

C-1.1.12.1 Identify a minimum of three and a maximum of five priority needs for services in the geographic area;

C-1.1.12.2 Provide a detailed description of the Managing Entity's strategies for enhancing services to address each priority need;

C-1.1.12.3 Include an implementation plan for each strategy which specifies actions steps and identifies responsible parties; delineates specific services to be purchased and the projected cost of those services; projects the number of individuals to be served and estimates the benefits of the services.

C-1.1.12.4 Be based upon a planning process which includes consumers and their families, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders.

C-1.2 Implementation Function

C-1.2.1 The Managing Entity shall maintain a comprehensive Network that provides an adequate and reasonable array of services in terms of geographic distribution to meet the service needs of individuals without excessive time and travel requirements.

C-1.2.2 Care Coordination

C-1.2.2.1 Within 60 days of execution, the Managing Entity shall submit a care coordination plan for Department approval prior to implementation. The Managing Entity shall update the care coordination plan annually, no later than July 15. The plan shall, at minimum, address the following areas:

C-1.2.2.1.1 Specify methods that will be used to reduce, manage, and eliminate Waitlists for services;

C-1.2.2.1.2 Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance abuse and mental health disorders;

C-1.2.2.1.3 Promote access to clinically appropriate services by ensuring the use of screening, assessment, and placement tools designed to identify an appropriate level and intensity of care for an individual;

C-1.2.2.1.4 Promote the use of service outcome data to achieve desired outcomes;

C-1.2.2.1.5 Promote coordination of behavioral health care with primary care;

C-1.2.2.1.6 Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care and are diverted from higher levels of care when appropriate; and

C-1.2.2.1.7 Monitor and implement system changes to promote effectiveness.

C-1.2.2.2 In addition, pursuant to s. 394.9082(3)(c), F.S., the Managing Entity shall provide care coordination activities, as specified in **Guidance 4 – Care Coordination**, designed to improve outcomes among individuals in the following priority populations:

C-1.2.2.2.1 Persons with a Serious Mental Illness (SMI) awaiting placement in a civil SMHTF or awaiting discharge from a SMHTF back to the community.

C-1.2.2.2.2 Adults with three (3) or more acute care admissions (CSU, Detoxification, and inpatient) within 180 days.

C-1.3 Administration Function

C-1.3.1 The Managing Entity shall collaborate with and accept input from Stakeholders to administer services and shall operate in a transparent manner, providing public access to information, notice of meetings and opportunities for participation in Managing Entity decision-making.

C-1.3.2 The Managing Entity shall ensure the administration of the Network includes the following programmatic standards:

C-1.3.2.1 Guidance 5 – Residential Mental Health Treatment for Children and Adolescents;

C-1.3.2.2 Guidance 6 – Outpatient Forensic Mental Health Services;

C-1.3.2.3 Guidance 7– Forensic and Civil Treatment Facility Admission and Discharge Processes;

C-1.3.2.4 The Managing Entity shall facilitate Limited Mental Health Assisted Living Facility (LMH-ALF) training pursuant to Rule 58A-5.0191, F.A.C., and the additional guidance in **Guidance 8 – Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure;**

C-1.3.2.5 The Managing Entity shall promote the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative with appropriate Network Service Providers in conjunction with the Department. Programmatic guidance is provided in **Guidance 9 – Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)** and the recommended forms provided in **Template 5 – ALF-LMH Forms;**

C-1.3.2.6 Guidance 10 – Prevention Services;

C-1.3.2.7 Guidance 11 – Juvenile Incompetent to Proceed (JITP);

C-1.3.2.8 Guidance 12 – Behavioral Health Network (BNet) Guidelines and Requirements and the required forms provided in **Template 6 – Behavioral Health Network Forms;**

C-1.3.2.9 Guidance 13 – Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP);

C-1.3.2.10 The Managing Entity shall be responsible for contracting, and providing oversight of the Prevention Partnership Grants, pursuant to s. 397.99, F.S. The Managing Entity shall require that all Network Service Providers receiving PPG funding complete the Evidence-Based Self-Assessment Survey annually and shall comply with the requirements in **Guidance 14 – Prevention Partnership Grants (PPG);**

C-1.3.2.11 Guidance 15 – Projects for Assistance in Transition from Homelessness (PATH);

C-1.3.2.12 Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook;

C-1.3.2.13 The Managing Entity must comply with the applicable obligations under 42 U.S.C., ss. 601, et. seq. The Managing Entity agrees that TANF funds shall be expended

for TANF participants as outlined in **Guidance 17 – Temporary Assistance for Needy Families (TANF) Funding Guidance**.

