

THIS AMENDMENT, entered into between the State of Florida, Department of Children and Families, hereinafter referred to as the "Department" and Broward Behavioral Health Coalition, Inc., hereinafter referred to as the "Provider," amends Contract #JH343.

Amendment #0032, Effective 8/13/2018, restated Contract #JH343 and added \$7,812,531.00 to Fiscal Year 18-19 Schedule of Funds

Amendment #0033, incorporated the Schedule of Funds (SOF) as of 8/9/2018 and added \$398,321.00 to Fiscal Year 18-19. This SOF added non-recurring funds for Mental Health Services and Supports in OCA MH000.

Amendment #0034, incorporated the Schedule of Funds (SOF) as of 10/31/2018 and added \$1,681,441.00 to Fiscal Year 18-19. This SOF added non-recurring funds for State Opioid Response (SOR) in OCAs MSSOA, MSSOP and MSSOR.

The purpose of Amendment #0035 is to incorporate the Schedule of Funds (SOF) as of 1/29/2019. This SOF adds \$42,546.00 non-recurring funds for State Response to the Opioid Crisis budget authority for MAT in OCA MSOPM for Fiscal Year 18-19 and replaces Exhibit B-1.

1. **Page 1, CF Standard Contract 2018, Part 1 of 2, Section 1.1., Purpose and Contract Amount, is hereby amended to read:**

Section 1.1. Purpose and Contract Amount

The Department is engaging the Provider for the purpose of serving as a Regional Managing Entity, pursuant to s.394.9082, F.S., to manage the day-to-day operational delivery of behavioral health services through an organized system of care, pursuant to state and federal law, within the annual appropriation, as further described in Section 2, payable as provided in Section 3, in an amount not to exceed \$348,290,117.07.

2. **Pages 34-38, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT B1 – FEDERAL BLOCK GRANT REQUIREMENTS, dated 7/25/2018, are hereby deleted in their entirety and Pages 34-38, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT B1 – FEDERAL BLOCK GRANT REQUIREMENTS, dated 1/31/2019, are hereby inserted and attached hereto.**
3. **Pages 71-74, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F – METHOD OF PAYMENT, dated 11/01/2018, are hereby deleted in their entirety and Pages 71-74, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F – METHOD OF PAYMENT, dated 1/31/2019, are hereby inserted and attached hereto.**
4. **Page 75, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F1 – ME SCHEDULE OF FUNDS, dated 10/31/2018, is hereby deleted in its entirety and Page 75, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F1 – ME SCHEDULE OF FUNDS, dated 1/29/2019, is hereby inserted and attached hereto.**
5. **Page 76, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS, SECTION F2-1, TABLE 7, dated 11/01/2018, is hereby deleted in its entirety and Page 76, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS, SECTION F2-1, TABLE 7, dated 1/31/2019, is hereby inserted and attached hereto.**

This amendment shall begin on February 1, 2019 or the date on which the amendment has been signed by both parties, whichever is later.

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

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

This amendment and all its attachments are hereby made a part of the contract. **IN WITNESS THEREOF**, the parties hereto have caused this **thirteen (13)** page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: BROWARD BEHAVIORAL HEALTH COALITION, INC.

DEPARTMENT: FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED BY: *Nan Rich*

SIGNED BY: *D Miles*

NAME: Nan Rich

NAME: Dennis Miles

TITLE: Chairperson of the Board

TITLE: Regional Managing Director

DATE: 2-21-2019

DATE: 2/27/19

Federal ID Number: 453675836

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" subcontracted for the implementation of the Coordinated Specialty Care for Early Serious Mental Illness, including First Episode Psychosis, program to serve a minimum number of individuals annually, as negotiated by the Department based on available funding. The subcontract shall specify standards for implementation and base the program design upon:

B1-2.3.3.1 The NAVIGATE Team Members' Guide, available at <http://navigateconsultants.org/manuals/>, hereby incorporated by reference, or

B1-2.3.3.2 The OnTrackNY Team Manual, available at <http://www.ontrackny.org/Resources>, hereby incorporated by reference.

B1-2.3.3.3 The Managing Entity shall adopt mechanisms for ongoing monitoring of the program for fidelity with the selected program design.

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, 42 U.S.C. s. 300x-5, and 42 U.S.C. s.300x-31. Restricted activities include, but are not necessarily limited to, the following. Managing Entities may consult the Department for technical assistance to address allowability of specific cases before subcontracting.

B1-2.3.13.1 The CMH block grant and the SAPT block grant may not be used to:

B1-2.3.13.1.1 Provide inpatient hospital services;

B1-2.3.13.1.2 Fund the enforcement of alcohol, tobacco, or drug laws;

B1-2.3.13.1.3 Make cash payments to intended recipients of health services;

B1-2.3.13.1.4 Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment;

B1-2.3.13.1.5 Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;

B1-2.3.13.1.6 Provide financial assistance to any entity other than a public or nonprofit private entity; or

B1-2.3.13.1.7 Provide any services within prisons or jails.

