d) Work and Social Opportunities**

A Peer Services Coordinator will be employed to develop work and social opportunities for consumers and make recommendations to the managing entity and subcontractors for a consumer-driven system.

**(6) Assist Stakeholder Involvement in Planning, Evaluation, and Service Delivery****(a) Participate in Planning**

The managing entity will engage local stakeholders, per section 394.9082 F.S., in its support activities for the department's local plans and in the development of its Annual Action Plan (see section B.1.a(9)).

**(b) Configure Network Administration Through a Governing Board**

The Managing Entity Governing Board shall be responsible for the following:

- (i)** serving as a bridge between the managing entity, local stakeholders, (including consumers), and the community;
- (ii)** establishing and monitoring all managing entity subcommittees and advisory groups involved in the services provided through the managing entity for this contract;
- (iii)** assessing the adequacy of the network and deciding network composition;
- (iv)** deciding the content of the Annual Action Plan;
- (v)** annually approving the standard contract between the managing entity and network providers; and
- (vi)** approving and distributing board policies and procedures and providing copy of such to the department's contract manager.

**(c)** The Managing Entity Governing Board shall meet at least quarterly and more frequently if required. Its composition shall be no less than 25 and no more than 35 Board Members. The Board Members shall be minimally comprised of the following members:

- 2 Consumers
- 2 Family Members of Consumers
- 8 Substance Abuse and Mental Health Service Providers
- 1 Local Government Representative (Non-State agency)
- 1 Judge or Senior Court Official

- 1 Elected City, County or State Official
- 1 Faith-based Leader
- 1 Local NAMI or other Advocacy Group Director
- 1 Behavioral Health Community Leader
- 1 Youth Representative
- 1 Public Health Representative

## **(7) Develop, Maintain, and/or Improve Quality Improvement processes**

Quality Improvement (QI) reviews address reviews of network provider compliance with clinical and programmatic requirements. Continuous Quality Improvement (CQI) activities address outcomes management and systematic activities using data to improve services. The goal is to improve the accountability for a local system of behavioral health care services to meet performance outcomes and standards through the use of reliable and timely data.

### **(a) Develop Procedures for Quality Management**

The managing entity shall develop and implement the Quality Improvement Procedures. The procedures will describe how the managing entity ensures that the network meets service and administrative requirements and uses data to improve services. The elements of the Quality Management Procedures are specified in the approved Annual Action Plan. The managing entity shall submit a copy of the Quality Management Procedures, a copy of all quality assurance reviews, a copy of all monitoring reports within 30 days of completion, a copy of all corrective action plans, and a quarterly quality management report to the department's contract managers.

## **(8) Provide Training and Technical Assistance**

The managing entity shall develop and implement a training program for its staff and the subcontractor staff. The training shall assure that staff receives externally mandated and internal training. , The managing entity may coordinate training or directly provide training to subcontractor staff. In addition, the managing entity will encourage cross-organizational training and assistance to help non-accredited providers become accredited. The managing entity shall submit a quarterly report on the training received by the subcontractors and managing entity staff. The managing entity shall submit an annual training plan (see approved Action Plan for specifics).

## **(9) Develop, Maintain, and Improve Planning Support and Plan Development**

The local department plans and the managing entity Annual Action plan are the vehicles for identifying the services and improvements that the managing entity will develop and provide on a year-to-year basis.

### **(a) Provide Support for Local Department Planning**

The managing entity will support the planning efforts of the department and develop an Annual Action plan, subject to the approval of the department. The department plans supported by the managing entity are the Annual Regional Plan and the strategic plan developed every three years. The managing entity will support the department's local plan by providing:

- (i) A summary of the network's performance in relation to the previous year's Annual Action Plan;
- (ii) Demographic, population and prevalence data as specified by the Region. These should include demographic comparisons among the entire population of the Region, the population being served by the network, and the persons providing direct treatment services;
- (iii) Other summaries of reports already compiled by the managing entity as part of its reporting requirements, such as performance management reports; grievance, appeals, and other complaint information; and the results of satisfaction surveys;
- (iv) Ad hoc utilization reports identified by the planning participants;
- (v) The perspectives of consumers, advocates, and other stakeholders on a county-by county basis;
- (vi) The schedule and formats for these reports will be identified in the approved Annual Action Plan.

**(b) Maintain Regular Communication with the Department**

The managing entity representative will meet at least quarterly with the Southern Region SAMH program supervisor to discuss the status of the network's operations. This meeting can be in person or by phone.

**(c) Develop a Contingency Transition Plan**

The managing entity shall, in coordination with the department, develop a Contingency Transition Plan in the event of termination or non-renewal of this contract. The Contingency Transition Plan shall be submitted to the contract manager in accordance with the approved annual action plan and is incorporated herein by reference.

**(10) Develop, Maintain and Improve Reporting**

The managing entity shall submit reports included in **Exhibit G, Required Reports**. In addition, the managing entity will provide the department ad hoc reports at its request because the managing entity is the department's primary source for network reporting. In all cases, the delivery of reports, ad hoc or scheduled, shall not be construed to mean acceptance of those reports. Acceptance, in writing, of required reports shall constitute a separate act and shall be approved by the

department's contract manager. The department reserves the right to reject reports as incomplete, inadequate or unacceptable.

**(11)** The managing entity will ensure that subcontractors have updated emergency/disaster plans annually within 30 days of the beginning of hurricane season, and they are activated upon notification of disasters from the department. The managing entity will conduct post disaster assessments of damage incurred by providers and submit to the department.

**(12)** The managing entity provider shall ensure that prevention services subcontractor contained in the Performance Based Prevention System. The "final" PPT shall be printed from PBPS and sent to the managing entity's contract manager for approval within 30 days of contract execution. The managing entity shall review and approve the Prevention Program Tool (PPT).

**(13)** The managing entity shall ensure that Prevention Program Coordinators and any other personnel responsible for entering data into the Prevention data system, including subcontractors who upload data from their own system, must register and complete training on use of the PPT at least annually.

**(14)** The managing entity shall ensure that Substance Abuse Treatment subcontractors contracted for HIV Early Intervention Services will designate a representative to participate in the local Department of Health HIV/AIDS planning body's meetings. The managing entity shall ensure that subcontractors participate in a minimum of 50% of the meetings involving community service partners.

**(15)** The managing entity shall ensure that subcontractors collaborate with the local community substance abuse coalitions (where available) to help develop and support capacity to address community substance abuse needs. Activities shall be specified in the Prevention Activities Exhibit, which is incorporated herein by reference, and as specified in the approved annual action plan.

**(16)** Based on the most recent local department approved comprehensive community action plan, the managing entity agrees to ensure that its subcontractors, administer and deliver appropriate evidence-based programs or strategies as specified in the Consolidated Program Description required by Rule 65E-14.021, F.A.C., and is on file in the department contract manager's file and incorporated herein by reference.

**(17)** The provider shall comply, and ensure that its subcontractors comply with Children and Families Operating Procedure 215-8, OVERSIGHT OF HUMAN SUBJECT RESEARCH AND INSTITUTIONAL REVIEW BOARD DESIGNATION. The policy and guidance can be found at: <http://www.dcf.state.fl.us/news/humanresearchpolicy.shtml>. Approval from the department is mandatory for all research conducted by any department employee, contracted organization or individual, or any public or private vender, even if the aforementioned has their own Institutional Review Board which has granted approval.

**(18) Client Satisfaction Survey**

The managing entity shall ensure all network providers conduct client satisfaction surveys pursuant to CFP 155-2.

**(19) Client Files**

Upon contract execution, the managing entity will accept and maintain all current and subsequent SAMH client files.

**(20)** The managing entity shall ensure that all subcontractors that provide SAMH Treatment Services execute a Memorandum of Understanding (MOU) with the appropriate Federally Qualified Health Center as listed in the Annual Action Plan. The MOU provides for integration of primary care services to the medically underserved.

**(21)** The managing entity will demonstrate and encourage efforts from its subcontractors to initiate and support local county implementation of the Medicaid Substance Abuse Local Match Program in order to expand community service capacity through draw down of Federal funding.

**(22) TANF Guidelines**

The managing entity agrees to comply, and require its subcontractors to comply with the provisions of the **TANF Guidelines**, which is incorporated herein by reference, for any TANF funds provided under this contract.

**(23) Family Intervention Specialist**

The provider agrees to comply, and require its subcontractors to comply, with the provisions of the **Substance Abuse Family Intervention Specialist Services**, which is incorporated herein by reference, if the services of Family Intervention Specialists are being provided under this contract.

**(24) Clinical Supervision for Evidence Based Practices**

The provider agrees to comply, and require its subcontractors to comply with the provisions of **Clinical Supervision for Evidence Based Practices**, which is incorporated herein by reference, if these services are being provided by the managing entity or its subcontractors.

**(25) Prevention Services Invitation to Negotiate (ITN)**

As existing prevention contracts end, or as otherwise specified in the approved annual action plan, the managing entity shall use the department's Evidence-Based Practices Procurement for the Prevention of Underage Drinking and Other Alcohol-Related Problems ITN template, which is incorporated herein by reference, for contracting SAPT Block Grant funding for prevention services.

## **(26) Forensic Service Program**

The provider agrees to comply, and require that its subcontractors comply with the provisions of **Forensic Mental Health Specialist Services**, which is incorporated herein by reference.

The managing entity will be responsible for ensuring the provision of mental health, substance abuse and ancillary services to individuals charged with felony offenses and have been committed or may be at risk of commitment to the Department of Children and Families, pursuant to chapter 916, F. S. The managing entity will ensure the development of a comprehensive forensic program that meets all requirements of chapter 916, F.S., Forensic Client Services Act, the Forensic Mental Health Services Exhibit and established forensic performance measures. The managing entity will ensure the development and implementation of an automated system to track the activities of the program and to generate reports pertinent to the program. Additionally, the forensic program will contain the following components:

**a. Diversion-** The managing entity will be responsible for the identification of individuals charge with felonies in the Miami-Dade and Monroe County Jails who are at risk of commitment to the Department of Children and Families, but who may be diverted to the community with appropriate services and monitoring.

**(1)** CFOP 155-38, entitled "Procedures for Post Commitment Diversion" establishes eligibility criteria to be used for both pre-commitment and post commitment diversion.

**(2)** Referrals sources for diversion include the Offices of the Mental Health Administrator, Public Defender, State Attorney, Corrections Health Services and Prison Health Services the judiciary, and the Jail Diversion Program. The managing entity or its subcontractors may establish through cooperative agreement with these entities, an alternative source or methodology for obtaining referrals and/or identifying individuals who meet criteria for diversion.

**(3)** The managing entity will ensure that all referrals for diversion are screened to ensure eligibility and suitability for diversion to a community program. The screening will include review of all documentation, including arrest reports, criminal histories, court ordered evaluations and court orders.

**(4)** The managing entity will ensure that appropriate referrals for services in the community are initiated and dispositions are received in writing.

**(5)** The managing entity will ensure the development and submission of an appropriate plan for conditional release to the committing court. The plan will include mental health treatment, competency restoration training,

residential care or housing with supervision, medical and auxiliary services if appropriate, case management and monitoring.

(6) The managing entity will ensure attendance at court hearings, obtain conditional release orders and ensure individuals are monitored in the community in accordance with the terms of the conditional release order.

**b. Discharge Planning** – The managing entity will be responsible for ensuring the active participation of forensic specialists in discharge planning activities for forensic clients at state treatment facilities.

(1) The managing entity will ensure the forensic specialists conduct quarterly face-to-face meetings with forensic clients in both civil and forensic state treatment facilities and provide written assessments that include mental status, barriers to discharge, and discharge plans.

(2) The managing entity will ensure that forensic specialists participate in treatment team, and discharge planning meetings for forensic clients in state treatment facilities.

(3) The managing entity will ensure the review reports to court generated by the state treatment facilities in order to determine action necessary to comply with treatment team recommendations and/or resulting court orders.

(4) The managing entity will ensure the development and submission of conditional release plans, discharge plans to state treatment facilities and to the committing court. The content of the plans is described above in the Forensic Mental Health Specialist Services exhibit which is incorporated herein by reference.

(5) The managing entity will ensure attendance of forensic specialists court hearings in the cases of individuals discharged from state treatment facilities and ensure effective linkage to the new mental health service provider.

**c. Conditional Release Monitoring** –The managing entity will ensure that individuals on conditional release order in Dade and Monroe Counties, including individuals transferred into the counties from other circuits are monitored.

(1) The managing entity will ensure that individuals on conditional release order are monitored in accordance with the requirements of Rule 65E-15. F.A.C., Continuity of Care Case Management and the court order to ensure compliance with the order and department rules.

(2) The managing entity will ensure the committing court is immediately notified by phone and in writing of any deviations from the conditional

release order. The managing entity will ensure the Circuit Forensic Coordinator is copied on written correspondence to the court.

(3) The managing entity will ensure the review of required monthly monitoring reports in order to intervene in problematic situations, to provide alternative treatment modalities when necessary, and to identify trends and issues that illustrate opportunities for improvement in service delivery. The managing entity will bring the aforementioned situations, trends and issues to the immediate attention of the Circuit Forensic Coordinator.

(4) The managing entity will ensure the distribution of copies of conditional release orders and modifications to the agency providing mental health and substance abuse services to the individual and to the SAMH Regional and Headquarters Office in Tallahassee.

**d. Prison Aftercare Services** -The managing entity will ensure the provision of aftercare services for inmates returning to Dade and Monroe Counties following end of sentence (EOS), in accordance with the Interagency Agreement between The Florida Department of Corrections (Office of Health Services) and The Florida Department of Children and Families (Mental Health Program Office).

(1) The managing entity will ensure the development and implementation of a procedure for the receipt and review of referrals for services from prisons throughout the state and/ or from SAMH.

(2) The managing entity will ensure that appointments are scheduled for the appropriate levels of services required by the inmate, including hospitalization and provide notification of appointment and /or arrangements for hospitalization or stabilization to the referring prison facility.

(3) The managing entity will ensure the provision of follow-up services for a period of at least 60 days to ensure the individual keeps the scheduled appointments and that they do not run out of prescribed medication.

**e. Utilization Management** - The managing entity will be responsible for managing the utilization of residential treatment beds funded by community forensic dollars in Circuit 11 and the statewide community forensic beds located in Circuits 11 & 17. This includes a short -term residential treatment facility and residential level 2 beds. The managing entity will be responsible for managing the appropriate utilization of community forensic residential treatment beds.

**f. Administrative Functions-** The managing entity will ensure that adequate administrative support staff is assigned to the forensic program. In addition, the managing entity and/or it's contracted providers will:

- (1) Actively participate in all related workshops and training, meetings, performance improvement teams, and other activities designed to increase the knowledge and skill levels of staff assigned to the forensic program.
- (2) Ensure that applicable staff obtains certification of attendance from the Florida Forensic Examiner Training within one year of employment.
- (3) Conduct biweekly case staffing of individuals committed to DCF, pending discharge from a state treatment facility, currently on conditional release or pending release from state prison.
- (4) Timely request technical assistance from the Circuit Forensic Coordinator on issues related to service delivery, interactions with state treatment facilities and the circuit court.

### **(27) Comprehensive Community Service Teams Case Management**

Comprehensive Community Service Teams (CCST) Cost Centers, must continue to provide Adult Mental Health Case Management Services as defined by the Continuity of Care Guidelines for Geo Care, Inc./South Florida State Hospital (on file at the Southern Region SAMH Program Office). Additionally, CCST Cost Centers must provide appropriate Adult Mental Health services to CCST team consumers with the availability to increase or decrease intensity and frequency of similar services, as needed.

CCST services must be delivered by staff working in a multidisciplinary team that includes Peer Specialists who are consumers of mental health services. See the CCST cost center model cost description, incorporated herein by reference.

**Children's Mental Health Comprehensive Community Service Teams (Exhibit H)**, together with the Incidental Cost Center, will be the vehicle for provision of services to children and families under the Miami Dade Wraparound Cooperative Agreement #1U79SM059055-01.

### **(28) Florida Assertive Community Team (FACT)**

The managing entity will provide oversight monitoring and service validation for FACT Team Providers, as per the state's existing allocations when this contract is executed. The managing entity will ensure that the FACT teams provide intensive, assertive community-based treatment that includes rehabilitation and support services for persons with symptoms of severe and persistent mental illnesses. The managing entity will ensure that FACT teams adhere to the fidelity of the program as described in Attachment I PSMA 1 HC08 FACT Program document, incorporated herein by reference, and the *NAMI Published Program Standards for ACT Teams*. The managing entity FACT Liaison must be a qualified mental health professional with experience in the mental health field.

- a. The managing entity will monitor FACT Enrollment, Referrals, and Membership as follows:**

- 1) Maintaining a Referral Tracker
- 2) Reviewing referrals for completeness & eligibility criteria within 48 hours.
- 3) Contacting the referral source and requesting additional information if needed for determination of eligibility within 24 hours
- 4) Ensuring FACT Teams conduct screening (face-to-face) within 72 hours of referral receipt
- 5) Making referral approvals, reviewing disposition outcomes, and/or providing alternative referral sources.
- 6) Approving FACT Team discharges and oversight of discharge planning
- 7) Approving and coordinating enrollee transfers within FACT Teams
- 8) Ensuring attendance of the FACT Teams to monthly Treatment Team Meetings and Discharge Planning Meetings at the South Florida State Hospital as applicable.
- 9) Ensuring that FACT teams utilize the SOAR (SSI/SSDI Outreach Access and Recovery) application process for all eligible enrollees.

**b. The managing entity will provide oversight monitoring of FACT Supports and Day-to-Day Operations as follows:**

- 1) Providing technical assistance and consultation on-site at least bi-monthly for each provider
- 2) Approving request for the use of flexible funding.
- 3) Approving any changes in FACT Team services, location, and business hours.
- 4) Participating in the Quarterly Advisory Board Meetings
- 5) Maintaining communication with local AHCA representatives for the administration of managed care enrolled individuals
- 6) Advocating for FACT enrollees with other public entities

**c. The managing entity will monitor required FACT Reports and Utilization as follows:**

- 1) Requesting a Corrective Action Plan (CAP) to ensure compliance and requesting approval for a CAP from the Southern Region SAMH Program Office:

- 2) Overseeing FACT Team staffing levels**
  - (a)** Reviewing the Monthly Vacant Position Report and maintaining a Monthly Vacant Position Report tracker
  - (b)** Ensuring that FACT Teams are fully and appropriately staffed as described in the Attachment I PSMA 1 HC08 FACT Program document, which is incorporated herein by reference. The managing entity may not authorize any staff substitutions without obtaining prior written approval from the Southern Region SAMH Program Office.
  - (c)** Ensuring prompt communication if FACT Team provider fails to maintain appropriate staffing level for thirty (30) consecutive calendar days
- 3) Monitoring utilization of Enhancement Funds**
  - (a)** Reviewing the Quarterly FACT Enhancement Reconciliation Report and maintaining a FACT Enhancement Reconciliation Report Tracker
  - (b)** Sending copies to Southern Region SAMH Program Office and Central Program Office of Quarterly FACT Enhancement Reconciliation Report and Tracker
- 4) Monitoring the FACT Team Enrollment Report**
  - (a)** Reviewing the Monthly Enrollment Report and maintaining a Monthly Report Tracker
  - (b)** Verifying Quarterly FACT Monthly Report for accuracy, track and evaluate trends and provide constructive feedback to FACT Teams
- 5) Ensuring accuracy of the FACT Ad Hoc Report**
  - (a)** Reviewing the FACT Ad Hoc Report and maintaining an Ad Hoc Report Tracker
  - (b)** Ensuring that FACT Teams submit the Ad Hoc Report to Tallahassee Mental Health Program Office
  - (c)** Sending copies of the Quarterly FACT Ad Hoc Report to Southern Region SAMH Program Office
- 6) Reviewing FACT Managed Care enrolled individuals**
  - (a)** Reviewing the FACT AHCA Report and maintaining an AHCA Report Tracker

- (b) Sending copies of FACT AHCA Report to the local AHCA Managed Care Representative
- 7) Ensuring that FACT Team Performance Measures are met
  - (a) Reviewing the Monthly Performance Measure Data and monitoring for compliance of outcome measures
  - (b) Presenting on Performance Measures during the Quarterly Performance Measure Review Meetings to the Southern Region
  - (c) Sending copies of Monthly Performance Measures Report to Southern Region SAMH Program Office
- 8) Reviewing FACT Team Incident Reports
  - (a) Maintaining an Incident Report Tracker
  - (b) Identifying and addressing significant trends revealed by incident reports
  - (c) Sending copies of significant incidents and interventions as needed to Southern Region SAMH Program Office

**(29) Projects for Assistance in Transition from Homelessness (PATH)**

The managing entity will provide oversight monitoring and service validation for the PATH network providers who have funds allocated (see Funding Detail) for support services for individuals who have a serious mental illness and/or substance abuse and are homeless or at imminent risk of becoming homeless as per the state's existing allocation when this contract is executed.

- a. The managing entity will manage PATH services and ensure dissemination of deliverables as set forth and described in each approved and signed Local Intended Use Application.
- b. Eligible PATH local matching funds must be expended in the provision of PATH eligible services to PATH eligible persons. The expenditures must match the types of services outlined in the Local Intended Use Plan. The formula to be followed is cited in Section 524 of the Public Health Services Act, as amended by Public Law 101-645.
- c. The managing entity will manage the PATH Grant as follows:
  - 1) Maintaining a Quarterly Report Tracker
  - 2) Verifying Quarterly Reports for accuracy and utilization of funds and clients served.
  - 3) Sending the Southern Region SAMH Program Office copies of the Tracker

and Quarterly Reports.

- 4) Overseeing the Annual reapplication process for the PATH Grant
- 5) Compiling Annual report information and sending a final draft to the Southern Region SAMH Program Office for approval.
- 6) Ensuring providers submit final Annual report to Tallahassee.

**(30) Contingency Funds for Adult Mental Health**

The managing entity will provide oversight monitoring to network providers to ensure utilization of allocated Contingency Funds for housing, medication and other emergency expenses for indigent consumers as per the state's existing allocations when this contract is executed.

- a. The managing entity will oversee that providers itemize contingency funds expenditures by consumer, including expense description, time period and dollar amount.
- b. The managing entity will manage Contingency Funds as follows:
  - 1) Maintaining a Quarterly Report Tracker
  - 2) Verifying Quarterly Reports (separate Forensic/Civil Reports) for accuracy and utilization of funds.
  - 3) Monitoring providers to ensure utilization & prevent lapsed funds
  - 4) Sending copies of the Tracker and Quarterly Report to the Southern Region SAMH Program Office and Contract Manager.

**(31) Children's Mental Health Services, including services for Severely Emotionally Disturbed Children, Emotionally Disturbed Children and their Families**

The key strategic objectives and strategies that support the department's mission and direct the provision of services to Florida's citizens are detailed in the Substance Abuse and Mental Health Services Plan 2010-2013, which is incorporated herein by reference. They represent the primary focus of the Substance Abuse and Mental Health programs, and it is expected that the managing entity will ensure adherence to them, including but not limited to the following:

- a. Ensure that families and youth are full partners in the development and implementation of individual recovery plans and have a prominent voice in designing supports and services.