C-1.3.2.14 To ensure the implementation and administration of the Family Intensive Treatment (FIT) team model complies with the Department's programmatic standards, the Managing Entity shall require any Network Service Providers providing FIT model services adhere to the staffing, service delivery and reporting requirements of **Guidance 18 – Family Intensive Treatment (FIT) Model Guidelines and Requirements**.

C-1.3.2.15 The Managing Entity shall implement the Transitional Voucher project according to the specifications in **Guidance 29 – Transitional Voucher**.

C-1.3.3 The Managing Entity shall notify the Department within 48 hours of conditions related to Network Service Provider performance that may interrupt the continuity of service delivery or involve media coverage.

C-1.3.4 The Managing Entity shall develop a fraud and abuse prevention protocol within 60 days of execution that complies with all state and federal requirements applicable to this contract. This plan shall be approved by the Department prior to implementation.

C-1.3.5 Quality Management

C-1.3.5.1 The Managing Entity shall establish a quality management process to identify and address opportunities for improvement of operations for both Network Service Providers and the Managing Entity.

C-1.3.5.2 The Managing Entity shall submit a quality assurance plan documenting the process within 60 days of execution and annually no later than August 31. This plan shall be approved by the Department prior to implementation. For the purposes of this contract, quality assurance functions includes, but is not limited to:

C-1.3.5.2.1 Periodic external review activities conducted by the Department and the Managing Entity to assure that the agreed upon level of service is achieved and maintained by the Managing Entity and its Network Service Providers; and

C-1.3.5.2.2 Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.

C-1.3.5.3 As applicable, the Managing Entity shall actively participate in the Department's local and statewide processes for quality assurance and quality improvement.

C-1.3.6 The Managing Entity shall be responsible, upon discovery of an incident involving a client whose services are paid for in whole or in part by the Managing Entity, for the management and oversight of incident reporting in accordance with the CFOP 215-6, Incident Reporting and Analysis System (IRAS).

C-1.3.7 The Managing Entity shall cooperate with the Department when investigations are conducted regarding a regulatory complaint relevant to a licensed facility operated by one of the Managing Entity's Network Service Providers.

C-1.3.8 The Managing Entity shall integrate the Department's current initiatives, new state and federal requirements, and policy initiatives into its operations.

C-1.3.9 Coordination with other Providers and Entities

C-1.3.9.1 The Managing Entity shall coordinate with the Community Based Care lead agency, or agencies, as appropriate, to further the child welfare role of the Department, pursuant to s. 409.996(12), F.S and to integrate behavioral health services with the child welfare system. Such coordination shall be in accordance with **Guidance 19 – Integration with Child Welfare.**

C-1.3.9.2 The Managing Entity shall collaborate with and encourage increased coordination between Network Service Providers and the child welfare system, law enforcement agencies, the criminal justice system, the juvenile justice system, the Medicaid program, offices of the public defender, offices of criminal conflict and offices of the civil regional counsel within the geographic area.

C-1.3.9.3 Collaboration with the criminal justice system and the juvenile justice system, including the Department of Juvenile Justice, shall develop strategies and alternatives for diverting individuals from the criminal justice system to the civil system. Such diversion shall apply to persons with mental illness, substance use or co-occurring disorders;

C-1.3.9.4 The Managing Entity shall coordinate with the judicial system to:

C-1.3.9.4.1 Develop specific written procedures and agreements that maximize the use of involuntary outpatient services, reduce involuntary inpatient treatment and increase diversion from the criminal and juvenile justice systems; and

C-1.3.9.4.2 Provide effective and timely services covered through this contract that address the substance abuse and mental health needs of children and parents in the child welfare system and the juvenile justice system.

