

Guidance 25 - National Voter Registration Act Guidance

Guidance 26 - Women's Special Funding, Substance Abuse Services for Pregnant Women and Mothers

Guidance 27 – Central Receiving Systems Grant

Guidance 28 – Forensic Multidisciplinary Team

Guidance 29 – Transitional Voucher

A-1.1.3 Templates

Template 1 - Provider Tangible Property Inventory Form

Template 2 - Managing Entity Substance Abuse and Mental Health Block Grant Reporting Template Overview and Instructions

Template 3 - Narrative Report for the Substance Abuse and Mental Health Block Grant

Template 4 - Managing Entity Annual Business Operations Plan

Template 5 - ALF-LMH Forms

Template 6 - BNet Participant Forms

Template 7 - BNet Alternative Service Forms

Template 8 - Family Intensive Treatment Services Monthly Progress Report

Template 9 - Local Match Calculation Form

Template 10 - Managing Entity Monthly Fixed Payment Invoice

Template 11 - Managing Entity Monthly Progress Report

Template 12 - Managing Entity Monthly Expenditure Report

Template 13 - Managing Entity Monthly Carry Forward Expenditure Report

Template 14 - Cost Allocation Plan

Template 15 - Managing Entity Spending Plan for Carry Forward Report

A-1.1.4 Unless otherwise specified in this Contract, all documents incorporated by reference may be located at the following Department webpage location:

<http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities>

Copies of these documents may also be obtained from the Department, 1317 Winewood Boulevard, Tallahassee, FL, 32399-0700.

A-1.2 Effective and Ending Dates

As indicated in **Section 1.3**, this Contract had a renewal clause; however, Amendment 0017 renews the Contract and there are no remaining renewal periods. The Contract shall end at midnight, **Eastern** time, on **June 30, 2019**, subject to the survival of terms provisions of **Section 7.4**.

A-1.3 Program Specific Terms

In addition to the provisions of **Section 1.4.1.**, the definitions in **Exhibit A1** apply to this Contract.

A-2 STATEMENT OF WORK

There are no additional provisions to this section of the Contract.

A-3 PAYMENT, INVOICE AND RELATED TERMS

There are no additional provisions to this section of the Contract.

A-4 GENERAL TERMS AND CONDITIONS GOVERNING PERFORMANCE

A-4.1 Notwithstanding the terms of **Section 4.3.**, the Managing Entity may subcontract with Network Service Providers without advance approval in writing by the Department.

A-4.2 Insurance

In addition to the provisions of **Section 4.5.**, the following Special Insurance Provisions shall apply to this Contract. In the event of any inconsistency between the requirements of this section and the requirements of **Section 4.5.**, the provisions of this section shall prevail and control.

A-4.2.1 The Managing Entity shall notify the Contract Manager within 30 calendar days if there is a modification to the terms of insurance including but not limited to, cancellation or modification to policy limits.

A-4.2.2 The Managing Entity acknowledges that, as an independent contractor, the Managing Entity and its Network Service Providers at all tiers are not covered by the State of Florida Risk Management Trust Fund for liability created by s. 284.30, F.S.

A-4.2.3 The Managing Entity shall obtain and provide proof to the Department of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability to cover managing the Managing Entity and all of its employees. The limits of Managing Entity's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.4 The Managing Entity shall cause all Network Service Providers, at all tiers, who the Managing Entity reasonably determines to present a risk of significant loss to the Managing Entity or the Department, to obtain and provide proof to Managing Entity and the Department of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability covering the Network Service Provider and all of its employees. The limits of coverage for the Managing Entity's Network Service Providers, at all tiers, shall be in such amounts as the Managing Entity reasonably determines to be sufficient to cover the risk of loss.

A-4.2.5 If any officer, employee, or agent of the Managing Entity operates a motor vehicle in the course of the performance of its duties under this contract, the Managing Entity shall obtain and provide proof to the Department of comprehensive automobile liability insurance coverage. The limits of the Managing Entity's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.6 If any officer, employee, or agent of any Network Service Provider, at all tiers, operates a motor vehicle in the course of the performance of the duties of the Network Service Provider, the Managing Entity shall cause the Network Service Provider to obtain and provide proof to the Managing Entity and the Department of comprehensive automobile liability insurance coverage with the same limits.

A-4.2.7 The Managing Entity shall obtain and provide proof to the Department of professional liability insurance coverage, including errors and omissions coverage, to cover the Managing Entity and all of its employees. If any officer, employee, or agent of the Managing Entity administers any prescription drug or medication or controlled substance in the course of the performance of the duties of the Managing Entity under this contract, the professional liability coverage shall include medical malpractice liability and errors and omissions coverage, to cover the Managing Entity and all of its employees. The limits of the coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.8 If any officer, employee, or agent of the Network Service Provider, at all tiers, provides any professional services or provides or administers any prescription drug or medication or controlled substance in the course of the performance of the duties of the Network Service Provider, the Managing Entity shall cause the Network Service Provider, at all tiers, to obtain and provide proof to the Managing Entity and the Department of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Network Service Provider employees with the same limits.

A-4.2.9 The Department shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any such insurance. The payment of any deductible on any policy shall be the sole responsibility of the Managing Entity, or Network Service Provider purchasing the insurance.