- b.** Prioritize services and supports for children who are involved with the child welfare and juvenile justice systems. Within these priority groups, children birth to five years of age, youth transitioning to adulthood and children at risk of residential treatment are the focus of specific activities and initiatives. System transformation is the driving force for current and future activities, with an emphasis on evidence based practices that are culturally competent, focused on prevention, early identification and intervention, and family-centered.
- c.** Ensure that services and supports for children, youth, and families are sensitive to the impact of trauma, and are designed to address treatment issues and minimize system elements that might produce further trauma.
- d.** Address the critical need for better information, planning, and assistance for eligible children transitioning into the adult mental health system.
- e.** Develop coordinated systems of care for children that provide services and supports that promote recovery and resiliency by being:
- 1)** Community-based
  - 2)** Culturally competent
  - 3)** Strength-based
  - 4)** Evidenced-based practices for children and adolescents - including Multisystemic Therapy for children and youth with or at risk of juvenile justice involvement, Therapeutic Foster Care, Family Support and Education, Cognitive Behavioral Therapy for traumatic stress, Dyadic Therapy for infants and toddlers, and the Wraparound Approach.
  - 5)** Individualized, child focused, and family directed.
  - 6)** Inclusive of early intervention with the child and family.
  - 7)** Coordinated across agencies and time lines
- f.** The managing entity will agree to ensure that its subcontractors provide a full continuum of services to address the needs of Severely Emotionally Disturbed Children, Emotionally Disturbed Children and their Families. These services must include but not be limited to:
- 1)** Dyadic Therapy for children under 5,
  - 2)** Behavior Analysis services for children with behavior problems,
  - 3)** Life skills and Wellness Recovery Action Plan services to children transitioning to the adult system,

**(32) Children's Mental Health- The Miami Dade Wraparound Cooperative Agreement #1U79SM059055-01**

The Miami Dade Wraparound Cooperative Agreement #1U79SM059055-01 while espousing many of the same principles as Children's' Mental Health Services will be a separate responsibility for the managing entity. SAMHSA grant #1U79SM059055-01 was awarded to the Department of Children and Families, Substance Abuse and Mental Health on September 9, 2010. The purpose of the grant (Miami-Dade Wraparound Project) is to transform the existing Children's Mental Health system of care. The "Miami-Dade Wraparound Project" (MDWP) is a collaborative effort to enhance, expand and strengthen the existing community-based family and youth mental health services in Miami-Dade County, in order to better serve children who have serious emotional disturbances (SED) and their families or caretakers in Miami Dade County, Florida. The Miami Dade Wraparound Project (MDWP) will enable youth with multiple and changing needs to remain in the least restrictive settings in their community, in school, out of the juvenile justice/legal system and attain and maintain a physical-mental-emotional-spiritual recovery. The target population of this project is "SED adolescents, ages 12 to 17, who also have a co-occurring substance abuse diagnosis". The Project intends to provide culturally grounded, linguistically competent services to targeted youth residing within a unique racial/ethnic and culturally diverse, Miami Dade County, populated by a Hispanic majority.

The MDWP will transform the existing system by offering a comprehensive range of integrated treatment services, made possible by a cross county, cross systems interagency collaboration. "System of care" values (i.e. Child/Youth-centered and family focused, community-based, culturally, and linguistically competent) are implemented using, a wraparound process, and further guided by a wellness maintenance model adapted for youth (e.g. Wellness Recovery Action Plan). This approach transforms the children's mental health system into a recovery-oriented mental health and co-occurring disorder system of care for children. The Project is committed to adhering to the values and guiding principles that support and encourage Family-Driven, youth guided and culturally and linguistically competent care.

- a.** The goal of the Project is to provide youths and families with the services and supports they may need in the following "life domain" areas:
  - 1)** basic needs (e.g. housing, transportation, food)
  - 2)** family environment (e.g. family counseling, parenting skills, daily living skills, respite)
  - 3)** social environment (peer relations, psychosocial skills; recreation);
  - 4)** school/vocational (e.g. tutoring and job training, functional skills)

**5)** mental health/co-occurring substance abuse treatment (counseling, medication compliance, rehabilitation; legal and safety (e.g. legal counsel, crisis management);

**6)** System level (e.g. advocacy, support, utilization of services).

**b.** With respect to services delivery, the following basic service components will be implemented: (1) Enrollment and strength-based *Needs Assessment*; (2) Youth Clinical Diagnostic Evaluation/Assessment; (3) Immediate Crisis Stabilization; (4) Individualized Wraparound Team formation, (5) Service/Care Plan development; (6) Service/Care Plan Implementation (using community-based treatment providers; (7) Crisis and Safety planning, (ongoing); (8) Tracking, Monitoring and Adapting Service/Care Plan, and (9) Transition Services and support.

**c.** SAMHSA Grant #1U79SM059055-01 will be transferred to the Managing Entity. The Managing Entity will develop the infrastructure necessary to support the transformation effort, implement the service components as outlined in the grant #1U79SM059055-01 narrative, and negotiated by the Substance Abuse and Mental Health program office, as specified in the approved annual action plan. The managing entity will manage all aspects of the Children's Mental Health system of care under the direction of the Substance Abuse and Mental Health program office.

### **(33) The Children's Crisis Response Team (CCRT)**

**a.** The Children's Crisis Response Team (CCRT) is a crisis mobile team that is attached to the Children's Crisis Stabilization Unit. They are led by a psychologist, have a behavior analyst, individual therapist, family therapist and a case manager. One on ones and other wraparound services are provided as needed. When The Southern Region is referred an indigent child for residential treatment we send out the team to do an assessment and to decide if the child can be maintained in the community. If the answer is yes, they provide an intense array of services until the family is more stable. The Children's Crisis Response Team may at times provide non-Medicaid eligible services to Medicaid recipients.

**b.** The managing entity will oversee the Children's Crisis Response Team. The goals of the CCRT are:

**1)** To respond to children and their families in the community who are experiencing crisis because of their mental health issues.

**2)** To ensure that indigent children receive services in the least restrictive level possible to meet their needs.

**3)** That residential treatment for indigent children remains within the allowed Purchased Residential Treatment Services (PRTS) budget

**(34) Juvenile Incompetent to Proceed Program**

The managing entity will manage the Juvenile Incompetent of Proceed Program as per section 985.223, F.S. and as per the Department of Children and Families operating procedure. In addition, the managing entity will insure that all children involved with the JITP program are linked with the appropriate mental health services and reduce the time to access treatment services.

**(35) Residential Level 1 Services**

The managing entity will insure that Residential Level 1 is available to children in the community. Management of this resource is a complex issue. The managing entity will establish a comprehensive assessment process to determine when children are most appropriate served within residential facilities or as is often the case in their home. The managing entity will establish a system of intensive in-home services for the most severely disturbed children and families as an alternative to residential.

**(36) KidCare Insurance Program**

**a.** The Florida KidCare Program was created by the 1998 Florida Legislature in response to State Children's Health Insurance Program (SCHIP) legislation. Florida KidCare is the state's children's health insurance program for uninsured children under age 19. It includes four different parts, or programs: MediKids, Healthy Kids, Children's Medical Services and Medicaid. Florida KidCare covers primary health and mental health care.

**b.** It is essential in order to maximize the use of Substance Abuse and Mental Health funding that as many eligible children as possible be enrolled in KidCare. The Southern Region has many children eligible for, but not receiving, KidCare services. This lack of enrollment often leads to services being funded by Substance Abuse and Mental Health. The State is in support of a foundation to be established to pay the family's monthly fee, which has been a barrier.

The Managing Entity's responsibilities include:

- 1)** Ensuring that all children who apply for Substance Abuse and Mental Health funded services are screened for KidCare within a month of initial assessment
  - 2)** Putting a process in place to facilitate the application procedure for families and provide all needed assistance
  - 3)** Addressing barriers to signing up and to family involvement. Provide timely responses to families
- c.** BNET is a Kid Care partner developed to provide mental health and substance abuse services to children between 5 and 18 years old who require

services beyond the scope of Kid Care.

The Managing Entity's BNET responsibilities include:

- 1) Managing the contract with the current BNET provider
- 2) Ensuring that the available slots are used for children with the highest need and medical necessity
- 3) Addressing barriers to signing up and to family involvement. Provide timely responses to families

**(37) Functional Family Therapy (FFT)** is a highly structured, short-term family intervention for youths with multicultural needs and effective delinquency prevention for siblings of offenders. It has been developed for use with highly dysfunctional families at risk of serious problems, including delinquency and family violence. FFT is designed to target children between the ages of 11 and 17. The goals of FFT are to engage and motivate the youth and their families by decreasing negative interactions, and thus breaking the patterns that attribute to negative consequence for the youth and the rest of the family. Each family will develop a specific behavior change plan to reduce and eliminate problem behaviors and negative family relational patterns. For the final goal, the family will generalize changes acquired in therapy across problem situations, and learn to successfully utilize community resources.

The managing Entity will create and implement a utilization management process to manage this valuable resource in the children's mental health system.

#### **b. Task Limits**

Within the scope of this contract, the managing entity shall perform only those tasks and services set out above in Section B.1.a., and shall ensure that the network providers do the same as applicable. Services shall only be provided in the Southern Region (Miami-Dade and Monroe Counties), with the exception of clients residing in state hospitals, or Short-Term Residential Treatment programs that are Southern Region clients, or by exception with approval by the department.

The managing entity agrees to abide by the Consolidated Program Description, CFP 155-2 and Rule 65E-14, F.A.C., and is not authorized by the department to perform any tasks related to the project other than those described in Section B.1.a. without the express written consent of the department. The managing entity may unbundle Medical Services from the Substance Abuse Residential Levels II, III, and IV cost centers for clients with co-occurring disorders, unbundle Psychological Evaluations from the Children's Mental Health Residential Levels I and II, and unbundle Psychological Evaluations from the Children's Substance Abuse Residential Levels II, III, and IV cost centers. The managing entity shall ensure that services are performed in accordance with applicable rules, statutes, and licensing standards.

## 2. Staffing Requirements

### a. Staffing Levels

(1) The managing entity shall require that all network providers maintain staffing levels in compliance with applicable rules, statutes and licensing standards. See **Exhibit F, Minimum Service Requirements**.

(2) The managing entity shall provide oversight so that the subcontractors engage in recruitment to maintain as much as possible staff with the ethnic and racial composition of the clients served.

### b. Professional Qualifications

(1) The following positions/functional areas listed below shall require the minimum qualifications:

#### (a) Chief Executive Officer/President/Executive Director

Management or supervisory experience providing services to persons with Behavioral Health issues, including at least ten years in a management position. Masters Degree in Behavioral Health field or business (four years experience in addition to any other experience required may be substituted for a Masters Degree providing the individual has a Bachelors Degree). Must have a demonstrated working knowledge of contractual and government regulations, Behavioral Health treatment, fiscal management, Quality Assurance, data management and development, and Community Organization. Experience in the management of a nonprofit organization is preferred.

#### (b) Deputy Director and Chief Financial Officer

Masters Degree in Behavioral Health field or business. Eight years of experience in a Senior Management position of which five years must be in the Behavioral Health field. Must have a demonstrated working knowledge of contractual and government regulations, Behavioral Health treatment, fiscal management, Quality Assurance, data management and development, and Community Organization. Experience in the management of a nonprofit organization is preferred.

#### (c) Medical Director

The Medical Director will possess a valid Florida license to practice medicine in the State of Florida and a certification by the American Board of Psychiatry and five to seven years of experience in providing services to persons with psychiatric disabilities. The Medical Director shall be involved in the development and approval of clinical-medical policies and procedures, including those for service authorization and the review of the

provision of medical services. The Medical Director shall also be involved in quality management. This position can be part-time.

**(d) Peer Services Coordinator**

The Peer Services Coordinator must be a Behavioral Health Services consumer who is in recovery and is either a certified Peer Specialist or working towards a certification.

**(e) Chief Clinical Officer**

Masters Degree in a Behavioral Health discipline with a current Florida license allowing the individual to provide services in a Behavioral Health service discipline. A minimum of six years experience in providing or managing the delivery of Behavioral Health services of which three or more years must be at a supervisory level. Must have a demonstrated working knowledge of Behavioral Health, community resources, funding sources, statistical reporting, best practices, recovery and resiliency concepts, quality improvement, and statistical report preparation. Must be able to define problems, collect data, establish facts and draw valid conclusions. Must be able to write policies and procedures and develop and implement treatment services and prevention protocols. Must be able to manage and prepare reports on multiple grants and contracts.

**(f) Director of Finance**

The Director of Finance must have demonstrated knowledge and experience in generally accepted accounting principles, auditing standards, financial evaluations, and funds management. A Bachelors Degree or its equivalent from an accredited institution with a focus on business, finance, economics or related field is required. Must be able to interpret and analyze audits and other financial reports, prepare electronic spreadsheets, and interpret and present financial data in an understandable format. Five years experience in fund accounting and grants management required.

**(g) Director of Behavioral Health Services**

Masters Degree in a Behavioral Health discipline with a minimum of five years experience in providing or managing the delivery of Behavioral Health services of which three or more years must be at a supervisory level. Must have a demonstrated working knowledge of community resources, best practices, resiliency and recovery concepts, CCISC model and utilization management processes. Supports the Chief Clinical Officer in managing complex systems of care.

**(2)** The managing entity shall require that all subcontractors comply with applicable rules, statutes, requirements, and standards with regard to professional qualifications. See **Exhibit F, Minimum Service Requirements**.

**(3)** The managing entity shall require that all network providers provide Level II background screening for mental health personnel and all owners, directors, and chief financial officers of service providers in accordance with chapter 435 and section 408.809, F.S., and, as specified in section 394.4572(1)(a)-(c), F.S. "Mental Health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health and substance abuse programs and facilities who have direct contact with or who are providing direct services to consumers of mental health services. It is the expectation of the department to support the SAMH Transformation Initiative by employing Peer Specialists and in turn following regional procedures.

**(4)** The managing entity shall require that all subcontractors comply with Level II employment screening for substance abuse personnel as specified in section 397.451, F.S.

**(5)** The managing entity shall require all managing entity staff receive a Level II employment screening set forth in section 435.04, F.S. regardless of whether staff have direct contact with individuals served.

### **c. Staffing Changes**

The managing entity shall staff the project with key personnel identified in B.2.b.(1) who are considered by the department to be essential to this project. Prior to substituting any of the proposed individuals the managing entity shall notify and obtain written approval from the department for the proposed substitution. Written justification should include documentation of the circumstances requiring the changes and a list of the proposed substitutions in sufficient detail to permit evaluation of the impact on the project. The department, at its discretion, may agree to accept personnel of equal or superior qualifications in the event that circumstances necessitate the replacement of previously assigned personnel. Any such substitution shall be made only after consultation with department staff.

The managing entity shall notify the department's contract manager, in writing within (10) calendar days of staffing changes regarding the positions of Chief Executive Officer, Deputy Director/Chief Financial Officer, Medical Director, Chief Clinical Officer, and Director of Finance pursuant to Rule 65E-14.021(8)(d)1.d.(I)(iii), F.A.C. for the managing entity and for all of the network providers. Additionally, the managing entity will notify the contract manager in writing of changes in the executive director or any senior management position of the managing entity.

The managing entity shall submit for approval a table of organization (TO), that will reflect all necessary staff to operate this contract prior to implementation.

### **d. Subcontractors**

**(1)** Section 394.9082, F.S. provides the department with the authority to contract with a managing entity for the provision or management of behavioral health services. By design and intent, the managing entity is to subcontract with network providers to provide community-based services for adults and children with

substance abuse, mental health disorders and/or co-occurring disorders, as authorized in section 394.74, F.S., subject to the provisions of Section I.I.1–3 of the standard contract.

**(2)** In accordance with Section I.I of the Standard Contract, the managing entity may, only with the prior written consent of the department, enter into written subcontract(s) with the approval of the Southern Region SAMH Program Supervisor or designee. In order to comply with this requirement, a request for approval must be submitted to the contract manager 14 days prior to contract negotiation which includes the name of the proposed subcontractor and a notarized affidavit of assurance that the conditions listed in section B.2.d.(5) do not exist.

**(3)** The managing entity may subcontract the management and oversight of the network providers which lead to cost efficiencies with the written approval of the department.

**(4)** The managing entity shall offer all existing department and South Florida Behavioral Health Network, Inc. providers subcontracts through, at a minimum, the end of State Fiscal Year 2011-2012.

**(5)** The managing entity shall not subcontract for substance abuse/mental health services with any person or entity which:

**(a)** is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;

**(b)** is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services, or which adversely reflects their ability to properly handle public funds;

**(c)** is currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;

**(d)** had a contract terminated by the department for failure to satisfactorily perform or for cause; or,

**(e)** failed to implement a corrective action plan approved to the satisfaction of the managing entity, the department, and other governmental entities, after having received due notice.

**(6)** No subcontract which the managing entity enters into with respect to performance under the contract shall in any way relieve the managing entity of any responsibility for performance of its duties. All payments to subcontractors shall be made by the managing entity. No reimbursement of payment made to a subcontracted network provider will be processed by the department unless there is prior written approval from the department for said subcontract.

(7) All subcontracts with network providers shall adopt the applicable terms of the provider's contract with the department. The managing entity shall include in all subcontract agreements a detailed scope of work; clear and specific deliverables; and performance standards. Each of the subcontractors will be required to follow the managing entity's Policies and Procedures and Contract.

(8) Unless DCF agrees to an alternative payment method as authorized in section 394.9082, F.S., and prior to entering into any subcontract, or an amendment which modifies the previously negotiated unit cost rate or adds additional cost centers, the managing entity shall conduct a cost analysis for said subcontract, in accordance with Rule 65E-14.021. A cost analysis is the review of the proposed cost elements to determine if they are necessary, allowable, appropriate and reasonable. Subcontractors will be required to comply with Rule 65E-14.021, Unit Cost Method of Payment, including but not limited to, cost centers, unit measurements, descriptions, program areas, data elements, maximum unit cost rates, required fiscal reports, program description, setting unit cost rates, payment for services including allowable and unallowable units and requests for payments.

(9) The managing entity shall conduct competitive procurements for new discretionary funds that they subcontract in excess of \$300,000 in accordance with established procurement operating procedures.

### **3. Service Location and Equipment**

#### **a. Service Delivery Location**

(1) Services shall be delivered at the locations provided in the Consolidated Program Description developed pursuant to Rule 65E-14.021(8)(d)1.d.(III), F.A.C.

(2) The managing entity must maintain an administrative office in the Southern Region and a managing presence in each circuit if appropriate given geographic and population factors.

#### **b. Service Times**

(1) A continuum of services shall be provided during the days and times as specified in the consolidated program description on file in the department contract manager's office and incorporated by reference.

(2) The managing entity shall notify the department's contract manager, in writing, within (10) calendar days of any changes in days and times where services are being provided pursuant to Rule 65E-14.021(8)(d)5., F.A.C.

#### **c. Changes In Location**

The managing entity upon notification, shall in turn, notify the department's contract manager, in writing, a minimum of ten (10) calendar days prior to making changes which will affect the department's ability to contact the managing entity by telephone or

facsimile transmission or as set out in Rule 65E-14.021(8)(d)(III), F.A.C. The managing entity shall be available and will be responsible for providing an immediate response 24 hours a day, seven days a week.

#### **d. Equipment**

Any nonexpendable property purchased with departmental funds under this contract either by managing entity or network providers must comply with **Tangible Property Requirements (Exhibit I)** and department operating Policies and Procedures as outlined in CFOP 40-5, 50-9, CFOP 80-2, Rule 65E-14, F.A.C., which are incorporated herein by reference.

### **4. Deliverables**

#### **a. Services**

The managing entity will provide administration, management and oversight to the network of providers to ensure the delivery of client services in accordance with the Consolidated Program Description on file with the department. The funding allocated for this administration is listed in the **Funding Detail (Exhibit A)**.

An administrative unit of service is defined as one month of costs associated with the administration, management, and oversight of the provider network by the managing entity in accordance with this contract. The unit rate for this service is specified in **Section C, Method of Payment**.

#### **b. Records And Documentation**

To the extent that information is utilized in the performance of this contract or generated as a result of it, and to the extent that information meets the definition of "public records" as defined in section 119.011, F.S., said information is hereby declared to be and is hereby recognized by the parties to be a public record and absent a provision of law or administrative rule or regulation requiring otherwise, shall be made available for inspection and copying by any interested person upon request as provided in section 119.01(2)(f), F.S., or otherwise. It is expressly understood that the managing entity's refusal to comply with chapter 119, F.S., shall constitute an immediate breach of the contract, which entitles the department to unilaterally cancel the contract agreement. The managing entity will be required to promptly notify the department of any requests made for public records.

Unless a greater retention period is required by state or federal law, all documents pertaining to the contract shall be retained by the managing entity for a period of six (6) years after the termination of the resulting contract or longer as may be required by any renewal or extension of the contract. During the records retention period, the managing entity agrees to furnish, when requested to do so, all documents required to be retained. The managing entity shall maintain such records in whatever reasonable format is required by the department at the time, at the managing entity's expense. Data files will be provided in a format readable by the department.

The managing entity agrees to maintain the confidentiality of all records required by law or administrative rule to be protected from disclosure. The managing entity further agrees to hold the department harmless from any claim or damage including reasonable attorney's fees and costs or from any fine or penalty imposed as a result of an improper disclosure by the managing entity of confidential records whether public records or not and promises to defend the department against the same at its expense.

(1) The managing entity shall require that all network providers will protect, confidential records from disclosure and protect client confidentiality in accordance with subsections 397.501(7), 394.455(3), sections 394.4615, 414.295, F.S. and also the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable State, and Federal laws, rules, and regulations.

(2) The managing entity, through the network providers, is responsible for maintaining documentation of all tasks and deliverables and shall maintain records documenting the total number of clients and names (or unique identifiers) of clients to whom services were provided and the date(s) that the services were provided so that an audit trail documenting service provisions can be maintained.

(3) It is preferred that all correspondence, reports, records and documentation may be provided to the department's contract manager electronically, if this is not feasible, or is not received by the department's contract manager, then hard copies must be mailed to the department's contract manager to be received by the appropriate due dates.

(4) The managing entity shall comply with activities related to information systems in compliance with the department's CFP 155-2, which is incorporated herein by reference and is maintained on the department's website.

### c. Reports

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. The department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in the resulting contract. The department, at its option, 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 comply with the report requirements, declare this agreement to be in default.

(1) The managing entity shall submit to the department financial and programmatic reports specified in B.1.a.(10) above and **Exhibit G, Required Reports** by the dates specified.

(2) The managing entity shall monitor and ensure that network providers submit treatment data, as set out in subsection 394.74(3) (e), F.S. and Rule 65E-14.022, F.A.C. Data shall be submitted electronically to the department by the managing entity by the 15<sup>th</sup> of each month as specified in Department of Children and

Families' Pamphlet 155-2 - Mental Health and Substance Abuse Measurement and Data (CFP 155-2). The managing entity shall also monitor and ensure that:

- (i) Ensure that the data submitted clearly documents all client admissions and discharges which occurred under this contract;
  - (ii) Ensure that all data submitted to the Substance Abuse and Mental Health Information System (SAMHIS) is consistent with the data maintained in the provider's clients' files;
  - (iii) Review the department's File Upload History screen in SAMHIS to determine the number of records accepted, updated and rejected. Based on this review, the provider shall download any associated error files to determine which provider records were rejected and to make sure that the rejected records are corrected and resubmitted in the SAMHIS;
  - (iv) Resubmit corrected records no later than the next monthly submission deadline. The failure to submit any data set or the provider's total monthly submission per data set, which results in a rejection rate of 10% or higher of the number of monthly records submitted will require the provider to submit a corrective action plan describing how and when the missing data will be submitted or how and when the rejected records will be corrected and resubmitted; and
  - (v) In accordance with the provisions of section 402.73(7), F. S., and Rule 65-29.001, F.A.C., corrective action plans may be required for non-compliance, nonperformance, or unacceptable performance under this contract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
- (3)** Upon request, the managing entity shall submit to the department information regarding the amount and number of services paid for by the Community Mental Health Services Block Grant and/or the Substance Abuse Prevention and Treatment Block Grant.
- (4)** The managing entity shall submit audit reports for the managing entity and its subcontracted network providers. The managing entity shall ensure that all audit reports will include the standard schedules that are outlined in Rule 65E-14.003, F.A.C. The managing entity shall submit to the department's contract manager copies of their and all subcontractors' financial and compliance audit reports.
- (5)** The managing entity shall provide oversight so that all network providers comply with section I.D. (Audits, Inspections, Investigations, Records and Retention) of the Standard Contract and with Financial and Compliance Audit attachment.
- (6)** The managing entity must ensure that all children's mental health providers complete a typed quarterly progress report that is filed in the medical record. The provider is required to provide Children and Families or Community Based Care workers, immediately upon request, with the most recent quarterly written report

detailing the progress, current status and therapeutic needs of the named child.

## 5. Performance Specifications

### a. Performance Measures

(1) The managing entity shall meet the performance standards and required outcomes as specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs and Indirect Prevention Performance Measures**, which is incorporated herein by reference, or by obtaining a waiver from SAMH or implementing a corrective action plan as approved by SAMH to ensure that its subcontracted network providers meet these performance standards and required outcomes.

(2) The managing entity agrees that the Substance Abuse and Mental Health Information System (SAMHIS) Data System will be the source for all data used to determine compliance with performance standards and outcomes in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs Indirect Prevention Performance Measures**, which is incorporated herein by reference. The managing entity shall provide oversight to ensure that all network providers submit all service related data for clients funded, in whole or in part, by SAMH funds and local match.

(3) The managing entity shall ensure that all subcontractors providing prevention services submit prevention data to the Performance Based Prevention System (PBPS) which is maintained by KIT Solutions.