C-1.3.9.5 The Managing Entity shall participate in the interagency team meetings created as a result of the Interagency Agreement for child-serving agencies in accordance with **Guidance 20 – Local Review Team.**

C-1.3.9.6 The Managing Entity Shall provide the housing coordination function specified in **Guidance 21 – Housing Coordination**, with Network Service Providers and local housing and homelessness stakeholders, and the Local Community Providers of Services identified at the Department's Office on Homelessness webpage at

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

C-1.4 Monitoring Function

C-1.4.1 Within 30 days after execution and annually thereafter no later than July 31, the Managing Entity shall submit a Network Service Provider Management Plan for Department approval. The plan shall include:

C-1.4.1.1 A Risk Assessment to develop an annual monitoring schedule.

C-1.4.1.2 A statistically valid sampling methodology to ensure that Network Service Providers have an onsite monitoring by the Managing Entity at least once every three years, if accredited.

C-1.4.1.3 The monitoring schedule shall distinguish between onsite monitoring and desk reviews.

C-1.4.1.4 The development of policies, procedures, and tools for the scope of monitoring, which shall include:

- C-1.4.1.4.1** General Contract monitoring that will include:
 - C-1.4.1.4.1.1** Fiscal stability,
 - C-1.4.1.4.1.2** Records,
 - C-1.4.1.4.1.3** Corrective Action Plan review,
 - C-1.4.1.4.1.4** Audits,
 - C-1.4.1.4.1.5** Accounting System,
 - C-1.4.1.4.1.6** Insurance,
 - C-1.4.1.4.1.7** Sponsorship,
 - C-1.4.1.4.1.8** Publicity,
 - C-1.4.1.4.1.9** Lobbying,
 - C-1.4.1.4.1.10** Client Risk and Incident Reporting,
 - C-1.4.1.4.1.11** Intellectual Property Rights,
 - C-1.4.1.4.1.12** Data Security,
 - C-1.4.1.4.1.13** Confidentiality of Client Information,
 - C-1.4.1.4.1.14** Assignments and Subcontracts, and
 - C-1.4.1.4.1.15** Grievance Procedures.
- C-1.4.1.4.2** Program monitoring that will include:
 - C-1.4.1.4.2.1** Scope of service,
 - C-1.4.1.4.2.2** Service tasks,
 - C-1.4.1.4.2.3** Staffing requirements,
 - C-1.4.1.4.2.4** Deliverables,
 - C-1.4.1.4.2.5** Data validation,
 - C-1.4.1.4.2.6** Performance specifications,
 - C-1.4.1.4.2.7** Network Service Provider responsibilities, and
 - C-1.4.1.4.2.8** Method of payment.
- C-1.4.1.4.3** Background Screening monitoring that will include:
 - C-1.4.1.4.3.1** Level 1 and 2 screening,
 - C-1.4.1.4.3.2** Screening exemptions or exclusions, and
 - C-1.4.1.4.3.3** Attestations.
- C-1.4.1.4.4** Policies and procedures that comply with s. 394.9082(5)(q), F.S.

C-1.4.2 The Managing Entity shall monitor Network Service Providers, in compliance with s. 402.7306, F.S., and CFOP 75-8. Monitoring shall include, but is not limited to:

- C-1.4.2.1** Compliance with federal and state confidentiality laws;

C-1.4.2.2 Compliance with the requirements and restrictions of the Block Grant funds, and accompanying maintenance of efforts requirements;

C-1.4.2.3 State and federal grant programs;

C-1.4.2.4 Compliance with specific appropriations, or GAA directed projects;

C-1.4.2.5 Compliance with TANF;

C-1.4.2.6 Compliance with the provisions of ch. 65E-14, F.A.C.; and

C-1.4.2.7 A sample of case management records to verify that services identified in community living support plans for residents of Assisted Living Facilities with Limited Mental Health Licenses are provided pursuant to s. 394.4574, F.S.

C-1.4.3 The Managing Entity shall make available to the Department, the results of both planned and ad hoc monitoring, by uploading to the electronic vault within 30 days of completion.