A-4.2.10 All such insurance policies of the Managing Entity and its Network Service Providers, at all tiers, shall be provided by insurers licensed or eligible to do and that are doing business in the State of Florida. Each insurer must have a minimum rating of "A" by A. M. Best or an equivalent rating by a similar insurance rating firm, and shall name the Department as an additional insured under the policy or policies. The Managing Entity shall use its best good faith efforts to cause the insurers issuing all such general, automobile, and professional liability insurance to use a policy form with additional insured provisions naming the Department as an additional insured or a form of additional insured endorsement that is acceptable to the Department in the reasonable exercise of its judgment.

A-4.2.11 All such insurance proposed by the Managing Entity shall be submitted to and confirmed by the Contract Manager annually by March 31.

A-5 RECORDS, AUDITS AND DATA SECURITY

A-5.1 Inspections and Corrective Action

In addition to the terms of **Section 5.2.**, the following requirements shall apply to this Contract.

A-5.1.1 The Managing Entity shall be monitored in accordance with s. 402.7305, F.S., and CFOP 75-8, Policies and Procedures of Contract Oversight. The Managing Entity shall comply with any requests made by the Department as part of the conduct of such monitoring. At no cost to the Department, the Managing Entity shall provide complete access to all programmatic, administrative, management, budget and financial information related to services provided under this contract.

A-5.1.2 The Department will provide a written report to the Managing Entity within 30 days of the monitoring team's exit. If the report indicates corrective action is necessary, the Managing Entity shall provide a proposed corrective action plan for the Department's approval, except in the case of threat to life or safety of Individuals Served, in which case the Managing Entity shall take immediate action to ameliorate the threat and associated causes.

A-5.1.3 The Managing Entity shall cooperate at all times with the Department to conduct these reviews and shall provide all documentation requested by the reviewers in a timely manner at its administrative office or other location, as determined by the Department.

A-6 PENALTIES, TERMINATION AND DISPUTE RESOLUTION

A-6.1 Termination

The provisions of **Section 6.2.1.** and **Section 6.2.2.** are hereby modified and superseded as follows. The remaining clauses of **Section 6** remain in effect.

A-6.1.1 Notwithstanding the provisions of **Section 6.2.1.**, in accordance with Section 22 of PUR 1000 Form, this Contract may be terminated by the Department without cause upon no less than 180 calendar days' notice in writing to the Provider unless a sooner time is mutually agreed upon in writing.

A-6.1.2 Notwithstanding the provisions of **Section 6.2.2.**, this Contract may be terminated by the Provider upon no less than 180 calendar days' notice in writing to the Department unless a sooner time is mutually agreed upon in writing.

A-6.2 Dispute Resolution

In addition to the terms of **Section 6.3.**, the following Dispute Resolution terms shall apply to this Contract:

A-6.2.1 The parties agree to cooperate in resolving any differences in interpreting the contract. Within five working days of the execution of this contract, each party shall designate one person with the requisite authority to act as its representative for dispute resolution purposes. Each party shall notify the other party of the person's name and business address and telephone number. Within five 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 Managing Entity's Chief Executive Officer (CEO) and the Department's Regional Managing Director (RMD). Upon referral to this second step, the respective parties shall confer in an attempt to resolve the issue.

A-6.2.2 If the CEO and RMD are unable to resolve the issue within 10 days, the parties' appointed representatives shall meet within 10 working days and select a third representative. These three representatives shall meet within 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 Secretary 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.

A-7 OTHER TERMS

A-7.1 The Managing Entity shall comply with all applicable federal and state laws and regulations and all policies, directives and guidelines published by the Department. In the event the Department amends any policies, directives, or guidelines after contract execution, the Department will provide electronic notice to the Managing Entity.

A-7.2 **Exhibit A2** contains additional state and federal laws, rules, and regulations applicable to performance under this Contract.

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EXHIBIT A1 – PROGRAM AND SERVICE SPECIFIC TERMS

A1-1 Behavioral Health Network (BNet)

A statewide network of Behavioral Health Service providers which serve children with mental health or substance use disorders who are ineligible for Medicaid and are determined eligible for Title XXI of the United States Public Health Services Act.

A1-2 Behavioral Health Services

As defined by s. 394.9082(2)(a), F.S.

A1-3 Block Grants

The Community Mental Health Block Grant (CMHBG), pursuant to 42 U.S.C. s. 300x, et seq.; and the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), pursuant to 42 U.S.C. s. 300x-21, et seq.

A1-4 Continuous Quality Improvement (CQI)

An ongoing, systematic process of internal and external improvements in service provision and administrative functions, taking into account both in process and end of process indicators, in order to meet the valid requirements of Individuals Served.

A1-5 Coordinated System of Care

As defined by s. 394.9082(2)(b), F.S.

A1-6 Electronic Health Record (EHR)

As defined by s. 408.051(2)(a), F.S.

A1-7 Electronic Vault

An information technology system, provided by the Managing Entity, designed to store, manage, and track electronic versions of original and scanned documents, and to provide remote document access to regional and Headquarters Department staff.

A1-8 Evidence-Based Practice (EBP)

As defined by **Guidance 1 – Evidence-Based Guidelines**.

A1-9 Indigent Psychiatric Medication Program known as the Indigent Drug Program (IDP)

Behavioral Health Services provided pursuant to s. 394.676, F.S.

A1-10 Individual(s) Served

An individual who receives substance abuse or mental health services, the cost of which is paid, either in part or whole, by Department appropriated funds or local match (matching).