B1-2.3.13.2 Primary prevention set-aside funds from the SAPT block grant may not be used to:

B1-2.3.13.2.1 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs; or

B1-2.3.13.2.2 Provide Mental Health First Aid or Crisis Intervention Training programs.

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 subcontracts 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. ss. 96.131(a) and (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."

B1-5.2 The Managing Entity shall ensure the following are included in all subcontracts with Network Service Providers for treatment services:

B1-5.2.1 A requirement to discuss the option of medication-assisted treatment with individuals with opioid use disorders or alcohol use disorders.

B1-5.2.1.1 For individuals with opioid use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to methadone, buprenorphine, and naltrexone.

B1-5.2.1.2 For individuals with alcohol use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to disulfiram, and acamprosate products.

B1-5.2.2 A requirement to actively link individuals to medication-assisted treatment providers upon request of the individual served;

B1-5.2.3 A prohibition on a denial of an eligible individual's access to the Network Service Provider's program or services based on the individual's current or past use of FDA-approved medications for the treatment of substance use disorders. Specifically, this must include requirements to:

B1-5.2.3.1 Ensure the Network Service Provider's programs and services do not prevent the individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder;

B1-5.2.3.2 Permit the individual to access medications for FDA-approved medication-assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.

B1-5.2.3.3 Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and

B1-5.2.3.4 Prohibit compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

REVISED EXHIBIT F – METHOD OF PAYMENT**F-1 Funding**

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

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

Table 6 – Contract Funding				
State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Supplemental DBH Funds	Total Value of Contract
2012-2013	\$ 1,642,303.68	\$ 28,436,518.39		\$ 30,078,822.07
2013-2014	\$ 2,285,924.00	\$ 43,857,573.00		\$ 46,143,497.00
2014-2015	\$ 2,304,258.26	\$ 44,246,413.74		\$ 46,550,672.00
2015-2016	\$ 2,298,027.15	\$ 48,769,242.85		\$ 51,067,270.00
2016-2017	\$ 2,657,237.00	\$ 51,122,907.00		\$ 53,780,144.00
2017-2018	\$ 2,676,785.00	\$ 55,137,143.00	\$ 161,871.00	\$ 57,975,599.00
2018-2019	\$ 2,646,718.00	\$ 60,047,395.00		\$ 62,694,113.00
Total	\$ 16,511,253.09	\$ 331,617,192.98	\$ 161,871.00	\$ 348,290,117.07

F-2 Payment

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

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

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

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

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

F-3 Invoice Requirements

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

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

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

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

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

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

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

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

F-4 Cost Allocation Plan

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

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

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

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

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

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

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

provide written comments within 15 days of submission. The Managing Entity must submit a revised Cost Allocation Plan addressing any revisions required by the Department, within 15 days of the date of the Department's written response.

F-5 Carry Forward Funding

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

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

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

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

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

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

F-6 Allowable Costs

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

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

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

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

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

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

F-7 Financial Reconciliation

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

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

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

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

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

F-8 Supplemental Disaster Behavioral Health Provisions

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

F-8.1 Supplemental Payments

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

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

F-8.2 Supplemental Allowable Costs

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

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

F-8.3 Supplemental Invoices

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

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

F-8.4 Supplemental Financial Reconciliations

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

REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS

F2-1 Table 7 specifies the schedule of payments for the current fiscal year of this Contract.

Table 7 - Schedule of Payments for Fiscal Year 2018-2019						
Month of Services	FY Contract Balance Prior to Payment	Fixed Payment Amount	Invoice Packet Due Date	Progress and Expenditure Report Period	Funding Amendments	Notes
Annual Advance	\$52,759,274.00	\$8,793,212.33	7/1/18	N/A		
Jul-18	\$43,966,061.67	\$3,663,838.47	8/20/18	July		
Aug-18	\$48,114,754.20	\$4,374,068.56	9/20/18	August	\$7,812,531.00	Amendment #0032
Sep-18	\$44,139,006.64	\$4,413,900.66	10/20/18	September	\$398,321.00	Amendment #0033
Oct-18	\$39,725,105.98	\$4,413,900.66	11/20/18	October		
Nov-18	\$36,992,646.32	\$4,624,080.79	12/20/18	November	\$1,681,441.00	Amendment #0034
Dec-18	\$32,368,588.53	\$4,624,080.79	1/20/19	December		
Jan-19	\$27,744,484.74	\$4,624,080.79	2/20/19	January		
Feb-19	\$23,120,403.95	\$4,632,589.99	3/20/19	February	\$42,546.00	Amendment #0035
Mar-19	\$18,530,359.96	\$4,632,589.99	4/20/19	March		
Apr-19	\$13,897,769.97	\$4,632,589.99	5/20/19	April		
May-19	\$9,285,179.98	\$4,632,589.99	6/20/19	May		
Jun-19	\$4,632,589.99	\$4,632,589.99	8/15/19	June		
Total FY Payments		\$62,694,113.00				
Supplemental Disaster Behavioral Health Funding		\$0.00				
Total Contract Funding		\$62,694,113.00				