C-1.5 Data Collection, Reporting, and Analysis Function

C-1.5.1 The Managing Entity shall implement shared data systems necessary for the delivery of coordinated care and integrated services, the assessment of Managing Entity performance and Network Service Provider performance and the reporting of outcomes and costs of services.

C-1.5.2 The Managing Entity shall develop and implement policies and procedures that protect and maintain the confidentiality of sensitive information of Individuals Served.

C-1.5.3 The Managing Entity shall require accurate and timely data entry required from Network Service Providers for performance outcomes measurement, in accordance with PAM 155-2, and s. 394.74(3)(e), F.S. The data must:

C-1.5.3.1 Enable expenditures to be tracked by program, fund type, and service;

C-1.5.3.2 Capture service utilization by type and recipient; and

C-1.5.3.3 Document quality of care, access to services, and outcomes for each Individual Served within the Network.

C-1.5.4 The Managing Entity shall electronically submit all data, as specified in PAM 155-2, to the SAMH Data System by the 18th of each month.

C-1.5.5 The Department will provide a monthly records acceptance and rejection report to the Managing Entity. The Managing Entity shall correct 95% of rejected records within 60 days after each report is issued.

C-1.5.6 Within 60 days of execution, the Managing Entity shall submit an information technology plan for Department approval prior to implementation. This plan shall be reviewed annually for progress. The plan shall demonstrate that the Managing Entity's data system shall be able to meet the following minimum requirements:

C-1.5.6.1 The exchange of screening and assessment results among Network Service Providers to better coordinate care as outlined in the current Information Technology Plan;

C-1.5.6.2 Automated referral and electronic consent for release of confidential information within and between Network Service Providers;

C-1.5.6.3 Integrated processes for tracking and coordinating intake, admission, discharge and follow-up throughout the Network;

C-1.5.6.4 Electronic reconciliation of invoices submitted to the Department, including reconciliation of the amount of funding and services specified in this contract;

C-1.5.6.5 Electronic reconciliation of the Managing Entity's audit report and data information system for Individuals Served;

C-1.5.6.6 Automated processes for state and federal data analysis and reporting; and

C-1.5.6.7 Compliance with federal and state laws, and regulations pertaining to security and privacy of protected health information.

C-1.5.7 The Managing Entity shall provide Department approved Regional and Headquarters staff with access to its data system for Department funded clients and services.

C-1.5.8 The Managing Entity shall provide data system training and training products for Department approved staff.

C-1.5.9 The Managing Entity shall create and maintain accurate and complete Network Service Provider information for its Network in the Data System. The Managing Entity shall require that changes or updates to Network Service Provider records in the SAMH Data System are made within 30 days of a known change.

C-1.5.10 The Managing Entity shall be responsible for maintaining all SAMH Data System access data accounts for persons affiliated with its Network.

C-1.5.11 The Managing Entity shall participate in statewide data activities, including standing Department SAMH data conference calls or meetings. When possible, the Managing Entity shall make arrangements for the Managing Entity data officer or designee to attend policy or strategic meetings in person.

C-1.5.12 The Managing Entity's delegated data officer shall participate in the Department's SAMH data training. The Managing Entity shall be responsible for training other required Managing Entity staff and affiliated personnel on accessing and using SAMH data systems.

C-1.5.13 The Managing Entity shall verify that data submitted is consistent with the data maintained locally by Network Service Providers in their Individuals Served files.

C-1.5.14 The Managing Entity shall review the Department's file upload history in the SAMH Data System to determine the number of records accepted, updated, and rejected. Based on this review, the Managing Entity shall correct the erroneous records for resubmission in the SAMH Data System within 60 days after submission.

C-1.5.15 The Managing Entity shall require that all data collection required as a result of Federal and State grant awards is submitted to the appropriate parties and completed within the timeframes established by the grantor. The Department will provide technical assistance to the Managing Entity.

C-1.5.16 The Managing Entity shall require public receiving facilities, detoxification facilities and addictions receiving facilities within its Network Service Providers to collect and submit the acute care service utilization data specified in s. 394.9082(10), F.S., according to the timeframes established therein, using a file transfer protocol process or a web portal developed by the Managing Entity.