A1-11 Juvenile Incompetent to Proceed (JITP)

"Child," "juvenile" or "youth" as defined by s. 985.03(7), F.S., deemed incompetent to proceed for accused crimes as pursuant to s. 985.19, F.S.

A1-12 Local Match

Pursuant to s. 394.74(2)(b), F.S., and s. 394.76, F.S.

A1-13 Managing Entity

As defined by s. 394.9082(2)(e), F.S. Throughout this Contract, the term Managing Entity is synonymous with the definition of Provider in the Department's Standard Integrated Contract.

A1-14 Mental Health Services

07/01/2016

As defined by s. 394.67(15), F.S.

A1-15 Network Service Provider(s)

A direct service agency providing Substance Abuse or Mental Health Services that is under contract with a Managing Entity, and referred to collectively as the "Network." The Network shall consist of a comprehensive array of Behavioral Health Services and programs that are designed to meet the local need, are accessible and responsive to the needs of Individuals Served, their families, and community stakeholders, and include the following elements:

- A1-15.1 Prevention and early intervention;
- A1-15.2 Emergency care;
- A1-15.3 Acute care;
- A1-15.4 Residential treatment;
- A1-15.5 Outpatient treatment;
- A1-15.6 Rehabilitation;
- A1-15.7 Supportive intervention;
- A1-15.8 Recovery support; and
- A1-15.9 Consumer support services.

A1-16 Operational Costs

The allowable expenses incurred by a Managing Entity in performing its contracted functions and delivering its contracted services.

A1-17 Projects for Assistance in Transition from Homelessness (PATH)

A federal grant to support homeless individuals with mental illnesses, who may also have co-occurring substance abuse and mental health treatment needs.

A1-18 Risk Assessment

A process for evaluating the threat of damage, loss, liability, or other negative occurrence caused by external or internal vulnerabilities that may be avoided through pre-emptive action. An effective Risk Assessment prioritizes the extent and degree of appropriate monitoring activities.

A1-19 Safety Net

The publicly funded Behavioral Health Services and providers that have either historically received or currently receive funding appropriated to the Department by the General Appropriations Act (GAA). The Safety Net is intended to provide funding to Network Service Providers for expenditures that would otherwise be uncompensated costs for services provided to individuals in need of services.

A1-20 Stakeholders

Individuals or groups with an interest in the provision of treatment or prevention services to individuals with substance use, mental health, and co-occurring disorders in the county(ies) specified in **Section B-3.1**. This includes, but is not limited to, the key community constituents included in s. 394.9082, F.S.

A1-21 State Mental Health Treatment Facilities

State Mental Health Treatment Facilities serving adults who have been committed for intensive inpatient treatment by a circuit court and pursuant to [Chapter 394, F.S.](#) or [Chapter 916, F.S.](#)

07/01/2016

A1-22 Statewide Inpatient Psychiatric Programs (SIPP)

Medicaid-funded services to children under age 18 provided in a residential treatment center or hospital, licensed by the Agency for Health Care Administration (AHCA), which provides diagnostic and active treatment services in a secure setting. SIPP providers must be under contract with AHCA and provide these services in accordance with Chapter 394, F.S., Chapter 408, F.S., and Chapter 409, F.S., and Rule 65E-9.008(4), F.A.C.

A1-23 Submit

Unless otherwise specified, the term "Submit" as used in this Contract shall be construed to mean submission of a contractual requirement to the Department's Contract Manager, subject to the provisions of **Section C-2.4.7**.

A1-24 Substance Abuse and Mental Health Data System (SAMH Data System)

The Department's web-based data system for reporting substance abuse and mental health services, including the Substance Abuse and Mental Health Information System (SAMHIS) or any replacement system identified by the Department for the reporting of data by the Managing Entity and all Network Service Providers in accordance with this contract.

A1-25 Substance Abuse Services

Has the same meaning as "substance abuse programs and services" pursuant to s. 397.331(1)(b), F.S.

A1-26 Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR)

A Substance Abuse and Mental Health Services Administration (SAMHSA) technical assistance initiative designed to help individuals increase earlier access to SSI and SSDI through improved approval rates on initial Social Security applications by providing training, technical assistance, and strategic planning to Network Service Providers.

A1-27 Temporary Assistance to Needy Families (TANF)

As defined by 42 U.S.C. ss. 601, et seq., and Chapter 414, F.S.

A1-28 Wait List

A master list for the Network, maintained by a Managing Entity that shows:

- A1-28.1** The number of individuals waiting for access to the recommended service or program;
- A1-28.2** The length of time each individual has been on the waiting list; and
- A1-28.3** The interim services provided to the individual.