(4) The managing entity agrees that the Performance Based Prevention System will be the source for all data used to determine compliance with substance abuse prevention related performance standards and outcomes in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs Indirect Prevention Performance Measures**, which is incorporated herein by reference. The managing entity shall submit all service related data for clients funded, in whole or in part, by SAMH funds.

(5) The managing entity shall monitor and ensure that Prevention Program Coordinator at applicable subcontractor agencies and any other personnel responsible for directly entering data into the Prevention data system must register for data entry training on PBPS and complete online or face-to-face training within 30 days of hire, and annually thereafter. Subcontractors must maintain the certificate of attendance for all participants for all trainings. This does not apply to providers who have their own data system and upload data to PBPS.

### b. Performance Measurement Terms

CFP 155-2 provides the definitions of the data elements used for various performance measures which are quantitative indicators, outcomes, and outputs used by the department to objectively measure a provider's performance, and contains policies and procedures for submitting the required data into the department's data system.

### c. Performance Evaluation Methodology

(1) The managing entity shall require that the network providers collect information and submit performance data and individual client outcomes, to the department data system in compliance with CFP 155-2 requirements. The specific methodologies for each performance measure may be found at the following website:

[http://dashboard.dcf.state.fl.us/index.cfm?page=menu\\_programs\\_details](http://dashboard.dcf.state.fl.us/index.cfm?page=menu_programs_details)

(2) The managing entity agrees that its performance under this contract must meet the standards set forth above and will be bound by the conditions set forth in this contract. If the managing entity fails to meet these standards, the department, at its exclusive option, may allow a reasonable period, not to exceed 6 months, for the managing entity to correct performance deficiencies. If performance deficiencies are not resolved to the satisfaction of the department within the prescribed time, and if no extenuating circumstances can be documented by the managing entity to the department's satisfaction, the department must terminate the resulting contract. The department has the sole authority to determine whether there are extenuating or mitigating circumstances.

(3) The department's contract manager will monitor the standards and outcomes specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs and Indirect Prevention Performance Measures** (incorporated herein by reference), during the contract period, to determine if the managing entity is achieving the levels that are specified.

## 6. Managing Entity (ME) Responsibilities

### a. Managing Entity Unique Activities

The managing entity is responsible for the satisfactory performance of the tasks referenced in **Section B.1.a.** of this contract. By executing this contract, the managing entity recognizes its responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting the accomplishment of the tasks, activities and deliverables and agrees to be fully accountable for the performance thereof whether performed by the managing entity or its subcontractors.

In addition, the managing entity shall:

(1) Provide performance information or reports other than those required by this agreement at the request of the Southern Region's SAMH Program Supervisor, or their designee. For requests that are complex and difficult to address, the managing entity and the department will develop and implement a mutually viable work plan.

(2) Cooperate with the department when investigations are conducted regarding a regulatory complaint of the managing entity subcontractors.

- (3)** Provide oversight so that clients receive assistance in making an informed choice of network provider services that are appropriate for their condition and are of high quality.
- (4)** Upon request, assist network providers with development and implementation of client admission, continued stay, discharge criteria specific to each level of care, diagnosis, presenting problems, and the establishment of review dates.
- (5)** Make available and communicate all plans, policies, procedures, and manuals to the managing entity staff, network provider staff, and to clients/ stakeholders if applicable. The managing entity shall use the department's operating procedures for all agency procedures that have not been previously approved by the department for implementation. While strict interpretation of the department's procedures may not be translatable to the managing entity's organizational or operating structure, the intent of the procedure or process should be adhered to. If there are procedural issues that result in ambiguity, the parties shall meet to resolve the issue. The managing entity shall have their operating procedures submitted for review and approval not later than March 31, 2011, or as otherwise specified in the approved annual action plan.
- (6)** Maximize all potential sources of revenue to increase services, and institute efficiencies that will consolidate infrastructure and management functions in order to maximize funding, as specified in the approved annual action plan.
- (7)** Have a data system in place that adequately supports the collection, tracking, and analysis of data necessary to perform utilization management activities, reviews of clinical/administrative performance related to levels of care, clinical outcomes, and adherence to clinical/administrative standards.
- (8)** Make available to the department all subcontractor reports and corrective action plans, pertaining to outside licensure, accreditation, or other funding entities.
- (9)** Integrate current and/or new state/federal requirements and policy initiatives into its operations upon provision by the department of the same.
- (10)** Assist the department in developing legislative budget requests based upon identified needs of the community.
- (11)** Maintain policies and procedures and documents that permit the reconciling of the invoices submitted to the department. The invoices shall reconcile with the amount of funding and services specified in this contract as well as the agency's audit report and client information system.
- (12)** Make individual subcontract files available to the department, State auditors, and Federal auditors upon request.
- (13)** Make available source documentation of units billed by sub-contracted network providers upon request from the department's contract manager.

**(14) Client Trust Funds (CTF)**

**(a)** If the network providers are the representative payee of clients, the managing entity shall provide oversight so that network providers comply with the applicable federal laws regarding the establishment and management of individual client trust accounts (20 CFR 416 and 31 CFR 240).

**(b)** The managing entity shall provide oversight so that the network providers' assuming responsibility for administration of the personal property and funds of clients shall follow the department's Accounting Procedures Manual APM Volume 7, Chapter 6, incorporated herein by reference (7APM6). The department personnel or their designees, upon request, may review all records relating to this section. Any shortages of client funds that are attributable to the network providers shall be repaid, plus applicable interest, within one week of the determination.

**(c)** The managing entity shall provide oversight so that, the subcontractors maintain all reconciliation records on-site for review, not withstanding 7 APM 6 Section 15.

**(15)** Provide management and oversight so that all network providers that receive federal block grant funds from the Substance Abuse Prevention and Treatment or Community Mental Health Block Grants shall comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, sections 42 U.S.C. 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96).

**(a)** If funding is received from the Substance Abuse Prevention and Treatment Block Grant, the managing entity shall comply and take the steps necessary such that all network providers comply with the data submission requirements outlined in CFP 155-2 and within the funding restrictions outlined in "SAMH OCA's and Funding Restrictions" incorporated herein by reference.

**(b)** The managing entity shall make available through its subcontractors, either directly or by arrangement with others, tuberculosis services to include counseling, testing and referral for evaluation and treatment.

**(c)** Funds under this grant may be used to support substance abuse treatment services for individuals with a co-occurring mental disorder as long as the funds allocated are used to support substance abuse prevention and treatment services and mental health treatment and supports can be tracked to the specific substance abuse or mental health activity as listed in **the State Funding by Program and Activity**, which is incorporated herein by reference.

**(d)** If funding is received from the Substance Abuse Prevention and

Treatment Block Grant, the managing entity shall ensure that all network providers are required to participate in the State's Peer Review process if applicable to assess the quality, appropriateness, and efficacy of treatment services provided to individuals under this contract pursuant to 45 CFR 96.136.

**(16)** Maintain data, pursuant to section 402.73, F.S., on performance standards specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs and Indirect Prevention Performance Measures** (incorporated herein by reference), for the types of services provided under this contract and shall submit such data to the department upon request. All data submission requirements can be found in CFP 155-2.

**(17)** Require that all network providers comply with **Exhibit E, Missing Children**, which is incorporated herein by reference and available from the contract manager, if the provider is providing these services.

**(18)** Maintain any collaborative agreements between the department and other governmental/non-governmental agencies as mutually agreed upon by the department.

#### **(19) Prevention Partnership Grants**

The managing entity shall be responsible for the contracting and oversight of the Prevention Partnership grants, incorporated herein by reference, and shall ensure compliance with the language and provisions of the awarded grants.

#### **(20) Indigent Drug Program**

The managing entity will provide oversight monitoring and service validation for the IDP network providers to ensure that all funds allocated (see Funding Detail) are utilized for purchasing psychotropic medications or medications accessed through the "Line of Credit" from the Indigent Drug Program (IDP), as per state's existing allocations when this contract is executed:

**(a)** The managing entity will monitor subcontractors so that they utilize IDP funds for individuals who meet any of the following criteria:

- 1)** Have an annual income that is at or below 150% of the Federal Poverty Income Guidelines, as published annually in the Federal Register.
- 2)** Have no liable third-party insurance or other source of psychotropic medications available, nor is the individual a participant in a program where psychotropic medications are paid for by any other funding source.
- 3)** If the individual has third party insurance for psychotropic medications but has temporarily been denied benefits for these medications, they

may receive IDP medications until such time as eligibility has been reestablished.

**(b)** The managing entity will manage the IDP allotment as follows:

- 1) Disseminating IDP Year-To-Date (YTD) Activity Reports to all providers as received from Florida State Hospital.
- 2) Monitoring providers to ensure utilization & prevent lapsed funds.

**b. Coordination with other Providers/Entities**

**(1)** The provider agrees to coordinate services with other providers and state entities rendering services to children, adults, and families as the need is identified by either the department or the provider or as defined in the approved annual action plan.

**(2)** The failure of other providers or entities does not relieve the provider of any accountability for tasks or services that the provider is obligated to perform pursuant to this contract.

**(3)** The managing entity will ensure through its subcontractors that crisis mental health services are available to Protective Investigators to support the principle of keeping children in the home whenever possible.

**c. Minimum Service Requirements**

**See Exhibit F, Minimum Service Requirements.**

**7. Department Responsibilities**

**a. Department Obligations**

**(1)** The department will provide information related to any part of this contract's budget, training events, and changes in applicable state and federal laws, regulations, administrative rules, operating procedures, or department policies, including those references listed in **Exhibit F, Minimum Service Requirements** to designated managing entity personnel in a timely manner.

**(2)** The department will provide technical assistance and support to the managing entity and the network providers to ensure the continued integration of services and support for clients. The department will provide technical assistance and support to the managing entity for the maintenance and reporting of data on the performance standards that are specified in **Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs** and **Indirect Prevention Performance Measures** (incorporated herein by reference).

**(3)** The department will participate in developing the **Contingency Transition Plan**, which is incorporated herein by reference.

**(4)** If the managing entity is under a corrective action plan, the department will conduct monthly oversight activities to ensure compliance with the plan.

**(5)** The department will participate in the collaborative development and implementation of the working agreement with the Community Based Care and substance abuse and mental health providers to ensure the integration of services and support within the community. The department will support the development and implementation of the working agreement by providing an example of a policy working agreement, system of care information, data reporting requirements and technical assistance.

**(6)** The department will review the managing entity's proposed policies, procedures, and plans required to be 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 reviewed by the department, the managing entity's policies and procedures may be amended without further departmental review, provided that they conform to state and federal laws, the state Administrative Code, and federal regulations.

**(7)** At a minimum, the Southern Region's SAMH Program Supervisor will meet quarterly with the managing entity to obtain a briefing on the network's operations. The meeting can be in person or by the phone.

**(8)** The department will request supporting documentation and review source documentation of units billed to the department.

**(9)** The department will make available to the managing entity any inter or intra-departmental collaborative agreements and/or any other collaborative agreements between the department and other governmental/non-governmental agencies.

#### **b. Department Determinations**

The managing entity agrees that services other than those set out in this contract will be provided only upon receipt of a written authorization from the department's contract manager or an authorized department staff member. The department has final authority to make any and all determinations that affect the health safety and well being of the citizens of the State of Florida.

#### **c. Monitoring Requirements**

**(1)** The department will monitor the managing entity in accordance with section 394.741, F.S. and CFOP 75-8, Contract Monitoring Operating Procedures and be obtained from the contract manager, and is incorporated herein by reference. The managing entity shall comply with any coordination or documentation required by the department's evaluator(s) to successfully evaluate the programs, and shall provide complete access to all budget and financial information related to services provided under this contract, regardless of the source of funds.

(2) The department will monitor the managing entity on its performance of all tasks and special provisions of the contract.

(3) The department will provide a written report to the provider within 30 days of the monitoring. If the report indicates corrective action is necessary, the provider shall have 30 days from receipt of the monitoring report to respond in writing to the request. Except in the case of threat to life or safety of clients, in which case the corrective action will be immediate.

## C. Method of Payment

### 1. Payment Clauses

a. This is an advance cost reimbursement and fixed price, fixed payment contract, comprised of Federal sources and a grant of State funds. The Funding Detail is the document that identifies the amount of Federal and Grant resources. The department will ensure that any applicable appropriated funding for direct substance abuse and mental health services is contracted with the managing entity. Any increases will be documented through a contract amendment, resulting in a current fiscal year funding and corresponding services increase. Such increases in services must be supported by additional deliverables as outlined in the amendment. At the beginning of each fiscal year, the Funding Detail will be amended into this contract, and the total contract amount will be adjusted accordingly. The department shall pay the Managing Entity for the delivery of services provided in accordance with the terms of this contract for a total dollar amount not to exceed \$362,976,259.00 subject to the availability of funds. A summary of the Funding Detail is attached as follows:

<b>Exhibit A- 1</b>	<b>Fiscal Year 10-11</b>	<b>\$54,851,259.00</b>
<b>Exhibit A- 2</b>	<b>Fiscal Year 11-12</b>	<b>\$TBD</b>
<b>Exhibit A- 3</b>	<b>Fiscal Year 12-13</b>	<b>\$ TBD</b>
<b>Exhibit A- 4</b>	<b>Fiscal Year 13-14</b>	<b>\$ TBD</b>
<b>Exhibit A- 5</b>	<b>Fiscal Year 14-15</b>	<b>\$ TBD</b>
<b>Exhibit A- 6</b>	<b>Fiscal Year 15-16</b>	<b>\$ TBD</b>

### (1) Network Provider Service Expenses – Cost Reimbursement

(a) The department shall reimburse the payment of the delivery of service units provided by approved network providers that are provided in accordance with the terms and conditions of this contract, not to exceed the following, based on the Funding Detail, subject to the availability of funds.

<b>Fiscal Year</b>	<b>Subcontracted Services Total Amount</b>
<b>2010-2011</b>	<b>\$51,703,875.00</b>
<b>2011-2012</b>	<b>\$ TBD</b>
<b>2012-2013</b>	<b>\$ TBD</b>
<b>2013-2014</b>	<b>\$ TBD</b>
<b>2014-2015</b>	<b>\$ TBD</b>
<b>2015-2016</b>	<b>\$ TBD</b>

**(b)** The department will make payment to the managing entity, on a cost reimbursement basis, for the delivery of behavioral health services. Payments to the managing entity shall be made based upon the actual payments made to approved network providers and invoices will require submission of the approved subcontractors' paid invoices. No reimbursement will be made by the department for payments made by the Managing Entity to subcontractors not previously approved by the department.

## **(2) Administrative Expenses – Fixed Price, Fixed Payment**

The department shall make a fixed monthly payment to the managing entity for the administration, management, and oversight of the Behavioral Health System of Care, not to exceed the following, subject to the availability of funds:

<b><u>Service Unit</u></b>	<b>Fixed Fee</b>	<b># of Units</b>	<b>Total Amount</b>
One Month of Administration, Management and Oversight (10/01/10-06/30/11)	\$ 287,828.00	9	\$ 2,590,452.00
One Month of Administration, Management and Oversight (07/01/11-06/30/12)	\$ TBD	12	\$ TBD
One Month of Administration, Management and Oversight (07/01/12-06/30/13)	\$ TBD	12	\$ TBD
One Month of Administration, Management and Oversight (07/01/13-06/30/14)	\$ TBD	12	\$ TBD
One Month of Administration, Management and Oversight (07/01/14-06/30/15)	\$ TBD	12	\$ TBD
One Month of Administration, Management and Oversight (07/01/15-09/30/15)	\$ TBD	3	\$ TBD

**(a)** The department will make payment to the managing entity for the administration, management, and oversight of the Behavioral Health System of Care (to include the administration of special projects as identified in the approved annual action plan) based on a fixed price, fixed payment method of payment. A fee equal to one twelfth of the annual administrative expenses will be paid monthly. The monthly payment for administrative expenses is based on the final negotiated approved **Line Item Operating Budget (Exhibit B) and Budget Narrative**, incorporated herein by reference.

The department during a given fiscal year may require the managing entity to prepare and negotiate a revised line item operating budget and scope of work

for the allowable administrative expenses charged to the department based on decreases and increases of the approved **Line Item Operating Budget (Exhibit B)**.

**(b)** The managing entity will submit monthly expenditure reports for department review, no later than 30 days after the end of the month for which payment is being requested. The expenditure reports must reconcile actual administrative expenditures incurred by the managing entity versus payments for administrative expenses disbursed to the managing entity by the department. The managing entity will submit a final expenditure report within 30 days of the end of the fiscal year for department review to determine if there are any unspent funds/overpayments that need to be returned and/or reallocated to the department. Any unearned administrative funds identified in the reconciliations will be considered overpayments and will be recouped by the department. Repayment, if applicable, should be made immediately per section 1.J. of the Standard Contract.

**(c)** The managing entity will have a total of 10% flexibility within the approved **Line Item Operating Budget (Exhibit B)** for allowable administrative expenses. Any budget revision that is required beyond the 10% flexibility must be submitted to the department and approved by the designated representative prior to its implementation. Any line item funding allocated under Special Projects in the Line Item Operating Budget will have no flexibility. Any budget revision shall be submitted to the contract manager and maintained in the contract manger's file.

**(d)** Payment may be authorized only for allowable monthly expenditures, which are in accordance with the approved **Line Item Operating Budget (Exhibit B)**.

**b. Renewal Clause** - This is a multiple year contract for five (5) years. This contract may be renewed for a term of up to five (5) years. Such renewal shall be made by mutual agreement and shall be contingent upon satisfactory performance evaluations as determined by the department and shall be subject to the availability of funds. Any renewal shall be in writing and shall be subject to the same terms and conditions as set forth in the initial contract, including amendments.

**c.** The managing entity shall provide local match on its own or through its network providers, according to Rule 65E-14.005, F.A.C., up to the amount specified in **Exhibit A, Funding Detail**.

**d.** If the managing entity intends to close or suspend the provision of subcontracted services funded by this contract, the managing entity agrees to notify the department in writing at least sixty (60) calendar days prior to their intent to close, suspend or end service(s).

## 2. MyFloridaMarketPlace Transaction Fee

This contract is exempt from the MyFloridaMarketPlace Transaction Fee in accordance with Rule 60A-1.032(1) (d), F.A.C.

### 3. Advance Payment

a. The managing entity may request an advance for the first and second month of each fiscal year, based on anticipated cash needs, subject to approval by the Department of Financial Services.

b. In accordance with subsection 216.181(16)(b), F.S., any interest earned on advanced funds shall be returned to the department. The managing entity must submit back up documentation from the financial entity where interests were accrued supporting the Annual Percentage Rate and actual interest earned for each month.

c. The initial invoices for advances will not require the submission of supporting documentation at the time of the request for the advance, but supporting documentation will be required for all invoices submitted after actual costs have been incurred.

d. After the initial advance period, the managing entity agrees to request payment based on actual payments made to the subcontractors beginning with the first month that was advanced in accordance with the scheduled in Section f. below.

e. Any funds that were advanced to the managing entity for administrative expenses and/or subcontracted services that were not accounted for and recouped through the final fiscal year end reconciliation of actual expenditures shall be returned to the department at the end of each state fiscal year with the submission of the final invoice for the fiscal year.

f. **Scheduling the Advance Payment:** The following is an example of how to schedule the submission of advance and reimbursement requests:

#### For Fiscal Year 2010-2011:

Month	Type of Request	Based On:	Date of Submission
October	Advance	Anticipated Cash Needs	October 1 <sup>st</sup>
November	Advance	Anticipated Cash Needs	October 1 <sup>st</sup>
December	Reimbursement	October Actual Expenditures	November 30 <sup>th</sup>
January	Reimbursement	November Actual Expenditures	December 30 <sup>th</sup>
February	Reimbursement	December Actual Expenditures	January 30 <sup>th</sup>
March	Reimbursement	January Actual Expenditures	February 30 <sup>th</sup>
April	Reimbursement	February Actual Expenditures	March 30 <sup>th</sup>
May	Reimbursement	March Actual Expenditures	April 30 <sup>th</sup>
June	Reimbursement	April Actual Expenditures	May 30 <sup>th</sup>
Reconciliation	Recoupment	May Actual Expenditures	June 30 <sup>th</sup>
Reconciliation	Recoupment	June Actual Expenditures	July 30 <sup>th</sup>
Final FY Invoice	Reconciliation – Final Expenditure Report	Year to date Actual Expenditures as of June 30 <sup>th</sup>	July 30 <sup>th</sup>

**For Fiscal Year 2011-2015**

Month	Type of Request	Based On:	Date of Submission
July	Advance	Anticipated Cash Needs	July 1 <sup>st</sup>
August	Advance	Anticipated Cash Needs	July 1st
September	Reimbursement	July Actual Expenditures	August 30 <sup>th</sup>
October	Reimbursement	August Actual Expenditures	September 30th
November	Reimbursement	September Actual Expenditures	October 30 <sup>th</sup>
December	Reimbursement	October Actual Expenditures	November 30th
January	Reimbursement	November Actual Expenditures	December 30 <sup>th</sup>
February	Reimbursement	December Actual Expenditures	January 30 <sup>th</sup>
March	Reimbursement	January Actual Expenditures	February 30th
April	Reimbursement	February Actual Expenditures	March 30th
May	Reimbursement	March Actual Expenditures	April 30 <sup>th</sup>
June	Reimbursement	April Actual Expenditures	May 30 <sup>th</sup>
Reconciliation	Recoupment	May Actual Expenditures	June 30th
Reconciliation	Recoupment	June Actual Expenditures	July 30 <sup>th</sup>
Final Invoice	Reconciliation – Final Expenditure Report	Year to date Actual Expenditure as of June 30 <sup>th</sup>	July 30 <sup>st</sup>

**Fiscal Year 2015-2016**

Month	Type of Request	Based On:	Date of Submission
July	Advance	Anticipated Cash Needs	July 1 <sup>st</sup>
August	Advance	Anticipated Cash Needs	July 1st
September	Reimbursement	July Actual Expenditures	August 30 <sup>th</sup>
Reconciliation	Recoupment	August Actual Expenditures	September 30th
Final Invoice	Reconciliation – Final Expenditure Report	Year to Date Actual Expenditure as of September 30th	October 30 <sup>th</sup>

**4. Reconciliation of Advanced Funds**

a. Monthly expenditure reports for the month which reimbursement is being requested shall be submitted by the managing entity along with their request for reimbursement in accordance with the above schedule.

b. During the first year of this contract, a reconciliation report will be required after the 6<sup>th</sup> and 8<sup>th</sup> month. During the remaining years of this contract, a reconciliation report will be required monthly.

c. All of the interest earned on advanced funds shall be returned to the department on a monthly basis, either through the submission of a monthly check or an adjustment to the monthly invoice.

d. The department reserves the right to request reimbursement for advances issued to the provider that exceed actual provider expenditures that cannot be reasonably justified through these expenditure reconciliation reports.

e. Advanced funds shall be reconciled during the final two months of each fiscal year, either through the submission of a check or an adjustment to the invoice.

## 5. Additional Release of Funds

At its sole discretion the department may approve the release, of more than the monthly-prorated amount when the managing entity submits a written request justifying the release of additional funds, if funds are available and the services have been provided.

## 6. Medicaid Billing

a. Medicaid earnings cannot be used as local match. In the absence of the Medicaid Electronic Verification report, the managing entity will rely on the subcontractors billing information.

b. Subject to the availability of the Medicaid Electronic Verification, the managing entity shall require that the Medicaid enrolled network providers will not bill the department for Medicaid billable services provided to Medicaid eligible recipients. FACT services for Medicaid clients can be billed to the department.

c. However, when services are covered under the Florida Medicaid program for Medicaid recipients and the recipient does not have other third party coverage, the department shall not be considered a liable third party for Mental Health and Substance Abuse Program payments funded through the department. Services shall then be billed to Medicaid and not the department;

d. The managing entity shall monitor that authorized subcontractor services only be billed to the department if services are provided to non-Medicaid recipients, and/or for non-Medicaid covered services, and no other non-Medicaid first or third party payors are available;

e. The managing entity shall monitor to ensure that in no event subcontractor's bill the Medicaid program for services or expenses for Medicaid recipients for which the subcontractor has already been paid by any other liable third party payor;

f. The managing entity shall monitor Network Provider subcontractors to ensure that Medicaid earnings separate from all other fees;

g. The managing entity shall monitor Network Provider subcontractors to ensure that Medicaid payments are accounted for in compliance with federal regulations;

h. In no event shall both Medicaid and the department be billed for the same service;

i. The managing entity shall monitor to ensure that subcontractor operating a facility licensed as a crisis stabilization unit, detoxification facility, short-term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee-

For-Service programs for any services for recipients while in these facilities;

**j.** The managing entity shall monitor to ensure that subcontractors operating a children's residential treatment center of greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee-For-Service programs for any services for recipients in these facilities except as permitted under the Medicaid State Inpatient Psychiatric Program Waiver;

**k.** The managing entity shall monitor that subcontractors assist clients who need assistance and who may be eligible for Medicaid to make application including assistance with medical documentation required in the disability determination process; and

**l.** The managing entity shall monitor to ensure that subcontractors agree to assist Medicaid recipients covered by a Medicaid capitated entity who need and request assistance to obtain covered mental health services that the treating provider considers to be medically necessary. This assistance shall include assisting clients in appealing a denial of services.

## **7. Billing for Non-Medicaid Recipient and/or Medicaid Covered Children Mental Health Services**

The managing entity will insure that all providers agree that prior to billing the department for non-Medicaid recipient or for non-Medicaid covered services; the provider will seek payment from all other first or third party-payor. In no event shall the provider bill the department for services already paid by any other liable first or third party payor.

## **8. Payments from Medicaid Health Maintenance Organizations, Prepaid Mental Health Plans, or Provider Services Networks.**

Unless waived in Section D (Special Provisions) of this contract, the managing entity agrees that payments from a health maintenance organization, prepaid mental health plan, or provider services network will be considered to be "third party payer" contractual fees as defined in Rule 65E-14.001(2)(z), F.A.C. Services which are covered by the subcapitated contracts and provided to persons covered by these contracts must not be billed to the department.

## **9. Temporary Assistance to Needy Families (TANF) Billing**

The managing entity shall fulfill its obligations under applicable parts of Part A or Title IV of the Social Security Act and ensure that TANF funds shall be expended for TANF participants as outlined in the **Temporary Assistance to Needy Families (TANF) Guidelines**. Subcontractors' contracts shall specify the unit cost rate for each cost center contracted for TANF funding. TANF Guidelines can be obtained from the contract manager, or can be found at the following web site: <http://www.dcf.state.fl.us/mentalhealth/contract/index.shtml>

## 10. TANF SAMH Incidental Expenditures for Housing Assistance

The managing entity shall comply with the provision of **TANF SAMH Incidental Expenditures for Housing Assistance**, which is incorporated herein by reference.

## 11. Invoice Requirements

a. The reimbursement for the administrative costs incurred in the administration, management and oversight for behavioral health services and the reimbursement for costs incurred in the delivery of service units or other agreed upon methods of payments provided by subcontracted network providers shall be invoiced separately by the managing entity using the following invoice formats or other agreed upon formats: See **Exhibit C-1**, Managing Entity Administrative Services Monthly Request for Payment/Advance and **Exhibit C-2**, Network Provider Services Cost Reimbursement Report of Expenditures and Request for Payment/Advance.

### b. Subcontracted Network Providers

(1) The rates negotiated with any subcontracted network provider may not exceed the model rate as specified in Rule 65E-14, F.A.C. Any exception to this must be approved in advance in writing by the department.

(2) Subcontractors will be required to comply with Rule 65E-14.021, Unit Cost Method of Payment, including but not limited to, cost centers, unit measurements, descriptions, program areas, data elements, maximum unit cost rates, required fiscal reports, program description, setting unit cost rates, payment for services including allowable and unallowable units and requests for payments. If agreed upon with the department, other payment methods may be permitted.

c. The managing entity's final invoice of each fiscal year must reconcile actual expenditures during the fiscal year with the amount paid by the department. The managing entity shall submit its fiscal year final invoice and expense report to the department within thirty (30) days after the end of each state fiscal year in the contract period.

d. If no services are due to be invoiced from the preceding month, the managing entity shall submit a written document to the department indicating this information within thirty (30) days following the end of the month

e. Invoices shall be submitted in detail sufficient for a proper pre-audit and post-audit.

### f. Supporting Documentation Requirements

The managing entity shall submit the following documentation in support of their invoices.

**(1) Administrative Services**

To support the administrative services unit of service (**Exhibit C-1**), the managing entity will submit a properly completed invoice along with an expense reports as required in section C.1.a. and a report of any interest earned on advanced funds.

**(2) Subcontracted Network Provider Service Delivery**

**(a)** To support subcontracted network providers line item invoices (**Exhibit C-2**), the managing entity shall submit to the contract manager a copy of the properly completed invoice submitted for payment by each subcontracted network provider and a copy of the managing entity's proof of payment (copy of subcontractors' paid invoice) to each subcontracted network provider for the month for which reimbursement is requested.

**(b)** The amount paid under this contract cannot exceed the total amount of funding as specified in the Funding Detail. The Southern Region SAMH Program Office allocates the funding for this line item.

**(c)** The managing entity is responsible for verifying the accuracy of each subcontracted network provider's invoice.

**(d)** The managing entity shall ensure that all services provided by its subcontracted network providers are entered into the SAMHIS or other data system designated by the department.

12. The managing entity shall complete and submit to the department a Utilization/Lapse Report as per the approved annual action plan.
13. A separate detailed annualized line item budget with corresponding narrative for the operational costs for the administration and oversight must be submitted at least sixty (60) days before the beginning of each fiscal year during the proposed contract and renewal period.

**D. Special Provisions****(1) Option for Increased Services**

The managing entity acknowledges and agrees that the contract may be amended to include additional, negotiated, services as deemed necessary by the department. Additional services can only be increased if the managing entity demonstrates competence.

**(2) Dispute Resolution**

- a. The parties agree to cooperate in resolving any differences in interpreting the contract. Within five (5) working days of the execution of this contract, each party shall designate one person to act as the its representative for dispute resolution purposes,

and shall notify the other party of the person's name and business address and telephone number. Within five (5) working days from delivery to the designated representative of the other party of a written request for dispute resolution, the representatives will conduct a face to face meeting to resolve the disagreement amicably. If the representatives are unable to reach a mutually satisfactory resolution, either representative may request referral of the issue to the Executive Director and the Program Supervisor of the respective parties. Upon referral to this second step, the Executive Director and the Program Supervisor shall confer in an attempt to resolve the issue.

**b.** If the Program Supervisor and Executive Director are unable to resolve the issue within ten (10) days, the parties' appointed representatives shall meet within ten (10) working days and select a third representative. These three representatives shall meet within ten (10) working days to seek resolution of the dispute. If the representatives' good faith efforts to resolve the dispute fail, the representatives shall make written recommendations to the Assistant Secretary, or designee, who will work with both parties to resolve the dispute. The parties reserve all their rights and remedies under Florida law. Venue for any court action will be in Leon County, Florida.

### **(3) Termination**

Paragraph III. C.1. of the Standard Contract is deleted in its entirety, and the following language is inserted in lieu thereof:

"This contract may be terminated by either party without cause upon no less than ninety (90) calendar days notice in writing to the other party unless a sooner time is mutually agreed upon in writing. Said notice shall be delivered by US Postal Service or any expedited delivery service that provides verification of delivery or by hand delivery to the contract manager or the representative of the provider responsible for administration of the program. If either party terminates this contract without cause, that party shall coordinate a transition plan, as described in the "**Contingency Transition Plan**", which is incorporated herein by reference, with the other party within 30 calendar days of making such notification. This provision shall not limit the department's ability to terminate this contract for cause according to other provisions herein.

### **(4) Sliding Fee Scale**

The managing entity shall require the network providers to comply with the provisions of Rule 65E-14.018, F.A.C. A copy of the subcontractors sliding fee scales that reflects the uniform schedule of discounts referenced in Rule 65E-14.018(4), F.A.C. shall be furnished by the managing entity to the department's contract manager within thirty (30) days of contract execution. The managing entity shall submit to the contract manager, within thirty (30) days of the execution of this contract, a validation that all sliding fee scales have been received from all network providers and reviewed by the managing entity for compliance.

### **(5) Transportation Disadvantaged**

The managing entity agrees to comply with and provide oversight so that all network providers will comply with the provisions of chapter 427, F.S., Part I, Transportation Services, and chapter 41-2, F.A.C., Commission for the Transportation Disadvantaged, if

public funds provided under this contract will be used to transport consumers. The managing entity agrees to comply with and provide oversight so that all network providers will comply with the provisions of (CFOP 40-50) if public funds provided under this contract will be used to purchase vehicles, which will be used to transport consumers.

## **(6) Agreements with Health Maintenance Organizations/Managed Care Organizations**

a. The managing entity shall notify the department's contract manager, in writing, prior to entering into a contract for the provision of substance abuse and mental health services with a health maintenance organization or other managed care organization that is capitated by Medicaid to provide substance abuse and mental health services or an agent of any such health maintenance organization or other managed care organization.

b. Copies of the contract shall be furnished to the department's contract manager within thirty (30) days of execution.

## **(7) Medicaid Enrollment**

Those providers with substance abuse and mental health contracts in excess of \$500,000 annually and rendering substance abuse services shall enroll as a Medicaid provider. This process shall be initiated within 90 days of contract execution. A waiver of this requirement may be granted, in writing, by the Director of Substance Abuse.

## **(8) National Provider Identifier**

a. All health care providers are eligible to be assigned a Health Insurance Portability and Accountability Act National Provider Identifiers (NPIs); however, health care providers who are covered entities (which include all State-Contracted Community SAMH providers and State Treatment Facilities) must obtain and use NPIs.

b. An application for an NPI may be submitted online at: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>.

c. Additional information can be obtained from one of the following websites:

(1) The Florida Medicaid Health Insurance Portability and Accountability Act web site: <http://www.fdhc.state.fl.us/Medicaid/hipaa/NPI/npis.html>

(2) The National Plan and Provider Enumeration System (NPPES) located at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>,

(3) The CMS NPI web page located at: <http://www.cms.hhs.gov/NationalProvIdentStand/>.

## **(9) Ethical Conduct**

The managing entity understands that performance under this contract involves the expenditure of public funds from both the state and federal governments, and that the acceptance of such funds obligates the provider to perform its services in accordance with

the very highest standards of ethical conduct. No employee, director, officer, agent of the provider or network provider shall engage in any business, financial or legal relationships that undermine the public trust, whether the conduct is unethical, or lends itself to the appearance of ethical impropriety. Provider's and network providers' directors, officers or employees shall not participate in any matter that would inure to their special gain, and shall recuse themselves accordingly. Public funds may not be used for purposes of lobbying, or for political contributions, or for any expense related to such activities, pursuant to Section I. R. of the Standard Contract of this contract. The provider understands that the department is a public agency which is mandated to conduct business in the sunshine, pursuant to section 286.011, F.S., and chapter 119, Florida Law, and that all issues relating to the business of the department and the provider are public record and subject to full disclosure. The provider understands that attempting to exercise undue influence on the department and its employees to allow deviation or variance from the terms of this contract other than a negotiated, publicly disclosed amendment, is prohibited by the State of Florida, pursuant to Section III. C. of the Standard Contract and section 286.011, F.S. The provider's conduct is subject to all state and federal laws governing the conduct of entities engaged in the business of providing services to government.

#### **(10) Mandatory Reporting Requirements**

a. The provider and any subcontractor must comply with and inform its employees of the following mandatory reporting requirements. Each employee of the provider, and of any subcontractor, providing services in connection with this contract who has any knowledge of a reportable incident shall report such incident as follows:

(1) Reportable incidents that may involve an immediate or impending impact on the health or safety of a client shall be immediately reported to the contract manager; and

(2) Other reportable incidents shall be reported to the department's Office of Inspector General by completing a Notification/Investigation Request (form CF 1934) and emailing the request to the Office of Inspector General at [ig\\_complaints@dcf.state.fl.us](mailto:ig_complaints@dcf.state.fl.us). The provider and subcontractor may also mail the completed form to the Office of Inspector General, 1317 Winewood Boulevard, Building 5, 2nd Floor, Tallahassee, Florida, 32399-0700; or via fax at (850) 488-1428.

b. A reportable incident is defined in CFOP 180-4, which can be obtained from the contract manager.

#### **(11) Liability Insurance Coverage**

The managing entity shall notify the department's Contract Manager within 30 calendar days if there is a modification to the terms of insurance, to include but not limited to, cancellation or modification to policy limits.

## **(12) Informed Consent for Follow-Up Surveys**

The provider agrees to comply, and require its subcontractors to comply with the provisions of the **Informed Consent for Follow-up Survey Guidelines**, which is incorporated herein by reference, when drafting consent forms for post treatment follow-up surveys.

## **(13) Contracting with a Managing Entity**

**(a)** The managing entity shall allow the department to retain the right to perform the service or activity, directly or with another contractor, if service levels are not being achieved.

**(b)** The managing entity shall identify a clear and specific transition plan that will be implemented in order to complete all required activities needed to transfer the services or activity from the department to the provider and operate the service or activity successfully.

**(c)** The managing entity shall interview and consider for employment with the provider each state employee (displaced as a result of this outsourcing) who is interested in such employment.

**(d)** The managing entity shall meet all requirements for retaining records and transfer to the department, at no cost, all public records in possession of the provider upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the department in a format that is compatible with the information technology systems of the department.

**(e)** The managing entity shall, if applicable, allow the department to purchase from the provider, at its depreciated value, assets used by the provider in the performance of the contract. If assets have not depreciated, the department shall retain the right to negotiate to purchase at an agreed-upon cost.

## **(14) Information Technology Resources**

All department contract providers must receive written approval from the department prior to purchasing any Information Technology Resource (ITR) with contract funds. The provider agrees to secure prior written approval by means of an Information Resources Request (IRR) Form before the purchase of any ITR. The Contract Manager is responsible for serving as the liaison between the provider and the department during the completion of the IRR in accordance with Children and Families Operating Procedure (CFOP) 50-9, Policy on Information Resource Requests. The provider will not be reimbursed for any ITR purchases made prior to obtaining the department's written approval.

## **(15) Emergency Disaster Response Grant**

The managing entity will coordinate and implement any disaster/emergency grants

awarded to the Southern Region.

**(16)** Documents incorporated by reference in this contract are available in the department's contract manager's file.

#### **E. List of Exhibits**

- 1. Exhibit A-1 – A-6, Funding Detail**
- 2. Exhibit B-1 – B-6, Line Item Operating Budget**
- 3. Exhibit C-1 Managing Entity Administrative Services Monthly Request for Payment/Advance**
- 4. Exhibit C-2, Network Provider Services Cost Reimbursement Report of Expenditures and Request for Payment/Advance**
- 5. Exhibit D, Substance Abuse and Mental Health Required Performance Outcomes/Outputs**
- 6. Exhibit E, Missing Children**
- 7. Exhibit F, Minimum Service Requirements**
- 8. Exhibit G, Required Reports**
- 9. Exhibit H, Children's Mental Health Comprehensive Community Service Team**
- 10. Exhibit I, Tangible Property Requirements**

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #                      FY 2010-11 (9 Mos)

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	\$544,210
General Revenue/TSTF	19ME4	\$604,191
GR/TS TF/G&D TF Citrus Health CSU	SP5CH	\$341,250
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	\$6,058,860
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$7,548,511</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	\$826,598
ADAMH Trust Fund/FACT	19019	\$241,362
General Revenue/TSTF	19M18	\$8,823,458
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	\$600,000
WTTF TANF	39A18	\$1,540,806
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$2,365,890
FGTF PATH	GX018	\$396,695
GR/TSTF/FGTF - FACT Admin	FTA19	\$2,008,626
GR/FACT Svcs	FTS19	\$572,400
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
G.R.	LPPME	\$750,000
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	\$236,250
GR/Miami-Dade Homeless Trust	SP513	\$135,000
GR/Camillus Life Center-Dade	SP551	\$187,500
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	\$187,500
GR/The Village-Campaneros En Recup-Dade	SP558	\$225,000
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	\$85,495
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$19,182,580</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$26,731,091</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	\$328,491
General Revenue	19ME1	\$66,633
FGTF - Title XXI	89Q01	\$23,638
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	\$10,029
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	\$1,101,913
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$1,530,704</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	\$728,063
General Revenue	19M13	\$1,489,883
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	\$1,191,233
GR/RTC Non-Medicaid Eligible	9PRNM	\$21,750
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
Federal Grants FT	GMDW1	\$500,000
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	\$270,214
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$4,201,143</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$5,731,847</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #                      FY 2010-11 (9 Mos)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	\$254,987
GR/Tobacco Settlement Trust Fund	27ME5	\$165,153
GR/Adult Detox	ADDEX	\$156,132
<b>Detoxification Total =</b>		<u>\$576,272</u>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	\$60,000
ADAMH Trust Fund Prevention Services ***	27PR6	\$136,096
<b>Prevention Services Total =</b>		<u>\$196,096</u>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	\$5,232,931
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	\$902,608
GR/TSTF/O&MTF	27ME7	\$1,658,936
ADAMHTF Services to Women ***	27WOM	\$1,547,218
WTTF TANF	39TC0	\$980,514
Trust Fund	ADTRT	\$167,445
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	\$13,765
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	\$67,500
ADAMHTF-Addiction Trtmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	\$135,000
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	\$67,500
ADAMHTF-Project Warm	SP624	
GR/AGAPE	AGAPE	\$187,500
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<u>\$10,960,917</u>
<b>TOTAL ADULT SUB. ABUSE =</b>		<u>\$11,733,285</u>
<b>GRAND TOTAL ALL PROGRAMS =</b>		<u>\$51,703,875</u>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS	(100420)	
SAPTBG	270G1	\$277,047
GR/Tobacco Settlement Trust Fund	27ME1	\$313,086
GR/Child Detox	CHDEX	\$86,771
<b>Detoxification Total =</b>		<u>\$676,904</u>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	\$0
ADAMH Trust Fund-Prevention Services ***	27PR2	\$1,669,384
Prevention Partnership Services ***	27PR3	\$584,875
GR/Child Prevention Svcs.	CHPRV	\$843,750
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<u>\$3,098,009</u>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditures	27AD3	\$30,892
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	\$2,753,361
WTTF TANF	39TC1	\$128,034
GR/Tx & Aftercare - child	CHTRT	\$93,146
ADAMH Trust Fund HIV	27CHV	\$33,556
ADAMH Trust Fund-Roots n'Wings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	\$375,000
GR/The Compass Program	SP608	\$168,750
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
GR/Here's Help	SP692	\$150,000
<b>Treatment &amp; Aftercare Total =</b>		<u>\$3,732,739</u>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<u>\$7,507,652</u>

MATCH CALCULATIONS APPLICABLE TO CONTRACT

FUNDS NOT REQUIRING MATCH:

Deinstitutionalization Projects	\$12,602,615
Children's Mental Health Base Funding	\$3,859,720
MH Exempt Block Grant Allocation	\$669,397
Drug Abuse Services	\$9,620,469
FACT	\$3,407,624
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<u>\$30,159,825</u>

TOTAL FUNDS REQUIRING MATCH = \$21,544,051

LOCAL MATCH REQUIRED = \$7,181,350  
 ADDITIONAL LOCAL MATCH =                       
 GRAND TOTAL LOCAL MATCH = \$7,181,350

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible

\*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name  Contract #  Revision #  FY 2011-2012 (12 Mos)

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	
General Revenue/TSTF	19ME4	
ADAMHTF/Consumer Self-Directed Care Pilot	SP501	
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	
ADAMH Trust Fund/FACT	19019	
General Revenue/TSTF	19M18	
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	
WTTF TANF	39A18	
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$0
FGTF PATH	GX018	
GR/TSTF/FGTF - FACT Admin	FTA19	
GR/FACT Svcs	FTS19	
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
FGTF	MHTTI	
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	
GR/Miami-Dade Homeless Trust	SP513	
GR/Camillus Life Center-Dade	SP551	
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	
GR/The Village-Campaneros En Recup-Dade	SP558	
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$0</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	
General Revenue	19ME1	
FGTF - Title XXI	89Q01	
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	
General Revenue	19M13	
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
General Revenue	SP5MA	
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$0</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #                      FY 2011-12 (12 Mon)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	
GR/Tobacco Settlement Trust Fund	27ME5	
GR/Adult Detox	ADDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	
ADAMH Trust Fund Prevention Services ***	27PR6	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	
GR/TSTF/O&MTF	27ME7	
ADAMHTF Services to Women ***	27WOM	
WTTF TANF	39TC0	
Trust Fund	ADTRT	
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	
ADAMHTF-Addiction Trmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	
ADAMHTF-Project Warm	SP624	
ADAMHTF-Elderly Compliance SA & MH	SP625	
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL ADULT SUB. ABUSE =</b>		<b>\$0</b>
<b>ESTIMATED GRAND TOTAL ALL PROGRAMS =</b>		<b>\$72,500,000</b>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVC (100420)		
SAPTBG	270G1	
GR/Tobacco Settlement Trust Fund	27ME1	
GR/Child Detox	CHDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	
ADAMH Trust Fund-Prevention Services ***	27PR2	
Prevention Partnership Services ***	27PR3	
GR/Child Prevention Svcs.	CHPRV	
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditu	27AD3	
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	
WTTF TANF	39TC1	
GR/Tx & Aftercare - child	CHTRT	
ADAMH Trust Fund HIV	27CHV	
ADAMH Trust Fund-Roots nWings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	
GR/The Compass Program	SP608	
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
OPERATION & MAIN TF	SP648	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<b>\$0</b>

**MATCH CALCULATIONS APPLICABLE TO CONTRACT**

FUNDS NOT REQUIRING MATCH:	
	\$44,600,000
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<b>\$44,600,000</b>

<b>TOTAL FUNDS REQUIRING MATCH =</b>	<b>\$27,900,000</b>
<b>LOCAL MATCH REQUIRED =</b>	<b>\$9,300,000</b>
<b>ADDITIONAL LOCAL MATCH =</b>	
<b>GRAND TOTAL LOCAL MATCH =</b>	<b>\$9,300,000</b>

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible  
 \*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #                      FY 2012-2013 (12 Mos)

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	
General Revenue/TSTF	19ME4	
ADAMHTF/Consumer Self-Directed Care Pilot	SP501	
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	
ADAMH Trust Fund/FACT	19019	
General Revenue/TSTF	19M18	
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	
WTTT TANF	39A18	
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$0
FGTF PATH	GX018	
GR/TSTF/FGTF - FACT Admin	FTA19	
GR/FACT Svcs	FTS19	
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
FGTF	MHTTI	
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	
GR/Miami-Dade Homeless Trust	SP513	
GR/Camillus Life Center-Dade	SP551	
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	
GR/The Village-Campaneros En Recup-Dade	SP558	
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$0</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	
General Revenue	19ME1	
FGTF - Title XXI	89Q01	
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	
General Revenue	19M13	
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
General Revenue	SP5MA	
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$0</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #            FY 2012-13 (12 Mon)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	
GR/Tobacco Settlement Trust Fund	27ME5	
GR/Adult Detox	ADDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	
ADAMH Trust Fund Prevention Services ***	27PR6	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	
GR/TSTF/O&MTF	27ME7	
ADAMHTF Services to Women ***	27WOM	
WTTF TANF	39TC0	
Trust Fund	ADTRT	
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	
ADAMHTF-Addiction Trtmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	
ADAMHTF-Project Warm	SP624	
ADAMHTF-Elderly Compliance SA & MH	SP625	
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL ADULT SUB. ABUSE =</b>		<b>\$0</b>
<b>ESTIMATED GRAND TOTAL ALL PROGRAMS =</b>		<b>\$72,500,000</b>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVC (100420)		
SAPTBG	270G1	
GR/Tobacco Settlement Trust Fund	27ME1	
GR/Child Detox	CHDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	
ADAMH Trust Fund-Prevention Services ***	27PR2	
Prevention Partnership Services ***	27PR3	
GR/Child Prevention Svcs.	CHPRV	
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditu	27AD3	
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	
WTTF TANF	39TC1	
GR/Tx & Aftercare - child	CHTRT	
ADAMH Trust Fund HIV	27CHV	
ADAMH Trust Fund-Roots nWings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	
GR/The Compass Program	SP608	
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
OPERATION & MAIN TF	SP648	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<b>\$0</b>

**MATCH CALCULATIONS APPLICABLE TO CONTRACT**

FUNDS NOT REQUIRING MATCH:	
Deinstitutionalization Projects	\$44,600,000
Children'e Mental Health Base Funding	
MH Exempt Block Grant Allocation	
Drug Abuse Services	
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<b>\$44,600,000</b>

<b>TOTAL FUNDS REQUIRING MATCH =</b>	<b>\$27,900,000</b>
<b>LOCAL MATCH REQUIRED =</b>	<b>\$9,300,000</b>
<b>ADDITIONAL LOCAL MATCH =</b>	
<b>GRAND TOTAL LOCAL MATCH =</b>	<b>\$9,300,000</b>

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible  
\*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name  Contract #  Revision #  FY 2013-2014 (12 Mos)

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	
General Revenue/TSTF	19ME4	
ADAMHTF/Consumer Self-Directed Care Pilot	SP501	
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	
ADAMH Trust Fund/FACT	19019	
General Revenue/TSTF	19M18	
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	
WTTF TANF	39A18	
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$0
FGTF PATH	GX018	
GR/TSTF/FGTF - FACT Admin	FTA19	
GR/FACT Svcs	FTS19	
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
FGTF	MHTTI	
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	
GR/Miami-Dade Homeless Trust	SP513	
GR/Camillus Life Center-Dade	SP551	
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	
GR/The Village-Campaneros En Recup-Dade	SP558	
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$0</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	
General Revenue	19ME1	
FGTF - Title XXI	89Q01	
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	
General Revenue	19M13	
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
General Revenue	SP5MA	
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$0</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #            FY 2013-14 (12 Mon)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	
GR/Tobacco Settlement Trust Fund	27ME5	
GR/Adult Detox	ADDEX	
<b>Detoxification Total =</b>		<u>\$0</u>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	
ADAMH Trust Fund Prevention Services ***	27PR6	
<b>Prevention Services Total =</b>		<u>\$0</u>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	
GR/TSTF/O&MTF	27ME7	
ADAMHTF Services to Women ***	27WOM	
WTTF TANF	39TC0	
Trust Fund	ADTRT	
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	
ADAMHTF-Addiction Trtmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	
ADAMHTF-Project Warm	SP624	
ADAMHTF-Elderly Compliance SA & MH	SP625	
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<u>\$0</u>
<b>TOTAL ADULT SUB. ABUSE =</b>		<u>\$0</u>
<b>ESTIMATED GRAND TOTAL ALL PROGRAMS =</b>		<u>\$72,500,000</u>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVC (100420)		
SAPTBG	270G1	
GR/Tobacco Settlement Trust Fund	27ME1	
GR/Child Detox	CHDEX	
<b>Detoxification Total =</b>		<u>\$0</u>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	
ADAMH Trust Fund-Prevention Services ***	27PR2	
Prevention Partnership Services ***	27PR3	
GR/Child Prevention Svcs.	CHPRV	
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<u>\$0</u>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditu	27AD3	
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	
WTTF TANF	39TC1	
GR/Tx & Aftercare - child	CHTRT	
ADAMH Trust Fund HIV	27CHV	
ADAMH Trust Fund-Roots nWings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	
GR/The Compass Program	SP608	
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
OPERATION & MAIN TF	SP648	
<b>Treatment &amp; Aftercare Total =</b>		<u>\$0</u>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<u>\$0</u>

MATCH CALCULATIONS APPLICABLE TO CONTRACT

FUNDS NOT REQUIRING MATCH:	
Deinstitutionalization Projects	\$44,600,000
Children'e Mental Health Base Funding	
MH Exempt Block Grant Allocation	
Drug Abuse Services	
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<u>\$44,600,000</u>

<b>TOTAL FUNDS REQUIRING MATCH =</b>	<u>\$27,900,000</u>
<b>LOCAL MATCH REQUIRED =</b>	<u>\$9,300,000</u>
<b>ADDITIONAL LOCAL MATCH =</b>	
<b>GRAND TOTAL LOCAL MATCH =</b>	<u>\$9,300,000</u>

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible

\*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name  Contract #  Revision #

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	
General Revenue/TSTF	19ME4	
ADAMHTF/Consumer Self-Directed Care Pilot	SP501	
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	
ADAMH Trust Fund/FACT	19019	
General Revenue/TSTF	19M18	
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	
WTTF TANF	39A18	
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$0
FGTF PATH	GX018	
GR/TSTF/FGTF - FACT Admin	FTA19	
GR/FACT Svcs	FTS19	
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
FGTF	MHTTI	
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	
GR/Miami-Dade Homeless Trust	SP513	
GR/Camillus Life Center-Dade	SP551	
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	
GR/The Village-Campaneros En Recup-Dade	SP558	
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$0</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	
General Revenue	19ME1	
FGTF - Title XXI	89Q01	
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	
General Revenue	19M13	
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
General Revenue	SP5MA	
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$0</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #            FY 2014-15 (12 Mon)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	
GR/Tobacco Settlement Trust Fund	27ME5	
GR/Adult Detox	ADDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	
ADAMH Trust Fund Prevention Services ***	27PR6	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	
GR/TSTF/O&MTF	27ME7	
ADAMHTF Services to Women ***	27WOM	
WTTF TANF	39TC0	
Trust Fund	ADTRT	
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	
ADAMHTF-Addiction Trtmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	
ADAMHTF-Project Warm	SP624	
ADAMHTF-Elderly Compliance SA & MH	SP625	
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL ADULT SUB. ABUSE =</b>		<b>\$0</b>
<b>ESTIMATED GRAND TOTAL ALL PROGRAMS =</b>		<b>\$72,500,000</b>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVC (100420)		
SAPTBG	270G1	
GR/Tobacco Settlement Trust Fund	27ME1	
GR/Child Detox	CHDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	
ADAMH Trust Fund-Prevention Services ***	27PR2	
Prevention Partnership Services ***	27PR3	
GR/Child Prevention Svcs.	CHPRV	
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditu	27AD3	
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	
WTTF TANF	39TC1	
GR/Tx & Aftercare - child	CHTRT	
ADAMH Trust Fund HIV	27CHV	
ADAMH Trust Fund-Roots nWings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	
GR/The Compass Program	SP608	
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
OPERATION & MAIN TF	SP648	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<b>\$0</b>

**MATCH CALCULATIONS APPLICABLE TO CONTRACT**

FUNDS NOT REQUIRING MATCH:	
Deinstitutionalization Projects	\$44,600,000
Children'e Mental Health Base Funding	
MH Exempt Block Grant Allocation	
Drug Abuse Services	
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<b>\$44,600,000</b>

<b>TOTAL FUNDS REQUIRING MATCH =</b>	<b>\$27,900,000</b>
<b>LOCAL MATCH REQUIRED =</b>	<b>\$9,300,000</b>
<b>ADDITIONAL LOCAL MATCH =</b>	
<b>GRAND TOTAL LOCAL MATCH =</b>	<b>\$9,300,000</b>

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible  
 \*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

**MENTAL HEALTH  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #                      FY 2015-2016 (3 Mos)

Budget Entity 60910502 - Adult Mental Health	OCA	AMOUNT
<b>502004-EMERGENCY STABILIZATION</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19004	
General Revenue/TSTF	19ME4	
ADAMHTF/Consumer Self-Directed Care Pilot	SP501	
GR/Family Emergency Treatment Ctr-Manatee	SP503	
GR/Cooper CSU	SP516	
GR/Family Emergency Treatment-Pinellas	SP525	
GR/Apalachee CSU-Leon	SP549	
GR/Family Emergency Treatment-Sarasota	SP553	
GR/Lifestream CSU-Lake, Sumter	SP559	
GR/Ruth Cooper CSU-Lee	SP560	
GR/Seminole County CSU	SP561	
TSTF/Orange County Receiving Center	SP572	
GR/APALACHEE SHRT-TERM RESID FAC	SPAC9	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19ME4	
TSTF/Adult Emerg Baker Act Services-Hernando, Pasco	SP592	
G/A-OUTPATIENT BAKER ACT SERVICES PILOT	(100612)	
General Revenue	19ME4	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>502018-RECOVERY &amp; RESILIENCY</b>		
G/A-ADULT COMM. MENTAL HEALTH	(100610)	
ADAMH Trust Fund*	19018	
ADAMH Trust Fund/FACT	19019	
General Revenue/TSTF	19M18	
General Revenue/FGTF	9QPSR	
GR/AGAPE FAM MINISTRY	AFMMD	
WTTT TANF	39A18	
FGTF/ADAMH/GR/Comm Forensic Beds-Adult Svc	CFBAS	\$0
FGTF PATH	GX018	
GR/TSTF/FGTF - FACT Admin	FTA19	
GR/FACT Svcs	FTS19	
O&MTF/FGTF/Com MH Svcs Contract-NEFSH	MHS18	
FGTF	MHTTI	
GR/Court Cottages in the Pines	SP502	
GR/TSTF/Wayne Densch Center-Orange	SP504	
GR/Charlotte County CMH Center	SP505	
GR/Short-Term Residential Treat-Hillsborough	SP511	
General Revenue/TSTF/Doug Gardens CMH Ctr	SP512	
GR/Miami-Dade Homeless Trust	SP513	
GR/Camillus Life Center-Dade	SP551	
GR/FACT Team-Bay, Gulf	SP552	
GR/Miami Behavioral Hlth Ctr-Uninsured Dade	SP555	
GR/The Village-Campaneros En Recup-Dade	SP558	
CAMILLUS BEHAVIOR HLTH TRT CTR	SP5CB	
FAM EMERG TRMT CTR 19 CIRCUIT	SP5FE	
JUV CO-OCCUR ADDTNS Dade/Broward/Monroe	SPJC9	
GR/NEW HORIZON'S CENTER	SPNH9	
G/A-INDIGENT PSYCH MEDICATION PROGRAM	(101350)	
General Revenue	19M18	
G/A-BAKER ACT SERVICES	(100611)	
General Revenue	19M18	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL ADULT COMM. MH =</b>		<b>\$0</b>

Budget Entity 60910503 - Children's Mental Health	OCA	AMOUNT
<b>503001-EMERGENCY STABILIZATION</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	190C1	
General Revenue	19ME1	
FGTF - Title XXI	89Q01	
GR/Manatee Glens Child Baker Act	SP532	
GR/Child Comprehensive Behavioral Services	SP540	
GR/CSU District 08	SP542	
GR/Marion-Citrus MH-Children CSU	SP550	
General Revenue	SP5EB	
FGTF-Title IVB	WO027	
G/A-CHILDREN'S BAKER ACT	(104257)	
General Revenue	19ME1	
General Revenue	SP581	
<b>Emergency Stabilization Total =</b>		<b>\$0</b>
<b>503013-RECOVERY &amp; RESILIENCY</b>		
G/A-CHILDREN'S MENTAL HEALTH	(100435)	
ADAMH Trust Fund*	19C13	
General Revenue	19M13	
GR/TSTF	32N03	
FGTF - Title XXI	89Q13	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Henderson MH Center-Broward	SP506	
ADAMH TF/Infant & Young Special Project	SP533	
General Revenue	SP5MA	
G/A-PURCHASED RESIDENTIAL TREATMENT SERVICES	(102780)	
GR/RTC Non-Medicaid Eligible	9PRNM	
GR/Purch Res Treatment-Medicaid Svcs	9PRTS	
G/A-PURCHASE/THERA SVCS CHILD	(100800)	
General Revenue	19MCB	
<b>Recovery &amp; Resiliency Total =</b>		<b>\$0</b>
<b>TOTAL CHILDREN'S MENTAL HEALTH =</b>		<b>\$0</b>

\* Community Mental Health Block Grant

**SUBSTANCE ABUSE  
FUNDING DETAIL**

Provider Name South Florida Behavioral Health Network, Inc. Contract # KH225 Revision #            FY 2015-16 (3 Mon)

Budget Entity 60910603 - Adult Substance Abuse	OCA	AMOUNT
<b>603005-DETOXIFICATION</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G5	
GR/Tobacco Settlement Trust Fund	27ME5	
GR/Adult Detox	ADDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>603006-PREVENTION SERVICES</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
General Revenue	27ME6	
ADAMH Trust Fund Prevention Services ***	27PR6	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>603007-TREATMENT &amp; AFTERCARE</b>		
G/A-COMM SUBSTANCE ABUSE SVCS	(100618)	
SAPTBG	270G7	
ADAMHTF Administrative Expenditures	27AD7	
ADAMHTF Intravenous Drug Usage ***	27HIV	
GR/TSTF/O&MTF	27ME7	
ADAMHTF Services to Women ***	27WOM	
WTTF TANF	39TC0	
Trust Fund	ADTRT	
SSBGTF/Camillus Life Center - Dade	BS631	
General Revenue	DPG08	
FEDERAL GRANTS TRUST FUND	SB004	
ADAMHTF-Steward Marchman Ctr. D12	SP614	
ADAMHTF-New Horizons Dual Diagnosis	SP615	
ADAMHTF-Addiction Trmt Services	SP616	
ADAMHTF-New Beginnings Prog Renewal	SP617	
ADAMHTF-Coconut Grove-Behav Hth Ctr	SP618	
ADAMHTF-River Regions Services, Inc.	SP619	
ADAMHTF-Passage Way Aftercare Project	SP622	
ADAMHTF-Emerg. Wait List Reduc. Project	SP623	
ADAMHTF-Project Warm	SP624	
ADAMHTF-Elderly Compliance SA & MH	SP625	
GR/River Region Women's SA	SP651	
GR/Circles of Care - Brevard	SP652	
GR/Center for Drug Free Living	SP669	
GR/Center for Drug Free Living - Brevard	SP670	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL ADULT SUB. ABUSE =</b>		<b>\$0</b>
<b>ESTIMATED GRAND TOTAL ALL PROGRAMS =</b>		<b>\$18,125,000</b>

Budget Entity 60910602 - Children's Substance Abuse	OCA	AMOUNT
<b>602001-DETOXIFICATION/ARF</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVC (100420)		
SAPTBG	270G1	
GR/Tobacco Settlement Trust Fund	27ME1	
GR/Child Detox	CHDEX	
<b>Detoxification Total =</b>		<b>\$0</b>
<b>602002-PREVENTION SERVICES</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
Prevention Services -SIG/ADAMHTF ***	27F02	
General Revenue	27ME2	
ADAMH Trust Fund-Prevention Services ***	27PR2	
Prevention Partnership Services ***	27PR3	
GR/Child Prevention Svcs.	CHPRV	
General Revenue	SP613	
GR/Stewart Marchman Trmt. Ctr.- D12	SP643	
<b>Prevention Services Total =</b>		<b>\$0</b>
<b>602003-TREATMENT &amp; AFTERCARE</b>		
G/A-CHILD/ADOL SUBSTANCE ABUSE SVCS (100420)		
SAPTBG	270G3	
ADAMH Trust Fund Administrative Expenditu	27AD3	
ADAMH Trust Fund	27CHV	
GR/TSTF/O&MTF/CASATF	27ME3	
WTTF TANF	39TC1	
GR/Tx & Aftercare - child	CHTRT	
ADAMH Trust Fund HIV	27CHV	
ADAMH Trust Fund-Roots nWings	SP602	
GR/Adol. Tx Dually Diagnosed Girls - D11	SP606	
GR/The Compass Program	SP608	
GR/ADAMHTF-The starting Place	SP610	
ADAMHTF-Adolescent Res. SA Tx Facility	SP611	
GR/Project Warm-D12	SP644	
GR/Phoenix House-R23	SP645	
GR/1ST STEP/MOTHERS/INFANT	SP646	
GR/Drug Abuse Comprehensive Cord Ofc.	SP647	
OPERATION & MAIN TF	SP648	
<b>Treatment &amp; Aftercare Total =</b>		<b>\$0</b>
<b>TOTAL CHILD/ADOL SUB. ABUSE =</b>		<b>\$0</b>

**MATCH CALCULATIONS APPLICABLE TO CONTRACT**

FUNDS NOT REQUIRING MATCH:	
Deinstitutionalization Projects	\$12,083,333
Children'e Mental Health Base Funding	
MH Exempt Block Grant Allocation	
Drug Abuse Services	
<b>TOTAL FUNDS NOT REQUIRING MATCH =</b>	<b>\$12,083,333</b>

<b>TOTAL FUNDS REQUIRING MATCH =</b>	<b>\$6,041,667</b>
<b>LOCAL MATCH REQUIRED =</b>	<b>\$2,013,889</b>
<b>ADDITIONAL LOCAL MATCH =</b>	
<b>GRAND TOTAL LOCAL MATCH =</b>	<b>\$2,013,889</b>

\*\* Expenditure must be Substance Abuse Prevention and Treatment Block Grant eligible

\*\*\* Substance Abuse Prevention and Treatment Block Grant - Funding Agreement - RESTRICTIONS APPLY

<b>EXHIBIT B-1</b>				
<b>LINE ITEM OPERATING BUDGET</b>				
AGENCY: <u>South Florida Behavioral Health Network, Inc.</u>				
CONTRACT # KH225				
CONTRACT PERIOD: FROM: 10/01/2010 TO 06/30/2011      DATE PREPARED: 10/01/2010				
LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects- CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$1,561,741	\$174,289	\$	\$1,736,030
(b) FRINGE	\$325,111	\$22,170	\$	\$347,281
<b>TOTAL PERSONNEL =</b>	<b>\$1,886,852</b>	<b>\$196,459</b>	<b>\$0</b>	<b>\$2,083,311</b>
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$114,000	\$	\$	\$114,000
(b) PROFESSIONAL SERVICES	\$62,500	\$0	\$	\$62,500
(c) TRAVEL	\$42,049	\$2,540	\$	\$44,589
(d) EQUIPMENT COSTS	\$	\$	\$	\$0
(e) FOOD SERVICES	\$	\$	\$	\$0
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$0
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$0
(h) INSURANCE	\$15,000	\$	\$	\$15,000
(i) INTEREST	\$	\$	\$	\$0
(j) OPERATING SUPPLIES & EXPENSES	\$278,711	\$	\$	\$278,711
(k) OTHER	\$	\$	\$	\$0
(l) DONATED ITEMS	\$	\$	\$	\$0
<b>TOTAL EXPENSES =</b>	<b>\$512,260</b>	<b>\$2,540</b>	<b>\$0</b>	<b>\$514,800</b>
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$39,931	\$	\$	\$39,931
(b) PROPERTY	\$0	\$	\$	\$0
<b>TOTAL NONEXPENDABLE PROPERTY =</b>	<b>\$39,931</b>	<b>\$0</b>	<b>\$0</b>	<b>\$39,931</b>
<b>IV. COMPUTER HARDWARE, SOFTWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES =</b>	<b>\$101,409</b>	<b>\$0</b>	<b>\$0</b>	<b>\$101,409</b>
<b>V. SPECIAL PROJECTS</b>				
<b>GRAND TOTAL =</b>	<b>\$2,540,452</b>	<b>\$606,932</b>	<b>\$0</b>	<b>\$3,147,384</b>

**EXHIBIT B-2**

**LINE ITEM OPERATING BUDGET**

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 07/01/2011 TO 06/30/2012      DATE PREPARED: 10/01/2010

LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects- CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$	\$	\$	\$
(b) FRINGE	\$	\$	\$	\$
<b>TOTAL PERSONNEL = \$</b>	\$	\$	\$	\$
=====				
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$	\$	\$	\$
(c) TRAVEL	\$	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$	\$
(e) FOOD SERVICES	\$	\$	\$	\$
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$
(h) INSURANCE	\$	\$	\$	\$
(i) INTEREST	\$	\$	\$	\$
(j) OPERATING SUPPLIES & EXPENSES	\$	\$	\$	\$
(k) OTHER	\$	\$	\$	\$
(l) DONATED ITEMS	\$	\$	\$	\$
<b>TOTAL EXPENSES = \$</b>	\$	\$	\$	\$
=====				
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$	\$	\$	\$
(b) PROPERTY	\$	\$	\$	\$
<b>TOTAL NONEXPENDABLE PROPERTY = \$</b>	\$	\$	\$	\$
=====				
<b>IV. COMPUTER HARDWARE, SOFTWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES = \$</b>	\$	\$	\$	\$
=====				
<b>V. SPECIAL PROJECTS</b>				
	\$	\$	\$	\$
=====				
<b>GRAND TOTAL =</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>
=====				

**EXHIBIT B-3**

**LINE ITEM OPERATING BUDGET**

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 07/01/2012 TO 06/30/2013      DATE PREPARED: 10/01/2010

LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects-CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$	\$	\$	\$
(b) FRINGE	\$	\$	\$	\$
<b>TOTAL PERSONNEL = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$	\$	\$	\$
(c) TRAVEL	\$	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$	\$
(e) FOOD SERVICES	\$	\$	\$	\$
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$
(h) INSURANCE	\$	\$	\$	\$
(i) INTEREST	\$	\$	\$	\$
(j) OPERATING SUPPLIES & EXPENSES	\$	\$	\$	\$
(k) OTHER	\$	\$	\$	\$
(l) DONATED ITEMS	\$	\$	\$	\$
<b>TOTAL EXPENSES = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$	\$	\$	\$
(b) PROPERTY	\$	\$	\$	\$
<b>TOTAL NONEXPENDABLE PROPERTY = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>IV. COMPUTER HARDWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>V. SPECIAL PROJECTS</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>GRAND TOTAL =</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>
	=====	=====	=====	=====

**EXHIBIT B-4**

**LINE ITEM OPERATING BUDGET**

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 07/01/2013 TO 06/30/2014 DATE PREPARED: 10/01/2010

LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects- CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$	\$	\$	\$
(b) FRINGE	\$	\$	\$	\$
<b>TOTAL PERSONNEL = \$</b>	\$	\$	\$	\$
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$	\$	\$	\$
(c) TRAVEL	\$	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$	\$
(e) FOOD SERVICES	\$	\$	\$	\$
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$
(h) INSURANCE	\$	\$	\$	\$
(i) INTEREST	\$	\$	\$	\$
(j) OPERATING SUPPLIES & EXPENSES	\$	\$	\$	\$
(k) OTHER	\$	\$	\$	\$
(l) DONATED ITEMS	\$	\$	\$	\$
<b>TOTAL EXPENSES = \$</b>	\$	\$	\$	\$
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$	\$	\$	\$
(b) PROPERTY	\$	\$	\$	\$
<b>TOTAL NONEXPENDABLE PROPERTY = \$</b>	\$	\$	\$	\$
<b>IV. COMPUTER HARDWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES = \$</b>	\$	\$	\$	\$
<b>V. SPECIAL PROJECTS</b>				
	\$	\$	\$	\$
<b>GRAND TOTAL =</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>

**EXHIBIT B-5**

**LINE ITEM OPERATING BUDGET**

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 07/01/2014 TO 06/30/2015      DATE PREPARED: 10/01/2010

LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects- CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$	\$	\$	\$
(b) FRINGE	\$	\$	\$	\$
<b>TOTAL PERSONNEL = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$	\$	\$	\$
(c) TRAVEL	\$	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$	\$
(e) FOOD SERVICES	\$	\$	\$	\$
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$
(h) INSURANCE	\$	\$	\$	\$
(i) INTEREST	\$	\$	\$	\$
(j) OPERATING SUPPLIES & EXPENSES	\$	\$	\$	\$
(k) OTHER	\$	\$	\$	\$
(l) DONATED ITEMS	\$	\$	\$	\$
<b>TOTAL EXPENSES = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$	\$	\$	\$
(b) PROPERTY	\$	\$	\$	\$
<b>TOTAL NONEXPENDABLE PROPERTY = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>IV. COMPUTER HARDWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES = \$</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>V. SPECIAL PROJECTS</b>	\$	\$	\$	\$
	=====	=====	=====	=====
<b>GRAND TOTAL =</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>
	=====	=====	=====	=====

**EXHIBIT B-6**

**LINE ITEM OPERATING BUDGET**

AGENCY: South Florida Behavioral Health Network, Inc.

CONTRACT # KH225

CONTRACT PERIOD: FROM: 07/01/2015 TO 09/30/2015      DATE PREPARED: 10/01/2010

LINE ITEMS	Administration, Management & Oversight AMOUNTS	Special Projects- CMH SAMSHA Wraparound Grant AMOUNTS	Other Special Projects AMOUNTS	TOTAL
<b>I. PERSONNEL SERVICES</b>				
(a) SALARIES	\$	\$	\$	\$
(b) FRINGE	\$	\$	\$	\$
<b>TOTAL PERSONNEL = \$</b>	\$	\$	\$	\$
=====				
<b>II. EXPENSES</b>				
(a) BUILDING OCCUPANCY	\$	\$	\$	\$
(b) PROFESSIONAL SERVICES	\$	\$	\$	\$
(c) TRAVEL	\$	\$	\$	\$
(d) EQUIPMENT COSTS	\$	\$	\$	\$
(e) FOOD SERVICES	\$	\$	\$	\$
(f) MEDICAL AND PHARMACY	\$	\$	\$	\$
(g) SUBCONTRACTED SERVICES	\$	\$	\$	\$
(h) INSURANCE	\$	\$	\$	\$
(i) INTEREST	\$	\$	\$	\$
(j) OPERATING SUPPLIES & EXPENSES	\$	\$	\$	\$
(k) OTHER	\$	\$	\$	\$
(l) DONATED ITEMS	\$	\$	\$	\$
<b>TOTAL EXPENSES = \$</b>	\$	\$	\$	\$
=====				
<b>III. NONEXPENDABLE PROPERTY</b>				
(a) EQUIPMENT	\$	\$	\$	\$
(b) PROPERTY	\$	\$	\$	\$
<b>TOTAL NONEXPENDABLE PROPERTY = \$</b>	\$	\$	\$	\$
=====				
<b>IV. COMPUTER HARDWARE, &amp; SERVICES</b>				
<b>TOTAL COMPUTER EXPENSES = \$</b>	\$	\$	\$	\$
=====				
<b>V. SPECIAL PROJECTS</b>				
	\$	\$	\$	\$
=====				
<b>GRAND TOTAL =</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>	<b>\$TBD</b>
=====				

**MANAGING ENTITY ADMINISTRATIVE SERVICES MONTHLY REQUEST FOR PAYMENT/ADVANCE**  
Administrative Services

a. AGENCY NAME: South Florida Behavioral Health Network, Inc. b. CONTRACT NO.: KH225  
 c. REQUEST MONTH / YEAR OF: \_\_\_\_\_  
 d. FEDERAL ID #: \_\_\_\_\_ g. Remaining Months in Contract: \_\_\_\_\_  
 e. VENDOR ID (If different than Fed ID): \_\_\_\_\_  
 f. ADDRESS (Number, City, State, Zip): \_\_\_\_\_

Part I-FIXED PRICE/FIXED PAYMENT				
1	2	3	4	5
UNIT OF MEASURE	UNIT COST	Number of Units Billed this Month	Current Month Request	YTD Expenditure
1 One (1) Month of Administration, Management, and Oversight				
Totals	\$0.00	\$0.00	\$0.00	\$0.00

PART 2 - FUNDING DISTRIBUTION							
A	B	C	D	E	Recoupment of		Cols E - F - G
					F	G	H
Org Code	Category	OCA	EO	Amount Due	Advance	Earned Interest	Amt to be Paid
1							
2							
3							
4							
5							
6							
\$ - \$ - \$ - \$ -							

**PART 3 - CERTIFICATION & APPROVAL**  
 h. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

i. **For DCF Contract Manager use only:**

Date Invoice Received: \_\_\_\_\_  
 Date Goods/Services Received: \_\_\_\_\_  
 Date Inspected and Approved: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Contract Manager \_\_\_\_\_

YTD Advance Balance

Total: \_\_\_\_\_

**NETWORK PROVIDER SERVICES COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT/ADVANCE**

Adult Mental Health Services

a. AGENCY NAME: South Florida Behavioral Health Network, Inc. b. CONTRACT NO.: KH225  
 c. REQUEST MONTH / YEAR OF: \_\_\_\_\_  
 d. FEDERAL ID #: \_\_\_\_\_  
 e. VENDOR ID (If different than Fed ID): \_\_\_\_\_  
 f. ADDRESS (Number, City, State, Zip): \_\_\_\_\_  
 g. Remaining Months in Contract: \_\_\_\_\_

PART 1 - EARNINGS									
1	2	3	4						
ACTIVITY	Total Contract Amount	Paid YTD Payments	Amount Requested (From Network Providers for Request Period)						
1		\$0.00	\$0.00						
2		\$0.00	\$0.00						
3		\$0.00	\$0.00						
4		\$0.00	\$0.00						
5		\$0.00	\$0.00						
6		\$0.00	\$0.00						
7		\$0.00	\$0.00						
8		\$0.00	\$0.00						
9		\$0.00	\$0.00						
Grand Totals	\$0.00	\$0.00	\$0.00						

PART 2 - FUNDING DISTRIBUTION													
A	B	C	D	E	F	G	Recoupment of		Columns G-H-I				
Org Code	Line #	Fund	Category	OCA	EO	Amount Due	Advance	Earned Interest	Amt to be Paid				
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
						\$	-	\$	-	\$	-	\$	-

**PART 3 - CERTIFICATION & APPROVAL**  
 h. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department.  
 Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

i. **For DCF Contract Manager use only:**

Date Invoice Received: \_\_\_\_\_  
 Date Goods/Services Received: \_\_\_\_\_  
 Date Inspected and Approved: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Contract Manager: \_\_\_\_\_

YTD Advance Balance

Total: \_\_\_\_\_

**NETWORK PROVIDER SERVICES COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT/ADVANCE**

Children Mental Health Services

**South Florida Behavioral Health Network, Inc.**

a. AGENCY NAME:

b. CONTRACT NO.: KH225

c. REQUEST MONTH / YEAR OF:

d. FEDERAL ID #:

g. Remaining Months in Contract: \_\_\_\_\_

e. VENDOR ID (If different than Fed ID):

f. ADDRESS (Number, City, State, Zip):

**PART 1 - EARNINGS**

1	2	3	4						
ACTIVITY	Total Contract Amount	Paid YTD Payments	Amount Requested (From Network Providers for Request Period)						
1		\$0.00	\$0.00						
2		\$0.00	\$0.00						
3		\$0.00	\$0.00						
4		\$0.00	\$0.00						
5		\$0.00	\$0.00						
6		\$0.00	\$0.00						
7		\$0.00	\$0.00						
8		\$0.00	\$0.00						
9		\$0.00	\$0.00						
Grand Totals		\$0.00	\$0.00	\$0.00					

**PART 2 - FUNDING DISTRIBUTION**

A	B	C	D	E	F	G	Recoupment of		Columns G-H-I
Org Code	Line #	Fund	Category	OCA	EO	Amount Due	Advance	Earned Interest	Amt to be Paid
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
						\$ -	\$ -	\$ -	\$ -

**PART 3 - CERTIFICATION & APPROVAL**

h. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

i. **For DCF Contract Manager use only:**

Date Invoice Received: \_\_\_\_\_

Date Goods/Services Received: \_\_\_\_\_

Date Inspected and Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Contract Manager \_\_\_\_\_

YTD Advance Balance	
Total:	_____

**NETWORK PROVIDER SERVICES COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT/ADVANCE**

Adult Substance Abuse Services

a. AGENCY NAME: South Florida Behavioral Health Network, Inc. b. CONTRACT No.: KH225  
 c. REQUEST MONTH / YEAR OF: \_\_\_\_\_  
 d. FEDERAL ID #: \_\_\_\_\_ g. Remaining Months in Contract: \_\_\_\_\_  
 e. VENDOR ID (If different than Fed ID): \_\_\_\_\_  
 f. ADDRESS (Number, City, State, Zip): \_\_\_\_\_

**PART 1 - EARNINGS**

1	2	3	4					
ACTIVITY	Total Contract Amount	Paid YTD Payments	Amount Requested (From Network Providers for Request Period)					
1		\$0.00	\$0.00					
2		\$0.00	\$0.00					
3		\$0.00	\$0.00					
4		\$0.00	\$0.00					
5		\$0.00	\$0.00					
6		\$0.00	\$0.00					
7		\$0.00	\$0.00					
8		\$0.00	\$0.00					
9		\$0.00	\$0.00					
Grand Totals		\$0.00	\$0.00	\$0.00				

**PART 2 - FUNDING DISTRIBUTION**

A	B	C	D	E	F	G	Recoupment of		Columns G-H-I
Org Code	Line #	Fund	Category	OCA	EO	Amount Due	Advance	Earned Interest	Amt to be Paid
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
						\$ -	\$ -	\$ -	\$ -

**PART 3 - CERTIFICATION & APPROVAL**

h. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department. Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

i. **For DCF Contract Manager use only:**

Date Invoice Received: \_\_\_\_\_

Date Goods/Services Received: \_\_\_\_\_

Date Inspected and Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Contract Manager: \_\_\_\_\_

**YTD Advance Balance**

Total: \_\_\_\_\_

**NETWORK PROVIDER SERVICES COST REIMBURSEMENT REPORT OF EXPENDITURES AND REQUEST FOR PAYMENT/ADVANCE**

Children Substance Abuse Services

a. AGENCY NAME: South Florida Behavioral Health Network, Inc. b. CONTRACT No.: KH225  
 c. REQUEST MONTH / YEAR OF: \_\_\_\_\_  
 d. FEDERAL ID #: \_\_\_\_\_ g. Remaining Months in Contract: \_\_\_\_\_  
 e. VENDOR ID (If different than Fed ID): \_\_\_\_\_  
 f. ADDRESS (Number, City, State, Zip): \_\_\_\_\_

PART 1 - EARNINGS									
1	2	3	4						
ACTIVITY	Total Contract Amount	Paid YTD Payments	Amount Requested (From Network Providers for Request Period)						
1		\$0.00	\$0.00						
2		\$0.00	\$0.00						
3		\$0.00	\$0.00						
4		\$0.00	\$0.00						
5		\$0.00	\$0.00						
6		\$0.00	\$0.00						
7		\$0.00	\$0.00						
8		\$0.00	\$0.00						
9		\$0.00	\$0.00						
Grand Totals	\$0.00	\$0.00	\$0.00						

PART 2 - FUNDING DISTRIBUTION									
A	B	C	D	E	F	G	Recoupment of		Columns E-F-G
Org Code	Line #	Fund	Category	OCA	EO	Amount Due	Advance	Earned Interest	Amt to be Paid
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
						\$ -	\$ -	\$ -	\$ -

**PART 3 - CERTIFICATION & APPROVAL**  
 h. I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with the department.  
 Additionally, I certify that all client demographic and service event data has been submitted to the department in accordance with the contract.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

i. **For DCF Contract Manager use only:**

Date Invoice Received: \_\_\_\_\_  
 Date Goods/Services Received: \_\_\_\_\_  
 Date Inspected and Approved: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Contract Manager \_\_\_\_\_

**YTD Advance Balance**

Total: \_\_\_\_\_

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2010-2011*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:**I. Mental Health Contracted Services****A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)****Minimum  
Numbers to  
be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

21,7425551,676274**2. Children's Mental Health**

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

10,5035,50192**B. Required Performance Outcome Standards for Each Target Population****Minimum  
Contract  
Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) **(Statewide Target – 93%)**
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – **(Statewide Target – 30)**

93%30**2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – **(Statewide Target – 90%)**

90%**3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – **(Statewide Target – 15%)**

15%**4. Adult Mental Health - Forensic Involvement**

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – **(Statewide Target – 70%)**

70%**5. Children's Mental Health - Seriously Emotionally Disturbed**

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – **(Statewide Target – 95%)**
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – **(Statewide Target – 65%)**
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – **(Statewide Target – 86%)**

95%65%86%**6. Children's Mental Health - Emotionally Disturbed**

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – **(Statewide Target – 95%)**
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – **(Statewide Target – 64%)**

95%64%

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2010-2011*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**7. Children’s Mental Health – At-Risk of Emotional Disturbance**

a. Percent of children who live in stable housing environment will be at least (M0780) (MH780)  
– (Statewide Target – 90%) 90%

**C. Required Internal Measures**

**1. Data Submission Outcomes for Mental Health**

a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0759)  
**The standard target for this measure is at least 95%** 95%

**II. Substance Abuse Contracted Services**

**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population. **Minimum Numbers to be Served**

**1. Adults with Substance Abuse Problems**  
a. Number of Adults Served (M0063)/(SA063) 12,354

**2. Children with Substance Abuse Problems**  
a. Number of Children Served (M0052)/(SA052) 4,520

**3. Adults At-Risk of Substance Abuse Problems- (Non GAA)**  
a. Number of Adults participating in Prevention Services (M0785)/(SA785) 18,087  
b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767) 150  
c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768) 10  
d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0769)/(SA769) 112  
e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0770)/(SA770) 7

**4. Children At-Risk of Substance Abuse Problems- (Non GAA)**  
a. Number of children participating in Prevention Services (M0762)/(SA762) 14,983  
b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761) 9,735  
c. Number of children participating in Level 2 Prevention Programs(M0695)/(SA695) 354  
d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0763)/(SA763) 2,164  
e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0764)/(SA764) 143

**B. Required Performance Outcome Standards for Each Target Population**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated. **Minimum Contract Standard**

**1. Adults with Substance Abuse Problems**  
a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/SA755) - (Statewide Target – 50%) 50%  
b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) (Statewide Target – 20%) 20%  
c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/SA756) - (Statewide Target – 80%) 80%  
d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2010-2011*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

prior to discharge (M0754/SA754) <b>(Statewide Target – 35%)</b>	<b>35%</b>
<b>2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)</b>	
a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)	<b>50%</b>
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)	<b>50%</b>
<b>3. Children with Substance Abuse Problems</b>	
a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - <b>(Statewide Target – 55%)</b>	<b>55%</b>
b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - <b>(Statewide Target – 85%)</b>	<b>85%</b>
c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - <b>(Statewide Target – 20%)</b>	<b>20%</b>
<b>4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)</b>	
a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765)	<b>50%</b>
b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766)	<b>50%</b>
<b>5. Data Submission for Prevention Program Tool (Baseline – Non GAA)</b>	
a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. <b>(Statewide Target – 50%)</b>	<b>50%</b>

**C. Required Internal Measures**

<b>1. Data Submission Outcomes for Substance Abuse</b>	
a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) <b>The standard target for this measure is at least 95%</b>	<b>95%</b>

**III. Managing Entity Contracted Services****a. Performance Measures**

**(1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**(5)** TBD percent reduction in the average number of days people are on the residential substance abuse wait list.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2010-2011*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2010-2011*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.


**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2011-2012*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:**I. Mental Health Contracted Services****A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)****Minimum Numbers to be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

**TBD****TBD****TBD****TBD****2. Children's Mental Health**

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

**TBD****TBD****TBD****B. Required Performance Outcome Standards for Each Target Population****Minimum Contract Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) **(Statewide Target – 93%)**
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – **(Statewide Target – 30)**

**93%****30****2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – **(Statewide Target – 90%)**

**90%****3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – **(Statewide Target – 15%)**

**15%****4. Adult Mental Health - Forensic Involvement**

- b. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – **(Statewide Target – 70%)**

**70%****5. Children's Mental Health - Seriously Emotionally Disturbed**

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – **(Statewide Target – 95%)**
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – **(Statewide Target – 65%)**
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – **(Statewide Target – 86%)**

**95%****65%****86%****6. Children's Mental Health - Emotionally Disturbed**

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – **(Statewide Target – 95%)**
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – **(Statewide Target – 64%)**

**95%****64%**

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2011-2012*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**7. Children’s Mental Health – At-Risk of Emotional Disturbance**

a. Percent of children who live in stable housing environment will be at least (M0780) (MH780)  
– **(Statewide Target – 90%)** 90%

**C. Required Internal Measures**

**1. Data Submission Outcomes for Mental Health**

a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0759)  
**The standard target for this measure is at least 95%** 95%

**II. Substance Abuse Contracted Services**

**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**Minimum  
Numbers to  
be Served**

**1. Adults with Substance Abuse Problems**

a. Number of Adults Served (M0063)/(SA063) TBD

**2. Children with Substance Abuse Problems**

a. Number of Children Served (M0052)/(SA052) TBD

**3. Adults At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of Adults participating in Prevention Services (M0785)(SA785) TBD

b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767) TBD

c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768) TBD

d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0769)/(SA769) TBD

e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0770)/(SA770) TBD

**4. Children At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of children participating in Prevention Services (M0762)/(SA762) TBD

b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761) TBD

c. Number of children participating in Level 2 Prevention Programs(M0695)/(SA695) TBD

d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0763)/(SA763) TBD

e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0764)(SA764) TBD

**B. Required Performance Outcome Standards for Each Target Population**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**Minimum  
Contract  
Standard**

**1. Adults with Substance Abuse Problems**

a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/SA755) - **(Statewide Target – 50%)** 50%

b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) **(Statewide Target – 20%)** 20%

c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/SA756) - **(Statewide Target – 80%)** 80%

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2011-2012*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754/SA754) <b>(Statewide Target – 35%)</b>	<b>35%</b>
<b>2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)</b>	
a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)	<b>50%</b>
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)	<b>50%</b>
<b>3. Children with Substance Abuse Problems</b>	
a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - <b>(Statewide Target – 55%)</b>	<b>55%</b>
b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - <b>(Statewide Target – 85%)</b>	<b>85%</b>
c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - <b>(Statewide Target – 20%)</b>	<b>20%</b>
<b>4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)</b>	
a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765)	<b>50%</b>
b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766)	<b>50%</b>
<b>5. Data Submission for Prevention Program Tool (Baseline – Non GAA)</b>	
a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. <b>(Statewide Target – 50%)</b>	<b>50%</b>
<b>C. Required Internal Measures</b>	
<b>1. Data Submission Outcomes for Substance Abuse</b>	
a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) <b>The standard target for this measure is at least 95%</b>	<b>95%</b>

**III. Managing Entity Contracted Services****a. Performance Measures**

**(1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**(5)** TBD percent reduction in the average number of days people are on the residential substance abuse wait list.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2011-2012*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2011-2012*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.


**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2012-2013*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:**I. Mental Health Contracted Services****A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)****Minimum Numbers to be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

**TBD****TBD****TBD****TBD****2. Children's Mental Health**

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

**TBD****TBD****TBD****B. Required Performance Outcome Standards for Each Target Population****Minimum Contract Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) **(Statewide Target – 93%)**
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – **(Statewide Target – 30)**

**93%****30****2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – **(Statewide Target – 90%)**

**90%****3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – **(Statewide Target – 15%)**

**15%****4. Adult Mental Health - Forensic Involvement**

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – **(Statewide Target – 70%)**

**70%****5. Children's Mental Health - Seriously Emotionally Disturbed**

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – **(Statewide Target – 95%)**
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – **(Statewide Target – 65%)**
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – **(Statewide Target – 86%)**

**95%****65%****86%****6. Children's Mental Health - Emotionally Disturbed**

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – **(Statewide Target – 95%)**
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – **(Statewide Target – 64%)**

**95%****64%**

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2012-2013*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**7. Children’s Mental Health – At-Risk of Emotional Disturbance**

a. Percent of children who live in stable housing environment will be at least (M0780) (MH780)  
– **(Statewide Target – 90%)** 90%

**C. Required Internal Measures**

**1. Data Submission Outcomes for Mental Health**

a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0759)  
**The standard target for this measure is at least 95%** 95%

**II. Substance Abuse Contracted Services**

**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population. **Minimum Numbers to be Served**

**1. Adults with Substance Abuse Problems**

a. Number of Adults Served (M0063)/(SA063) TBD

**2. Children with Substance Abuse Problems**

a. Number of Children Served (M0052)/(SA052) TBD

**3. Adults At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of Adults participating in Prevention Services (M0785)(SA785) TBD

b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767) TBD

c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768) TBD

d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0769)/(SA769) TBD

e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0770)/(SA770) TBD

**4. Children At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of children participating in Prevention Services (M0762)/(SA762) TBD

b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761) TBD

c. Number of children participating in Level 2 Prevention Programs(M0695)/(SA695) TBD

d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0763)/(SA763) TBD

e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0764)(SA764) TBD

**B. Required Performance Outcome Standards for Each Target Population**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated. **Minimum Contract Standard**

**1. Adults with Substance Abuse Problems**

a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/SA755) - **(Statewide Target – 50%)** 50%

b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) **(Statewide Target – 20%)** 20%

c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/SA756) - **(Statewide Target – 80%)** 80%

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2012-2013*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754/SA754) <b>(Statewide Target – 35%)</b>	<u><b>35%</b></u>
<b>2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)</b>	
a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0771)/(SA771)	<u><b>50%</b></u>
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0772)/(SA772)	<u><b>50%</b></u>
<b>3. Children with Substance Abuse Problems</b>	
a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - <b>(Statewide Target – 55%)</b>	<u><b>55%</b></u>
b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - <b>(Statewide Target – 85%)</b>	<u><b>85%</b></u>
c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - <b>(Statewide Target – 20%)</b>	<u><b>20%</b></u>
<b>4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)</b>	
a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0765)/(SA765)	<u><b>50%</b></u>
b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0766)/(SA766)	<u><b>50%</b></u>
<b>5. Data Submission for Prevention Program Tool (Baseline – Non GAA)</b>	
a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. <b>(Statewide Target – 50%)</b>	<u><b>50%</b></u>
<b>C. Required Internal Measures</b>	
<b>1. Data Submission Outcomes for Substance Abuse</b>	
a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) <b>The standard target for this measure is at least 95%</b>	<u><b>95%</b></u>

**III. Managing Entity Contracted Services**

**a. Performance Measures**

**(1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2012-2013*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (5) TBD percent reduction in the average number of days people are on the residential substance abuse wait list.
- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2012-2013*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**(7)** One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

**\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.**


**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2013-2014*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:**I. Mental Health Contracted Services****A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)****Minimum Numbers to be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

**TBD****TBD****TBD****TBD****2. Children's Mental Health**

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

**TBD****TBD****TBD****B. Required Performance Outcome Standards for Each Target Population****Minimum Contract Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) **(Statewide Target – 93%)**
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – **(Statewide Target – 30)**

**93%****30****2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – **(Statewide Target – 90%)**

**90%****3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – **(Statewide Target – 15%)**

**15%****4. Adult Mental Health - Forensic Involvement**

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – **(Statewide Target – 70%)**

**70%****5. Children's Mental Health - Seriously Emotionally Disturbed**

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – **(Statewide Target – 95%)**
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – **(Statewide Target – 65%)**
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – **(Statewide Target – 86%)**

**95%****65%****86%****6. Children's Mental Health - Emotionally Disturbed**

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – **(Statewide Target – 95%)**
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – **(Statewide Target – 64%)**

**95%****64%**

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2013-2014*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**7. Children’s Mental Health – At-Risk of Emotional Disturbance**

a. Percent of children who live in stable housing environment will be at least (M0780) (MH780)  
– **(Statewide Target – 90%)** 90%

**C. Required Internal Measures**

**1. Data Submission Outcomes for Mental Health**

a. Percent of persons receiving state-contracted mental health service event records which have matching mental health initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0759)  
**The standard target for this measure is at least 95%** 95%

**II. Substance Abuse Contracted Services**

**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**Minimum  
Numbers to  
be Served**

**1. Adults with Substance Abuse Problems**

a. Number of Adults Served (M0063)/(SA063) TBD

**2. Children with Substance Abuse Problems**

a. Number of Children Served (M0052)/(SA052) TBD

**3. Adults At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of Adults participating in Prevention Services (M0785)(SA785) TBD

b. Number of Adults participating in Level 1 Prevention Programs (M0767)/(SA767) TBD

c. Number of Adults participating in Level 2 Prevention Programs (M0768)/(SA768) TBD

d. Number of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0769)/(SA769) TBD

e. Number of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0770)/(SA770) TBD

**4. Children At-Risk of Substance Abuse Problems- (Non GAA)**

a. Number of children participating in Prevention Services (M0762)/(SA762) TBD

b. Number of children participating in Level 1 Prevention Programs (M0761)/(SA761) TBD

c. Number of children participating in Level 2 Prevention Programs(M0695)/(SA695) TBD

d. Number of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0763)/(SA763) TBD

e. Number of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities (M0764)(SA764) TBD

**B. Required Performance Outcome Standards for Each Target Population**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**Minimum  
Contract  
Standard**

**1. Adults with Substance Abuse Problems**

a. Percent of adults who successfully complete substance abuse treatment services will be at least (M0755)/SA755) - **(Statewide Target – 50%)** 50%

b. Percent change in clients who are employed from admission to discharge will be at least (M0753)/(SA753) **(Statewide Target – 20%)** 20%

c. Percent of adults who live in a stable housing environment at the time of discharge will be at least (M0756)/SA756) - **(Statewide Target – 80%)** 80%

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2013-2014*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

d. Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge (M0754/SA754) <b>(Statewide Target – 35%)</b>	<u>35%</u>
<b>2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)</b>	
a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0771)/(SA771)	<u>50%</u>
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0772)/(SA772)	<u>50%</u>
<b>3. Children with Substance Abuse Problems</b>	
a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - <b>(Statewide Target – 55%)</b>	<u>55%</u>
b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - <b>(Statewide Target – 85%)</b>	<u>85%</u>
c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - <b>(Statewide Target – 20%)</b>	<u>20%</u>
<b>4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)</b>	
a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0765)/(SA765)	<u>50%</u>
b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0766)/(SA766)	<u>50%</u>
<b>5. Data Submission for Prevention Program Tool (Baseline – Non GAA)</b>	
a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. <b>(Statewide Target – 50%)</b>	<u>50%</u>

**C. Required Internal Measures**

<b>1. Data Submission Outcomes for Substance Abuse</b>	
a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) <b>The standard target for this measure is at least 95%</b>	<u>95%</u>

**III. Managing Entity Contracted Services**

**a. Performance Measures**

- (1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.
- (2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.
- (3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.
- (4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2013-2014*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (5) TBD percent reduction in the average number of days people are on the residential substance abuse wait list.
- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2013-2014*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

**\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.**


**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2014-2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**I. Mental Health Contracted Services**

**A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)**

**Minimum Numbers to be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)	<u>TBD</u>
b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)	<u>TBD</u>
c. Adults with Mental Health Problems (M05302)/(MH5302)	<u>TBD</u>
d. Adults with Forensic Involvement (M0018)/(MH018)	<u>TBD</u>

**2. Children's Mental Health**

a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)	<u>TBD</u>
b. Children with Emotional Disturbances (ED) (M0032)/(MH032)	<u>TBD</u>
c. Children at-risk of Emotional Disturbances (M0033)/(MH033)	<u>TBD</u>

**B. Required Performance Outcome Standards for Each Target Population**

**Minimum Contract Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) <b>(Statewide Target – 93%)</b>	<u>93%</u>
b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – <b>(Statewide Target – 30)</b>	<u>30</u>

**2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – <b>(Statewide Target – 90%)</b>	<u>90%</u>
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**3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – <b>(Statewide Target – 15%)</b>	<u>15%</u>
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**4. Adult Mental Health - Forensic Involvement**

a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – <b>(Statewide Target – 70%)</b>	<u>70%</u>
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**5. Children's Mental Health - Seriously Emotionally Disturbed**

a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – <b>(Statewide Target – 95%)</b>	<u>95%</u>
b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – <b>(Statewide Target – 65%)</b>	<u>65%</u>
c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – <b>(Statewide Target – 86%)</b>	<u>86%</u>

**6. Children's Mental Health - Emotionally Disturbed**

a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – <b>(Statewide Target – 95%)</b>	<u>95%</u>
b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – <b>(Statewide Target – 64%)</b>	<u>64%</u>



**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2014-2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

prior to discharge (M0754/SA754) **(Statewide Target – 35%)** 35%

**2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)**

a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0771)/(SA771) 50%

b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0772)/(SA772) 50%

**3. Children with Substance Abuse Problems**

a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - **(Statewide Target – 55%)** 55%

b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - **(Statewide Target – 85%)** 85%

c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - **(Statewide Target – 20%)** 20%

**4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)**

a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0765)/(SA765) 50%

b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program’s schedule of activities will be at least (M0766)/(SA766) 50%

**5. Data Submission for Prevention Program Tool (Baseline – Non GAA)**

a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. **(Statewide Target – 50%)** 50%

**C. Required Internal Measures**

**1. Data Submission Outcomes for Substance Abuse**

a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) **The standard target for this measure is at least 95%** 95%

**III. Managing Entity Contracted Services**

**a. Performance Measures**

**(1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as “Satisfactory” or higher.

**(4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**(5)** TBD percent reduction in the average number of days people are on the residential substance abuse wait list.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2014-2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year 2014-2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.


**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year July 1, 2015- September 30, 2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:**I. Mental Health Contracted Services****A. Required Performance Output Standards for Each Target Population (including all clients paid for by SAMH, Medicaid and Local Match)****Minimum Numbers to be Served**

\*Please explain in the comment section below if a target population is indicated in the section below, but there is no corresponding outcome standard for that population.

**1. Adult Mental Health**

- a. Adults with Severe and Persistent Mental Illness (SPMI) (M0016)/(MH016)
- b. Adults with Serious and Acute Episodes of Mental Illness (M05301)/(MH5301)
- c. Adults with Mental Health Problems (M05302)/(MH5302)
- d. Adults with Forensic Involvement (M0018)/(MH018)

**TBD****TBD****TBD****TBD****2. Children's Mental Health**

- a. Children with Serious Emotional Disturbances (SED) (M0031)/(MH031)
- b. Children with Emotional Disturbances (ED) (M0032)/(MH032)
- c. Children at-risk of Emotional Disturbances (M0033)/(MH033)

**TBD****TBD****TBD****B. Required Performance Outcome Standards for Each Target Population****Minimum Contract Standard**

\*Please explain in the comment section below if there is an Outcome Standard but there is no corresponding target population indicated.

**1. Adult Mental Health - Adults with Severe and Persistent Mental Illness**

- a. Percent of adults with severe and persistent mental illnesses who live in stable housing environment will be at least (M0742)/MH742) **(Statewide Target – 93%)**
- b. Average annual number of days (post admission assessments) worked for pay for adults with severe and persistent mental illness will be at least (M0003)/(MH003) – **(Statewide Target – 30)**

**93%****30****2. Adult Mental Health - Adults in Mental Health Crisis, including Adults with Serious and Acute Episodes of Mental Illness and Adults with Mental Health Problems**

- a. Percent of adults in mental health crisis who live in stable housing environment will be at least (M0744)/MH744) – **(Statewide Target – 90%)**

**90%****3. Adult Mental Health – Adults with Serious Mental Illness (SPMI, MH Crisis, Forensic)**

- a. Percent of adults with serious mental illness who are competitively employed will be at least (M0703)/MH703) – **(Statewide Target – 15%)**

**15%****4. Adult Mental Health - Forensic Involvement**

- a. Percent of adults in forensic involvement who live in stable housing environment will be at least (M0743)/MH743) – **(Statewide Target – 70%)**

**70%****5. Children's Mental Health - Seriously Emotionally Disturbed**

- a. Percent of children with serious emotional disturbance who live in stable housing environment will be at least (M0779)/(MH779) – **(Statewide Target – 95%)**
- b. Percent of children with serious emotional disturbance who improve their level of functioning will be at least (M0378)/MH378) – **(Statewide Target – 65%)**
- c. Percent of school days seriously emotionally disturbed children attended will be at least (M0012)/(MH012) – **(Statewide Target – 86%)**

**95%****65%****86%****6. Children's Mental Health - Emotionally Disturbed**

- a. Percent of children who live in stable housing environment will be at least (M0778)/(MH778) – **(Statewide Target – 95%)**
- b. Percent of children who improve their level of functioning will be at least (M0377)/(MH377) – **(Statewide Target – 64%)**

**95%****64%**



**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year July 1, 2015- September 30, 2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

prior to discharge (M0754/SA754) <b>(Statewide Target – 35%)</b>	<b>35%</b>
<b>2. Adults At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for Each 50%)</b>	
a. Percent of adults participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0771)/(SA771)	<b>50%</b>
b. Percent of adults participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0772)/(SA772)	<b>50%</b>
<b>3. Children with Substance Abuse Problems</b>	
a. Percent of children who successfully complete substance abuse treatment services will be at least (SA725)/M0725) - <b>(Statewide Target – 55%)</b>	<b>55%</b>
b. Percent of children who live in a stable housing environment will be at least (M0752)/SA752) - <b>(Statewide Target – 85%)</b>	<b>85%</b>
c. Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge will be at least (M0751/SA751) - <b>(Statewide Target – 20%)</b>	<b>20%</b>
<b>4. Children At-Risk of Substance Abuse Problems - (Non GAA) (Statewide Target for each 50%)</b>	
a. Percent of children participating in Level 1 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0765)/(SA765)	<b>50%</b>
b. Percent of children participating in Level 2 Prevention Programs who complete 75 percent of the program's schedule of activities will be at least (M0766)/(SA766)	<b>50%</b>
<b>5. Data Submission for Prevention Program Tool (Baseline – Non GAA)</b>	
a. Percent of approved Prevention Descriptions completed within 30 days of contract execution. <b>(Statewide Target – 50%)</b>	<b>50%</b>
<b>C. Required Internal Measures</b>	
<b>6. Data Submission Outcomes for Substance Abuse</b>	
a. Percent of persons receiving state-contracted substance abuse service event records which have matching substance abuse initial (purpose 1) admission records in the Substance Abuse and Mental Health Information System will be at least(SAMHIS) (M0758) <b>The standard target for this measure is at least 95%</b>	<b>95%</b>

**III. Managing Entity Contracted Services****a. Performance Measures**

**(1)** 80 percent of Network Providers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(2)** 80 percent of stakeholders surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(3)** 80 percent of consumers surveyed for satisfaction will rate the administrative services of the provider as "Satisfactory" or higher.

**(4)** 90 percent of the Network Providers will receive reimbursement for verified services from the provider within 15 days following the managing entity receipt of a valid invoice.

**(5)** TBD percent reduction in the average number of days people are on the residential substance abuse wait list.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year July 1, 2015- September 30, 2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

- (6) TBD percent reduction in the average number of people waiting on the residential substance abuse wait list.
- (7) TBD percent reduction in the average number of days people are on the adult mental health wait list.
- (8) TBD percent reduction in the average number of people waiting on the adult mental health wait list.
- (9) TBD percent reduction in the average number of days people are on the children's mental health wait list.
- (10) TBD percent reduction in the average number of people waiting on the children's mental health wait list.
- (11) TBD percent reduction in the average number of days people are on the forensic wait list.
- (12) TBD percent reduction in the average number of people waiting on the forensic wait list.
- (13) The ME will manage the utilization of contracted service dollars to prevent any lapse in service dollars.

**b. Methodology**

- (1) The numerator is the number of Network Providers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of Network Providers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (2) The numerator is the number of stakeholders indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of stakeholders responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (3) The numerator is the number of consumers indicating ratings of "satisfactory" or higher on the satisfaction survey. The denominator is the number of consumers responding to the satisfaction survey. The measure is based on attainment of 80 percent or greater level of satisfaction.
- (4) The numerator is the number of properly prepared invoices received from Network Providers that are paid within 15 days of receipt from Network Providers. The denominator is the number of properly prepared invoices with all required backup data received from the Network Providers for each month. The measure is based on attaining an average of 90 percent or greater rate over a 12-month period.
- (5) One minus the fraction whose numerator is the average number of days people were on the residential substance abuse wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (6) One minus the fraction whose numerator is the average number of people waiting on the residential substance abuse wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.
- (7) One minus the fraction whose numerator is the average number of days people were on the adult mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**Exhibit D**  
**Substance Abuse and Mental Health Required Performance Outcomes and Outputs**  
*For Fiscal Year July 1, 2015- September 30, 2015*

Provider

Name: **South Florida Behavioral Health Network, Inc.** Contract #: **KH225** Date: **10/01/2010** Revision #:

**(8)** One minus the fraction whose numerator is the average number of people waiting on the adult mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(9)** One minus the fraction whose numerator is the average number of days people were on the children’s mental health wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(10)** One minus the fraction whose numerator is the average number of people waiting on the children’s mental health wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(11)** One minus the fraction whose numerator is the average number of days people were on the forensic wait list during the past fiscal, and whose denominator is the average number of days people were on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(12)** One minus the fraction whose numerator is the average number of people waiting on the forensic wait list during the past fiscal year, and whose denominator is the average number of people on the residential substance abuse wait list during the previous fiscal, the result of this calculation times 100 provides the percent.

**(13)** The numerator is the amount of service dollars utilized by Network Providers at the end of each fiscal year. The denominator is the total amount of service dollars allocated to the ME during each fiscal year.

**IV. Comments / Explanations**

\*There should be a number, baseline, or N/A inserted for each target or outcome in the sections above. \*Please explain if a target population is indicated but there is no corresponding outcome standard for that population, or if there is an Outcome Standard but there is no corresponding target population indicated.


## Missing Children

The provider agrees to follow the procedures outlined in Rule 65C-30.019, F.A.C. and Rule 65C-29.013, F.A.C. and in Children and Families Operating Procedure (CFOP) 175-85, entitled "Prevention, Reporting, and Services to Missing Children". The provider will perform the departmental functions as described in Rule 65C-30.019, F.A.C. and CFOP 175-85 which correspond to the functional role of this contract.

### 1. Definitions

- a. Designee - a person, contractual provider or other agency or entity named by the department.
- b. Exigent Circumstances - situations that require immediate actions, such as the child is under the age of thirteen, believed to be out of the zone of safety for their age and development, mentally incapacitated, in a life threatening situation, in the company of others who could endanger their welfare or is absent under circumstance inconsistent with established behaviors.
- c. FDLE-MCIC - Florida Department of Law Enforcement-Missing Children's Information Center.
- d. Family Services Counselor - a professional position responsible for case management for children placements. The term includes Department of Children and Families staff and staff working for an agency named as a designee.
- e. Missing Child - a person who is under the age of 18 years; whose location has not been determined; is currently placed in an out-of-home care setting; court order in-home placement; or is the subject of an active abuse investigation in which the child has been sheltered, would have been sheltered if their location had become known, or who was in the physical custody of the department or a provider when they went missing; and who has been or will be reported as missing to a law enforcement agency.

### 2. Reporting Missing Children

The provider agrees to instruct caregivers, including relative and non-relative caregivers, family services counselors, and all other staff that might be required to report a child as missing to local law enforcement to immediately undertake the following activities, as applicable, and document all actions and activities related to any efforts made to report and/or locate any child who is determined to be missing from their care or supervision:

- a. If exigent circumstances exist, the caregiver, family services counselor, or provider employee who has identified that a child is missing from their care or supervision shall immediately call local law enforcement as soon as a determination has been made that a child is missing and they shall request that the responding office:

(1) Take a report of the missing child.

(2) Assign a case number to the missing child report and provide the case number back to the caregiver or person who is reporting the child missing.

**(3)** Provide local law enforcement with a recent high quality photo of the child, or provide local law enforcement with a recent high quality photo when one becomes available.

**(4)** Request that a copy of the police report be provided to the family services counselor once a police report becomes available.

**(5)** If the responding law enforcement officer refuses to take a missing child report, for any reason, the individual attempting to report the child as missing will document the officer's name and specific local law enforcement agency name and request to speak to the law enforcement agency Watch/Shift Commander. If the law enforcement agency Watch Commander refuses to take a missing child report and it is a caregiver that is attempting to report the child as missing, the caregiver will immediately contact the family services counselor or on-call staff and provide them with all information related to local law enforcement not issuing a missing child report. Once the family services counselor or on-call staff have learned that a local law enforcement agency will not issue a missing child report they will immediately seek assistance from the local area Community Based Care (CBC) Child Location Specialist or the Department of Children and Families Regional Criminal Justice Services Coordinator on resolving any issue related to reporting the child as missing to local law enforcement.

**(6)** If it is a caregiver who has reported the child as missing to local law enforcement or attempted to report a child as missing to local law enforcement, they shall immediately notify the child's family services counselor or emergency on-call staff and provide them with the following information:

**(a)** The law enforcement agency name that the child was reported as missing to or attempted to be reported as missing to;

**(b)** The law enforcement missing child case number if one was issued by local law enforcement;

**(c)** A copy of the law enforcement report when one is made available;

**(d)** Detailed information on the child's overall state of mind and behavior prior to the child going missing;

**(e)** Detailed description of what the child was last seen wearing;

**(f)** Detailed information on possible locations that the child might be going to; and

**(g)** Detailed information on any individuals that the child might be traveling with.

**b.** If exigent circumstances do not exist, the caregiver, family services counselor, or other provider staff will within the first four (4) hours of learning that a child might be missing check to see what, if any, of the child's personal belongings are missing or if the child left a note; and,

**(1)** Contact the following persons as appropriate to ascertain if the child has been seen, or has given any indications that may explain the child's missing status:

- (a)** School/child's teachers and school resource officer;
  - (b)** The child's relatives/parents, both local and non-local, if appropriate, and the caregiver has the means for such contact;
  - (c)** Any friends or places that the child generally frequents, the local runaway shelter, if there is one in the community; and,
  - (d)** The child's employer, if applicable.
- (2)** Write down any information gathered that might help locate the child.
- (3)** Provide telephone/beeper numbers and ask for the individuals above to call back and share information if they have further information or see the child.
- c.** If at any time during the initial four (4) hour search for the child, if the caregiver, family services counselor, or any other provider employee becomes concerned about the immediate safety and well-being of the child, or the child's location remains unknown after four (4) hours from the time that the caregiver, family services counselor, or provider employee learned that the location of the child was unknown, they shall immediately call local law enforcement and they shall follow the steps outlined in Section 2.a., above.
- d.** If at any time, the child is located or returns to the caregivers home after law enforcement has been notified of the missing child case, all law enforcement agencies and other agencies that were notified of the missing child episode must be contacted immediately by the caregiver, family services counselor, or other provider employee. If at any time new information is obtained on a possible location of the missing child, the caregiver, family services counselor, or any other employee of the provider shall immediately contact all law enforcement agencies and other agencies that were notified of the missing child episode as to the possible location of the child.
- e.** All of the department's documentation related to the missing child episode shall be completed and entered into the department's approved missing child reporting system within one working day of the family services counselor, on-call staff, or Community Based Care (CBC) Child Location Specialist learning of a missing child episode regardless of whether local law enforcement has issued a missing child report number. This includes the uploading of a recent high quality photograph of the child into the department's approved missing child reporting system. If local law enforcement has refused to issue a missing child report a dummy local law enforcement case number of 00000 and the name of the local law agency that refused to issue the missing child report shall be used to complete and enter the missing child episode into the department's approved missing child reporting system.

**Exhibit F****Minimum Service Requirements**

The provider and its subcontractors shall be knowledgeable of and fully comply with all applicable state and federal laws, rules and regulations, as amended from time to time, that affect the subject areas of the contract. Authorities include but are not limited to the following:

**I. PROGRAMMATIC AUTHORITY (FEDERAL)****A. Mental Health**

42 U.S.C. 300x to 300x-9 (*Block Grant for community Mental Health Services*)  
<http://www4.law.cornell.edu/uscode/42/ch6AschXVIIpB.html>

**B. Substance Abuse Prevention and Treatment Block Grant (SAPTBG)**

42 U.S.C. 290kk, et seq. (*Limitation on use of funds for certain purposes*)  
[http://www4.law.cornell.edu/uscode/html/uscode42/usc\\_sec\\_42\\_0000029\\_0--kk000-.html](http://www4.law.cornell.edu/uscode/html/uscode42/usc_sec_42_0000029_0--kk000-.html)

42 U.S.C. 300x-21 to 300x-35 and 300x-51 to 300x-66 (*SA Treatment & Prevention Block Grants*)  
[http://www4.law.cornell.edu/uscode/html/uscode42/usc\\_sup\\_01\\_42\\_10\\_6\\_A\\_20\\_XVII\\_30\\_B\\_40\\_ii.html](http://www4.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_6_A_20_XVII_30_B_40_ii.html)

42 CFR, Part 54 (*Charitable choice*)  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/42cfr54\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr54_03.html)

45 CFR 96.120 – 137 (*SA Treatment & Prevention Block Grants*)  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr96\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr96_03.html)

**Restrictions on expenditures of SAPTBG**

45 CFR 96.135  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_01/45cfr96\\_01.html](http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html)

**C. Substance Abuse-Confidentiality**

42 CFR, Part 2  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/42cfr2\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr2_03.html)

**D. Health Insurance Portability and Accountability Act (HIPAA)**

45 CFR 164  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr164\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr164_03.html)

**Exhibit F****E. Social Security Income for the Aged, Blind and Disabled**

20 CFR 416

[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/20cfr416\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/20cfr416_03.html)**F. Endorsement and Payment of Checks Drawn on the United States Treasury**

31 CFR 240 relating to SSA

[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/31cfr240\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/31cfr240_03.html)**G. Temporary Assistance to Needy Families (TANF)**

Part A, Title IV of the Social Security Act

45 CFR, Part 260

[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr260\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr260_03.html)

Section 414.1585, F.S.

<http://www.leg.state.fl.us/statutes/index.cfm?Mode=ViewStatutes&Submenu=1>**H. Positive Alternatives to Homelessness (PATH)**Public Health Services Act, Title V, Part C, Section 521, as amended  
42 U.S.C. 290cc-21 et. seq.<http://www4.law.cornell.edu/uscode/>Stewart B. McKinney Homeless Assistance Amendments Act of 1990, Public Law  
101-645[http://www4.law.cornell.edu/usc-cgi/get\\_external.cgi?type=pubL&target=101-645](http://www4.law.cornell.edu/usc-cgi/get_external.cgi?type=pubL&target=101-645)

42 CFR, Part 54

[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/42cfr54\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/42cfr54_03.html)**I. Americans with Disabilities Act of 1990**

42 U.S.C. 12101 et seq.

<http://www4.law.cornell.edu/uscode/>**II. FLORIDA STATUTES**

All State of Florida Statutes can be found at the following website:

<http://www.leg.state.fl.us/statutes/index.cfm?Mode=ViewStatutes&Submenu=1>

**Exhibit F****A. Child Welfare and Community Based Care**

Chapter 39, F.S.	Proceedings Relating to Children
Chapter 119, F.S.	Public Records
Chapter 402, F.S.	Health and Human Services; Miscellaneous Provisions
Chapter 435, F.S.	Employment Screening
Chapter 490, F.S.	Psychological Services
Chapter 491, F.S.	Clinical, Counseling and Psychotherapy services
Chapter 1002, F.S.	Student and Parental Rights and Educational Choices
Section 402.3057, F.S.	Persons not required to be refingerprinted or rescreened
Section 414.295, F.S.	Temporary Cash Assistance; Public Records Exemptions

**B. Substance Abuse and Mental Health Services**

Chapter 381, F.S.	Public Health General Provisions
Chapter 386, F.S.	Particular Conditions Affecting Public Health
Chapter 395, F.S.	Hospital Licensing and Regulation
Chapter 394, F.S.	Mental Health
Chapter 397, F.S.	Substance Abuse Services
Chapter 400, F.S.	Nursing Home and Related Health Care Facilities
Chapter 435, F.S.	Employment Screening
Chapter 458, F.S.	Medical Practice
Chapter 459, F.S.	Osteopathic Medicine
Chapter 464, F.S.	Nursing
Chapter 465, F.S.	Pharmacy
Chapter 490, F.S.	Psychological Services
Chapter 491, F.S.	Clinical, Counseling and Psychotherapy Services
Chapter 499, F.S.	Drug, Cosmetic and Household Products
Chapter 553, F.S.	Building Construction Standards
Chapter 893, F.S.	Drug Abuse Prevention and Control
Section 409.906(8), F.S.	Optional Medicaid – Community Mental Health Services

**C. Developmental Disabilities**

Chapter 393, F.S.	Developmental Disabilities
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**D. Adult Protective Services**

Chapter 415, F.S.	Adult Protective Services
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**E. Forensics**

Chapter, F.S.916, F.S.	Mentally Deficient and Mentally Ill Defendants.
Chapter 985, F.S.	Juvenile Justice; Interstate Compact on Juveniles
Section 985.19, F.S.	Incompetency in Juvenile Delinquency Cases
Section 985.24, F.S.	Interstate Compact on Juveniles; Use of detention; prohibitions;

**Exhibit F**

**F. Florida Assertive Community Treatment (FACT)**

General Appropriations Act

<http://www.flsenate.gov/Welcome/index.cfm?CFID=105701865&CFTOKEN=34016817>

**G. State Administrative Procedures and Services**

Chapter 120, F.S.	Administrative Procedures Act
Chapter 287, F.S.	Procurement of Personal Property and Services
Chapter 815, F.S.	Computer - Related Crimes
Section 112.061, F.S.	Per diem and Travel Expenses*
Section 112.3185, F.S.	Additional Standards for State Agency Employees
Section 215.422, F.S.	Payments, Warrants & Invoices; Processing Times
Section 216.181(16)(b), F.S.	Advanced funds invested in interest bearing accounts

\*Travel Expenses are specified in the DFS Reference Guide for State Expenditures

[http://www.myfloridacfo.com/aadir/reference%5Fguide/reference\\_guide.htm](http://www.myfloridacfo.com/aadir/reference%5Fguide/reference_guide.htm)

**III. FLORIDA ADMINISTRATIVE CODE (RULES)**

**A. Child Welfare and Community Based Care**

All references to F.A.C. may be found at the following website:

<https://www.flrules.org/default.asp>

Rule 65C-12, F.A.C.	Emergency Shelter Care
Rule 65C-13, F.A.C.	Substitute Care of Children
Rule 65C-14, F.A.C.	Group Care
Rule 65C-15, F.A.C.	Child Placing Agencies

**B. Substance Abuse and Mental Health Services**

Rule 65C-12, F.A.C.	Emergency Shelter Care
Rule 65D-30, F.A.C.	Substance Abuse Services Office
Rule 65E-4, F.A.C.	Community Mental Health Regulation
Rule 65E-5, F.A.C.	Mental Health Act Regulation
Rule 65E-10, F.A.C.	Psychotic and Emotionally Disturbed Children Purchase of Residential Services Rules
Rule 65E-12, F.A.C.	Public Mental Health, Crisis Stabilization Units, Short Term Residential Treatment Programs
Rule 65E-14, F.A.C.	Community Substance Abuse and Mental Health Services-Financial Rules
Rule 65E-15, F.A.C.	Continuity of Care Case Management
Rule 65E-20, F.A.C.	Forensic Client Services Act Regulation

**Exhibit F**

**C. Financial Penalties**

Rule 65-29, F.A.C. Penalties on Service Providers

**Reduction/withholding of funds**

Rule 65-29.001, F.A.C. Financial Penalties for a Provider’s Failure to Comply With a Requirement for Corrective Action

**IV. MISCELLANEOUS**

**A. Department of Children and Families Operating Procedures**

CFOP 155-10, Services for Children with Mental Health & Any Co-occurring Substance Abuse Treatment Needs In Out of Home Care Placements  
<http://www.dcf.state.fl.us/publications/policies/cfop155-10.pdf>

CFOP 215-6, Incident Reporting and Client Risk Prevention  
<http://www.dcf.state.fl.us/publications/policies/215-6.pdf>

**B. Federal Cost Principles**

OMB Circular A-21, Cost Principles for Educational Institutions  
<http://www.whitehouse.gov/omb/circulars/a021/a021.html>

OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments  
<http://www.whitehouse.gov/omb/circulars/a087/a087-all.html>

OMB Circular A102, Grants and Cooperative Agreements with State and Local Governments  
<http://www.whitehouse.gov/omb/circulars/a102/a102.html>

OMB Circular A-122, Cost Principles for Non-profit Organizations  
<http://www.whitehouse.gov/omb/circulars/a122/a122.html>

**C. Audits**

OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations  
<http://www.whitehouse.gov/omb/circulars/a133/a133.html>

Section 215.97, F.S., Florida Single Audit Act  
<http://www.leg.state.fl.us/statutes/index.cfm?Mode=ViewStatutes&Submenu=1>

Comptrollers Memorandum #03 (1999-2000): Florida Single Audit Act Implementation  
<http://www.fldfs.com/aadir/cmmaster9900.htm>

**Exhibit F****D. Administrative Requirements**

45 CFR, Part 74 - Uniform Administration Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, other Non-Profit Organizations and Other Commercial Organizations

[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/45cfr74\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr74_06.html)

45 CFR, Part 92 - Uniform Administration Requirements (State and Local Governments)\

[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/45cfr92\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr92_06.html)

OMB Circular A110, Uniform Administrative Requirements for Grants and Other Agreements

<http://www.whitehouse.gov/omb/circulars/a110/a110.html>

**E. Data Collection and Reporting Requirements**

Rule 65E-14.022, F.A.C.

<https://www.flrules.org/gateway/ruleNo.asp?ID=65E-14.022>

Section 397.321(3)(c), F.S., Data collection & dissemination system

[http://www.leg.state.fl.us/statutes/index.cfm?App\\_mode=Display\\_Statute&URL=Ch0397/titl0397.htm](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=Ch0397/titl0397.htm)

Section 394.74(3)(e), F.S., Data Submission

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=Ch0394/titl0394.htm](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0394/titl0394.htm)

Section 394.77, F.S., Uniform management information, accounting, and reporting systems for providers.

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=Ch0394/titl0394.htm](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=Ch0394/titl0394.htm)

CFP 155-2, Mental Health and Substance Abuse Data Measurement Handbook

<http://www.dcf.state.fl.us/mentalhealth/publications/index.shtml>

10/01/2010

**Exhibit G**  
**Required Reports**

**REQUIRED REPORTS**

Provider Name: **South Florida Behavioral Health Network, Inc.**  
Date: October 1, 2010

Contract No. KH225  
Amendment #

	Due Date	# of Copies	Send to:
--	----------	-------------	----------

**Required Reports**

Response to Monitoring Reports and Corrective Action Plans	Within 30 days from the day the report is received.	1	Contract Manager
Validation of review of subcontractor's Sliding Fee Scale [reflecting the uniform schedule of discounts referenced in 65E-14.018(4)]	Within 30 days of contract execution	1	Contract Manager
Validation of review of subcontractor's Agency Service Capacity Report , Projected Cost Center Operating and Capital Budget, Cost Center Personnel Detail Report (if applicable)	Prior to contracting for year 2 of the contract and every other year thereafter.	1	Contract Manager
Consolidated Program Description	Prior to contracting for year 2 of the contract and every other year thereafter , or any updates thereafter.	1	Contract Manager
Monthly Data Required by CFP 155-2	Within 15 days after end of month	Electronic Submission	SAMH Program Office as appropriate
Incident Report	Within 48 hours of occurrence	1 to Region Incident Report Liaison 1 to Lotus Notes	As specified in CFOP 215-6, 215-3 and other Regional language as directed by the contract.
Audit Schedules ( <i>for client non-specific unit cost performance contracts</i> )	The ME's Audit Schedule is due 180 days after the end of the ME fiscal year or 45 days upon completion of audit, whichever comes first.  The ME shall submit the network provider's audit schedules 30 days after receipt from the network provider.	1 to Region	Contract Manager
Schedule of State Earnings Schedule of related Party Transaction Adjustments Program/Cost Center Actual Expenses & Revenues Schedule Schedule of Bed-Day Availability Payments	Due 180 days after the end of the fiscal year or 45 days upon completion of audit, whichever comes first.	1 to Region	Region SAMH
Financial & Compliance Audit per Attachment II	180 days after the end of the managing entity's fiscal year or 45 days after its completion, whichever comes first.	1	See Attachment II SAMH Contract Manager

**REQUIRED REPORTS**

<b>Reports Required for Substance Abuse Providers</b>			
Annual Report for HIV Early Intervention Services, SAPT Block Grant Set Aside Funded Services Only	Upon Request of the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Annual Report for Evidenced-based Injection Drug User Outreach Services, SAPT Block Grant Mandate, Designated Providers Only	Upon Request of the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
Annual Report for Pregnant Women and Women With Dependent Children SAPT Block Grant Set Aside Funded Services Only	Upon Request of the department	1 to Circuit 1 to Headquarters	Circuit Contract Manager Substance Abuse Program Office
<b>Other Reports</b>			
Quarterly Annual Action Plan Reports on Accomplishments and Deliverables	As identified in the Annual Action Plan	1	Contract Manager
Monthly Service Invoice	By 15 <sup>th</sup> of each month	1	Contract Manager
Final Invoice	By July 31 of each fiscal year and 31 days after contract end date	1	Contract Manager
Wait List (until department's automated system is operational)	Monthly for SA services. Monthly for MH services as per the approved annual action plan.	1	Contract Manager
Monitoring Schedule	Within 30 days of receipt of the risk assessment prepared by the Department's Contract Oversight Unit.	1	Contract Manager
Contingency Transition Plan	90 days after contract execution	1	Contract Manager
Validation of receipt and review of Network Providers grievance procedures	Within 30 days of contract execution	1	Contract Manager
Validation that all Network Providers produced copies of their Informed Consent Forms	Within 30 days of contract execution	1	Contract Manager
Validation of receipt and review of Network Providers Emergency Preparedness Plan	Within 30 days of contract execution and by June 1 of each fiscal year	1	Contract Manager
Validation of Network Providers Civil Rights Compliance Questionnaire	Within 30 days of contract execution	1	Contract Manager
Validation of Network Providers Security Agreements	Within 30 days of contract execution	1	Contract Manager
Affidavit Regarding Debarment	Annual for the ME and 15 days prior to contract negotiation with subcontractor, or as requested by the contract manager.	1	Contract Manager
Beginning Inventory Report	Within 30 days of contract execution	1	Contract Manager
Training Schedule	Within 15 days prior to the training quarter.	1	Contract Manager
Invoice Review Supporting Documentation	As per the contract and/or as requested by the contract manager	1	Contract Manager

**REQUIRED REPORTS**

Lapse Analysis Report	30 days after the month of services	1	Contract Manager
Annualized Line Item Budget & Narrative	60 days before the beginning of each fiscal year.	1	Contract Manager
Annual Inventory Report	May 15 <sup>th</sup> of each fiscal year	1	Contract Manager
Closeout Inventory Report	By July 31, 2015	1	Contract Manager
Cooperative Agreements/MOU/MOA/Procedures	As identified in the Annual Action Plan and the contract	1	Contract Manager
Quality Assurance Reviews, Monitoring Reports & Corrective Action Plans	Within 30 days after exit conference	1	Contract Manager

**Region Specific**

**Children’s Mental Health (see annual action plan and Contract)**

**Adult Mental Health**

<b>Quarterly and Annual PATH Report</b>			
<p><b>FACT Reports</b></p> <p>(1) <b>Quarterly FACT Enhancement Reconciliation Report and Tracker</b></p> <p>(2) <b>Quarterly FACT Ad Hoc Reports</b></p> <p>(3) <b>Monthly Performance Measures Report</b></p> <p>(4) <b>Reporting of significant incidents &amp; interventions, as needed</b></p>	Subcontractors to submit to the managing entity by October 15 <sup>th</sup> , January 15, April 15 and July 15 of each fiscal year. The managing entity is to submit to the department the reports one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office/Headquarters as specified in the contract
Quarterly Contingency Funds Report	Subcontractors to submit to the managing entity by October 31, January 30, April 30 and July 31 of each fiscal year. The managing entity is to submit to the department a summary of the quarterly expenditures one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office
Path Quarterly Reports	Subcontractors to submit to the managing entity by October 31, January 30, April 30 and July 31 of each fiscal year. The managing entity is to submit to the department the reports one (1) week after the due dates listed above	1	Contract Manager and SAMH Program Office
PATH Annual Reports	Drafts to be submitted to Southern Region SAMH Program Office, DCF Central Office in Tallahassee in April or May of each fiscal year as requested	1 Southern Region SAMH for Prior Approval,	Southern Region SAMH Program Office, Contract Manager, and On-line Site

**REQUIRED REPORTS**

		1 final to DCF Central Office in Tallahassee	
<b>Forensic Services</b>			
Monthly Report for Individuals on Conditional Release	By 15 <sup>th</sup> of each month	1	Forensic Coordinator/MH Administrator Office
Census Report	Weekly	1	SAMH Forensic Coordinator
Admission Waiting List	Weekly	1	SAMH Forensic Coordinator
Staffing Reports	As required, every six month per clients	1	SAMH Forensic Coordinator

## Exhibit H

### Children's Mental Health Comprehensive Community Service Team

Description: Comprehensive Community Service Team (CCST) services take place in either an outpatient or community-based setting and provide adults and children with mental illness assistance in identifying goals and making choices to promote resiliency and facilitate recovery. For individuals/families with mental health problems, recovery is the personal process of overcoming the negative impact of a psychiatric disability despite its continued presence. CCST services are intended to restore the individual's function and participation in the community. The services are designed to assist and guide individuals/families in reconnecting with society and rebuilding skills in identified roles in their environment. The focus is on the individual's and family's strengths and resources as well as their readiness and phase of recovery. A team approach for delivery of services will be used to guide and support the adults and children served with development of a recovery plan focusing on the areas of individual and family living, learning, working and socialization. The expectation is that therapy will be determined by the clinical needs of the child and family.

- a. The treatment approach must be delivered by staff working in a Multi-Disciplinary Team that includes "Peers" (Peer Specialists or Family Coaches who are or have been consumers of services)\* and meets at least weekly. Staff must be trained and competent in utilizing Recovery concepts and language. The family and youth's voice and choice should be seen throughout, starting with a recovery-based self-assessment tool and continuing with statements of needs, goal-setting and decision-making.
- b. The goal is to implement a System of Care that encompasses a coordinated network of community-based services and supports aimed at utilizing the client's strengths while simultaneously addressing the multiple and changing needs of youth and their families.
- c. Treatment and services should be based on the following values:
  - (1) Family Driven Care
  - (2) Youth Guided Care
  - (3) Cultural and Linguistic Competence
  - (4) Evidence-Based practices
  - (5) Streamlining and expediting access to services
  - (6) Continuous Quality Assurance
  - (7) Process Evaluation

## Exhibit H

### **(8) Data Driven Outcomes**

**d.** There should be evidence that staff are aware of consumers' needs and documentation in the service record that identified needs are addressed by the CCST and the person receiving services. Staff should facilitate families to obtain benefits (insurance, Social Security and income). Documentation in the service record must reflect efforts, progress and barriers to individualized goals and treatment objectives, including school performance. Documentation is necessary to identify changes in services and continuity of services (i.e., treatment plan updates indicating new/revised/achieved goals).

**e.** There must be evidence that the person/family receiving services was offered support in self-managing wellness via activities such as, but not limited to, education, supportive counseling, or skills training and was made aware of appropriate self-help or support groups. Evidence is required that the people receiving services actively takes part in achieving his/her service goal(s) and chooses the people who are involved in their recovery (as in Wellness Recovery Action Planning "WRAP Plans" Crisis Management tools). These persons could be family members, friends or significant others. CCST staff, Peer support in particular, should have as a primary goal the creation of natural support systems. There should be evidence that the CCST staff partners with the consumer, assisting and building confidence in their decision-making ability.

**f.** Services provided include Assessment, Case Management, Intensive Case Management, Supported Housing, Aftercare, Supported Employment, Outreach, Outpatient, In-home/On-Site, Intervention, Information and Referral, Prevention, Prevention/Intervention and other transition, e-therapy for those who are part of the Miami Wraparound Grant and non-traditional support services as negotiated by the department and the Provider The above listed services are reimbursed in a bundled staff hour rate and may not be contracted for separately. Incidental Expenses may be utilized for persons served through CCST to purchase medications and other enhancement and support services not included in this bundled rate that are in concert with the individuals recovery plan. We expect that there will be no more than 20 clients for each full time equivalent staff.

**g.** Productivity: It is our expectation that a minimum of 50% of the staff's time is spent in direct contact hours.

**h.** Staff training requirements include:

**(1)** Motivational Interviewing for all on CCST Team

**(2)** Wellness Recovery Action Planning for all staff

**(3)** SSI/SSDI, Outreach, Access and Recovery (SOAR) training for clinical staff

## Exhibit H

**(4)** Wraparound Best Practice for all on CCST Team

**(5)** Other Best Practices as approved by SAMH

**i.** Programs: Children's Mental Health

Unit of Measure: Staff Hour

Maximum unit cost rate: \$ 37.86

Data Elements:

**(1)** Service Documentation – Duty Roster

**(a)** Staff name and identification number

**(b)** Date

**(c)** Hours scheduled to work – Beginning & Ending Time

**(d)** Cost Center

**(e)** Program, and

**(f)** Signature of Supervisor

**(2)** Audit Documentation – Time Sheet

**(a)** Staff name and identification number

**(b)** Date

**(c)** Hours Worked – Beginning & Ending Time

**(d)** Program

**(e)** Cost Center

**(f)** Signature of Supervisor

**j.** Some of the additional elements SAMH will be reviewing include the following:

**(1)** Number of families linked to Medicaid with the length of time for approval of benefits

## Exhibit H

(2) Number of family groups

(3) Number of treatment team meetings

(4) Number of children receiving Evidence-Based Practices (EBP) and which EBP's are used

(5) Staff productivity

\* A Certified Recovery Peer Specialist must either be certified or working towards certification by the Florida Certification Board and must be a true peer; which means that the peer specialist is also a consumer of public or private mental health services.

A Certified Recovery Peer Specialist – Family provides peer mentoring and support to families that include at least one child diagnosed with a mental illness before his or her 24th birthday. This position must be a true peer; which means that the peer specialist must be a first-degree relative or primary caregiver of a child diagnosed with a mental illness, and either be certified or working towards certification by the Florida Certification Board.

## Exhibit I Tangible Property Requirements

### 1. Definitions

- a. As used in this section, “nonexpendable property” is defined as tangible personal property of a nonconsumable nature that has an acquisition value or cost of \$1,000 or more per unit and an expected useful life of at least one year, and hardback covered bound books that are not circulated to students or the general public, the value or cost of which is \$250 or more. Hardback books with a value or cost of \$100 or more should be classified as nonexpendable property only if they are circulated to students or to the general public. All computers, including all desktop and laptop computers, regardless of the acquisition cost or value are classified as nonexpendable property.
- b. As used in this section, “motor vehicles” includes any automobile, truck, airplane, boat, or other mobile equipment used for transporting persons or cargo.
- c. As used in this section, “subcontractor” is an entity under contract with the managing entity funded from funds contained in this contract.

### 2. State Property Transferred to the Managing Entity

- a. When state property will be assigned to a managing entity for use in performance of a contract, the title for that property or vehicle shall be immediately transferred to the managing entity where it shall remain until this contract is terminated or until other disposition instructions are furnished by the contract manager. When property is transferred to the managing entity, the department shall pay for the title transfer. The managing entity’s responsibility starts when the fully accounted for property or vehicle is assigned to and accepted by the managing entity. Business arrangements made between the managing entity and its subcontractors shall not permit the transfer of title of state property to subcontractors. While such business arrangements may provide for subcontractor participation in the use and maintenance of the property under their control, the department shall hold the managing entity solely responsible for the use and condition of said property. Property inventories shall be conducted in accordance with CFOP 80-2. (*The managing entity shall use the Managing Entity Property Inventory and Disposition Form.*)
- b. Before transferring property from the department, all property to be transferred shall be inventoried, and the inventory shall be agreed upon and signed by both parties. The property decal for each property item shall be removed by the department prior to transfer. The department shall be responsible for adjusting the department’s property records to reflect this transfer and change of ownership. Annually thereafter, the managing entity shall submit to the

## **Exhibit I**

### **Tangible Property Requirements**

department a complete inventory of all property transferred from the department.

The inventory shall include all data elements described in Section 3. below, and clearly reflect any replacement or disposition of the property.

#### **3. Property Items Purchased by Managing Entity**

- a. If the managing entity purchases any property with funds provided by this contract, the managing entity shall inventory all such property, and on an annual basis, the managing entity shall submit a complete inventory of all such property to the department.
- b. The inventory shall include, at a minimum, a description of the property/unique identifier, manufacturer's serial number, acquisition date, original acquisition cost, current location, condition, and clearly reflect any replacement or disposition of the property.
- c. The managing entity's contract with a subcontractor funded from funds contained in this contract shall not permit the purchase of any motor vehicles. However, the managing entity may purchase a motor vehicle and subsequently enter into a lease agreement with the subcontractor for the use of the motor vehicle.

#### **4. Property Items transferred from Former Department Contractors and Current Subcontractors**

- a. Property transferred to or purchased by former contractors through prior agreements with the department shall be inventoried, agreed upon and signed by the department and the former contractors. This property shall then be transferred from the department to the managing entity where the title will vest until this contract is terminated. The managing entity may not transfer title to any subcontractor. Any property transferred to or purchased by the managing entity and used by a subcontractor will be authorized through a written agreement between the managing entity and the subcontractor. Under the written agreement, the managing entity will hold the subcontractor responsible for all repairs, maintenance and insurance for said property. Any property purchased by the subcontractor must be maintained by the subcontractor and returned to the managing entity upon termination of the written agreement. This property will be included on the managing entity's inventory.

## Exhibit I Tangible Property Requirements

- b. All subcontractors, regardless of the method of payment in the contract, must provide an annual inventory of all property to the managing entity for inclusion in the managing entity's annual inventory report. The subcontractor's inventory shall include all data elements described in 3.b. above.

### 5. Disposition

- a. If the managing entity replaces or disposes of property transferred to or purchased by the managing entity pursuant to this contract, the managing entity is required to provide accurate and complete information pertaining to replacement or disposition of the property on the managing entity's annual inventory as required by paragraph 3.b.
- b. If the subcontractor replaces or disposes of property transferred to or purchased by the subcontractor pursuant to that contract, the subcontractor is required to provide accurate and complete information pertaining to replacement or disposition of the property on the subcontractor's annual inventory as required by paragraph 3.b.
- c. The contract manager must provide disposition instructions to the managing entity prior to the end of the contract period. The managing entity cannot dispose of any property that reverts to the department without the contract manager's approval.

### 6. Termination

- a. The managing entity shall furnish a closeout inventory no later than 30 days before the completion or termination of this contract. The closeout inventory shall include all property transferred to or purchased by the managing entity including any property leased by the managing entity to any subcontractor and all property purchased by any subcontractor.
- b. The closeout inventory shall contain, at a minimum, the same annual inventory information required by paragraph 3.b.
- c. Title (ownership) to and possession of all property transferred to or purchased by the managing entity pursuant to this contract shall be vested in the department upon completion or termination of this contract. Upon return to the department, all property must be in good working order. The managing entity hereby agrees to pay the cost of transferring title to and possession of any property for which ownership is evidenced by a certificate of title. Property items purchased with funds from the federal Miami –Dade Wraparound Project (MDWP) Cooperative Agreement # 1U79SM059055-01 and given to MDWP eligible youth may remain with the client and may not be vested in the department.

## **Exhibit I Tangible Property Requirements**

- d. The managing entity shall be responsible for repaying to the department the replacement cost of any property inventoried and not returned to the department upon completion or termination of this contract.

### **7. General**

- a. All inventories required by these sections shall be updated and accurate to the date of inventory certification.
- b. With the exception of lease agreements entered into as described in section 3.a. above, during the term of this contract, the managing entity is responsible for insuring all property included in its annual inventory report and maintaining such property in good working order.
- c. The managing entity hereby agrees to indemnify the department against any claim or loss arising out of the operations of any motor vehicle transferred to or purchased by the managing entity pursuant to this contract.
- d. A formal contract amendment is required prior to the purchase of any property item not specifically listed in the approved budget.

**Exhibit I  
Tangible Property Requirements**

**Managing Entity Property Inventory & Disposition**

**Managing Entity Name and Contract #**  
\_\_\_\_\_

Contact person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

**Inventory**

Description of Property/ Unique Identifier	Serial #	DCF Transfer Date If Applicable	ME Acquisition Date	Original Acquisition Cost	Current Location	Condition (E-G-F-P)	Disposition Remarks/Comments

**Disposition**

Description of Property/ Unique Identifier	Serial #	DCF Transfer Date If Applicable	ME Acquisition Date	Original Acquisition Cost	Current Location	Condition (E-G-F-P)	Disposition Remarks/Comments

By my signature below, I hereby certify that all confidential data, including protected health information, has been permanently removed from all computer related media that has been transferred to or from my custody. Furthermore, I certify that the removal of this information has been done so in the manner described in the Department of Children and Families Operating Procedure CFOP 50-2. I understand that any violation of that procedure may result in substantial fines and/or criminal prosecution according to provisions of Federal and State statutes.

I hereby certify that all items of equipment included in this inventory list have been physically checked and are in custody of this contract provider, except as noted in the remarks section of this inventory, as of this date. I also certify to the location and condition of this equipment and/or furniture as noted.

CONTRACT ME's SIGNATURE: \_\_\_\_\_  
 (Acknowledging Receipt or inventory of Property)

DATE: \_\_\_\_\_

CONTRACT MANAGER'S SIGNATURE: \_\_\_\_\_  
 (Acknowledging Receipt which contains a Copy of the Inventory and/or Disposition Property)

DATE: \_\_\_\_\_

## CERTIFICATION REGARDING LOBBYING

**CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND  
COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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 Signature

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 Date

---

 Name of Authorized Individual

---

 Application or Contract Number

---

 Name of Organization

---

 Address of Organization

## **ATTACHMENT III**

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

### **MONITORING**

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the department. In the event the department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the department's inspector general, the state's Chief Financial Officer or the Auditor General.

### **AUDITS**

#### **PART I: FEDERAL REQUIREMENTS**

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$500,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

## **PART II: STATE REQUIREMENTS**

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the department shall be fully disclosed in the audit report package with reference to the specific contract number.

## **PART III: REPORT SUBMISSION**

Any reports, management letters, or other information required to be submitted to the department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

- A. Contract manager for this contract (2 copies)
  
- B. Department of Children & Families ( 1 electronic copy and management letter, if issued )  
Office of the Inspector General  
Single Audit Unit  
Building 5, Room 237  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700

Email address: [single\\_audit@dcf.state.fl.us](mailto:single_audit@dcf.state.fl.us)

- C. Reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:

<http://harvester.census.gov/fac/collect/ddeindex.html>

and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

- D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General  
Local Government Audits/342  
Claude Pepper Building, Room 401  
111 West Madison Street  
Tallahassee, Florida 32399-1450

Email address: flaudgen\_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

#### **PART IV: RECORD RETENTION**

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the department.