C-1.6 Fiscal Responsibility Function

C-1.6.1 The Managing Entity shall comply with **Guidance 22 – Federal Grant Financial Management Requirements**.

C-1.6.2 The Managing Entity's financial management and accounting system must have the capability to generate financial reports detailing by fund source, individual recipient utilization, and cost, which, at a minimum, will meet federal requirements for the Block Grants

C-1.6.3 The Managing Entity shall ensure that it budgets and accounts for revenues and expenditures in compliance with Ch. 65E-14, F.A.C.

C-1.6.4 Direct and indirect costs eligible for payment from Department funds are expenses directly incurred by the Managing Entity to manage Behavioral Health Services under and pursuant to this contract and in accordance with:

C-1.6.4.1 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;

C-1.6.4.2 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;

C-1.6.4.3 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards; and

C-1.6.4.4 The Reference Guide for State Expenditures, which is incorporated herein by reference and may be located at: www.myfloridacfo.com/aadir/reference_guide/

C-1.6.5 Managing Entity operational and indirect costs shall not include any Network Service Provider indirect costs.

C-1.7 Disaster Planning and Response Function

C-1.7.1 Planning

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

C-1.7.2 Response

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

C-1.7.2.1 The Managing Entity shall designate a CCP Network Service Provider for each county within the Managing Entity's service area and provide a comprehensive list of said Network Service Providers to the Department's Disaster Behavioral Health Coordinator within 60 days of execution and within 10 days of any changes to the designated Network Service Provider.

C-1.7.2.2 At the direction of the Department's Disaster Behavioral Health Coordinator, the Managing Entity shall implement CCP services through the designated CCP Network Service Provider according to the terms and conditions of any CCP grant award approved by representatives of FEMA and SAMHSA, using the CCP contract template, provided in **Guidance 23 – Crisis Counseling Program**.

C-1.7.2.3 The Managing Entity shall ensure compliance with the FEMA CCP Guidance, which is incorporated herein by reference and may be located at:

<http://mediawww.samhsa.gov/DTAC-CCPToolkit/introdtac/ccptoolkit/gettingstarted.htm>

C-1.8 Additional Region-Specific Tasks

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

C-2 Administrative Tasks

C-2.1 Staffing

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

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

C-2.1.2.1 Chief Executive Officer (CEO);

C-2.1.2.2 Chief Operations Officer (COO); or

C-2.1.2.3 Chief Financial Officer (CFO).

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

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

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

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

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

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

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

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

C-2.2 Subcontracting

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

C-2.2.2 Additional Program Specific Funds

C-2.2.2.1 The Managing Entity shall incorporate into subcontracts any additional program-specific funds appropriated by the Legislature for services, as specified in

Exhibit C2. Any increases will be documented through an amendment to this Contract, resulting in a current fiscal year funding and corresponding service increase. Such increase in services must be supported by additional deliverables as outlined in the amendment.

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

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

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

C-2.2.3.2 Provisions to require compliance with:

C-2.2.3.2.1 **Exhibit B1;**

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

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

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

C-2.2.3.2.5 the Reference Guide for State Expenditures;

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

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

C-2.2.3.2.8 State and federal grant requirements;

C-2.2.3.2.9 TANF requirements, if applicable; and

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

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

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

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

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

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

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

C-2.2.7 Files of Individuals Served

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

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

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

C-2.2.8 Satisfaction Survey for Individuals Served

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

C-2.2.9 Third Party Billing

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

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

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

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

C-2.2.9.2 Department funds may reimburse services provided to:

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

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

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

C-2.3 Records and Documentation

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

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

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

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

C-2.4 Reports

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

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

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

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

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

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

C-2.4.5 Local Match

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

C-2.4.6 Quarterly Report

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

C-2.4.6.1 Exhibit B1;

C-2.4.6.2 Overview of necessary adjustments to required plans, including justification for proposed changes, identification of barriers or anticipated barriers to achieving stated goals, and proposed strategies to mitigate the impact of said barriers on the Network;

C-2.4.6.3 Network management including:

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

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

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

C-2.4.6.4 Network Service Provider performance including:

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

C-2.4.6.4.2 Performance measures.