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EXHIBIT A2 – SAMH PROGRAMMATIC STATE AND FEDERAL LAWS, RULES, AND REGULATIONS

The provider and its subcontractors shall 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:

A2-1 Federal Authority

A2-1.1 Block Grants Regarding Mental Health and Substance Abuse

42 U.S. C. ss. 300x, et seq.

42 U.S.C. ss. 300x-21 et seq.

42 C.F.R. pt. 54

45 C.F.R. pt. 96

A2-1.2 Restrictions on expenditure of grant

45 C.F.R. s. 96.135

A2-1.3 Confidentiality Of Alcohol And Drug Abuse Patient Records

42 C.F.R., pt. 2

A2-1.4 Security and Privacy (related to the Health Insurance Portability and Accountability Act (HIPAA))

45 C.F.R. pt. 164

A2-1.5 Social Security Income for the Aged, Blind and Disabled

20 C.F.R. pt. 416

A2-1.6 Indorsement and Payment of Checks Drawn on the United States Treasury

31 C.F.R. pt. 240

A2-1.7 Temporary Assistance to Needy Families (TANF)

42 U.S.C. ss. 601, et seq.

45 C.F.R., pt. 260

A2-1.8 Projects for Assistance in Transition from Homelessness (PATH)

42 U.S. C. s. 290cc-21 et seq.

42 C.F.R., pt. 54

A2-1.9 Americans with Disabilities Act of 1990

42 U.S. C. ss. 12101 et seq.

A2-1.10 Trafficking Victims Protection Act of 2000

22 U.S.C. 7104

2 CFR Part 175

A2-2 Florida Statutes

A2-2.1 Child Welfare and Community Based Care

Ch. 39, F.S.

Proceedings Relating to Children

Ch. 119, F.S.	Public Records
Ch. 402, F.S.	Health and Human Services: Miscellaneous Provisions
Ch. 435, F.S.	Employment Screening
Ch. 490, F.S.	Psychological Services
Ch. 491, F.S.	Clinical, Counseling and Psychotherapy Services
Ch. 1002, F.S.	Student and Parental Rights and Educational Choices

A2-2.2 Substance Abuse and Mental Health Services

Ch. 381, F.S.	Public Health: General Provisions
Ch. 386, F.S.	Particular Conditions Affecting Public Health
Ch. 394, F.S.	Mental Health
Ch. 395, F.S.	Hospital Licensing and Regulation
Ch. 397, F.S.	Substance Abuse Services
Ch. 400, F.S.	Nursing Home and Related Health Care Facilities
Ch. 414, F.S.	Family Self-Sufficiency
Ch. 435, F.S.	Employment Screening
Ch. 458, F.S.	Medical Practice
Ch. 459, F.S.	Osteopathic Medicine
Ch. 464, F.S.	Nursing
Ch. 465, F.S.	Pharmacy
Ch. 490, F.S.	Psychological Services
Ch. 491, F.S.	Clinical, Counseling, and Psychotherapy Services
Ch. 499, F.S.	Florida Drug and Cosmetic Act
Ch. 553, F.S.	Building Construction Standards
Ch. 893, F.S.	Drug Abuse Prevention and Control
S. 409.906(8), F.S.	Optional Medicaid Services – Community Mental Health Services

A2-2.3 Developmental Disabilities

Ch. 393, F.S.	Developmental Disabilities
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A2-2.4 Adult Protective Services

Ch. 415, F.S.	Adult Protective Services
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A2-2.5 Forensics

Ch. 916, F.S.	Mentally Deficient and Mentally Ill Defendants
Ch. 985, F.S.	Juvenile Justice; Interstate Compact on Juveniles
S. 985.19, F.S.	Incompetency in Juvenile Delinquency Cases
S. 985.24, F.S.	Interstate Compact on Juveniles; Use of detention; prohibitions

A2-2.6 State Administrative Procedures and Services

- Ch. 120, F.S. Administrative Procedures Act
- Ch. 287, F.S. Procurement of Personal Property and Services
- Ch. 815, F.S. Computer-Related Crimes
- Ch. 817, F.S. Fraudulent Practices
- S. 112.061, F.S. Per diem and travel expenses of public officers, employees, and authorized persons
- S. 112.3185, F.S. Additional standards for state agency employees
- S. 215.422, F.S. Payments, warrants, and invoices; processing time limits; dispute resolution; agency or judicial branch compliance
- S. 216.181(16)(b), F.S. Advanced funds for program startup or contracted services

A2-3 Florida Administrative Code (Rules)

A2-3.1 Child Welfare and Community Based Care

- Ch. 65C-13, F.A.C. Foster Care Licensing
- Ch. 65C-14, F.A.C. Group Care
- Ch. 65C-15, F.A.C. Child-Placing Agencies

A2-3.2 Substance Abuse and Mental Health Services

- Ch. 65D-30, F.A.C. Substance Abuse Services Office
- Ch. 65E-4, F.A.C. Community Mental Health Regulation
- Ch. 65E-5, F.A.C. Mental Health Act Regulation
- Ch. 65E-10, F.A.C. Psychotic and Emotionally Disturbed Children - Purchase of Residential Services Rules
- Ch. 65E-11, F.A.C. Behavioral Health Services
- Ch. 65E-12, F.A.C. Public Mental Health Crisis Stabilization Units and Short Term Residential Treatment Programs
- Ch. 65E-14, F.A.C. Community Substance Abuse and Mental Health Services - Financial Rules
- Ch. 65E-20, F.A.C. Forensic Client Services Act Regulation
- Ch. 65E-26, F.A.C. Substance Abuse and Mental Health Priority Populations and Services

A2-3.3 Financial Penalties

- Ch. 65-29, F.A.C. Penalties on Service Providers

A2-4 MISCELLANEOUS

A2-4.1 Department of Children and Families Operating Procedures

- CFOP 155-10 / 175-40 Services for Children with Mental Health and Any Co-Occurring Substance Abuse or Developmental Disability Treatment Needs in Out-of-Home Care Placements
- CFOP 155-11 Title XXI Behavioral Health Network

CFOP 155-47 Processing Referrals From The Department Of Corrections
CFOP 215-6 Incident Reporting and Analysis System (IRAS)

A2-4.2 Standards applicable to Cost Principles, Audits, Financial Assistance and Administrative Requirements

S. 215.97, F.S. Florida Single Audit Act
S. 215.971, F.S. Agreements funded with federal or state assistance
Comptroller's Memorandum No. 03 (1999-2000)
Florida Single Audit Act Implementation
CFO's Memorandum No. 03 (2014 - 2015)
Compliance Requirements for Agreements
2 CFR, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, available at <https://federalregister.gov/a/2013-30465>
2 CFR, Part 300.1 Adoption of 2 CFR Part 200
45 C.F.R., pt. 75 Uniform Administration Requirements, Cost Principles, and Audit Requirements for HHS Awards

A2-4.3 Data Collection and Reporting Requirements

S. 394.74(3)(e), F.S. Data Submission
S. 394.9082, F.S. Behavioral health managing entities
S. 397.321(3)(c), F.S. Data collection & dissemination system
S. 394.77, F.S. Uniform management information, accounting, and reporting systems for providers
DCF PAM 155-2 Mental Health and Substance Abuse Measurement and Data

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EXHIBIT B – SCOPE OF WORK

B-1 Scope of Service

The Managing Entity shall be responsible for the planning, coordination, and subcontracting of the Provider Network, as defined by s. 394.9082(2)(f), F.S., thereby providing a comprehensive array of Behavioral Health Services to individuals, including emergency, acute care, residential, outpatient, recovery support, consumer support and prevention services.

B-2 Major Contract Goals

The Department is contracting with the Managing Entity, pursuant to s. 394.9082, F.S., to plan, coordinate, and subcontract for the delivery of community mental health and substance abuse services; to improve access to care and promote service continuity; and to support efficient and effective delivery of services.

B-3 Service Area and Locations

B-3.1 The Managing Entity shall subcontract for services within the following counties: Broward County.

B-3.2 When needed, the Managing Entity may subcontract for residential services related to the Purchase of Residential Treatment Services (PRTS) for emotionally disturbed children and youth in additional Florida counties, subject to advance written approval of each subcontractor by the Department.

B-3.3 The Managing Entity shall maintain an administrative office within the service area defined in **Section B-3.1**, and shall subcontract with Network Services Providers operating within the same area.

B-3.4 The Managing Entity shall notify the Department's Contract Manager, in writing, at least 10 calendar days prior to any changes in locations where services are being provided.

B-3.5 The Managing Entity shall notify the Department in writing a minimum of 30 days prior to making changes in location that will affect the Department's ability to contact the Managing Entity by telephone or facsimile transmission.

B-4 Individuals to Be Served

The Managing Entity shall contract with Network Service Providers for Behavioral Health Services provided to individuals as detailed in **Section B-5**. Contracts with Network Service Providers shall include compliance with the Department's requirements for Individuals Served.

B-5 Client Eligibility

Behavioral Health services shall be provided to persons pursuant to s. 394.674, F.S., including those individuals who have been identified as requiring priority by state or federal law. These identified priorities include, but are not limited to, the categories in **Sections B-5.1** through **B-5.10**. Persons in **Sections B-5.1** through **B-5.2** are specifically identified as persons to be given immediate priority over those in any other sections.

B-5.1 Pursuant to 45 C.F.R. s. 96.131, priority admission to pregnant women and women with dependent children by Network Service Providers receiving SAPT Block Grant funding;

B-5.2 Pursuant to 45 C.F.R. s. 96.126, compliance with interim services, for injection drug users, by Network Service Providers receiving SAPT Block Grant funding and treating injection drug users;

B-5.3 Priority for services to families with children that have been determined to require substance abuse and mental health services by child protective investigators and also meet the target populations in **Sections B-5.3.1** or **B-5.3.2**. Such priority shall be limited to individuals that are not enrolled in Medicaid or another insurance program, or require services that are not paid by another payor source:

B-5.3.1 Parents or caregivers in need of adult mental health services pursuant to s. 394.674(1)(a)2., F.S., based upon the emotional crisis experienced from the potential removal of children; or

B-5.3.2 Parents or caregivers in need of adult substance abuse services pursuant to s. 394.674(1)(c)3., F.S., based on the risk to the children due to a substance use disorder.

B-5.4 Individuals who reside in civil and forensic State Mental Health Treatment Facilities and individuals who are at risk of being admitted into a civil or forensic State Mental Health Treatment Facility pursuant to s. 394.4573, F.S.;

B-5.5 Individuals who are voluntarily admitted, involuntarily examined, or placed under Part I, Chapter 394, F.S.;

B-5.6 Individuals who are involuntarily admitted under Part V, Chapter 397, F.S.;

B-5.7 Residents of assisted living facilities as required in ss. 394.4574 and 429.075, F.S.;

B-5.8 Children referred for residential placement in compliance with Ch. 65E-9.008(4), F.A.C.; and

B-5.9 Inmates approaching the End of Sentence pursuant to Children and Families Operating Procedure (CFOP) 155-47: "Processing Referrals from the Department of Corrections."