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

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

C-2.4.7 Where this Contract requires the delivery of reports to the Department, mere receipt by the Department shall not be construed to mean or imply acceptance of those reports. It is specifically intended by the parties that acceptance of required reports shall require a separate act in writing within 15 days of receipt of the report by the Department. The Department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in this contract, and must notice the Managing Entity electronically within 15 days of receipt of the report by the Department. The Department may allow additional time within which the Managing Entity may remedy the objections noted by the Department or the Department may, after having given the Managing Entity a reasonable opportunity to complete, make adequate, or acceptable, such reports, declare the contract to be in default.

C-2.5 Preference to Florida-Based Businesses

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

C-2.6 Use of Department's Operating Procedures

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

C-2.7 National Provider Identifier (NPI)

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

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

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

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

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

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

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

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

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C-2.7.3.3 The CMS NPI:

<http://www.cms.hhs.gov/NationalProvIdentStand>

C-3 Standard Contract Requirements

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

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EXHIBIT C1 – ADDITIONAL REGION-SPECIFIC TASKS

C1-1 Southeast Region Specific Performance Metrics

The Managing Entity will assist in developing performance metrics as determined by the Department's Regional leadership to support Southeast Region Priorities. These metrics and outcomes will be reported by the ME to the Department's Regional Staff as requested.

C1-2 Collaboration with Southeast Region Assignments

The Managing Entity will work in collaboration with the Southeast Region SAMH staff in completing, according to given deadlines, any assignments given to the Southeast Region which involve the ME and/or its subcontractors and for which the ME would have or have access to the needed information.

C1-3 Communications

C1-3.1 Reports

C1-3.1.1 The Managing Entity will submit all required reports (Including Monthly Performance Report) directly (via email or postal service) to the Contract Manager.

C1-3.1.2 All communications from the Managing Entity to the Department must include the Contract Manager and the Regional SAMH Director.

C1-3.1.3 All Public Meetings as well as Board and Board Committee Meetings must be noticed directly to the Contract Manager and the Regional SAMH Director.

C1-3.2 Partnership Meetings

The Managing Entity and the Southeast Region SAMH Office will meet at a minimum of every two months regarding programmatic issues and updates in the SAMH System of Care for the Region.

C1-3.3 Client, Stakeholder and/or Provider Issues, Incidents, Complaints

When a client, stakeholder, or Provider issue rises to the level where further investigation or intervention appears warranted, the Managing Entity will:

C1-3.3.1 Share currently available information about the issue with the SER SAMH designated staff;

C1-3.3.2 Coordinate with the SER staff how the ME will proceed;

C1-3.3.3 Review findings of the process and outcome(s) with the SER SAMH staff.

C1-4 NAVIGATE Program – Evidence-Based Treatment for First Episode Psychosis (FEP)

Pursuant to the CMHBG set-aside requirements for programs showing strong evidence of effectiveness and targeting first episode psychosis, the Managing Entity shall:

C1-4.1 Subcontract for the implementation of the First Episode Psychosis program to serve a minimum of 75 individuals annually,

C1-4.2 Base the program design upon the NAVIGATE Team Members' Guide, available at <https://raiseetp.org/StudyManuals/Team%20Guide%20Manual.pdf>, hereby incorporated herein by reference;

C1-4.3 Submit a copy of the subcontract with the selected provider to the Department, including the subcontract rate and the rate negotiation methodology;

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C1-4.4 Develop a work plan outlining the implementation of the program and ongoing monitoring of the program for fidelity with the Navigate Team Members' Guide;

C1-4.5 Submit a quarterly services report using a template to be provided by the Department; and

C1-4.6 Subcontract with Henderson Behavioral Health for training and coaching provided to NAVIAGTE Program providers and Managing Entities in other service regions.

C1-5 Regionally Necessary Services

C1-5.1 The terms of Section B-3.1 notwithstanding, the Managing Entity will discuss with the Department prior to utilizing services outside Broward County, with such services being considered on a case-by-case basis and with simultaneous concerted efforts conducted by the Managing Entity to develop such services locally.

EXHIBIT C2 – REGION-SPECIFIC APPROPRIATIONS

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

C2-2 The Managing Entity shall provide the Department with a copy of the executed subcontract document for each program-specific fund no later than 30 days after this exhibit is incorporated into the Managing Entity's contract. The subcontract document shall include:

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

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

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

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

C2-3 At a minimum, the managing entity shall ensure each Network Service Provider:

C2-3.1 Reports the following performance metrics in the format specified by the Department:

C2-3.1.1 Number of clients served,

C2-3.1.2 Number of adults served,

C2-3.1.3 Number of children served,

C2-3.1.4 Number of clients admitted in a residential treatment center,

C2-3.1.5 Type of services provided to the clients, and

C2-3.1.6 Number of clients discharged.

C2-3.2 For any specific appropriation identified with the acronym "**EOG/OPB**" in **Table 1**:

C2-3.2.1 Provides an initial projected estimate of positive return on investment the state may receive by providing the funding on or before July 15, each Fiscal Year. The Managing Entity shall provide a copy of each providers projected estimate to the Department no later than July 20, each Fiscal Year; and

C2-3.2.2 Provides a report 15 days after the completion of each fiscal quarter documenting the actual return on investment achieved and describing the methodology by which the return on investment amount was determined. The Managing Entity shall provide a copy of each providers report on return on investment to the Department no later than 20 days after the completion of each fiscal quarter.

Table 1 – Program-Specific Fund Summary			
Year	Specific Appropriation	Provider	Amount
FY14-15	372	Pregnant and Post-Partum Women Funding Allocated to the following providers and amounts 1. Broward Addiction and Recovery Center (BARC) 2. House of Hope 3. Susan B. Anthony Center, Inc. 4. The Starting Place, Inc.	\$1,043,188.00
FY15-16 through FY17-18	PPG Solicitation LHZ03	Hanley Center Foundation, Inc.	\$147,256.00
FY15-16	377J	Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. Broward Addiction and Recovery Center (BARC) 2. House of Hope 3. Susan B. Anthony Center, Inc. 4. Banyan Community Health Center, Inc.	\$1,043,188.00
		Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-6.2. EOG/OPB	\$600,000.00
FY16-17	383	Community Forensic Multidisciplinary Team (FMDT) Henderson Behavioral Health	\$652,000.00
	385	Pregnant Women, Mothers, and Affected Families Funding, Allocated to the following providers 1. Broward Addiction and Recovery Center (BARC) 2. House of Hope 3. Susan B. Anthony Center, Inc.	\$1,043,188.00
		Family Intensive Treatment (FIT) funding EOG/OPB	\$600,000.00

C2-4 Fiscal Year 2014-15 Appropriations

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

C2-4.1 Specific Appropriation 372 – Pregnant and Post-Partum Women Funding

From Specific Appropriation 372, recurring General Revenue for the expansion of substance abuse services for pregnant women and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with greatest need and available treatment capacity.

C2-5 Prevention Partnership Grants

Pursuant to the Notice of Award for the PPG procurement RFA #LHZ03, the Managing Entity shall execute 3 year subcontracts with Network Service Providers for the annual amounts detailed in **Table 1** for the implementation of the PPG program.

C2-5.1 The Managing Entity shall negotiate PPG services within the scope of work detailed in the Network Service Provider's application.

C2-5.2 The Subcontract shall incorporate the specifications and elements detailed in the RFA, including but not limited to objectives, measures, and reporting.

C2-5.3 The Subcontract shall incorporate funding as detailed in **Table 1** for reasonable, allowable, and necessary expenditures required to perform PPG services.

C2-5.4 The Subcontract shall require the Network Service Provider to enter all prevention data into the Department's Performance Based Prevention System (PBPS).

C2-6 Fiscal Year 2015-16 Appropriations

Pursuant to the FY15-16 General Appropriations Act, Ch. 2015-232, Laws of Fla., the Managing Entity shall implement the following:

C2-6.1 Specific Appropriation 377J – Pregnant Women, Mothers, and Affected Families Funding

C2-6.1.1 From the funds in Specific Appropriation 377J, recurring General Revenue for the expansion of substance abuse services for pregnant women and their affected families. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with greatest need and available treatment capacity.

C2-6.1.2 The Managing Entity shall subcontract with the Network Service Providers for this funding as listed in **Table 1**. These subcontracts shall be executed and managed in accordance with **Guidance 26 – Women's Special Funding**. With the submission of the Final Fiscal Year Invoice, the Managing Entity will submit a report that details for each provider the sub contractual amount, actual amount paid, and total units purchased. This report shall also contain the total of any anticipated carry forward funds of Specific Appropriation 377J – Pregnant and Post-Partum Women Funding. These anticipated carry forward funds will also be included on **Template 13 – Managing Entity Carry Forward Expenditure Report**.

C2-6.2 Specific Appropriation 377J – Family Intensive Treatment Funding

C2-6.2.1 From the funds in Specific Appropriation 377J, General Revenue to expand the Family Intensive Treatment (FIT) team model to Broward County, through a competitive bid process that targets specific communities based on indicated child welfare need.

C2-6.2.2 The Family Intensive Treatment (FIT) team model is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance abuse. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases.

C2-6.2.3 The Managing Entity shall initiate a competitive bid process to deliver the FIT model by July 31, 2015.

C2-6.2.4 The Managing Entity shall subcontract with Network Service Providers on or before October 1, 2015, to provide FIT model services for the full amount of funding specified in **Table 1** and shall not reduce payment to these providers for any operational costs, including behavioral health fees, of the Managing Entity associated with the administration of the subcontracts.

C2-7 Fiscal Year 2016-17 Appropriations

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

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

From the funds in Specific Appropriation 383, recurring General Revenue Fund is provided for the creation of a pilot community Forensic Multidisciplinary Team designed to divert individuals from secure forensic commitment by providing community-based services. To implement this pilot proviso project, the Managing Entity shall subcontract with a qualified Network Service Provider in the location specified in **Table 1** to provide services according to the provisions of **Guidance 28 – Forensic Multidisciplinary Team**.

C2-7.2 Specific Appropriation 385 – Women’s Special Funding

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

C2-7.3 Specific Appropriation 385 – Family Intensive Treatment Funding

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

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EXHIBIT C3 – ME REQUIRED REPORTS, PLANS, AND FUNCTIONAL TASKS

All Requirements in **Table 2** must be submitted to the Contract Manager electronically and be uploaded to the ME's secure web-based document vault.

Table 2 – Required Submissions				
Section #	Requirement	Required by	Frequency	Due No Later Than:
C3-1	Required Reports and Plans			
Provider Tangible Property Inventory <i>Template 1</i>		Section B-7.2 Guidance 2	Initial; and Annually	Initial: within 30 days of execution; Annual: July 31
Regional planning documents		Section C-1.1.2	As Needed	As Needed
Triennial Needs Assessment		Section C-1.1.3	Every 3 years, beginning 2016	October 31
Managing Entity Annual Business Operations Plan <i>Template 4</i>		Section C-1.1.6	Annually	July 31
Plan for Reintegrating Discharge-Ready Individuals		Section C-1.1.7	Annually	July 15
Record Transition Plan <i>Guidance 3</i>		Section C-1.1.8	Once	Within 90 days of execution
Enhancement Plan		Section C-1.1.12	Annually, beginning 2017	September 1
Care Coordination Plan		Section C-1.2.2	Initial; and Annual Update	Initial: within 60 days of execution; Annual Update: July 15
Fraud and Abuse Prevention Protocol		Section C-1.3.4	Once	Within 60 days of execution
Quality Assurance Plan		Section C-1.3.5.2	Initial; and Annual Update	Initial: within 60 days of execution; Annual Update: August 31
Network Service Provider Management Plan		Section C-1.4.1	Initial; and Annual Update	Initial: within 30 days of execution; Annual Update: July 31
Information Technology Plan		Section C-1.5.6	Once	Within 60 days of execution Reviewed annually
Procurement Policy		Section C-2.2.5		
Network Service Provider's EOG/OPB Return on Investment Projected Estimates		Section C2-3.2.1	Annually	July 20
Network Service Provider's EOG/OPB Actual Return on Investment Reports		Section C2-3.2.2	Quarterly	October 20, January 20, April 20, July 20