B-5.10 In the event of a Presidential Major Disaster Declaration, Crisis Counseling Program (CCP) services shall be contracted for according to the terms and conditions of any CCP grant award approved by representatives of the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

B-6 Client Determination

B-6.1 The Managing Entity may delegate determinations to the Network Service Providers, subject to the provisions of **Section B-6.4**.

B-6.2 In no circumstances shall an individual's county of residence be a factor that denies access to service.

B-6.3 The Managing Entity shall require each Network Service Provider submit a monthly attestation attached to an invoice to the Managing Entity, declaring that, at the time of submission, no other funding source was known for the invoiced services.

B-6.4 The Department, in accordance with state law, is exclusively responsible for defining Individuals Served for services provided through this Contract. In the event of a dispute, the determination made by the Department is final and binding on all parties.

B-7 Equipment

B-7.1 The Managing Entity and all Network Service Providers shall supply all equipment necessary to provide services and fulfill the terms and conditions of this Contract, including but not limited to; computers, telephones, copier, and fax machines, supplies and maintenance, and necessary office supplies.

B-7.2 The Managing Entity shall ensure that Network Service Providers comply with requirements in the **Guidance 2 – Tangible Property Requirements** and document compliance through the submission of **Template 1 – Provider Tangible Property Inventory Form**.

B-8 Contract Limits

B-8.1 The Department's obligation to pay for services provided under this Contract is expressly limited by the availability of funds and subject to annual appropriations by the Legislature.

B-8.2 The Managing Entity is expressly prohibited from authorizing or incurring indebtedness on behalf of the Department.

B-8.3 The Managing Entity is expressly prohibited from utilizing accounting practices or redirecting funds to circumvent legislative intent.

B-8.4 Services shall only be provided within the service area outlined in **Section B-3.1**.

B-8.5 Pursuant to PHS Act §1931(a)(1)(E) and 1916(a)(5) and 45 CFR §96.135(a)(5), the Managing Entity may not enter into subcontracts with a for-profit entity using Block Grant funds or state funds identified as Block Grant Maintenance of Effort unless the for-profit entity subcontract is solely for providing goods and services for the Managing Entity's own use in meeting its obligations under this Contract. A subcontract with a for-profit entity may not provide for services meeting the definition of a "subaward" as defined in 2 CFR §200.92.

B-8.6 The Managing Entity shall not subcontract development, implementation, administrative, or monitoring responsibilities without prior written approval from the Department.

B-8.7 The Managing Entity shall not subcontract for Behavioral Health Services with any person or entity which:

B-8.7.1 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 in accordance with s. 287.133, F.S.;

B-8.7.2 Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on its ability to provide services, or which adversely reflects its ability to properly handle public funds;

B-8.7.3 Has had a contract terminated by the Department for failure to satisfactorily perform or for cause;

B-8.7.4 Has failed to implement a corrective action plan approved by the Department or any other governmental entity, after having received due notice; or

B-8.7.5 Has had any prohibited business activity with the Governments of Sudan and Iran as described in s. 215.473, F.S. Pursuant to s. 287.135(5), F.S., the Managing Entity shall immediately terminate the subcontract for cause if the Network Service Provider is found to have submitted a false certification or if the Provider is placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List during the term of the subcontract.

B-8.8 The Managing Entity agrees that services funded by this Contract other than those set out in this Contract, will be provided only upon receipt of a written authorization from the Contract Manager. The Department has final authority to make any and all determinations that affect the health, safety, and well-being of the people of the State of Florida.

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EXHIBIT B1 – FEDERAL BLOCK GRANT REQUIREMENTS

B1-1 Purpose

B1-1.1 The purpose of this document is to outline the expectations of the Department for the Managing Entity, in relation to the federal Community Mental Health (CMH) block grant, as authorized by 42 U.S.C. s. 300x, and Substance Abuse Prevention and Treatment (SAPT) block grant, as authorized by 42 U.S.C. s. 300x-21.

B1-1.2 Managing Entity Assurance

The Managing Entity shall assume the responsibility of implementation, administration, and monitoring of the CMH and SAPT block grants, and the associated maintenance of effort requirements.

B1-1.3 The Managing Entity shall ensure that the Department is able to meet the assurances required of the State to the federal government in 45 C.F.R. s. 96.123, to be eligible to receive block grant funding.

B1-1.4 The Managing Entity shall be responsible for the implementation, administration, monitoring, and compliance with the requirements of the Block Grants. The Department will provide technical assistance to the Managing Entity. The Managing Entity agrees that failure to comply with the requirements of these federal Block Grants represents a material breach of this contract, and shall subject the Managing Entity to performance deficiencies and financial consequences as specified in **Section 3.4**.

B1-2 Managing Entity Requirements

B1-2.1 The Managing Entity shall report expenditures, service utilization data, demographic information, and national outcome measures as required by the Catalog of Federal Domestic Assistance (CFDA).

B1-2.2 Pursuant to 45 C.F.R. s. 96.122, the Managing Entity shall report expenditures for :

- B1-2.2.1** Planning,
- B1-2.2.2** Coordination,
- B1-2.2.3** Needs assessment,
- B1-2.2.4** Quality assurance,
- B1-2.2.5** Training of counselors,
- B1-2.2.6** Program development,
- B1-2.2.7** Research and development, and
- B1-2.2.8** Development of information systems.

B1-2.3 The Managing Entity shall be responsible for ensuring that the Department can report the following allocations in accord with the requirements set by federal law:

B1-2.3.1 Of the SAPT block grant:

B1-2.3.1.1 Pursuant to 45 C.F.R. s. 96.124(b), not less than the amount specified in **Exhibit F1** for "Substance Abuse Prevention Services" on primary prevention services for those who do not require treatment;

B1-2.3.1.2 Pursuant to 42 U.S.C. s. 300x-24, not less than the amount specified in **Exhibit F1** for "HIV Services" on HIV Early Intervention Services.

B1-2.3.2 Of State funds appropriated to substance abuse treatment for adults, pursuant to 45 C.F.R. s. 96.124(c), not less than the amount specified in **Exhibit F1** for "Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families" on services for pregnant women, and women with dependent children.

B1-2.3.3 Of the CMH block grant, not less than the amount specified in **Exhibit F1** for ME "Early Intervention Services for SMI & Pysch Disorder" for

B1-2.3.4 Pursuant to 45 C.F.R. s. 96.131, the Managing Entity shall ensure that subcontractors that receive SAPT block grant funding prioritize treatment services for pregnant women. This shall include:

B1-2.3.4.1 The development, implementation, and administration of an electronic waitlist to ensure that a pregnant woman that requires treatment services shall be a priority for admission, within 48 hours of seeking treatment. If the clinically appropriate services cannot be provided for the pregnant woman, interim services shall be provided not later than 48 hours after the woman seeks treatment services.

B1-2.3.4.2 The capacity to track and report the type of service, number of pregnant women served, and amount of services purchased by federal and state sources.

B1-2.3.4.3 Policies and procedures relating to treatment services for pregnant women and, where appropriate, ensure that families are able to remain together when parents require treatment.

B1-2.3.5 Pursuant to 45 C.F.R. s. 96.126, the Managing Entity shall maintain an electronic waitlist for the sub-contractors that receive SAPT block grant funding and serve injection drug users, and ensure the implementation of the 14/120 day requirement of 45 C.F.R. s. 96.126(b), and provide interim services until such time as the clinically appropriate level of treatment can be provided to the individual.

B1-2.3.5.1 Outreach services shall be provided, pursuant to 45 C.F.R. s. 96.126(e), and documented so as to demonstrate the provision of these services.

B1-2.3.5.2 The Managing Entity shall maintain a report of the Network Service Providers that reach 90% capacity, and the monitoring procedures to ensure that this occurs.

B1-2.3.6 Pursuant to 45 C.F.R. s. 96.125, the Managing Entity shall prepare and implement a comprehensive primary prevention program that uses a variety of strategies.

B1-2.3.7 Pursuant to 45 C.F.R. s. 95.127, the Managing Entity shall ensure the provision of tuberculosis services, in compliance with Ch. 65D-30.004(9), F.A.C.

B1-2.3.8 Pursuant to 45 C.F.R. s. 96.126 and s. 96.128, the Managing Entity shall ensure the provision of early intervention services for HIV and in compliance with Ch. 65D-30.004(9), F.A.C.

B1-2.3.9 Pursuant to 45 C.F.R. s. 96.123(a)(7) and s. 96.132(b), the Managing Entity shall ensure that subcontracted Network Service Providers receive continuing education, and this shall be documented to demonstrate the provision of said education.

B1-2.3.10 Pursuant to 45 C.F.R. s. 96.132(a), the Managing Entity shall develop and implement a process for improving referrals to treatment.

B1-2.3.11 The Managing Entity shall ensure that each year, an evaluation of the procedures and activities undertaken to comply with the block grant requirements shall be completed.

B1-2.3.12 The Managing Entity shall ensure that each year, an assessment of need is undertaken that complies with the requirements of 45 C.F.R. s. 96.133, and 42 U.S.C. s. 300x-1 for adults with a serious mental illness, and children with serious emotional disturbances.

B1-2.3.13 The Managing Entity shall ensure that block grant funding is not expended on the restricted activities pursuant to 45 C.F.R. s. 96.135, and 42 U.S.C. s. 300x-5.

B1-2.3.14 Pursuant to 42 U.S.C. s. 300x-3, the Managing Entity shall collaborate with the Department to ensure that members of the planning council are able to undertake their statutory duties. This will include the participation of the Council member at the Managing Entity Board meetings.

B1-3 Monitoring

B1-3.1 The Managing Entity shall develop, and implement a monitoring process that will demonstrate oversight and corrective action in the case of non-compliance, for all Network Service Providers that receive block grant funds.

B1-3.2 The Managing Entity shall:

B1-3.2.1 As a component of Network Service Provider monitoring, include oversight of the block grant requirements;

B1-3.2.2 Develop and utilize standardized monitoring tools;

B1-3.2.3 Provide the Department with access to the monitoring reports, via the electronic vault; and

B1-3.2.4 Develop and utilize the monitoring reports to create corrective action plans for Network Service Providers, where necessary.

B1-4 Reporting

B1-4.1 To demonstrate compliance with the requirements of the SAPT and CMH block grants, the Managing Entity shall, on a quarterly basis report on the following activities:

B1-4.1.1 Training and technical assistance;

B1-4.1.2 Access to treatment for injection drug users, including capacity reports;

B1-4.1.3 Follow-up actions taken in response to findings from peer review activities;

B1-4.1.4 Priority access to treatment for pregnant women;

B1-4.1.5 Wait list management for injection drug users and pregnant women;

B1-4.1.6 Compliance with charitable choice provisions;

B1-4.1.7 Monitoring; and

B1-4.1.8 Continuous quality improvement.

B1-4.2 To meet the reporting requirements of the State to the federal government, the Managing Entity shall complete and submit **Template 2 – Managing Entity Substance Abuse and Mental Health Block Grant Reporting Template Overview and Instructions** by February 15 and August 15 of each year. This shall be accompanied by a certification of accuracy, from the Chief Executive Officer and Chief Financial Officer, or equivalent positions.

B1-4.3 To meet the reporting requirements of the State to the federal government, the Managing Entity shall complete and submit **Template 3 – Narrative Report for the Substance Abuse and Mental Health Block Grant** by May 30 of each year.

B1-5 Elements to be included in subcontracts with Network Service Providers

B1-5.1 The Managing Entity shall ensure that the following are included in contracts with appropriate Network Service Providers:

B1-5.1.1 Requirements to ensure compliance with the SAMHSA Charitable Choice provisions and the implementing regulations of 42 C.F.R. s. 54a;

B1-5.1.2 Requirements to ensure that Network Service Providers that receive block grant funds comply with 42 C.F.R. Part 2;

B1-5.1.3 Provisions to monitor block grant requirements, and activities;

B1-5.1.4 Sufficient detail in a Network Service Provider invoice to capture, report, and test the validity of expenditures and service utilization;

B1-5.1.5 For Network Service Providers that receive CMH block grant funding, and have been designated as a prevention provider for the purposes of H.R. Res. 3547, 113th Cong. (2014) (enacted), compliance with federal requirements.

B1-5.1.6 For Network Service Providers that receive SAPT block grant funding for the purpose of primary prevention, compliance with 45 C.F.R. s. 96.125;

B1-5.1.7 An invoice that includes the minimum data elements to satisfy the Department's application and reporting requirements; and

B1-5.1.8 Compliance with state or federal requests for information related to the block grant.

B1-5.1.9 In accordance with 45 C.F.R. s. 96.131(b), a requirement that providers that receive Block Grant funds and that serve injection drug users publicize the following notice: "This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows: 1. Pregnant injecting drug users; 2. Pregnant drug users; 3. People who inject drugs; and 4. All others."

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EXHIBIT C – TASK LIST**C-1 Service Tasks**

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

C-1.1 Development and Planning Function

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

C-1.1.1.1 Promotes recovery and resiliency;

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

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

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

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

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

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

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

C-1.1.2.3 Section 394.745, F.S.;

C-1.1.2.4 Section 394.75, F.S.;

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

C-1.1.2.6 The Annual Business Plan for the Department;

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

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

C-1.1.3 Effective July 1, 2016, the Managing Entity shall conduct a community behavioral health care needs assessment every three years, to be submitted to the Department no later than October 31 of each applicable year. At a minimum, the assessment shall consider:

C-1.1.3.1 The extent to which each designated receiving system within the Managing Entity service location functions as a "no-wrong-door model," as defined by s. 394.4573, F.S.;

C-1.1.3.2 The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;

C-1.1.3.3 The availability of less-restrictive services; and

C-1.1.3.4 The use of evidence-informed practices.

C-1.1.4 County Planning

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

C-1.1.5 Federal Planning

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

C-1.1.6 No later than July 31, of each year, the Managing Entity shall submit an annual business plan, developed with community Stakeholder input, to the Department, that shall outline the operational plan for the present fiscal year, and a future plan for the next fiscal year to assist in the development of the Department's legislative budget request. This plan shall be completed using **Template 4 – Managing Entity Annual Business Operations Plan**. The annual business plan shall outline:

- C-1.1.6.1** Governance and administration;
- C-1.1.6.2** Provider relations and development;
- C-1.1.6.3** Service management;
- C-1.1.6.4** Customer service and consumer affairs;
- C-1.1.6.5** Projected community need; and
- C-1.1.6.6** Anticipated service targets.

C-1.1.7 Annually, no later than July 15, the Managing Entity shall develop, implement and submit a plan for reintegrating individuals ready for discharge from the State Mental Health Facilities, to a less restrictive level of care. The Managing Entity may submit an update to a previously accepted plan to comply with this requirement.

C-1.1.8 Within 90 days of execution, the Managing Entity shall submit, a record transition plan to be implemented in the case of contract termination or non-renewal by either party, in accordance with **Guidance 3 – Managing Entity Expiration, Termination and Transition Planning Requirements**.

C-1.1.9 The Department will review the proposed policies, procedures, and plans required to be submitted by the Managing Entity. The Department will respond in writing indicating approval or noting any deficiencies within 30 business days from the date of receipt. Once approved by the Department, the Managing Entity's policies and procedures may be amended provided that they conform to state and federal laws, state rules, and federal regulations.

C-1.1.10 The Managing Entity shall make available and communicate all plans, policies, procedures, and manuals to the Managing Entity staff, Network Service Providers, Individuals Served, and Stakeholders, as applicable.

C-1.1.11 Resource Development

The Managing Entity shall, where appropriate, develop additional resources by pursuing third-party payments for services, applying for grants, assisting providers in securing local matching funds and in-kind services, and employing other methods needed to ensure that services are available and accessible.

C-1.1.12 Enhancement Plan

Annually on September 1, effective as of 2017, the Managing Entity shall submit an Enhancement Plan for Department approval. The Enhancement Plan shall: