

**AMENDMENT #0038
(AMENDMENT, RESTATEMENT)**

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 #0037, executed 6/17/2019, renewed Contract #JH343 for an additional five (5) years through June 30, 2024, pursuant to F.S. 394.9082(4)(j) and (6)(a) and amend Exhibits F and F2. There will be no further renewals.

The purpose of Amendment #0038 is to incorporate the CF Standard Contract 2019, Parts 1 and 2, the revised Exhibits A-F2, Attachments 1-3, and the Schedule of Funds as of 7/1/2019 for Fiscal Year 2019-2020.

1. Pages 1-17, CF Standard Contract 2018, Part 1 of 2, as previously amended by Amendments #0033- #0037, are hereby deleted in their entirety and Pages 1-17, CF Standard Contract 2019, Part 1 of 2, are hereby inserted in lieu thereof and attached hereto.
2. The replacement of page 8 of the CF Standard Contract 06/2012 (Original Contract) and page 17 of the CF Standard Contract 2018, Part 1 of 2, does not affect the original execution date of this contract.
3. Pages 18-77, CF Standard Contract 2018, Part 2 of 2, REVISED EXHIBITS A-F2, as previously amended by Amendments #0033-0037, are hereby deleted in their entirety and Pages 18-81, CF Standard Contract 2019, Part 2 of 2, EXHIBITS A-F2, are hereby inserted in lieu thereof and attached hereto.
4. Pages 77-79, ATTACHMENT 1, FINANCIAL AND COMPLIANCE AUDIT ATTACHMENT, April 2016, are hereby deleted in their entirety and Pages 82-84, ATTACHMENT 1, FINANCIAL AND COMPLIANCE AUDIT ATTACHMENT, February 2017, are hereby inserted in lieu thereof and attached hereto.
5. Pages 80-84, ATTACHMENT 2, PROVIDER'S ACCESS TO AND USE OF PROTECTED HEALTH INFORMATION, are hereby deleted in their entirety and Pages 85-89, ATTACHMENT 2, PROVIDER'S ACCESS TO AND USE OF PROTECTED HEALTH INFORMATION, are hereby inserted in lieu thereof and attached hereto.
6. Page 86, ATTACHMENT 3, CERTIFICATION REGARDING LOBBYING, is hereby deleted in its entirety and Page 90, ATTACHMENT 3, CERTIFICATION REGARDING LOBBYING, is hereby inserted in lieu thereof and attached hereto.

AMENDMENT #0038

Contract #JH343

This amendment shall begin on August 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 ninety-two (92) 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: Chad Poppell

NAME: Nan Rich

NAME: Chad Poppell

TITLE: Chairperson of the Board

TITLE: Secretary

DATE: 8-15-2019

DATE: 9/6/19

Federal ID Number: 453675836

Contract No. JH343
CFDA No(s). 93.958
CSFA No(s). 60114

Client Services	<input checked="" type="checkbox"/>	Non-Client	<input type="checkbox"/>
Subrecipient	<input checked="" type="checkbox"/>	Vendor	<input type="checkbox"/>
Federal Funds	<input checked="" type="checkbox"/>	State Funds	<input checked="" type="checkbox"/>

THIS CONTRACT is entered into between the Florida Department of Children and Families, hereinafter referred to as the "Department" and **Broward Behavioral Health Coalition, Inc.**, hereinafter referred to as the "Provider". If this document is denoted above as a GRANT AGREEMENT, the term "Contract" as it may appear hereinafter shall be construed to mean "Grant" or "Grant Agreement" as the context may provide. Similarly, the term "Provider" shall be construed to mean "Grantee" and the term "Contract Manager" shall be construed to mean "Grant Manager".

The section headings contained in this contract are for reference purposes only and shall not affect the meaning or interpretation of this contract.

The Department and Provider agree as follows:

1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

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 \$646,375,950.07.**

1.2 Official Payee and Party Representatives

1.2.1 The name, address, telephone number and e-mail address of the Provider's official payee to whom the payment shall be directed on behalf of the Provider are:

Name: **Broward Behavioral Health Coalition, Inc.**
Address: **3521 W. Broward Blvd., Suite 206**
City: **Lauderhill** State:**FL** Zip Code:**33312**
Phone: **(954) 622-8121** Ext: E-mail:
squintana@bbhcfloida.org

1.2.2 The name, address, telephone number and e-mail of the Provider's contact person responsible for the Provider's financial and administrative records:

Name: **Silvia Quintana**
Address: **3521 W. Broward Blvd., Suite 206**
City: **Lauderhill** State:**FL** Zip Code:**33312**
Phone: **(954) 622-8121** Ext: E-mail:
squintana@bbhcfloida.org

Per section 402.7305(1)(a), Florida Statutes (F.S.), the Department's Contract Manager is the primary point of contact through which all contracting information flows between the Department and the Provider. Upon change of representatives (names, addresses, telephone numbers or e-mail addresses) by either party, notice shall be provided in writing to the other party.

1.3 Effective and Ending Dates

This Contract shall be effective **November 01, 2012** or the last party signature date, whichever is later. The service performance period under this Contract shall commence on **November 01, 2012** or the effective date of this Contract, whichever is later, and shall end at midnight, **Eastern time, on June 30, 3024**, subject to the survival of terms provisions of Section 7.4. This contract may be renewed in accordance with SS. 287.057(13) or 287.058(1)(g), F.S.

1.4 Contract Document

This Contract is composed of the documents referenced in this section.

1.2.3 The name, address, telephone number and e-mail of the Provider's representative responsible for administration of the program under this Contract (and primary point of contact) are:

Name: **Silvia Quintana**
Address: **3521 W. Broward Blvd., Suite 206**
City: **Lauderhill** State:**FL** Zip Code:**33312**
Phone: **(954) 622-8121** Ext: E-mail:
squintana@bbhcfloida.org

1.2.4 The name, address, telephone number and e-mail address of the Contract Manager for the Department for this Contract are:

Name: **Frank Jowdy**
Address: **201 W. Broward Blvd., Room 512**
City: **Ft Lauderdale** State:**FL** Zip Code:**33301**
Phone: **(954) 453-3449** Ext: E-mail:
Frank.Jowdy@myffamilles.com

1.4.1 The definitions found in the Standard Contract Definitions, located at: <http://www.dcf.state.fl.us/admin/contracts/docs/GlossaryofContractTerms.pdf> are incorporated into and made a part of this Contract. Additional definitions may be set forth in Exhibit A, Special Provisions.

1.4.2 The PUR 1000 Form (10/06 version) is hereby incorporated into and made a part of this Contract.

1.4.3 The terms of Exhibit A, Special Provisions, supplement or modify the terms of Sections 1 through 9, as provided therein.

1.4.4 In the event of a conflict between the provisions of the documents, the documents shall be interpreted in the following order of precedence:

1.4.4.1 Exhibits A through F2;

1.4.4.2 Any documents incorporated into any exhibit by reference, or included as a subset thereof;

1.4.4.3 This Standard Contract;

1.4.4.4 Any documents incorporated into this Contract by reference;

1.4.4.5 Attachments 1 through 3.

2. STATEMENT OF WORK

The Provider shall perform all tasks and provide units of deliverables, including reports, findings, and drafts, as specified in this Contract. Unless otherwise provided in the procurement document, if any, or governing law, the Department reserves the right to increase or decrease the volume of services and to add tasks that are incidental or complimentary to the original scope of services. When such increase or decrease occurs, except where the method of payment is prescribed by law, compensation under Section 3 will be equitably adjusted by the Department to the extent that it prescribes a fixed price payment method or does not provide a method of payment for added tasks.

2.1 Scope of Work

The Scope of Work is described in Exhibit B.

2.2 Task List

The Provider shall perform all tasks set forth in the Task List, found in Exhibit C, in the manner set forth therein.

2.3 Deliverables

The Deliverables are described in Exhibit D.

2.4 Performance Measures

2.4.1 The performance measures for acceptance of deliverables are set forth in Exhibit D, Section D-3.

2.4.2 To avoid contract termination, Provider's performance must meet the minimum acceptable level of performance set forth in Exhibit E, Minimum Performance Measures, Section E-1, regardless of any other performance measures in this Contract. By execution of this Contract, the Provider hereby acknowledges and agrees that its performance under the Contract must meet these Minimum Performance Measures and that it will be bound by the conditions set forth therein. If the Provider fails to meet these measures, the Department, at its exclusive option, may allow a reasonable period, not to exceed six (6) months, for the Provider to correct performance deficiencies. If performance deficiencies are not resolved to the satisfaction of the Department within the prescribed time, and if no extenuating circumstances can be documented by the Provider to the Department's satisfaction, the Department must terminate the Contract. The Department has the sole authority to determine whether there are extenuating or mitigating circumstances. The Provider further acknowledges and agrees that during any period in which the Provider fails to meet these measures, regardless of any additional time allowed to correct performance deficiencies, payment for deliverables may be delayed or denied and financial consequences may apply.

3. PAYMENT, INVOICE AND RELATED TERMS

The Department shall pay for services performed by the Provider during the service performance period of this Contract according to the terms and conditions of this Contract in an amount not to exceed that set forth in Section 1.1, subject to the availability of funds and satisfactory performance of all terms by the Provider. Except for advances, if any, provided for in this Contract, payment shall be made only upon written acceptance of all services by the Department per Section 3.1 and shall remain subject to subsequent audit or review to confirm contract compliance. The State of Florida's performance and obligation to pay under this Contract is contingent upon an

annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this Contract.

3.1 Prompt Payment and Vendor Ombudsman

Per section 215.422, F.S., the Department has five (5) working days to inspect and approve goods and services, unless the bid specifications, purchase order, or this Contract elsewhere specifies otherwise. Department determination of acceptable services shall be conclusive. Department receipt of reports and other submissions by the Provider does not constitute acceptance thereof, which occurs only through a separate and express act of the Contract Manager. For any amount that is authorized for payment but is not available within forty (40) days, measured from the latter of the date a properly completed invoice is received by the Department or the goods or services are received, inspected, and approved (or within thirty-five (35) days after the date eligibility for payment of a health care provider is determined), a separate interest penalty as described in section 215.422, F.S., will be due and payable in addition to the amount authorized for payment. Interest penalties less than one dollar will not be paid unless the Provider requests payment. A Vendor Ombudsman has been established within the Department of Financial Services and may be contacted at (850) 413-5516.

3.2 Method of Payment

The Provider shall be paid in accordance with Exhibit F.

3.3 Invoices

3.3.1 The Provider shall submit bills for fees or other compensation for services or expenses in sufficient detail for proper pre-audit and post-audit. Where itemized payment for travel expenses is permitted in this Contract, the Provider shall submit bills for any travel expenses in accordance with section 112.061, F.S., or at such lower rates as may be provided in this Contract.

3.3.2 The final invoice for payment shall be submitted to the Department no more than 45 days after the Contract ends or is terminated. If the Provider fails to do so, all rights to payment are forfeited and the Department will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Contract may be withheld until performance of services and all reports due from the Provider and necessary adjustments thereto, have been approved by the Department.

3.4 Financial Consequences

If the Provider fails to perform in accordance with this Contract or perform the minimum level of service required by this Contract, the Department will apply financial consequences as provided for in Section 6.1. The parties agree that the penalties provided for under Section 6.1 constitute financial consequences under sections 287.058(1)(h) and 215.971(1)(c), F.S. The foregoing does not limit additional financial consequences, which may include but are not limited to refusing payment, withholding payments until deficiency is cured, tendering only partial payments, applying payment adjustments for additional financial consequences or for liquidated damages to the extent that this Contract so provides, or termination of this Contract per Section 6.2 and requisition of services from an alternate source. Any payment made in reliance on the Provider's evidence of performance, which evidence is subsequently determined to be erroneous, will be immediately due as an overpayment in accordance with Section 3.5, to the extent of such error. Financial consequences directly related to the deliverables under this Contract are defined in Exhibit F.

3.5 Overpayments and Offsets

The Provider shall return to the Department any overpayments due to unearned funds or funds disallowed that were disbursed to the Provider by the Department and any interest attributable to such funds. Should repayment not be made promptly upon discovery by the Provider or its auditor or upon written notice by the Department, the Provider will be charged interest at the lawful rate of interest on the outstanding balance until returned. Payments made for services subsequently determined by the Department to not be in full compliance with contract requirements shall be deemed overpayments. The Department shall have the right at any time to offset or deduct from any payment due under this or any other contract or agreement any amount due to the Department from the Provider under this or any other contract or agreement. If this contract involves federal or state financial assistance, the following applies: The Grantee shall return to the Department any unused funds; any accrued interest earned; and any unmatched grant funds, as detailed in the Final Financial Report, no later than 60 days following the ending date of this Contract.

3.6 MyFloridaMarketPlace Transaction Fee.

This Contract is **exempt from** the MyFloridaMarketPlace transaction fee.

4. GENERAL TERMS AND CONDITIONS GOVERNING PERFORMANCE

4.1 Compliance with Statutes, Rules and Regulations

In performing its obligations under this Contract, the Provider shall without exception be aware of and comply with all State and Federal laws, rules, Children and Families Operating Procedures (CFOPs), and regulations relating to its performance under this Contract as they may be enacted or amended from time-to-time, as well as any court or administrative order, judgment, settlement or compliance agreement involving the Department which by its nature affects the services provided under this Contract.

4.2 State Policies

The Provider shall comply with the policies set forth in the Department of Financial Services' Reference Guide for State Expenditures and active Comptroller/Chief Financial Officer Memoranda issued by the Division of Accounting and Auditing.

4.3 Independent Contractor, Subcontracting and Assignments

4.3.1 In performing its obligations under this Contract, the Provider shall at all times be acting in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida, except where the Provider is a State agency. Neither the Provider nor any of its agents, employees, subcontractors or assignees shall represent to others that it is an agent of or has the authority to bind the Department by virtue of this Contract, unless specifically authorized in writing to do so. This Contract does not create any right in any individual to State retirement, leave benefits or any other benefits of State employees as a result of performing the duties or obligations of this Contract.

4.3.2 The Department will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the Provider, or its subcontractor or assignee, unless specifically agreed to by the Department in this Contract. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the Provider, the Provider's officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the Provider and its subcontractors. The parties agree that no joint employment is intended and that, regardless of any provision directing the manner of provision of services, the Provider and its subcontractors alone shall be responsible for the supervision, control, hiring and firing, rates of pay and terms and conditions of employment of their own employees.

4.3.3 The Provider may subcontract under this Contract

4.3.3.1 The Provider shall not subcontract for any of the work contemplated under this Contract without prior written approval of the Department, which shall not be unreasonably withheld. The Provider shall take such actions as may be necessary to ensure that it and each subcontractor of the Provider will be deemed to be an independent contractor and will not be considered or permitted to be an officer, employee, or agent of the State of Florida.

4.3.3.2 The Provider is responsible for all work performed and for all commodities produced pursuant to this Contract whether actually furnished by the Provider or by its subcontractors. Any subcontracts shall be evidenced by a written document. The Provider further agrees that the Department shall not be liable to the subcontractor in any way or for any reason relating to this Contract.

4.3.3.3 The Provider shall include, in all subcontracts (at any tier) the substance of all clauses contained in this Contract that mention or describe subcontract compliance, as well as all clauses applicable to that portion of the Provider's performance being performed by or through the subcontract.

4.3.4 To the extent that a subcontract provides for payment after Provider's receipt of payment from the Department, the Provider shall make payments to any subcontractor within seven (7) working days after receipt of full or partial payments from the Department in accordance with section 287.0585, F.S., unless otherwise stated in the contract between the Provider and subcontractor. Failure to pay within seven (7) working days will result in a penalty that shall be charged against the Provider and paid by the Provider to the subcontractor in the amount of one-half of one percent (0.5%) of the amount due per day from the expiration of the period allowed for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15%) percent of the outstanding balance due.

4.4 Provider Indemnity

Section 19 of PUR 1000 Form shall apply per its terms, except that the phrase "arising from or relating to personal injury and damage to real or personal tangible property" in the first paragraph is replaced with "arising out of or by reason of the execution of this Contract or arising from or relating to any alleged act or omission by the Provider, its agents, employees, partners, or subcontractors in relation to this agreement," and the following additional terms will also apply:

4.4.1 If the Provider removes an infringing product because it is not reasonably able to modify that product or secure the Department the right to continue to use that product, the Provider shall immediately replace that product with a non-infringing product that the Department determines to be of equal or better functionality or be liable for the Department's cost in so doing.

4.4.2 Further, the Provider shall indemnify the Department for all costs and attorneys' fees arising from or relating to Provider's claim that a record contains trade secret information that is exempt from disclosure; or arising from or relating to the scope of the Provider's redaction of the record, as provided for under Section 5.3, including litigation initiated by the Department.

4.4.3 The Provider's inability to evaluate liability or its evaluation of liability shall not excuse its duty to defend and indemnify after receipt of notice. Only an adjudication or judgment after the highest appeal is exhausted finding the Department negligent shall excuse the Provider of performance under this provision, in which case the Department shall have no obligation to reimburse the Provider for the cost of its defense. If the Provider is an agency or subdivision of the State, its obligation to indemnify, defend and hold harmless the Department shall be to the extent permitted by section 768.28, F.S. or other applicable law, and without waiving the limits of sovereign immunity.

4.5 Insurance

The Provider shall maintain continuous adequate liability insurance coverage during the existence of this Contract and any renewal(s) and extension(s) thereof. With the exception of a State agency or subdivision as defined by subsection 768.28(2), F.S., by execution of this Contract, the Provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the Provider and the clients to be served under this Contract. Upon the execution of this Contract, the Provider shall furnish the Department written verification supporting both the determination and existence of such insurance coverage and shall furnish verification of renewal or replacement thereof prior to the expiration or cancellation. The Department reserves the right to require additional insurance as specified in this Contract.

4.6 Notice of Legal Actions

The Provider shall notify the Department of potential or actual legal actions taken against the Provider related to services provided through this Contract or that may impact the Provider's ability to deliver the contractual services, or that may adversely impact the Department. The Provider shall notify the Department's Contract Manager within ten (10) days of Provider becoming aware of such actions or potential actions or from the day of the legal filing, whichever comes first.

4.7 Intellectual Property

All intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to Provider's performance under this Contract, and the performance of all of its officers, agents and subcontractors in relation to this Contract, are works for hire for the benefit of the Department, fully compensated for by the Contract amount. Neither the Provider nor any of its officers, agents nor subcontractors may claim any interest in any intellectual property rights accruing under or in connection with the performance of this Contract. It is specifically agreed that the Department shall have exclusive rights to all data processing software falling within the terms of section 119.084, F.S., which arises or is developed in the course of or as a result of work or services performed under this Contract, or in any way connected herewith. Notwithstanding the foregoing provision, if the Provider is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply.

4.7.1 If the Provider uses or delivers to the Department for its use or the use of its employees, agents or contractors, any design, device, or materials covered by letters, patent, or copyright, it is mutually agreed and understood that, except as to those items specifically listed in Exhibit A as having specific limitations, the compensation paid pursuant to this Contract includes all royalties or costs arising from the use of such design, device, or materials in any way involved in the work contemplated by this Contract. For purposes of this provision, the term "use" shall include use by the Provider during the term of this Contract and use by the Department its employees, agents or contractors during the term of this Contract and perpetually thereafter.

4.7.2 All applicable subcontracts shall include a provision that the Federal awarding agency reserves all patent rights with respect to any discovery or invention that arises or is developed in the course of or under the subcontract. Notwithstanding the foregoing provision, if the Provider or one of its subcontractors is a university and a member of the State University System of Florida, then section 1004.23, F.S., shall apply, but the Department shall retain a perpetual, fully-paid, nonexclusive license for its use and the use of its contractors of any resulting patented, copyrighted or trademarked work products.

4.8 Transition Activities

Continuity of service is critical when service under this Contract ends and service commences under a new contract. Accordingly, when service will continue through another provider upon the expiration or earlier termination of this Contract, the Provider shall, without additional compensation, complete all actions necessary to smoothly transition service to the new provider. This includes but is not limited to the transfer of relevant data and files, as well as property funded or provided pursuant to this Contract. The Provider shall be required to support an orderly transition to the next provider no later than the expiration or earlier termination of this Contract and shall support the requirements for transition as specified in a Department-approved Transition Plan, which shall be developed jointly with the new provider in consultation with the Department.

4.9 Real Property

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

4.10 Publicity

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

4.11 Sponsorship

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

4.12 Employee Gifts

The Provider agrees that it will not offer to give or give any gift to any Department employee during the service performance period of this Contract and for a period of two years thereafter. In addition to any other remedies available to the Department, any violation of this provision will result in referral of the Provider's name and description of the violation of this term to the Department of Management Services for the potential inclusion of the Provider's name on the suspended vendors list for an appropriate period. The Provider will ensure that its subcontractors, if any, comply with these provisions.

4.13 Mandatory Reporting Requirements

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

4.13.1 A reportable incident is defined in CFOP 180-4, which can be obtained from the Contract Manager.

4.13.2 Reportable incidents that may involve an immediate or impending impact on the health or safety of a client shall be immediately reported to the Contract Manager.

4.13.3 Other reportable incidents shall be reported to the Department's Office of Inspector General through the Internet at <http://www.dcf.state.fl.us/admin/ig/rptfraud1.shtml> or by completing a Notification/Investigation Request (Form CF 1934) and emailing the request to the Office of Inspector General at IG.Complaints@myflfamilies.com. The Provider and subcontractor may also mail the completed form to the Office of Inspector General, 1317 Winewood Boulevard, Building 5, 2nd Floor, Tallahassee, Florida, 32399-0700; or via fax at (850) 488-1428.

4.14 Employment Screening

4.14.1 The Provider shall ensure that all staff utilized by the Provider and its subcontractors (hereinafter, "Contracted Staff") that are required by Florida law and by CFOP 60-25, Chapter 2, which is hereby incorporated by reference to be screened in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards specified by sections 435.04, 110.1127, and subsection 39.001(2), F.S., as a condition of initial and continued employment that shall include but not be limited to:

4.14.1.1 Employment history checks;

4.14.1.2 Fingerprinting for all criminal record checks;

4.14.1.3 Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE);

4.14.1.4 Federal criminal records checks from the Federal Bureau of Investigation via the Florida Department of Law Enforcement; and

4.14.1.5 Security background investigation, which may include local criminal record checks through local law enforcement agencies.

4.14.1.6 Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435 and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

4.14.2 The Provider shall sign the Florida Department of Children and Families Employment Screening Affidavit each State fiscal year (no two such affidavits shall be signed more than 13 months apart) for the term of the Contract stating that all required staff have been screened or the Provider is awaiting the results of screening.

4.14.3 The Department requires, as applicable, the use of the Officer of Inspector General's Request for Reference Check form (CF 774), which states: "As part of the screening of an applicant being considered for appointment to a career service, selected exempt service, senior management, or OPS position with the Department of Children and Families or a Contract or sub-contract provider, a check with the Office of Inspector General (IG) is required to determine if the individual is or has been a subject of an investigation with the IG's Office. The request will only be made on the individual that is being recommended to be hired for the position if that individual has previously worked for the Contract or sub-contract provider, or if that individual is being promoted, transferred or demoted within the Contract or sub-contract provider."

4.15 Human Subject Research

The Provider shall comply with the requirements of CFOP 215-8 for any activity under this Contract involving human subject research within the scope of 45 Code of Federal Regulations (CFR), Part 46, and 42 United States Code (U.S.C.) §§ 289, et seq., and may not commence such activity until review and approval by the Department's Human Protections Review Committee and a duly constituted Institutional Review Board.

4.16 Coordination of Contracted Services

Section 287.0575, F.S., mandates various duties and responsibilities for certain State agencies and their contracted service providers, and requires the following Florida health and human services agencies to coordinate their monitoring of contracted services: Department of Children and Families, Agency for Persons with Disabilities, Department of Health, Department of Elderly Affairs, and Department of Veterans Affairs, where applicable.

In accordance with section 287.0575(2), F.S., each contract service provider that has more than one contract with one or more of the five Florida health and human services agencies must provide a comprehensive list of their health and human services contracts to their respective Contract Manager(s). The list must include the following information:

4.16.1 Name of each contracting State agency and the applicable office or program issuing the contract.

4.16.2 Name of each contracting State agency and the applicable office or program issuing the contract.

4.16.3 Identifying name and number of the contract.

4.16.4 Starting and ending date of each contract.

4.16.5 Amount of each contract.

4.16.6 A brief description of the purpose of the contract and the types of services provided under each contract.

4.16.7 Name and contact information of each Contract Manager.

5. RECORDS, AUDITS AND DATA SECURITY

5.1 Records, Retention, Audits, Inspections and Investigations

5.1.1 The Provider shall establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the Department under this Contract. Upon demand, at no additional cost to the Department, the Provider will facilitate the duplication and transfer of any records or documents during the term of this Contract and the required retention period in Section 5.1.2. These records shall be made available at all reasonable times for inspection, review, copying, or audit by Federal, State, or other personnel duly authorized by the Department.

5.1.2 Retention of all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Contract shall be maintained by the Provider during the term of this Contract and retained for a period of six (6) years after completion of the Contract or longer when required by law. In the event an audit is required under this Contract, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this Contract, at no additional cost to the Department.

5.1.3 At all reasonable times for as long as records are maintained, persons duly authorized by the Department and Federal auditors, pursuant to 2 CFR § 200.336, shall be allowed full access to and the right to examine any of the Provider's contracts and related records and documents, regardless of the form in which kept.

5.1.4 A financial and compliance audit shall be provided to the Department as specified in this Contract and in Attachment 1.

5.1.5 The Provider shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.).

5.1.6 No record may be withheld nor may the Provider attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

5.2 Inspections and Corrective Action

The Provider shall permit all persons who are duly authorized by the Department to inspect and copy any records, papers, documents, facilities, goods and services of the Provider which are relevant to this Contract, and to interview any clients, employees and subcontractor employees of the Provider to assure the Department of the satisfactory performance of the terms and conditions of this Contract. Following such review, the Department may direct the development, by the Provider, of a corrective action plan where appropriate. The Provider hereby agrees to timely correct all deficiencies identified in the Department's direction. This provision will not limit the Department's choice of remedies under law, rule, or this contract.

5.3 Provider's Confidential and Exempt Information

5.3.1 By executing this Contract, the Provider acknowledges that, having been provided an opportunity to review all provisions hereof, all provisions of this Contract not specifically identified in writing by the Provider prior to execution hereof as "confidential" or "exempt" will be posted by the Department on the public website maintained by the Department of Financial Services pursuant to section 215.985, F.S. The Provider, upon written request of the Department, shall promptly provide a written statement of the basis for the exemption applicable to each provision identified by the Provider as "confidential" or "exempt", including the statutory citation to an exemption created or afforded by statute, and state with particularity the reasons for the conclusion that the provision is exempt or confidential.

5.3.2 Any claim by Provider of trade secret (proprietary) confidentiality for any information contained in Provider's documents (reports, deliverables or workpapers, etc., in paper or electronic form) submitted to the Department in connection with this Contract will be waived, unless the claimed confidential information is submitted in accordance with the following standards:

5.3.2.1 The Provider must clearly label any portion of the documents, data, or records submitted that it considers exempt from public inspection or disclosure pursuant to Florida's Public Records Law as trade secret. The labeling will include a justification citing specific statutes and facts that authorize exemption of the information from public disclosure. If different exemptions are claimed to be applicable to different portions of the protected information, the Provider shall include information correlating the nature of the claims to the particular protected information.

5.3.2.2 The Department, when required to comply with a public records request including documents submitted by the Provider, may require the Provider to expeditiously submit redacted copies of documents marked as trade secret in accordance with Section 5.3.2.1. Accompanying the submission shall be an updated version of the justification under Section 5.3.2.1, correlated specifically to redacted information, either confirming that the statutory and factual basis originally asserted remain unchanged or indicating any changes affecting the basis for the asserted exemption from public inspection or disclosure. The redacted copy must exclude or obliterate only those exact portions that are claimed to be trade secret. If the Provider fails to promptly submit a redacted copy, the Department is authorized to produce the records sought without any redaction of proprietary or trade secret information.

5.3.3 The Provider shall be responsible for defending its claim that each and every portion of the redactions of trade secret information are exempt from inspection and copying under Florida's Public Records Law.

5.4 Health Insurance Portability and Accountability Act

☐ The Provider certifies that neither it nor its subcontractors will have access to, receive or provide Protected Health Information within the meaning of the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d.) and the regulations promulgated thereunder (45 CFR Parts 160, 162, and 164) incidental to performance of this Contract.

☒ In compliance with 45 CFR § 164.504(e), the Provider shall comply with the provisions of Attachment 2 to this Contract, governing the safeguarding, use and disclosure of Protected Health Information created, received, maintained, or transmitted by the Provider or its subcontractors incidental to the Provider's performance of this Contract.

5.5 Information Security

The Provider shall comply with, and be responsible for ensuring subcontractor compliance as if they were the Provider with, the following information security requirements whenever the Provider or its subcontractors have access to Department Information systems or maintain any client or other confidential information in electronic form:

5.5.1 An appropriately skilled individual shall be identified by the Provider to function as its Information Security Officer. The Information Security Officer shall act as the liaison to the Department's security staff and will maintain an appropriate level of information security for Department information systems or any client or other confidential information the Provider is collecting or using in the performance of this Contract. An appropriate level of security includes approving and tracking all who request or have access, through the Provider's access, to Department information systems or any client or other confidential information. The Information Security Officer will ensure that any access to Department information systems or any client or other confidential information is removed immediately upon such access no longer being required for Provider's performance under this contract.

5.5.2 The Provider shall provide the latest Departmental security awareness training to all who request or have access, through the Provider's access, to Department information systems or any client or other confidential information.

5.5.3 All who request or have access, through the Provider's access, to Department information systems or any client or other confidential information shall comply with, and be provided a copy of CFOP 50-2, and shall sign the DCF Security Agreement form CF 0114 annually. A copy of CF 0114 may be obtained from the Contract Manager.

5.5.4 The Provider shall prevent unauthorized disclosure or access, from or to Department information systems or client or other confidential information. Client or other confidential information on systems and network capable devices shall be encrypted per CFOP 50-2.

5.5.5 The Provider agrees to notify the Contract Manager as soon as possible, but no later than five (5) business days following the determination of any potential or actual unauthorized disclosure or access to Department information systems or to any client or other confidential information.

5.5.6 The Provider shall, at its own cost, comply with section 501.171, F.S. The Provider shall also, at its own cost, implement measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to potential or actual unauthorized disclosure or access to Department information systems or to any client or other confidential information.

5.6 Public Records

5.6.1 The Provider shall allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S. as prescribed by subsection 119.07(1) F.S., made or received by the Provider in conjunction with this Contract except that public records which are made confidential by law must be protected from disclosure. As required by section

287.058(1)(c), F.S., it is expressly understood that the Provider's failure to comply with this provision shall constitute an immediate breach of contract for which the Department may unilaterally terminate this Contract.

5.6.2 As required by section 119.0701, F.S., to the extent that the Provider is acting on behalf of the Department within the meaning of section 119.011(2), F.S., the Provider shall:

5.6.2.1 Keep and maintain public records that ordinarily and necessarily would be required by the Department in order to perform the service.

5.6.2.2 Upon request from the Department's custodian of public records, provide to the Department a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.

5.6.2.3 Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the Provider does not transfer the records to the Department.

5.6.2.4 Upon completion of the contract, transfer, at no cost, to the Department all public records in possession of the Provider or keep and maintain public records required by the Department to perform the service. If the Provider transfers all public records to the Department upon completion of the contract, the Provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Provider keeps and maintains public records upon completion of the contract, the Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Department, upon request from the Department's custodian of public records, in a format that is compatible with the information technology systems of the Department.

5.6.3 IF THE PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, F.S., TO THE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 850-487-1111, OR BY EMAIL AT DCFCustodian@MYFLFAMILIES.COM, OR BY MAIL AT: DEPARTMENT OF CHILDREN AND FAMILIES, 1317 WINEWOOD BLVD., TALLAHASSEE, FL 32399.

6. PENALTIES, TERMINATION AND DISPUTE RESOLUTION

6.1 Financial Penalties for Failure to Take Corrective Action

6.1.1 In accordance with the provisions of section 402.73(1), F.S., and Rule 65-29.001, F.A.C., should the Department require a corrective action to address noncompliance under this Contract, incremental penalties listed in section 6.1.2 through section 6.1.3 shall be imposed for Provider failure to achieve the corrective action. These penalties are cumulative and may be assessed upon each separate failure to comply with instructions from the Department to complete corrective action, but shall not exceed ten (10%) of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. These penalties do not limit or restrict the Department's application of any other remedy available to it under law or this Contract.

6.1.2 The increments of penalty imposition that shall apply, unless the Department determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action plan; in accordance with the following standards.

6.1.2.1 Noncompliance that is determined by the Department to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.

6.1.2.2 Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty.

6.1.2.3 Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.

6.1.3 The deadline for payment shall be as stated in the Order imposing the financial penalties. In the event of nonpayment the Department may deduct the amount of the penalty from invoices submitted by the Provider.

6.2 Termination

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 thirty (30) calendar days' notice in writing to the Provider unless a sooner time is mutually agreed upon in writing.

6.2.2 This Contract may be terminated by the Provider upon no less than one-hundred and twenty (120) calendar days' notice in writing to the Department unless another notice period is mutually agreed upon in writing.

6.2.3 In the event funds for payment pursuant to this Contract become unavailable, the Department may terminate this Contract upon no less than twenty-four (24) hours' notice in writing to the Provider. The Department shall be the final authority as to the availability and adequacy of funds.

6.2.4 In the event the Provider fails to fully comply with the terms and conditions of this Contract, the Department may terminate the Contract upon no less than twenty-four (24) hours' notice in writing to the Provider, excluding Saturday, Sunday, and Holidays. Such notice may be issued without providing an opportunity for cure if it specifies the nature of the noncompliance and states that provision for cure would adversely affect the interests of the State or is not permitted by law or regulation. Otherwise, notice of termination will be issued after the Provider's failure to fully cure such noncompliance within the time specified in a written notice of noncompliance issued by the Department specifying the nature of the noncompliance and the actions required to cure such noncompliance. In addition, the Department may employ the default provisions in Rule 60A-1.006(3), F.A.C., but is not required to do so in order to terminate the Contract. The Department's failure to demand performance of any provision of this Contract shall not be deemed a waiver of such performance. The Department's waiver of any one breach of any provision of this Contract shall not be deemed to be a waiver of any other breach and neither event shall be construed to be a modification of the terms and conditions of this Contract. The provisions herein do not limit the Department's right to remedies at law or in equity.

6.2.5 Failure to have performed any contractual obligations under any other contract with the Department in a manner satisfactory to the Department will be a sufficient cause for termination. Termination shall be upon no less than twenty-four (24) hours' notice in writing to the Provider. To be terminated under this provision, the Provider must have:

6.2.5.1 Previously failed to satisfactorily perform in a contract with the Department, been notified by the Department of the unsatisfactory performance, and failed to timely correct the unsatisfactory performance to the satisfaction of the Department; or

6.2.5.2 Had a contract terminated by the Department for cause.

6.2.6 In the event of termination under Sections 6.2.1 or 6.2.3, the Provider will be compensated for any work satisfactorily completed through the date of termination or an earlier date of suspension of work per Section 21 of the PUR 1000.

6.2.7 If this Contract is for an amount of \$1 Million or more, the Department may terminate this Contract at any time the Provider is found to have submitted a false certification under section 287.135, F.S., or been placed on the Scrutinized Companies with Activities In Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Regardless of the amount of this contract, the Department may terminate this contract at any time the Provider is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

6.3 Dispute Resolution

6.3.1 Any dispute concerning performance of this Contract or payment hereunder shall be decided by the Department, which shall be reduced to writing and a copy of the decision shall be provided to the Provider by the Contract Manager. The decision shall be final and conclusive unless within twenty-one (21) calendar days from the date of receipt of the Department's decision, the Provider delivers to the Contract Manager a petition for alternative dispute resolution.

6.3.2 After receipt of a petition for alternative dispute resolution the Department and the Provider shall attempt to amicably resolve the dispute through negotiations. Timely delivery of a petition for alternative dispute resolution and completion of the negotiation process shall be a condition precedent to any legal action by the Provider concerning this Contract.

6.3.3 After timely delivery of a petition for alternative dispute resolution, the parties may employ any dispute resolution procedures described in the exhibits or other attachments, or mutually agree to an alternative binding or nonbinding dispute resolution process, the terms of which shall be reduced to writing and executed by both parties.

6.3.4 Completion of such agreed process shall be deemed to satisfy the requirement for completion of the negotiation process.

6.3.5 This section shall not limit the parties' rights of termination under Section 6.2.

6.3.6 All notices provided by the Department under Section 6 shall be in writing on paper, physically sent to the person identified in Section 1.2.3 via the U.S. Postal Service or any other delivery service that provides verification of delivery, or via hand delivery. All notices provided by the Provider under Section 6 shall be in writing on paper, physically sent to the person identified in Section 1.2.4 via U.S. Postal Service or any other delivery service that provides verification of delivery, or via hand delivery.

7. OTHER TERMS

7.1 Governing Law and Venue

This Contract is executed and entered into in the State of Florida, and shall be construed, performed and enforced in all respects in accordance with Florida law, without regard to Florida provisions for conflict of laws. State Courts of competent jurisdiction in Florida shall have exclusive jurisdiction in any action regarding this Contract and venue shall be in Leon County, Florida. Unless otherwise provided in any other provision or amendment hereof, any amendment, extension or renewal (when authorized) may be executed in counterparts as provided in Section 46 of the PUR 1000 Form.

7.2 No Other Terms

There are no provisions, terms, conditions, or obligations other than those contained herein, and this Contract shall supersede all previous communications, representations, or agreements, either verbal or written between the parties.

7.3 Severability of Terms

If any term or provision of this Contract is legally determined unlawful or unenforceable, the remainder of the Contract shall remain in full force and effect and such term or provision shall be stricken.

7.4 Survival of Terms

Unless a provision hereof expressly states otherwise, all provisions hereof concerning obligations of the Provider and remedies available to the Department survive the ending date or an earlier termination of this Contract. The Provider's performance pursuant to such surviving provisions shall be without further payment.

7.5 Modifications

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

7.6 Anticompetitive Agreements

The Provider will not offer, enter into nor enforce any formal or informal agreement with any person, firm or entity under which the parties agree to refrain from competing for any future service contract or limit in any manner the ability of either party to obtain employment by or provide services to the Department or a provider of services to the Department.

7.7 Communications

Except where otherwise provided in this Contract, communications between the parties regarding this Contract may be by any commercially reasonable means. Where this Contract calls for communication in writing, such communication includes email, and attachments thereto are deemed received when the email is received.

7.8 Accreditation

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

7.9 Transitioning Young Adults

The Provider understands the Department's interest in assisting young adults aging out of the dependency system. The Department encourages Provider participation with the local Community-Based Care Lead Agency Independent Living Program to offer gainful employment to youth in foster care and young adults transitioning from the foster care system.

7.10 DEO and Workforce Florida

The Provider understands that the Department, the Department of Economic Opportunity, and Workforce Florida, Inc., have jointly implemented an initiative to empower recipients in the Temporary Assistance to Needy Families Program to enter and remain in gainful employment. The Department encourages Provider participation with the Department of Economic Opportunity and Workforce Florida.

7.11 Purchases by Other Agencies

The Department of Management Services may approve this Contract as an alternate contract source pursuant to Rule 60A-1.045, Florida Administrative Code, if requested by another agency. Other State agencies may purchase from the resulting contract, provided that the Department of Management Services has determined that the contract's use is cost-effective and in the best interest of the State. Upon such approval, the Provider may, at its discretion, sell these commodities or services to additional agencies, upon the terms and conditions contained herein.

7.12 Unauthorized Aliens

Unauthorized aliens shall not be employed. Employment of unauthorized aliens shall be cause for unilateral cancellation of this Contract by the Department for violation of section 274A of the Immigration and Nationality Act (8 U.S.C. § 1324a) and section 101 of the Immigration Reform and Control Act of 1986. The Provider and its subcontractors will enroll in and use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors' employees performing under this Contract. Employees assigned to the contract means all persons employed or assigned (including subcontractors) by the Provider or a subcontractor during the contract term to perform work pursuant to this contract within the United States and its territories.

7.13 Civil Rights Requirements

These requirements shall apply to the Provider and all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to clients or employees in connection with its programs and activities.

7.13.1 The Provider shall comply with the provisions in accordance with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, or the Florida Civil Rights Act of 1992, as applicable the Provider shall not discriminate against any employee (or applicant for employment) in the performance of this Contract because of race, color, religion, sex, national origin, disability, age, or marital status.

7.13.2 The Provider shall not discriminate against any applicant, client, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 CFR, Parts 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992, as applicable and CFOP 60-16.

7.13.3 If employing fifteen or more employees, the Provider shall complete the Civil Rights Compliance Checklist, CF Form 946 within thirty (30) days of execution of this Contract and annually thereafter in accordance with CFOP 60-16 and 45 CFR, Part 80.

7.14 Use of Funds for Lobbying Prohibited

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

7.15 Public Entity Crime and Discriminatory Contractors

Pursuant to sections 287.133 and 287.134, F.S., the following restrictions are placed on the ability of persons placed on the convicted vendor list or the discriminatory vendor list. When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, or an entity or affiliate has been placed on the discriminatory vendor list, such person, entity or affiliate may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity; provided, however, that the prohibition on persons or affiliates placed on the convicted vendor shall be limited to business in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

7.16 Whistleblower's Act Requirements

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

7.17 PRIDE

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

7.18 Recycled Products

The Provider shall procure any recycled products or materials, which are the subject of or are required to carry out this Contract, in accordance with the provisions of sections 403.7065, F.S.

8. FEDERAL FUNDS APPLICABILITY

The terms in this section apply if Federal Funds are used to fund this Contract.

8.1 Federal Law

8.1.1 The Provider shall comply with the provisions of Federal law and regulations including, but not limited to, 2 CFR, Part 200, and other applicable regulations.

8.1.2 If this Contract contains \$10,000 or more of Federal Funds, the Provider shall comply with Executive Order 11246, Equal Employment Opportunity, as amended by Executive Order 11375 and others, and as supplemented in Department of Labor regulation 41 CFR, Part 60 if applicable.

8.1.3 If this Contract contains over \$150,000 of Federal Funds, the Provider shall comply with all applicable standards, orders, or regulations issued under section 306 of the Clean Air Act, as amended (42 U.S.C. § 7401 et seq.), section 508 of the Federal Water Pollution Control Act, as amended (33 U.S.C. § 1251 et seq.), Executive Order 11738, as amended and where applicable, and Environmental Protection Agency regulations (2 CFR, Part 1500). The Provider shall report any violations of the above to the Department.

8.1.4 No Federal Funds received in connection with this Contract may be used by the Provider, or agent acting for the Provider, or subcontractor to influence legislation or appropriations pending before the Congress or any State legislature. If this Contract contains Federal funding in excess of \$100,000, the Provider must, prior to contract execution, complete the Certification Regarding Lobbying form, Attachment 3. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the Contract Manager, prior to payment under this Contract.

8.1.5 If this Contract provides services to children up to age 18, the Provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. § 6081). Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation or the imposition of an administrative compliance order on the responsible entity, or both.

8.1.6 If the Provider is a federal subrecipient or pass-through entity, then the Provider and its subcontractors who are federal subrecipients or pass-through entities are subject to the following: A contract award (see 2 CFR § 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines in 2 CFR, Part 180 that implement Executive Orders 12549 and 12689, "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

8.1.7 If the Provider is a federal subrecipient or pass through entity, the Provider and its subcontractors who are federal subrecipients or pass-through entities, must determine whether or not its subcontracts are being awarded to a "contractor" or a

"subrecipient," as those terms are defined in 2 CFR, Part 200. If a Provider's subcontractor is determined to be a subrecipient, the Provider must ensure the subcontractor adheres to all the applicable requirements in 2 CFR, Part 200.

8.2 Federal Funding Accountability and Transparency Act (FFATA)

The FFATA Act of 2006 is an act of Congress that requires the full disclosure to the public of all entities or organizations receiving federal funds.

8.2.1 The Provider will complete and sign the FFATA Certification of Executive Compensation Reporting Requirements form (CF 1111 or successor) if this Contract includes \$30,000 or more in Federal Funds (as determined over its entire term). The Provider shall also report the total compensation of its five most highly paid executives if it also receives in excess of 80% of its annual gross revenues from Federal Funds and receives more than \$25 million in total federal funding.

8.2.2 The Digital Accountability and Transparency Act (DATA) 2014 is an expansion of the FFATA Act of 2006, the purpose is for further transparency by establishing government-wide data identifiers and standardized reporting formats to recipient and sub-recipients.

8.3 Federal Whistleblower Requirements

Pursuant to Section 11(c) of the OSH Act of 1970 and the subsequent federal laws expanding the act, the Provider is prohibited from discriminating against employees for exercising their rights under the OSH Act. Details of the OSH Act can be found at this website: <http://www.whistleblowers.gov>.

9. CLIENT SERVICES APPLICABILITY

The terms in this section apply if the box for Client Services is checked at the beginning of this Contract.

9.1 Client Risk Prevention

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

9.2 Emergency Preparedness Plan

If the tasks to be performed pursuant to this Contract include the physical care or supervision of clients, the Provider shall, within thirty (30) days of the execution of this contract, submit to the Contract Manager an emergency preparedness plan which shall include provisions for records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan that will allow the Provider to continue functioning in compliance with the executed contract in the event of an actual emergency. For the purpose of disaster planning, the term "supervision" includes a child who is under the jurisdiction of a dependency court. Children may remain in their homes, be placed in a non-licensed relative/non-relative home, or be placed in a licensed foster care setting. No later than twelve months following the Department's original acceptance of a plan and every twelve (12) months thereafter, the Provider shall submit a written certification that it has reviewed its plan, along with any modifications to the plan, or a statement that no modifications were found necessary. The Department agrees to respond in writing within thirty (30) days of receipt of the original or updated plan, accepting, rejecting, or requesting modifications. In the event of an emergency, the Department may exercise oversight authority over such Provider in order to assume implementation of agreed emergency relief provisions.

9.3 Support to the Deaf or Hard-of-Hearing

9.3.1 The Provider and its subcontractors shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as implemented by 45 CFR Part 84 (hereinafter referred to as Section 504), the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131, as implemented by 28 CFR Part 35 (hereinafter referred to as ADA), and CFOP 60-10, Chapter 4, entitled Auxiliary Aids and Services for the Deaf or Hard-of-Hearing.

9.3.2 If the Provider or any of its subcontractors employs 15 or more employees, such Provider and subcontractor shall each designate a Single-Point-of-Contact to ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 of the ADA, and CFOP 60-10, Chapter 4. The Provider's Single-Point-of-Contact and that of its Subcontractors will process the compliance data into the Department's HHS Compliance reporting Database by the 5th business day of the month, covering the previous month's reporting, and forward confirmation of submission to the Contract Manager. The

name and contact information for the Provider's Single-Point-of-Contact shall be furnished to the Department's Contract Manager within fourteen (14) calendar days of the effective date of this requirement.

9.3.3 The Provider shall, within thirty (30) days of the effective date of this requirement, contractually require that its subcontractors comply with Section 504, the ADA, and CFOP 60-10, Chapter 4. A Single-Point-of-Contact shall be required for each subcontractor that employs 15 or more employees. This Single-Point-of-Contact will ensure effective communication with deaf or hard-of-hearing customers or companions in accordance with Section 504 and the ADA and coordinate activities and reports with the Provider's Single-Point-of-Contact.

9.3.4 The Single-Point-of-Contact shall ensure that employees are aware of the requirements, roles and responsibilities, and contact points associated with compliance with Section 504, the ADA, and CFOP 60-10, Chapter 4. Further, employees of providers and their subcontractors with fifteen (15) or more employees shall attest in writing that they are familiar with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4. This attestation shall be maintained in the employee's personnel file.

9.3.5 The Provider's Single-Point-of-Contact will ensure that conspicuous Notices which provide information about the availability of appropriate auxiliary aids and services at no-cost to the deaf or hard-of-hearing customers or companions are posted near where people enter or are admitted within the agent locations. Such Notices must be posted immediately by The Provider and its subcontractors. The approved Notice is available at: <http://www.myffamilies.com/about-us/services-deaf-and-hard-hearing/dcf-posters>.

9.3.6 The Provider and its subcontractors shall document the customer's or companion's preferred method of communication and any requested auxiliary aids/services provided in the customer's record. Documentation, with supporting justification, must also be made if any request was not honored. The Provider shall distribute Customer Feedback forms to customers or companions, and provide assistance in completing the forms as requested by the customer or companion.

9.3.7 If customers or companions are referred to other agencies, the Provider must ensure that the receiving agency is notified of the customer's or companion's preferred method of communication and any auxiliary aids/service needs.

9.3.8 The Department requires each contract/subcontract provider agency's direct service employees to complete training on serving our Customers who are Deaf or Hard-of-Hearing and sign the Attestation of Understanding. Direct service employees performing under this Contract will also print their certificate of completion, attach it to their Attestation of Understanding, and maintain them in their personnel file.

9.4 Confidential Client and Other Information

Except as provided in this Contract, the Provider shall not use or disclose but shall protect and maintain the confidentiality of any client information and any other information made confidential by Florida law or Federal laws or regulations that is obtained or accessed by the Provider or its subcontractors incidental to performance under this Contract.

9.4.1 State laws providing for the confidentiality of client and other information include but are not limited to sections 39.0132, 39.00145, 39.202, 39.809, 39.908, 63.162, 63.165, 383.412, 394.4615, 397.501, 409.821, 409.175, 410.037, 410.605, 414.295, 415.107, 741.3165 and 916.107, F.S.

9.4.2 Federal laws and regulations to the same effect include section 471(a)(8) of the Social Security Act, section 106(b)(2)(A)(viii) of the Child Abuse Prevention and Treatment Act, 7 U.S.C. § 2020(e)(8), 42 U.S.C. § 602 and 2 CFR § 200.303 and 2 CFR § 200.337, 7 CFR § 272.1(c), 42 CFR §§ 2.1-2.3, 42 CFR §§ 431.300-306, 45 CFR § 205.

9.4.3 A summary of Florida Statutes providing for confidentiality of this and other information are found in Part II of the Attorney General's Government in the Sunshine Manual, as revised from time-to-time.

9.5 Major Disasters and Emergencies

The Stafford Act allows federal assistance for major disasters and emergencies upon a declaration by the President. Upon the declaration, the Department is authorized to apply for federal reimbursement from the Federal Emergency Management Agency (FEMA) to aid in response and recovery from a major disaster. The Provider shall request reimbursement for eligible expenses through the Department and payment will be issued upon FEMA approval and reimbursement.

By signing this Contract, the parties agree that they have read and agree to the entire Contract, as described in Section 1.4.

IN WITNESS THEREOF, the parties hereto have caused this 90 page Contract to be executed by their undersigned officials as duly authorized.

PROVIDER: Broward Behavioral Health Coalition, FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES Inc.

Signature: _____	Signature: _____
Print/Type	Print/Type
Name: Nan Rich	Name: Chad Poppell
Title: Chairperson of the Board	Title: Secretary
Date: _____	Date: _____

The parties agree that any future amendment(s) replacing this page will not affect the above execution.

Federal Tax ID # (or SSN): 453675836

Provider Fiscal Year Ending Date: 06/30.

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EXHIBIT A – SPECIAL PROVISIONS

The following provisions supplement or modify the provisions of Items 1 through 9, as provided herein:

A-1 ENGAGEMENT, TERM AND CONTRACT DOCUMENT**A-1.1 Contract Document**

In addition to the provisions of **Section 1.4.**, the following documents, or the latest revisions thereof, are incorporated herein and made a part of this Contract.

A-1.1.1 Additional Contract Exhibits

Exhibits A1, A2, B1, C1, C2, C3, F1 and F2

A-1.1.2 Guidance Documents

Guidance 1 - Evidence-Based Guidelines

Guidance 2 - Tangible Property Requirements

Guidance 3 - Managing Entity Expiration, Termination and Transition Planning Requirements

Guidance 4 - Care Coordination

Guidance 5 - Residential Mental Health Treatment for Children and Adolescents

Guidance 6 - Outpatient Forensic Mental Health Services

Guidance 7 - State Mental Health Treatment Facility Admission and Discharge Processes

Guidance 8 - Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure

Guidance 9 - Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach Access, and Recovery (SOAR)

Guidance 10 - Prevention Services

Guidance 11 - Juvenile Incompetent to Proceed (JITP)

Guidance 12 - Behavioral Health Network (BNet) Guidelines and Requirements

Guidance 13 - Indigent Drug Program (IDP)

Guidance 14 - Prevention Partnership Grants (PPG)

Guidance 15 - Projects for Assistance in Transition from Homelessness (PATH)

Guidance 16 - Florida Assertive Community Treatment (FACT) Handbook

Guidance 17 - Temporary Assistance for Needy Families (TANF) Funding Guidance

Guidance 18 - Family Intensive Treatment (FIT) Model Guidelines and Requirements

Guidance 19 - Integration with Child Welfare

Guidance 20 - Local Review Team

Guidance 21 - Housing Coordination

Guidance 22 - Federal Grant Financial Management Requirements

Guidance 23 - Crisis Counseling Program

Guidance 24 - Performance Outcomes Measurement Manual

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
Guidance 30 – Partnerships for Success (PFS)
Guidance 31 – Children's Mental Health System of Care (CMHSOC) Grant
Guidance 32 – Community Action Treatment (CAT) Team
Guidance 33 – HIV Early Intervention Services

A-1.1.3 Templates

Template 1 - Provider Tangible Property Inventory Form
Template 2 - SAMH 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 – *Deleted, effective 11/29/2016*
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
Template 16 - Women's Special Funding Reporting Template
Template 17 - FIT Reporting Template
Template 18 - *Deleted, effective 5/18/2017*
Template 19 – Partnerships for Success Grant Drug Epidemiology Network (DENs) Report
Template 20 – CMHSOC Quarterly Report Template
Template 21 – Monthly Care Coordination Report
Template 22 – Forensic Diversion Report
Template 23 – Conditional Release Report
Template 24 – Disaster Behavioral Health (DBH) Managing Entity Supplemental Invoice and

Expenditure Report

Template 25 – Forensic Multidisciplinary Team Report

Template 26 – Regional Action Steps to Forensic Goals

Template 27 – Quarterly School-Based Prevention Program Report

A-1.1.4 Financial and Services Accountability Management System (FASAMS) Pamphlet 155-2, available at:

<https://www.myflfamilies.com/service-programs/samh/155-2/pamphlet-155-2-v13.shtml>

A-1.1.5 Unless otherwise specified in this Contract, all documents incorporated by reference may be located at the following Department webpage location:

<https://www.myflfamilies.com/service-programs/samh/managing-entities/>

A-1.1.6 Copies of these documents may also be obtained from the Department, 1317 Winewood Boulevard, Tallahassee, FL, 32399-0700.

A-1.2 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 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 With the exception of any state agency or subdivision as defined by s. 768.28(2), F.S., 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 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 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 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.

A-8 FEDERAL FUNDS APPLICABILITY

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

A-9 CLIENT SERVICES APPLICABILITY

There are no additional provisions to this section of the 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 designed to store, manage, and track electronic versions of original and scanned documents, and to provide remote document access to Department staff.

A1-8 Evidence-Based Practice (EBP)

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

A1-9 Indigent Psychiatric Medication Program, also 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 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 Contract.

A1-14 Mental Health Services

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 essential elements of a coordinated system of care specified in s. 394.4573(2), F.S.

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(5), 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.

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., 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)

Collectively, the Department's web-based data systems for reporting substance abuse and mental health services, including the Substance Abuse and Mental Health Information System (SAMHIS), the Performance Based

Prevention System (PBPS), the Financial and Service Accountability Management System (FASAMS) or any replacement systems 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

Any of the substance abuse prevention, intervention and clinical treatment services defined in s. 397.311(26), 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****A2-1.1.1 Block Grants for Community Mental Health Services**

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

A2-1.1.2 Block Grants for Prevention and Treatment of Substance Abuse

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

45 CFR Part 96, Subpart L

A2-1.2 Department of Health And Human Services, General Administration, Block Grants

45 CFR Part. 96

A2-1.3 Charitable Choice Regulations Applicable to Substance Abuse Block Grant and PATH Grant

42 CFR Part 54

A2-1.4 Confidentiality Of Substance Use Disorder Patient Records

42 CFR Part 2

A2-1.5 Security and Privacy

45 CFR Part 164

A2-1.6 Supplemental Security Income for the Aged, Blind and Disabled

20 CFR Part 416

A2-1.7 Temporary Assistance to Needy Families (TANF)

42 U.S.C. ss. 601 - 619

45 CFR, Part 260

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

42 U.S.C. ss. 290cc-21 – 290cc-35

A2-1.9 Equal Opportunity for Individuals with Disabilities (Americans with Disabilities Act of 1990)

42 U.S.C. ss. 12101 - 12213

A2-1.10 Prevention of Trafficking (Trafficking Victims Protection Act of 2000)

22 U.S.C. s. 7104

2 CFR Part 175

A2-1.11 Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)

2 CFR Part 182

2 CFR Part 382

A2-2 Florida Statutes**A2-2.1 Child Welfare and Community Based Care**

- Ch. 39, F.S. Proceedings Relating to Children
- Ch. 402, F.S. Health and Human Services: Miscellaneous Provisions

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. 458, F.S. Medical Practice
- 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

A2-2.4 Adult Protective Services

- Ch. 415, F.S. Adult Protective Services

A2-2.5 Forensics

- Ch. 916, F.S. Mentally Ill And Intellectually Disabled 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. Use of detention; prohibitions

A2-2.6 State Administrative Procedures and Services

- Ch. 119, F.S. Public Records
- Ch. 120, F.S. Administrative Procedures Act
- Ch. 287, F.S. Procurement of Personal Property and Services
- Ch. 435, F.S. Employment Screening

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**A2-3.1 Child Welfare and Community Based Care**

Ch. 65C-13, F.A.C.	Foster Care Licensing
Ch. 65C-14, F.A.C.	Child-Caring Agency Licensing
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
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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. 215.425, F.S.	Extra Compensation Claims prohibited; bonuses; severance pay
S. 215.97, F.S.	Florida Single Audit Act
S. 215.971, F.S.	Agreements funded with federal or state assistance
Ch. 69I-42, F.A.C.	Travel Expenses
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 180	Office of Management and Budget Guidelines to Agencies on Government Wide Debarment and Suspension (Non-procurement),
2 CFR, Part 200	Office of Management and Budget Guidance - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, available at https://federalregister.gov/a/2013-30465
2 CFR, Part 300	Department of Health and Human Services - Office of Management and Budget Guidance - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Adoption of 2 CFR Part 200
45 CFR, Part 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. 394.77, F.S.	Uniform management information, accounting, and reporting systems for providers
S. 397.321(3)(c), F.S.	Data collection and dissemination system
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 county: Broward.

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 CFR 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 CFR 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 **Section B-5.3.1** or **Section 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;

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, F.A.C

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;" and

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 45 CFR §96.135(a)(5), the Managing Entity may not enter into subcontracts with a for-profit entity using Block Grant funds 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, using Block Grant funds.

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 Is ineligible for contracting pursuant to the standards in s. 215.473(2), F.S.

B-8.8 Regardless of the amount of the subcontract, the Managing Entity shall immediately terminate a subcontract for cause, if at any time during the lifetime of the subcontract, a Network Service Provider is:

B-8.8.1 Found to have submitted a false certification under s. 287.135, F.S., or

B-8.8.2 Is placed on the Scrutinized Companies with Activities in Sudan List or

B-8.8.3 Is placed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or

B-8.8.4 Is placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

B-8.9 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 Services (CMHS) 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 CMHS 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 CFR 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 42.U.S.C. s. 300x and 42 U.S.C. s. 300x-21.

B1-2.2 The Managing Entity shall be responsible for ensuring that the Department can report the following allocations in accordance with the requirements set by federal law:

B1-2.2.1 Of the SAPT block grant:

B1-2.2.1.1 Pursuant to 45 CFR 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;

B1-2.2.1.2 Pursuant to 42 U.S.C. s. 300x-24(b), not less than the amount specified in **Exhibit F1** for "HIV Services" on HIV Early Intervention Services.

B1-2.2.2 Of State funds appropriated to substance abuse treatment for adults, pursuant to 45 CFR 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.

B1-2.2.3 Pursuant to 42 U.S.C. s.300x-9(c), of the CMHS 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:

B1-2.2.3.1 The NAVIGATE Team Members' Guide, available at <http://navigateconsultants.org/manuals/>, hereby incorporated by reference, or

B1-2.2.3.2 The OnTrackNY Team Manual, available at <http://www.ontrackny.org/Resources>, hereby incorporated by reference.

B1-2.2.3.3 The Managing Entity shall adopt mechanisms for ongoing monitoring of the program for fidelity with the selected program design.

B1-2.2.4 Pursuant to 45 CFR 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:

B1-2.2.4.1 The development, implementation, and administration of an electronic waitlist to ensure that providers give preference in admitting people into treatment as follows:

B1-2.2.4.1.1 Pregnant injecting drug users;

B1-2.2.4.1.2 Pregnant drug users;

B1-2.2.4.1.3 People who inject drugs; and

B1-2.2.4.1.4 All others.

B1-2.2.4.2 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.

B1-2.2.4.3 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.

B1-2.2.4.4 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.

B1-2.2.5 Pursuant to 45 CFR 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 CFR s. 96.126(b), and provide interim services until such time as the clinically appropriate level of treatment can be provided to the individual.

B1-2.2.5.1 Outreach services shall be provided, pursuant to 45 CFR s. 96.126(e), and documented to demonstrate the provision of these services.

B1-2.2.5.2 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.

B1-2.2.6 Pursuant to 45 CFR s. 96.125, the Managing Entity shall prepare and implement a comprehensive primary prevention program that uses a variety of strategies.

B1-2.2.7 Pursuant to 45 CFR s. 95.127, the Managing Entity shall ensure the provision of tuberculosis services, in compliance with Ch. 65D-30.004(9), F.A.C.

B1-2.2.8 Pursuant to 45 CFR 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., and in accordance with **Guidance 33 – HIV Early Intervention Services**.

B1-2.2.9 Pursuant to 45 CFR 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.

B1-2.2.10 Pursuant to 45 CFR s.96.123(a)(7) and s. 96.132(a), the Managing Entity shall develop and implement a process for improving referrals of individuals to the treatment modality that is most appropriate for the individuals.

B1-2.2.11 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.

B1-2.2.12 The Managing Entity shall ensure that each year, an assessment of need is undertaken that complies with the requirements of 45 CFR s. 96.133, and 42 U.S.C. s. 300x-1 for adults with a serious mental illness, and children with serious emotional disturbances.

B1-2.2.13 The Managing Entity shall ensure that block grant funding is not expended on the restricted activities pursuant to 45 CFR 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.

B1-2.2.13.1 The CMHS block grant and the SAPT block grant may not be used to:

B1-2.2.13.1.1 Provide inpatient hospital services;

B1-2.2.13.1.2 Fund the enforcement of alcohol, tobacco, or drug laws;

B1-2.2.13.1.3 Make cash payments to intended recipients of health services;

B1-2.2.13.1.4 Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment;

B1-2.2.13.1.5 Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;

B1-2.2.13.1.6 Provide financial assistance to any entity other than a public or nonprofit private entity; or

B1-2.2.13.1.7 Provide any services within prisons or jails.

B1-2.2.13.2 Primary prevention set-aside funds from the SAPT block grant may not be used to:

B1-2.2.13.2.1 Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs; or

B1-2.2.13.2.2 Provide Mental Health First Aid or Crisis Intervention Training programs.

B1-2.2.14 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 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 CMHS 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 – SAMH Block Grant Reporting Template** by March 15 and September 1 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** biennially by May 30 of each odd-numbered year (i.e., 2021, 2023, 2025, etc.)

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 CFR s. 54a;

B1-5.1.2 Requirements to ensure that Network Service Providers that receive block grant funds comply with 42 CFR 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 SAPT block grant funding for the purpose of primary prevention of substance use, compliance with 45 CFR s. 96.125;

B1-5.1.6 An invoice that includes the minimum data elements to satisfy the Department's application and reporting requirements; and

B1-5.1.7 Compliance with state or federal requests for information related to the SAPT and CMHS block grants.

B1-5.1.8 In accordance with 45 CFR 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.

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

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

C-1.1 Development and Planning Function

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

- C-1.1.1.1** Promotes recovery and resiliency;
- C-1.1.1.2** Promotes the development and effective implementation of a coordinated system of care;
- C-1.1.1.3** Provides an optimal array of services to meet identified community Behavioral Health Service needs;
- C-1.1.1.4** Manages and allocates available funds in compliance with federal and state laws, rule and regulations; and
- C-1.1.1.5** Is accessible and responsive to individuals, families, and community Stakeholders.

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

- C-1.1.2.1** Section 394.4574(3), F.S.;
- C-1.1.2.2** Section 394.461(4)(a)-(c), F.S.;
- C-1.1.2.3** Section 394.4573, F.S.;
- C-1.1.2.4** Section 394.75, F.S.;
- C-1.1.2.5** The Long-Range Program Plan for the Department;
- C-1.1.2.6** The Annual Business Plan for the Department;
- C-1.1.2.7** Regional operational plans to assist in the development and implementation of the Strategic Plan for the Department; and
- C-1.1.2.8** Any ad-hoc plans requested by the Department.

C-1.1.3 County Planning

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

C-1.1.4 Federal Planning

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

C-1.1.5 Resource Development

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

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

C-1.1.6 Triennial Needs Assessment

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

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

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

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

C-1.1.6.4 The use of evidence-informed practices.

C-1.1.7 Annual Business Operations Plan

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

C-1.1.7.1 The current system capacity;

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

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

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

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

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

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

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

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

C-1.1.8 Enhancement Plan

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

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

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

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

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

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

C-1.1.10 Care Coordination Plan

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

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

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

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

C-1.1.10.3.1 The Care Coordination plan shall promote a system-wide fidelity-based adoption of the American Society of Addiction Medicine (ASAM) criteria by all Network Service Providers delivering substance abuse treatment services. Information on the ASAM criteria is published at <https://www.asam.org/resources/the-asam-criteria/about>.

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

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

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

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

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

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

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

C-1.2 Administration Function

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

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

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

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

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

C-1.2.3.3 Guidance 7– State Mental Health Treatment Facility Admission and Discharge Processes;

C-1.2.3.4 The Managing Entity shall facilitate Limited Mental Health Assisted Living Facility (LMH-ALF) training pursuant to Rule 58A-5.0191, F.A.C., and the additional guidance in **Guidance 8 – Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure** and the recommended forms provided in **Template 5 – ALF-LMH Forms;**

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

C-1.2.3.6 Guidance 10 – Prevention Services;

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

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

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

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

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

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

C-1.2.3.13 Guidance 33 – HIV Early Intervention Services.

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

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

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

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

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

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

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

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

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

C-1.2.7 Quality Assurance

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

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

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

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

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

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

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

C-1.2.11 Coordination with other Providers and Entities

C-1.2.11.1 The Managing Entity shall coordinate with the Community Based Care lead agency, or agencies, as appropriate, to further the child welfare role of the Department, pursuant to s. 409.996(12), F.S and to integrate behavioral health services with the child welfare system. Such coordination shall be in accordance with **Guidance 19 – Integration with Child Welfare.**

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

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

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

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

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

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

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

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

C-1.3 Monitoring Function

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

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

C-1.3.1.2 A statistically valid sampling methodology to ensure onsite monitoring by the Managing Entity:

C-1.3.1.2.1 At least once every three years, for Network Service Providers with national accreditation,

C-1.3.1.2.2 At least annually for Network Services Providers without national accreditation for which the subcontract includes any level of residential or inpatient services, and

C-1.3.1.2.3 At least biennially for Network Service Providers without national accreditation annually for which the subcontract does not include any level of residential or inpatient services or does not include any client services.

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

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

C-1.3.1.4.1 Fiscal stability,

C-1.3.1.4.2 Records,

C-1.3.1.4.3 Corrective Action Plan review,

C-1.3.1.4.4 Audits,

C-1.3.1.4.5 Accounting System,

C-1.3.1.4.6 Insurance,

C-1.3.1.4.7 Sponsorship,

C-1.3.1.4.8 Publicity,

C-1.3.1.4.9 Lobbying,

C-1.3.1.4.10 Client Risk and Incident Reporting,

C-1.3.1.4.11 Intellectual Property Rights,

C-1.3.1.4.12 Data Security,

C-1.3.1.4.13 Confidentiality of Client Information,

C-1.3.1.4.14 Assignments and Subcontracts, and

C-1.3.1.4.15 Grievance Procedures.

C-1.3.1.5 Policies, procedures, and tools for Program Monitoring, which shall include the following components:

C-1.3.1.5.1 Scope of service,

C-1.3.1.5.2 Service tasks,

C-1.3.1.5.3 Staffing requirements,

C-1.3.1.5.4 Deliverables,

C-1.3.1.5.5 Data validation,

C-1.3.1.5.6 Performance specifications,

C-1.3.1.5.7 Network Service Provider responsibilities,

C-1.3.1.5.8 Method of payment, and

C-1.3.1.5.9 Fidelity to evidence-informed level of service need determinations and subsequent service placement.

C-1.3.1.6 Policies, procedures, and tools for Background Screening Monitoring, which shall include the following components:

C-1.3.1.6.1 Level 1 and 2 screening,

C-1.3.1.6.2 Screening exemptions or exclusions, and

C-1.3.1.6.3 Attestations.

C-1.3.1.7 Policies and procedures that comply with s. 394.9082(5)(q), F.S.

C-1.3.1.8 Policies and procedures for corrective action plan closure that ensure validation of all completed corrective action tasks and documentation of improved performance within 90 days after the completion date established in each corrective action plan.

C-1.3.2 The Managing Entity shall monitor Network Service Providers, in compliance with s. 402.7306, F.S., and CFOP 75-8. Monitoring shall include, but is not limited to:

C-1.3.2.1 Compliance with federal and state confidentiality laws;

C-1.3.2.2 Compliance with the requirements and restrictions of the Block Grant funds, and accompanying maintenance of efforts requirements;

C-1.3.2.3 State and federal grant programs;

C-1.3.2.4 Compliance with specific appropriations, or GAA directed projects;

C-1.3.2.5 Compliance with TANF;

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

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

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

C-1.4 Data Collection, Reporting, and Analysis Function

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

C-1.4.14 The Managing Entity shall review the Department's file upload history in the SAMH Data System to determine the number of records accepted, updated, and rejected. Based on this review,

the Managing Entity shall correct the erroneous records for resubmission in the SAMH Data System within 60 days after submission.

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

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

C-1.5 Fiscal Responsibility Function

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

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

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

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

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

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

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

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

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

C-1.6 Disaster Planning and Response Function

C-1.6.1 Planning

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

C-1.6.2 Response

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

C-1.6.2.1 The Managing Entity shall designate a CCP Network Service Provider for each county within the Managing Entity's service area and provide a comprehensive list of

said Network Service Providers to the Department's Disaster Behavioral Health Coordinator within 60 days of execution and within 10 days of any changes to the designated Network Service Provider.

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

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

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

C-1.7 Additional Region-Specific Tasks

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

C-2 Administrative Tasks

C-2.1 Staffing

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

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

C-2.1.2.1 Chief Executive Officer (CEO);

C-2.1.2.2 Chief Operations Officer (COO); or

C-2.1.2.3 Chief Financial Officer (CFO).

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

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

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

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

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

C-2.1.4.4 A member of the Managing Entity staff to serve as the Network Service Provider Affairs Ombudsman, or equivalent title. This position shall be the first point of contact for Network-Managing Entity questions, concerns, and disputes. The name and

contact information of this person shall be submitted to the Department at execution and updated annually no later than July 1.

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

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

C-2.2 Subcontracting

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

C-2.2.2 Additional Program Specific Funds

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

C-2.2.2.2 Each subcontract with providers or projects identified in **Exhibit C2** as specified by the current fiscal year General Appropriations Act shall contain terms and conditions requiring quarterly Return On Investment (ROI) reporting.

C-2.2.2.2.1 For each applicable subcontract, unless provided a multiple-provider specific reporting template by the Department, the Managing Entity shall negotiate a specific ROI performance measure aligned to the terms of the funding requests filed with the legislature for each provider or project.

C-2.2.2.2.2 The performance measure shall include a specific methodology for calculating the ROI in terms of savings to the state or cost avoidance incurred as a result of the designated funding.

C-2.2.2.2.3 The Managing Entity shall submit a proposed ROI report template for Department approval and shall incorporate the ROI performance measure, the approved reporting template and subcontractor quarterly ROI reporting requirements into the subcontract before August 31 each fiscal year.

C-2.2.2.3 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**;

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-2.2.3.6 Participation in any Department-sponsored Network Service Provider satisfaction surveys; and

C-2.2.3.7 Adoption of the American Society of Addiction Medicine (ASAM) level of care determination criteria for all subcontracts serving persons with substance use disorders. The ASAM criteria are published at <https://www.asam.org/resources/the-asam-criteria/about>.

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

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

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

C-2.2.7 Files of Individuals Served

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

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

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

C-2.2.8 Satisfaction Survey for Individuals Served

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

C-2.2.9 Third Party Billing

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

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

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

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

C-2.2.9.2 Department funds may reimburse services provided to:

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

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

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

C-2.3 Records and Documentation

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

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

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

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

C-2.4 Reports

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

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

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

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

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

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

C-2.4.5 Local Match

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

C-2.4.6 Quarterly Report

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

C-2.4.6.1 Exhibit B1;

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

C-2.4.6.3 Network management including:

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

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

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

C-2.4.6.4 Network Service Provider performance including:

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

C-2.4.6.4.2 Performance measures.

C-2.4.6.5 Implementation of specific appropriations, or grant funds; , including copies of all ROI reports required by **Section C-2.2.2.2**;

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

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

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

C-2.5 Preference to Florida-Based Businesses

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

C-2.6 Use of Department's Operating Procedures

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

C-2.7 National Provider Identifier (NPI)

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

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

https://hmsa.com/portal/provider/zav_pel.ph.NAT.500.htm

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

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

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

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

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

C-2.7.3.3 The CMS NPI:

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

C-3 Standard Contract Requirements

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

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

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

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

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

C2-4 Department-Specified Special Projects

C2-4.1 Prevention Partnership Grants

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

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

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

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

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

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

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

C2-4.2 Central Receiving Systems

C2-4.2.1 The Managing Entity shall execute 5-year subcontracts with Network Service Providers for the amounts detailed in **Table 1a**, pursuant to the Notice of Award for the CRS solicitation under RFA # RFA07H16GS2 and Specific Appropriation 386K of the FY16-17 General Appropriations Act.

C2-4.2.2 The Managing Entity shall implement the CRS projects in accordance with the terms of **Guidance 27 – Centralized Receiving System (CRS) Grant**.

C2-4.3 FEMA DR 4337 FL - Hurricane Irma Disaster Behavioral Health Response

In response to the impact of Hurricane Irma, the Managing Entity shall implement the FEMA Crisis Counseling Program (CCP) Immediate Services Program (ISP), as defined in **Guidance 23**, under the project name "Project H.O.P.E. (Helping Our People in Emergencies)." The Managing Entity shall subcontract for these services as specified in **Section C-1.7.2** and shall comply with the provisions regarding supplemental method of payment in **Section F-8**.

C2-4.3.1 The Managing Entity shall implement the program in Broward County.

C2-4.3.2 The Managing Entity shall implement the program in compliance with the terms of the DR 4337 FL Notice of Award, and with the plan of services and budget narratives contained in Department's ISP Application, which are hereby incorporated by reference. Copies of the Notice of Award and the ISP Application are maintained in the contract file.

C2-4.4 Marjory Stoneman Douglas High School Public Safety Act

C2-4.4.1 Pursuant to Ch. 2018-03, Laws of Florida, Section 48, the Managing Entity shall conduct a procurement to establish additional Mobile Crisis Teams in the Managing Entity's service region. The procurement must:

C2-4.4.1.1 Be conducted with the collaboration of local Sheriff's Offices in the procurement planning, development, evaluation, and selection process;

C2-4.4.1.2 Be designed to ensure reasonable access to services among all counties in the Managing Entity's service region, taking into consideration the geographic location of existing mobile crisis teams;

C2-4.4.1.3 Require services be available 24 hours per day, seven days per week with on-site response time to the location of referred crises within 60 minutes of the request for services;

C2-4.4.1.4 Require the Network Service Provider to establish formalized written agreements to establish response protocols with local law enforcement agencies and local school districts or superintendents;

C2-4.4.1.5 Require access to a board-certified or board-eligible Psychiatrist or Psychiatric Nurse Practitioner;

C2-4.4.1.6 Provide for an array of crisis response services that are responsive to the individual and family needs, including screening, standardized assessments, early identification, or linkage

C2-4.4.2 The Managing Entity shall conduct the procurement required herein using a competitive solicitation consistent with the competitive solicitation procedures contained within the Managing Entity's Department-approved procurement policies. In addition to those procedures, the Managing Entity shall:

C2-4.4.2.1 Advertise the solicitation on a public-facing website and, on the day the solicitation is advertised, provide a link to the solicitation to the Department for additional distribution and publication;

C2-4.4.2.2 Conduct a public meeting for the solicitation evaluation on the same terms as a public meeting as defined in s. 286.011, F.S.; and

C2-4.4.2.3 Document completion of the solicitation through the publication of a Notice of Intent to Award on a public-facing website no later than October 31, 2018.

C2-5 Fiscal Year 2014-15 Appropriation

Pursuant to the FY14-15 General Appropriations Act, Ch. 2014-51, Laws of Fla., the Managing Entity shall implement the following summarized in **Table 1b**:

C2-5.1 Specific Appropriation 3772 – Pregnant Women, Mothers, and Affected Families 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.

C2-6 Fiscal Year 2015-16 Appropriations

Pursuant to the FY15-16 General Appropriations Act, Ch. 2015-232, Laws of Fla., the Managing Entity shall implement the following projects, summarized in **Table 1c**:

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 1a. 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**.

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

C2-6.2.1 From the funds in Specific Appropriation 377J, 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. Treatment shall be available and provided in accordance with the indicated level of care required and providers shall meet program specifications. Funds shall be targeted to select communities with high rates of child abuse cases located in the Department of Children and Families’ Central, Northeast, Southern, and SunCoast regions.

C2-6.2.2 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 1a 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, summarized in **Table 1d**:

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 1d** 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.

C2-8 Fiscal Year 2017-18 Appropriations

Pursuant to the FY17-18 General Appropriations Act, Ch. 2017-70, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 1e**:

C2-8.1 Specific Appropriation 361A Projects

C2-8.1.1 Community Action Treatment (CAT) Team

From the funds in Specific Appropriation 361A, General Revenue to implement the Community Action Treatment (CAT) Team a multidisciplinary treatment team that provides services to children and young adults with a history of mental illness, multiple treatment failures, and who are at risk of out of home placement or return to out of home placement. The Managing Entity will conduct activities in accordance with the terms of **Guidance 32 - Community Action Treatment (CAT) Team**.

C2-8.2 Additional FIT Team Services

From the funds in Specific Appropriation 361A, General Revenue to implement additional FIT Team services as specified in **Section C2-8.4**.

C2-8.3 Specific Appropriation 364 – Recurring – Henderson Behavioral Health Transitional Beds

From the funds in Specific Appropriation 364, the following recurring base appropriations projects shall be funded with general revenue funds: Henderson Behavioral Health - Forensic treatment services 1,163,520 (FY17-18 partial year allocation)

C2-8.3.1 This project is a continuation of Contract LH287 as assigned to the Managing Entity, effective 9/1/17.

C2-8.3.2 This project implements the following appropriation from the FY16-17 General Appropriations Act and, subject to continual appropriation, will be funded at \$1,401,600 for future fiscal years.

... the General Revenue Fund is provided for an expansion of forensic mental health transitional beds to divert individuals sentenced under chapter 916, Florida Statutes, from the county jail system and to move eligible individuals currently in forensic state mental health institutions to community settings as an alternative to more costly institutional placement.

C2-8.4 Specific Appropriation 366 Projects**C2-8.4.1 Women's Special Funding**

From the funds in Specific Appropriation 366, General Revenue for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These subcontracts shall be executed and managed in accordance with **Guidance 26 – Women's Special Funding**. These services shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns. Priority for services shall be given to counties with the greatest need and available treatment capacity.

C2-8.4.2 Family Intensive Treatment Funding

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

C2-8.5 Specific Appropriation 369 Project – Memorial General Hospital

From the funds in Specific Appropriation 369, the nonrecurring sum of \$500,000 from the Welfare Transition Trust Fund is provided for the Maternal Addiction Treatment Program at Memorial Regional Hospital in Broward County (HB 3677).

C2-9 Fiscal Year 2018-19 Appropriations

Pursuant to the FY18-19 General Appropriations Act, Ch. 2018-10, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 1f**:

C2-9.1 Specific Appropriation 366 Project - Community Action Treatment (CAT) Team

C2-9.1.1 From the funds in Specific Appropriation 366, recurring general revenue funds shall be competitively procured by the department for Community Action Treatment Team services.

C2-9.1.2 Pursuant to the Managing Entity's FY2017-18 procurement, the Managing Entity shall subcontract with Smith Community Mental Health to provide CAT team services per the terms of **Guidance 32** in Broward County.

C2-9.2 Specific Appropriation 367 Project – Henderson Behavioral Health Transitional Beds

C2-9.2.1 From the funds in Specific Appropriation 367, the following recurring base appropriations projects shall be funded with general revenue funds:

Henderson Behavioral Health - Forensic treatment services... 1,401,600

C2-9.2.2 This project is a continuation of Contract LH287 as assigned to the Managing Entity, effective 9/1/17.

C2-9.3 Specific Appropriation 369 Projects

C2-9.3.1 Women's Special Funding

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

C2-9.3.2 Family Intensive Treatment Funding

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

C2-9.4 Specific Appropriation 372 Projects

From the funds in Specific Appropriation 372, the following project is funded with nonrecurring general revenue funds: Memorial Healthcare - Medication Assisted Treatment Program (HB 3411) (Senate Form 1327) ... 500,000

C2-10 Fiscal Year 2019-20 Appropriations

Pursuant to the FY19-20 General Appropriations Act, Ch. 2019-115, Laws of Fla., the Managing Entity shall implement the following, summarized in **Table 1g**:

C2-10.1 Specific Appropriation 367 Project

Funds provided in Specific Appropriation 367 shall be used to subcontract for the operation of Community Action Treatment (CAT) teams, per the terms of **Guidance 32**. The following recurring base appropriation project is funded from general revenue funds: Smith Community Mental Health - Broward.

C2-10.2 Specific Appropriation 368 Project

From the funds in Specific Appropriation 368, the following recurring base appropriations project is funded with general revenue funds: Henderson Behavioral Health - Forensic treatment services... 1,401,600

C2-10.3 Specific Appropriation 370 Projects**C2-10.3.1 Women's Special Funding**

From the funds in Specific Appropriation 370, General Revenue shall continue to be provided for the expansion of substance abuse services for pregnant women, mothers, and their affected families. These subcontracts shall be executed and managed in accordance with **Guidance 26** and shall include the expansion of residential treatment, outpatient treatment with housing support, outreach, detoxification, child care and post-partum case management supporting both the mother and child consistent with recommendations from the Statewide Task Force on Prescription Drug Abuse and Newborns.

C2-10.3.2 Family Intensive Treatment Funding

From the funds in Specific Appropriation 370, General Revenue is provided to implement the Family Intensive Treatment (FIT) team model. The Managing Entity shall execute and manage subcontracts for these services in accordance with **Guidance 18**.

C2-10.4 Specific Appropriation 373 Projects

From the funds in Specific Appropriation 373, the following project is funded from nonrecurring funds from the Federal Grants Trust Fund using federal funds received from the State Opioid Response Grant: Memorial Healthcare - Medication Assisted Treatment Population Health Program (Senate Form 1639) (HB 4469) ... 1,000,000

Table 1a – Department-Specified Special Projects

Project	Provider	Amount	Recurring?
PPG Solicitation RFA LHZ03	Hanley Center Foundation, Inc	\$147,256.00	Yes FY15-16 through FY17-18
PPG Solicitation RFA 0H17GN1	Hanley Center Foundation, Inc	\$147,256.00	Yes FY18-19 through FY20-21
CRS Solicitation RFA 07H16GS2	Henderson Behavioral Health, Inc. Effective 1/1/17 through 12/31/22	FY16-17	Yes FY16-17 through FY20-21
		FY17-18	
		FY18-19 to FY20-21	
		FY21-22	
FEMA DR 4337 FL	Hurricane Irma Disaster Behavioral Health Response FEMA CCP Immediate Response Program	\$161,671.40	No
Ch. 2018-03, Laws of Florida, Section 48	Mobile Crisis Teams	\$118,236.00	Yes

Table 1b – Fiscal Year 2014-15 Appropriations

Appropriation	Provider	Amount	Recurring?
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	Yes

Table 1c – Fiscal Year 2015-16 Appropriations			
Appropriation	Provider	Amount	Recurring?
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	Yes
	Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-7.2. Broward County	\$600,000.00	Yes

Table 1d – Fiscal Year 2016-17 Appropriations			
Appropriation	Provider	Amount	Recurring?
383	Community Forensic Multidisciplinary Team (FMDT) Broward County – Henderson Behavioral Health, Inc.	\$652,000.00	Yes
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	Yes
	Family Intensive Treatment (FIT) funding, allocated to the following amounts for services in the designated locations. The Managing Entity shall designate a service provider for each location in accordance with Section C2-7.2. Broward County	\$600,000.00	Yes

Table 1e – Fiscal Year 2017-18 Appropriations			
Appropriation	Provider	Amount	Recurring?
361A	Community Action Team (CAT) Team funding allocated to Broward County	\$750,000.00	Yes
	Additional Family Intensive Treatment (FIT) funding, for services in Broward County	\$200,000.00	Yes
364	Recurring Henderson Behavioral Health, Inc.– Forensic Transitional Beds	\$1,163,520.00	Yes
366	Pregnant Women, Mothers, and Affected Families Funding Allocated to the following providers: 1. Broward Addiction and Recovery Center (BARC) 2. Banyan Community Health Center, Inc. 3. Susan B. Anthony Center, Inc.	\$1,043,188.00	Yes
	Family Intensive Treatment (FIT) funding for services in Broward County	\$600,000.00	Yes
369	Memorial Regional Hospital	\$500,000.00	No

Table 1f – Fiscal Year 2018-19 Appropriations			
Appropriation	Provider	Amount	Recurring?
366	Community Action Team (CAT) Team funding allocated to Smith Community Mental Health - Broward	\$750,000.00	Yes
367	Henderson Behavioral Health, Inc.– Forensic Transitional Beds	\$1,401,600.00	Yes
369	Pregnant Women, Mothers, and Affected Families Funding Allocated to the following providers: 1. Broward Addiction and Recovery Center (BARC) 2. Banyan Community Health Center, Inc. 3. Susan B. Anthony Center, Inc.	\$1,043,188.00	Yes
	Family Intensive Treatment (FIT) funding, allocated to Henderson Behavioral Health for services in Broward County	\$800,000.00	Yes
372	South Broward Hospital District, d/b/a Memorial Healthcare System	\$500,000.00	No

Table 1g – Fiscal Year 2019-20 Appropriations			
Appropriation	Provider	Amount	Recurring?
367	Community Action Team (CAT) Team funding allocated to Smith Community Mental Health - Broward	\$750,000.00	Yes
368	Henderson Behavioral Health, Inc.– Forensic Transitional Beds	\$1,401,600.00	Yes

Table 1g – Fiscal Year 2019-20 Appropriations			
Appropriation	Provider	Amount	Recurring?
370	Pregnant Women, Mothers, and Affected Families Funding Allocated to the following providers:	\$1,043,188.00	Yes
	1. Broward Addiction and Recovery Center (BARC)		
	2. Banyan Community Health Center, Inc.		
	3. Village South, Inc.		
	Family Intensive Treatment (FIT) funding, allocated to Henderson Behavioral Health	\$800,000.00	Yes
373	Memorial Healthcare - Medication Assisted Treatment Population Health Program (Senate Form 1639) (HB 4469)	\$1,000,000.00	No

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	Recurring Required Reports and Plans				
Provider Tangible Property Inventory - <i>Template 1</i>		Section B-7.2: Guidance 2	Initial: Annual	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-1.1.6	Every 3 years	October 1, 2019, 2022	
Managing Entity Annual Business Operations Plan <i>Template 4, including:</i>	<ul style="list-style-type: none"> • Updates to SMHTF Discharge Reintegration Plan • Updates to Triennial Needs Assessment • Updates to Care Coordination Plan • Updates to Quality Assurance Plan • Annual ALF-LMH Plan • Annual Network Service Provider Monitoring Plan 	Section C-1.1.7	Annually	July 31	
Enhancement Plan		Section C-1.1.8	Annually, beginning 2017	September 1	
Record Transition Plan - <i>Guidance 3</i>		Section C-1.1.9	Once	Within 90 days of execution	
Care Coordination Plan		Section C-1.1.10	Initial	Within 60 days of execution	
Quality Assurance Plan		Section C-1.1.11	Initial	Within 60 days of execution	
Fraud and Abuse Prevention Protocol		Section C-1.2.6	Once	Within 60 days of execution	
Network Service Provider Monitoring Plan		Section C-1.3.1	Initial	Within 30 days of execution	
Information Technology Plan		Section C-1.4.6	Once	Within 60 days of execution	
Procurement Policy		Section C-2.2.5	Once	Within 90 days of execution	
Conditional Release Report - <i>Template 22</i>					
Forensic Diversion Report - <i>Template 23</i>		Guidance 6	Monthly	15 th of each month	
Regional Action Steps to Forensic Goals - <i>Template 26</i>					
National Voters Registration Act Quarterly Report		Guidance 25	Quarterly	January 10; April 10; July 10; October 10	
Forensic Multidisciplinary Team Report - <i>Template 25</i>		Guidance 28	Monthly	15 th of each month	

Table 2 – Required Submissions

Section	Requirement	Required by	Frequency	Due No Later Than:
C3-2	Required Financial Forms and Documents			
	Managing Entity Operating and Capital Budget <i>Template: Form CF-MH 1042, per ch. 65E-14, F.A.C.</i>	Section C-2.4.3	As Needed	30 days after any amendment to Exhibit F1
	Managing Entity Fixed Advance Payment Invoice - <i>Template 10</i>	Sections F-2.2 and F-3.1.1	Annually	July 1
	Interest remittance and documentation of interest on advances	Section F-2.3	Quarterly	As Needed
	Managing Entity Monthly Fixed Payment Invoice - <i>Template 10</i>	Section F-3.1.1	Monthly, and FY Final: Annually	20 th of month following service delivery FY Final: August 15
	SAMH Managing Entity Monthly Progress Report - <i>Template 11</i>	Sections F-3.1.2 and F-3.3		
	SAMH Managing Entity Monthly Expenditure Report - <i>Template 12</i>	Section F-3.1.3	Monthly	20 th of month following service delivery; FY Final: August 15
	SAMH Managing Entity Monthly Carry Forward Expenditure Report - <i>Template 13</i>	Section F-3.1.4		
	Cost Allocation Plan - <i>Template 14</i>	Section F-4	Initial, Annual Update, and Revisions as needed	Initial: Within 30 days of execution; Annual Update: August 31; Revisions: Within 20 days of notifying the Department
	Managing Entity Spending Plan for Carry Forward Report <i>Template 15</i>	Section F-5.2	Annually	Within 30 days of confirmation of approved amount from the Department
	Financial and Compliance Audit	Attachment 1	Annually, and As needed	The earlier of: 180 days after the end of the provider's fiscal year or 30 days after the ME's receipt of the audit report
	BNet Statement of Program Cost	Guidance 12	Annually	September 1
C3-3	Required Data Submission and Performance Reporting			
	Substance Abuse and Mental Health Block Grant Report - <i>Template 2</i>	Section B1-4.2	Semi-annually	March 15 September 1
	Narrative Report for the SAMH Block Grant - <i>Template 3</i>	Section B1-4.3	Biennially	May 30 of odd-numbered years
	Monthly Data Submission to SAMH Data System	Section C-1.4.4	Monthly	18 th of each month
	Submission of Corrected Records to SAMH Data System	Section C-1.4.14	As needed	Within 60 days after initial record submission
	Data required by Federal or State Grant Awards <i>Other than Sections C3-3.7 and C3-3.8, below</i>	Section C-1.4.15	As needed	As established by Grantor timeframes
	Quarterly Report	Section C-2.4.6	Quarterly	October 20; January 20; April 20; August 15
	Family Intensive Treatment (FIT) Report - <i>Template 17</i>	Guidance 18	Monthly	18 th of each month

Table 2 – Required Submissions

Section	Requirement	Required by	Frequency	Due No Later Than:
Women's Special Funding Data Reporting		Guidance 26	Monthly	18 th of each month
Transitional Voucher Incident Summary		Guidance 29	Quarterly	20 th of the month after each quarter
Monthly Care Coordination Report - Template 21		Guidance 4	Monthly	20th of month following service delivery FY Final: August 15
CMHSOC Quarterly Report – Template 20		Guidance 31	Quarterly	October 12, January 20, April 12, and July 20
C3-4 Required Contract Forms and Documents				
Proof of Insurance		Section 4.5 and Section A-4.2	Annually; and As needed	Initial: upon execution; Annual: March 31; and As needed: Within 30 days of a modification of terms
Employment Screening Affidavit		Section 4.14.2	Annually	Later of July 1 or Anniversary of Previous Annual
Security Agreement Form		Section 5.5.3	Annually	Upon execution; Updated annually
Civil Rights Compliance Checklist - CF Form 946		Section 7.13 & CFOP 60-16 45 CFR, Part 80	Initial, and Annually	Initial: Within 30 days of execution, Thereafter: July 15
Emergency Preparedness Plan		Section 9.2	Initial, and Annual Update	Initial: Within 30 days of execution; Update: every 12 months after acceptance of Initial
C3-5 Functional Tasks and Deadlines				
Notification of Network Service Provider performance that may interrupt service delivery or involve media coverage		Section C-1.2.5	As needed	Within 48 hours
Incident Report Submission to IRAS- Management & Oversight		Sections 4.13 and C-1.2.8		Upon discovery of an incident
Designate CCP Providers		Section C-1.6.2.1	Once; and As needed	Initial: Within 60 days of execution; As needed: Within 10 days of any change
Staffing Changes – CEO, COO, CFO		Section C-2.1.2	As needed	Within 5 business days of any change
Staff Designations: • Responsible for providing immediate response • Consumer Affairs Representative • Facility Representative • Network Service Provider Affairs Ombudsman • Data Officer • Lead Housing Coordinator		Section C-2.1.4	Initial	Initial: upon execution
Establish & maintain Internet-based electronic vault for access contract-related documents		Sections C-2.2.6 and C-2.4.2	Once; and As needed	Initial: Within 60 days of assignment As Needed: New documents within 10 business days

EXHIBIT D – DELIVERABLES**D-1 Service Unit**

D-1.1 The primary service unit is one month of the Managing Entity's performance of the functions specified in **Exhibits C, C1 and C2** and the delivery of Behavioral Health Services detailed in **Template 11 – Managing Entity Monthly Progress Report**.

D-1.2 In the event the Department authorizes Disaster Behavioral Health (DBH) Response services, as detailed in **Section C-1.6**.

D-1.2.1 A supplemental service unit is one month of subcontracted DBH services in any county identified by the Department in **Exhibit C2**.

D-1.2.2 Minimum performance for payment is one hour of actual service time documented as detailed in **Section F-8**, using **Template 24 - Disaster Behavioral Health Managing Entity Supplemental Invoice and Expenditure Report**.

D-2 General Performance Specifications

The Managing Entity shall be solely and uniquely responsible for the satisfactory performance of the tasks described in this Contract. By execution of this Contract, the Managing Entity assumes responsibility for the tasks, activities, and deliverables described herein; and warrants that it fully understands all relevant factors affecting accomplishment of the tasks, activities, and deliverables; and agrees to be fully accountable for the performance thereof whether performed by the Managing Entity or its Network Service Providers.

D-3 Performance Measures for Acceptance of Deliverables

D-3.1 To obtain approval of deliverables and services for payment,

D-3.1.1 The Managing Entity must document monthly progress toward compliance with the performance outcome targets specified in **Section E-1**, and

D-3.1.2 The Managing Entity must document the Network's monthly progress toward the annual fiscal year service output measure targets in **Section E-3**.

D-3.2 The Managing Entity is responsible and accountable for meeting all performance outcomes measure targets. The Managing Entity shall manage and oversee the collection of data from Network Service Providers in order to assure that targets are met, as a Network.

D-3.3 The performance measure targets shall be subject to periodic review by the Department and adjustments to the targets or the measures may be recommended as a part of **Template 4 – Managing Entity Annual Business Operations Plan**.

D-3.4 The Managing Entity agrees that the SAMH Data System will be the source for all data used to determine compliance with performance measures. Performance of Network Service Providers shall be monitored and tracked by the Managing Entity. The Managing Entity shall provide applicable technical assistance to Network Service Providers and initiate corrective actions, as required, and will report to the Department.

D-4 Performance Measurement Terms

PAM 155-2 provides the definitions of the data elements used for various performance measures and contains policies and procedures for submitting the required data into the SAMH Data System.

D-5 Performance Measurement Methodology

The methodology and algorithms to be used in assessing the Managing Entity's performance are outlined in **Guidance 24 – Performance Outcomes Measurement Manual**.

EXHIBIT E – MINIMUM PERFORMANCE MEASURES

E-1 To demonstrate delivery of the Service Tasks detailed in **Section C-1**, the Managing Entity shall meet the annual performance measures in **Table 3**.

Table 3 – Managing Entity Performance Measures	
Measure Description	Consequence
<p>Systemic Monitoring: The Managing Entity shall complete on-site monitoring, in accordance with Section C-1.3 of no less than twenty percent of all Network Service Providers each fiscal year. Completion of monitoring includes the release of a final monitoring report to the Network Service Provider. Progress towards attainment of this measure shall be demonstrated by the achievement of the following quarterly milestones. Each fiscal year, the Managing Entity shall monitor a minimum of:</p> <p>E-1.1 7% of its Network Service Providers by December 31;</p> <p>E-1.2 15% of its Network Service Providers by March 31; and</p> <p>E-1.3 20% of its Network Service Providers by June 30.</p>	<p>Failure to meet the standard shall be considered nonperformance pursuant to Section E-5.</p>
<p>Network Service Provider Compliance:</p> <p>E-1.4 For each Network Service Provider Measure established in Table 4, subcontracted services within the Managing Entity's service location shall collectively achieve a minimum of 95% of the annual target level for the measure.</p> <p>This measure shall be demonstrated on an annual basis. Progress towards attainment of this measure shall be demonstrated by the monthly submission of Template 11 – Managing Entity Monthly Progress Report.</p> <p>This measure shall be calculated as an aggregate of all applicable services reported by all subcontracted Network Service Providers taken collectively. The Managing Entity may establish subcontract targets which vary from the targets in Table 4 for any Network Service Provider or any individual measure, so long as the aggregate performance of all Network Service Providers in the Managing Entity system attains the Table 4 target performance.</p>	<p>Failure to meet the standard shall be considered nonperformance pursuant to Section E-5.</p>
<p>Block Grant Implementation: The Managing Entity shall ensure 100% of the cumulative annual Network Service Provider expenses comply with the Block Grants and maintenance of effort allocation standards established in Section B1-2.2. Progress towards attainment of this measure shall be demonstrated by the achievement of quarterly milestones for each fiscal year. Of the annual amount for each specified fund source appropriated to the Managing Entity, the following minimum percentages of each fund's amount shall be documented as expended in compliance with the applicable allocation standard:</p> <p>E-1.5 A minimum of 50% expended by December 31;</p> <p>E-1.6 A minimum of 100% by June 30.</p>	<p>Failure to meet the standard shall be considered nonperformance pursuant to Section E-5 and shall require payback of deficiency by the Managing Entity.</p>
<p>Implementation of General Appropriations Act: The Managing Entity shall meet 100% of the following requirements, by September 30:</p> <p>E-1.7 Implementation of Specific Appropriations demonstrated by contracts with Network Service Providers; and</p> <p>E-1.8 Submission of all plans, pursuant to Exhibit C3.</p>	<p>Failure to meet the standard shall be considered nonperformance pursuant to Section E-5.</p>

E-2 To comply with the subcontract content requirements of **Section C-2.2**, the Managing Entity shall incorporate the Network Service Provider Measures in **Table 4** into each Network Service Provider subcontract, as appropriate to the services and target populations in each subcontract. The Managing Entity is not required to apply the Network Targets to each individual subcontract. Rather, the Managing Entity shall establish specific targets for each measure in each subcontract, sufficient to ensure the Network cumulatively reaches the specified Network Targets.

Table 4 – Network Service Provider Measures

Target Population and Measure Description		Network Target	Minimum Acceptable Network Performance
Adult Community Mental Health			
MH003	Average annual days worked for pay for adults with severe and persistent mental illness	40	38
MH703	Percent of adults with serious mental illness who are competitively employed	24%	22.8%
MH742	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	85.5%
MH743	Percent of adults in forensic involvement who live in stable housing environment	67%	63.7%
MH744	Percent of adults in mental health crisis who live in stable housing environment	86%	81.7%
Adult Substance Abuse			
SA753	Percentage change in clients who are employed from admission to discharge	10%	9.5%
SA754	Percent change in the number of adults arrested 30 days prior to admission versus 30 days prior to discharge	15%	14.3%
SA755	Percent of adults who successfully complete substance abuse treatment services	51%	48.5%
SA756	Percent of adults with substance abuse who live in a stable housing environment at the time of discharge	94%	89.3%
Children's Mental Health			
MH012	Percent of school days seriously emotionally disturbed (SED) children attended	86%	81.7%
MH377	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	60.8%
MH378	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	61.8%
MH778	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	90.3%
MH779	Percent of children with serious emotional disturbance (SED) who live in a stable housing environment	93%	88.4%
MH780	Percent of children at risk of emotional disturbance (ED) who live in a stable housing environment	96%	91.2%
Children's Substance Abuse			
SA725	Percent of children who successfully complete substance abuse treatment services	48%	45.6%
SA751	Percent change in the number of children arrested 30 days prior to admission versus 30 days prior to discharge	20%	19.0%
SA752	Percent of children with substance abuse who live in a stable housing environment at the time of discharge	93%	88.4%

E-3 To demonstrate delivery of the Service Tasks detailed in **Section C-1**, and the subcontract content requirements of **Section C-2.3**, the Managing Entity shall ensure the Network cumulatively reaches the annual output measures in **Table 5**.

Table 5 – Network Service Provider Output Measures Persons Served for Fiscal Year		
Program	Service Category	FY Target
Adult Mental Health	Residential Care	383
	Outpatient Care	8,428
	Crisis Care	5,790
	State Hospital Discharges	72
	Peer Support Services	470
Children's Mental Health	Residential Care	5
	Outpatient Care	1,272
	Crisis Care	228
Adult Substance Abuse	Residential Care	750
	Outpatient Care	7,003
	Detoxification	1,063
	Women's Specific Services	2,080
	Injecting Drug Users	615
	Peer Support Services	375
Children's Substance Abuse	Residential Care	35
	Outpatient Care	2,113
	Detoxification	1
	Prevention	27,352

E-4 If the Managing Entity fails to perform in accordance with this Contract or fails to perform the minimum level of service required by this Contract, the Department will apply financial consequences provided for in **Section E-5**. The parties agree that the financial consequences provided for under **Section E-5** constitute financial consequences under ss. 287.058(1)(h); and 215.971(1)(c), F.S. The foregoing does not limit additional financial consequences, which may include but are not limited to refusing payment, withholding payment until deficiency is cured, tendering partial payments, applying payment adjustments for additional financial consequences to the extent that this Contract so provides, or termination pursuant to the terms of **Section 6.2**, and requisition of services from an alternate source. Any payment made in reliance on the Managing Entity's evidence of performance, which evidence is subsequently determined to be erroneous, will be immediately due as an overpayment in accordance with **Section 3.5**, to the extent of such error.

E-5 Corrective Action for Performance Deficiencies

E-5.1 By execution of this Contract, the Managing Entity hereby acknowledges and agrees that its performance under the Contract must meet the standards set forth above and will be bound by the conditions set forth in this Contract. If performance deficiencies are not resolved to the satisfaction of the Department within the prescribed time, and if no extenuating circumstances can be documented by the Managing Entity to

the Department's satisfaction, the Department may terminate the contract. The Department has the exclusive authority to determine whether there are extenuating or mitigating circumstances.

E-5.2 In accordance with the provisions of s. 402.73(1), F.S., and Rule 65-29.001, F.A.C., corrective action may be required for noncompliance, nonperformance, or unacceptable performance under this Contract. Financial consequences may be imposed for failure to implement or to make acceptable progress on such corrective action.

E-6 For reference purposes, **Table 6** identifies additional minimum performance measures identified in other documents incorporated by reference into this Contract. The Managing Entity shall include the measures in **Table 6** in subcontracts for the specified services or programs, wherever appropriate.

Table 6 – Network Service Provider Subcontracted Performance Measures			
Service	Required by	Subcontracted Performance Measure	Target
Prevention Services	Guidance 10, Section B.12	Tasks and activities shall be completed as outlined in the Work Plan	80%
		Data shall be submitted no later than the 15th of every month	90%
		Department-identified errors in data submitted shall be corrected within thirty (30) days of notification	90%
Prevention Partnership Grants (PPG)	Guidance 14, Section 3	Improvements in these state priorities for consumption reductions: Underage Drinking; Marijuana Use; and Non-Medical Prescription Drug Use	As Negotiated
	Guidance 14, Section 4	Quantify the activities of a program or strategy to evaluate the extent to which a program is implemented	As Negotiated
Florida Assertive Community Treatment (FACT) Handbook	Guidance 16, Section II.I.	Stable Housing	90% or most current guidance
		Days Worked	40 days or most current guidance
		Initial Assessments	90% on day of enrollment
		Comprehensive Assessments	90% within 60 days of enrollment
		Individualized Comprehensive Recovery Plan	90% within 90 days of enrollment
		Completed psychiatric/social functioning history time line	90% within 120 days of enrollment
		Work Related Services	50%
		Housing Services	90%
		Staffing Requirements	90%
		Admissions to SMHTF	30 days of discharge
		Improved Level of Functioning	75%
Family Intensive Treatment (FIT) Model Guidelines and Requirements	Guidance 18	Monthly and Yearly Service Targets	As Negotiated
		Stable Housing	90%
		Parenting Functioning	80%

Table 6 – Network Service Provider Subcontracted Performance Measures			
Service	Required by	Subcontracted Performance Measure	Target
Central Receiving Systems Grant Revised	Guidance 27, Section F	Reduce Drop-Off Processing Time	As Negotiated
		Increase Participant Access to Community-based Behavioral Health Services	As Negotiated
		Reduce number of individuals Admitted to SMHTF	As Negotiated
		Two Additional Specific Measures	As Negotiated
Children's Mental Health System of Care (CMHSOC) Expansion and Sustainability Project	Guidance 31, Template 20	Number in workforce trained consistent with the goals of the grant	As Negotiated
		Number people providing Mental Health Services	As Negotiated
		Number inter-agency agreements	As Negotiated
Community Action Treatment (CAT) Team	Guidance 32, Section XV	School Attendance	80%
		Improved Level of Functioning based upon CFARS or FARS	80%
		Living in a Community Setting	90%
		Improved Family Functioning, based on Child Well-being Domain, NCFAS-G+R	65%

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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 7 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 7.

Table 7 – 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	\$161,671.00	\$ 57,975,599.00
2018-2019	\$ 2,646,718.00	\$ 60,107,395.00		\$ 62,754,113.00
2019-2020	\$ 2,985,875.00	\$ 63,239,058.00		\$ 66,224,933.00
2020-2021	\$ 2,269,791.00	\$ 55,680,434.00		\$ 57,950,225.00
2021-2022	\$ 2,269,791.00	\$ 55,680,434.00		\$ 57,950,225.00
2022-2023	\$ 2,269,791.00	\$ 55,680,434.00		\$ 57,950,225.00
2023-2024	\$ 2,269,791.00	\$ 55,680,434.00		\$ 57,950,225.00
Total	\$ 28,576,292.09	\$ 617,637,986.98	\$161,671.00	\$ 646,375,950.07

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**; and

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

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

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

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

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

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

F-4 Cost Allocation Plan

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

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

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

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

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

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

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

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

F-5 Carry Forward Funding

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

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

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

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

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

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

F-6 Allowable Costs

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

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

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

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

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

F-6.5 The Managing Entity is expressly prohibited from expending funds specified as "Direct Services Costs" in **Table 7**, 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-1.6**, 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 **Exhibit F2**.

F-8.2 Supplemental Allowable Costs

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

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

F-8.3 Supplemental Invoices

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

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

F-8.4 Supplemental Financial Reconciliations

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

**Exhibit F1 - ME Schedule of Funds
Broward Behavioral Health - Contract# JH343
FY 2019-20 Use Designation - As of 7/1/2019**

Other Cost Accumulators Title	Line #	GAA Category	Other Cost Accumulators (OCA)	Federal	State	Total	The Amount of Non-Recurring Funds Included In Total Amount
Managing Entity Operational Cost							
ME Administrative Cost	380	106220	MHSC0	148,418	2,120,373	2,268,791	
ME MH Block Grant Technical Assistance	373	100778	MHT25	11,000	-	11,000	11,000
ME Road to Recovery - Modernizing Behavioral Health Sys	373	100778	MS918	-	458,980	458,980	458,980
ME MH System of Care	373	100778	MH05K	-	-	-	
ME MH System of Care - Admin - Year 4	373	100778	MH054	-	-	-	
ME State Opioid Response Dis. Grant Admin	380	106220	MSS0A	77,585	-	77,585	77,585
ME State Opioid Response Dis. Grant Admin - Year 2	380	106220	MSSA3	167,509	-	167,509	167,509
Total Operational Cost				405,512	2,580,353	2,985,865	716,084
Direct Services Cost							
Mental Health Core Services Funding							
ME Mental Health Services & Support	358/373	100610/100611	MH000	2,540,088	16,518,815	19,058,903	
ME Early Intervention Svc - Psychotic Disorders	368	100610	MH026	750,000	-	750,000	
ME MH State Funded Federal Excluded Services	368/369	100610/100611	MHGF0	-	3,887,808	3,887,808	
Total Mental Health Core Services Funding				3,290,088	20,604,523	23,894,611	
Mental Health Discretionary Grants Funding							
ME FL SOC Expansion and Sustainability Project	368	100610	MHESP	-	-	-	
ME FL SOC Expansion and Sustainability Project - Year 4	368	100610	MHES4	-	-	-	
ME PATH Grant	368	100610	MH0PG	325,000	-	325,000	
ME MH FL Youth Transition to Adulthood - Year 5	368	100610	MHTA5	-	-	-	
ME MH Florida Hurricane SERG	368	100610	MHFLH	-	-	-	
Total Mental Health Discretionary Grants Funding				325,000	-	325,000	
Mental Health Provider Projects Funding							
ME Stewart-Martinman Behavioral Healthcare	373	100778	MH011	-	-	-	
ME MH Apalachicola Center - Forensic Treatment Services	368	100610	MH012	-	-	-	
ME MH South Florida Behavioral Network (IDB) Pilot Project	373	100778	MH021	-	-	-	
ME Directions for Living	373	100778	MH027	-	-	-	
ME David Lawrence Center-Behavioral Health Services	373	100778	MH031	-	-	-	
ME Baycare Behavioral Health- Veterans Intervention Program	373	100778	MH032	-	-	-	
ME Youth Crisis Center - Touchstone Village	373	100778	MH033	-	-	-	
ME UF Health Center for Psychiatry	373	100778	MH034	-	-	-	
ME Life Stream Central Receiving System- Citrus County	373	100778	MH035	-	-	-	
ME FL Recovery Schools - Youth BH Wraparound Services	373	100778	MH038	-	-	-	
ME Fort Myers Salvation Army	373	100778	MH037	-	-	-	
ME Centertone Florida	373	100778	MH046	-	-	-	
ME NW Behavioral Health Services - Training Trauma Now	373	100778	MH048	-	-	-	
ME Bridgeview Center - Okaloosa Telehealth Svcs	373	100778	MH049	-	-	-	
ME Okaloosa/Walton MH & SA Pretrial Diversion Project	373	100778	MH051	-	-	-	
ME Veterans Alternative Retreat Program	373	100778	MH060	-	-	-	
ME Northside Mental Health Center	373	100778	MH061	-	-	-	
ME Clay Behavioral Health Center - Crisis Prevention	373	100778	MH069	-	-	-	
ME MH Citrus Health Network	368	100610	MH084	-	-	-	
ME Jerome Golden Center	373	100778	MH086	-	-	-	
ME Grace Point Center	373	100778	MH819	-	-	-	
ME Lifestream Center	373	100778	MH850	-	-	-	
ME Circles of Care - Crisis Stabilization	373	100778	MH862	-	-	-	
ME Renaissance Manor	373	100778	MH865	-	-	-	
Total Mental Health Provider Projects Funding				-	-	-	
Mental Health Targeted Services Funding							
ME MH Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	376	102780	MH071	-	150,782	150,782	
ME MH Community Forensic Beds	368	100610	MH072	-	653,468	653,468	
ME MH Florida Assertive Community Treatment (FACT) Administration	368	100610	MH073	355,875	701,059	1,056,934	
ME MH Indigent Psychiatric Medication Program	375	101350	MH076	-	74,817	74,817	
ME MH Title XXI Children's Health Insurance Program (Behavioral Health Network)	368	100610	MH0BN	544,520	24,056	568,576	
ME MH Care Coordination Direct Client Services	368	100610	MH0CN	-	354,056	354,056	
ME Community Forensic Multidisciplinary Teams	368	100610	MH0FH	-	662,000	662,000	
ME MH Temporary Assistance for Needy Families (TANF)	368	100610	MH0TB	769,532	-	769,532	
ME MH Community Action Treatment (CAT) Teams	367	100425	MHCAT	-	750,000	750,000	
ME Apalachicola Center - Liberty & Franklin MH CAT	368	100610	MH852	-	-	-	
ME MH - CAT and MRT Enhancements	368	100610	MHCME	284,396	-	284,396	284,396
ME Disability Rights Florida Mental Health	368	100610	MHDFR	-	-	-	
ME MH Supported Employment Services	368	100610	MHEMP	125,000	-	125,000	125,000
ME MH Forensic Transitional Beds	368	100610	MHFMH	-	1,401,600	1,401,600	
ME MH Mobile Crisis Teams	368	100610	MHMTCT	-	118,236	118,236	
ME Centralized Receiving Facilities	371	100621	MHSCR	-	4,305,021	4,305,021	
ME MH Transitional Beds for MH Institution	368	100610	MHTMH	-	-	-	
ME Transition Vouchers Mental Health	368	100610	MHTRV	-	147,933	147,933	
Total Mental Health Targeted Services Funding				2,079,323	9,393,005	11,472,328	409,396
Subtotal Mental Health				8,694,411	29,937,828	38,632,239	409,396

Substance Abuse Core Services							
ME Substance Abuse Services and Support	370/372	100618/100777	MS000	5,562,252	6,034,619	11,596,871	
ME SA HIV Services	370	100618	MS023	480,890	-	480,890	
ME SA Prevention Services	370	100618	MS025	1,643,561	-	1,643,561	
ME SA State Funded Federal Excluded Services	370	100618	MS5FP	-	2,196,184	2,196,184	
Total Core Services Funding				7,966,703	8,230,813	18,197,616	-
Substance Abuse Discretionary Grants							
ME SA Prevention Partnership Program	370	100618	MSOPP	147,256	-	147,256	
ME FL Partnership for Success - Hospital Pilot	370	100618	MSOFH	37,500	-	37,500	37,500
ME FL Partnership for Success - Hospital Pilot - Year 4	370	100618	MSOH4	112,500	-	112,500	73,000
ME FL Partnerships for Success	370	100618	MSOFS	8,750	-	8,750	8,750
ME FL Partnerships for Success - Year 4	370	100618	MSOF4	28,250	-	28,250	17,500
ME State Epidemiology Outcomes Workgroup Local	370	100618	MSOVL	3,900	-	3,900	3,900
ME State Epidemiology Outcomes Workgroup Local - Year 4	370	100618	MSOVL4	11,700	-	11,700	7,900
ME State Opioid Response Disc Grant - Hospital Bridge	370	100618	MSOGR	1,035,648	-	1,035,648	1,035,648
ME State Opioid Response Disc Grant-Child Welfare	370	100618	MSOGR	828,518	-	828,518	828,518
ME State Opioid Response Disc SVCS-Rec Comm Org	370	100618	MSRCO	52,500	-	52,500	52,500
ME State Opioid Response Disc - Rec Comm Org - Year 2	370	100618	MSRC2	112,500	-	112,500	112,500
ME State Opioid Response Disc Grant SVCS-Prevent	370	100618	MSOP	82,852	-	82,852	82,852
ME State Opioid Response Disc Grant SVCS-Prevent - Year 2	370	100618	MSOP2	155,347	-	155,347	155,347
ME State Opioid Response SVCS-MAT	370	100618	MSOR	1,188,748	-	1,188,748	1,188,748
ME State Opioid Response SVCS-MAT - Year 2	370	100618	MSOR2	2,303,753	-	2,303,753	2,303,753
Total Discretionary Grants Funding				8,087,722	-	8,087,722	8,850,316
Substance Abuse Provider Projects							
ME Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families	370	100618	MS081	-	1,043,188	1,043,188	
ME SA Family Intensive Treatment (FIT)	370	100618	MS091	400,000	400,000	800,000	
ME SA Drug Abuse Comprehensive Coordinating Treatment (DACCOT)	370	100618	MS095	-	-	-	
ME Heroin Help	370	100618	MS093	-	-	-	
ME SA St. Johns County Sheriff's Office - Detox Program	370	100618	MS097	-	-	-	
ME SA Memorial Healthcare-Medication Assisted Treatment Program	373	100778	MS012	1,000,000	-	1,000,000	1,000,000
ME St. Vincent's Healthcare-Saving Lives Project	373	100778	MS016	-	-	-	
ME St. Johns Epic Recovery Center - Detox/Res Bed Capact	373	100778	MS018	-	-	-	
ME Road to Recovery - Opioid Response	370	100618	MS020	-	258,912	258,912	258,912
ME Special Services for Jerome Golden Center	370	100618	MS022	-	-	-	
Total Provider Projects Funding				1,400,000	1,702,100	3,102,100	1,258,912
Substance Abuse Targeted Services							
ME SA Care Coordination Direct Client Services	370	100618	MS0CN	75,889	75,889	151,738	
ME SA Temporary Assistance for Needy Families (TANF)	370	100618	MS0TB	643,371	-	643,371	
ME SA Community Based Services	370	100618	MSCBS	-	1,428,616	1,428,616	
ME Transition Vouchers Substance Abuse	370	100618	MSTRV	-	98,058	98,058	
Total Targeted Services Funding				619,260	1,602,541	2,219,781	-
Subtotal Substance Abuse				16,073,663	11,593,454	27,667,119	7,145,338
Total All Fund Sources				22,173,588	44,061,348	68,224,933	8,274,708

Supplemental Disaster Behavioral Health (DBH) Response Funds							
ME Hurricane Michael Regular Services	373	100778	MHMR	-	-	-	
ME MH Hurricane Michael Mental Health Response	368	100610	MHMR	-	-	-	
Total DBH Response Funds				-	-	-	

Total FY Contract Amount				22,173,588	44,061,348	68,224,933	8,274,708
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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 2019-20						
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	\$58,327,326.00	\$9,721,221.00	7/1/19	N/A		
Jul-19	\$48,606,105.00	\$4,050,508.75	8/20/19	July		
Aug-19	\$44,555,596.25	\$4,050,508.75	9/20/19	August		
Sep-19	\$48,402,694.50	\$4,840,269.45	10/20/19	September	\$7,897,607.00	Amendment 0038
Oct-19	\$43,562,425.05	\$4,840,269.45	11/20/19	October		
Nov-19	\$38,722,155.60	\$4,840,269.45	12/20/19	November		
Dec-19	\$33,881,886.15	\$4,840,269.45	1/20/20	December		
Jan-20	\$29,041,616.70	\$4,840,269.45	2/20/20	January		
Feb-20	\$24,201,347.25	\$4,840,269.45	3/20/20	February		
Mar-20	\$19,361,077.80	\$4,840,269.45	4/20/20	March		
Apr-20	\$14,520,808.35	\$4,840,269.45	5/20/20	April		
May-20	\$9,680,538.90	\$4,840,269.45	6/20/20	May		
Jun-20	\$4,840,269.45	\$4,840,269.45	8/15/20	June		
Total FY Payments		\$66,224,933.00				
Supplemental Disaster Behavioral Health Funding		\$0.00				
Total Contract Funding		\$66,224,933.00				

F2-2 Table 8 details the schedule of payments for the next Fiscal Year of this Contract.

Table 8 - Schedule of Payments for Fiscal Year 2020-21						
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	\$57,950,225.00	\$9,658,370.83	7/1/20	N/A		
Jul-20	\$48,291,854.17	\$4,024,321.18	8/20/20	July		
Aug-20	\$44,267,532.99	\$4,024,321.18	9/20/20	August		
Sep-20	\$40,243,211.81	\$4,024,321.18	10/20/20	September		
Oct-20	\$36,218,890.63	\$4,024,321.18	11/20/20	October		
Nov-20	\$32,194,569.45	\$4,024,321.18	12/20/20	November		
Dec-20	\$28,170,248.27	\$4,024,321.18	1/20/21	December		
Jan-21	\$24,145,927.09	\$4,024,321.18	2/20/21	January		
Feb-21	\$20,121,605.91	\$4,024,321.18	3/20/21	February		
Mar-21	\$16,097,284.73	\$4,024,321.18	4/20/21	March		
Apr-21	\$12,072,963.55	\$4,024,321.18	5/20/21	April		
May-21	\$8,048,642.37	\$4,024,321.18	6/20/21	May		
Jun-21	\$4,024,321.19	\$4,024,321.19	8/15/21	June		
Total FY Payments		\$57,950,225.00				

F2-3 The Department shall amend into this Contract additional Schedules of Payments for any remaining fiscal years annually following the expiration of Table 8.

ATTACHMENT 1

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with 2 Code of Federal Regulations (CFR) §§ 200.500-200.521 and § 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, agreed-upon procedures engagements as described in 2 CFR § 200.425 or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department's Inspector general, the state's Chief Financial Officer or the Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in 2 CFR §§ 200.500-200.521.

In the event the recipient expends \$750,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§ 200.500-200.521. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$750,000 in Federal awards during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families, Federal government (direct), other state agencies, and other non-state entities. The determination of amounts of Federal awards expended should be in accordance with guidelines established by 2 CFR §§ 200.500-200.521. An audit of the recipient conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 §§ 200.500-200.521 will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR § 200.508.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more (\$750,000 or more for fiscal years beginning on or after July 1, 2016) in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The recipient agrees to provide a copy of the single audit to the Department's Single Audit

Unit and its contract manager. In the event the recipient expends less than \$500,000 (less than \$750,000 for fiscal years beginning on or after July 1, 2016) in State financial assistance during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the Department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 (federal) or 45 (State) days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

- A.** Contract manager for this contract (1 copy)
- B.** Department of Children & Families (1 electronic copy and management letter, if issued)

Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

Email address: HQW.IG.Single.Audit@myflfamilies.com

- C.** Reporting packages for audits conducted in accordance with 2 CFR Part 200 §§ 200.500-200.521, and required by Part I of this agreement shall be submitted, when required by § 200.512 (d) by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:

<https://harvester.census.gov/facweb/>

and other Federal agencies and pass-through entities in accordance with 2 CFR § 200.512.

D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450

Email address: flaudgen_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the Department for audits done in accordance with 2 CFR §§ 200.500-200.521, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.

ATTACHMENT 2

This Attachment contains the terms and conditions governing the Provider's access to and use of Protected Health Information and provides the permissible uses and disclosures of protected health information by the Provider, also called "Business Associate."

Section 1. Definitions

1.1 Catch-all definitions:

The following terms used in this Attachment shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

1.2 Specific definitions:

- 1.2.1 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and for purposes of this Attachment shall specifically refer to the Provider.
- 1.2.2 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and for purposes of this Attachment shall refer to the Department.
- 1.2.3 "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- 1.2.4 "Subcontractor" shall generally have the same meaning as the term "subcontractor" at 45 CFR § 160.103 and is defined as an individual to whom a business associate delegates a function, activity, service, other than in the capacity of a member of the workforce of such business associate.

Section 2. Obligations and Activities of Business Associate

2.1 Business Associate agrees to:

- 2.1.1 Not use or disclose protected health information other than as permitted or required by this Attachment or as required by law;
- 2.1.2 Use appropriate administrative safeguards as set forth at 45 CFR § 164.308, physical safeguards as set forth at 45 CFR § 164.310, and technical safeguards as set forth at 45 CFR § 164.312; including, policies and procedures regarding the protection of PHI and/or ePHI set forth at 45 CFR § 164.316 and the provisions of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and/or ePHI that the Provider creates, receives, maintains or transmits on behalf of the Department;
- 2.1.3 Acknowledge that (a) the foregoing safeguards, policies and procedures requirements shall apply to the Business Associate in the same manner that such requirements apply to the Department, and (b) the Business Associate's and their Subcontractors are directly liable under the civil and criminal

- enforcement provisions set forth at Section 13404 of the HITECH Act and section 45 CFR §§ 164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements and any guidance issued by the Secretary of Health and Human Services with respect to such requirements;
- 2.1.4 Report to covered entity any use or disclosure of protected health information not provided for by this Attachment of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR § 164.410, and any security incident of which it becomes aware;
 - 2.1.5 Notify the Department's Security Officer, Privacy Officer and the Contract Manager as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data;
 - 2.1.6 Notify the Privacy Officer and Contract Manager within (24) hours of notification by the US Department of Health and Human Services of any investigations, compliance reviews or inquiries by the US Department of Health and Human Services concerning violations of HIPAA (Privacy, Security Breach).
 - 2.1.7 Provide any additional information requested by the Department for purposes of investigating and responding to a breach;
 - 2.1.8 Provide at Business Associate's own cost notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data as provided in section 501.171, F.S.;
 - 2.1.9 Implement at Business Associate's own cost measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential departmental data;
 - 2.1.10 Take immediate steps to limit or avoid the recurrence of any security breach and take any other action pertaining to such unauthorized access or disclosure required by applicable federal and state laws and regulations regardless of any actions taken by the Department ;
 - 2.1.11 In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. Business Associate's must attain satisfactory assurance in the form of a written contract or other written agreement with their business associate's or subcontractor's that meets the applicable requirements of 164.504(e)(2) that the Business Associate or Subcontractor will appropriately safeguard the information. For prior contracts or other arrangements, the provider shall provide written certification that its implementation complies with the terms of 45 CFR § 164.532(d);
 - 2.1.12 Make available protected health information in a designated record set to covered entity as necessary to satisfy covered entity's obligations under 45 CFR § 164.524;
 - 2.1.13 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR § 164.526;
 - 2.1.14 Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR § 164.528;

- 2.1.15 To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- 2.1.16 Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules.

Section 3. Permitted Uses and Disclosures by Business Associate

- 3.1 The Business associate may only use or disclose protected health information covered under this Attachment as listed below:
 - 3.1.1 The Business Associate may use and disclose the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) in performing its obligations pursuant to this Attachment.
 - 3.1.2 The Business Associate may use the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) for archival purposes.
 - 3.1.3 The Business Associate may use PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate, if such use is necessary (a) for the proper management and administration of Business Associate or (b) to carry out the legal responsibilities of Business Associate.
 - 3.1.4 The Business Associate may disclose PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate if (a) the disclosure is required by law or (b) the Business Associate (1) obtains reasonable assurances from the person to whom the PHI and/or ePHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person and (2) the person agrees to notify the Business Associate of any instances of which it becomes aware in which the confidentiality and security of the PHI and/or ePHI has been breached.
 - 3.1.5 The Business Associate may aggregate the PHI and/or ePHI created or received pursuant this Attachment with the PHI and/or ePHI of other covered entities that Business Associate has in its possession through its capacity as a Business Associate of such covered entities for the purpose of providing the Department of Children and Families with data analyses relating to the health care operations of the Department (as defined in 45 C.F.R. § 164.501).
 - 3.1.6 The Business Associate may de-identify any and all PHI and/or ePHI received or created pursuant to this Attachment, provided that the de-identification process conforms to the requirements of 45 CFR § 164.514(b).
 - 3.1.7 Follow guidance in the HIPAA Rule regarding marketing, fundraising and research located at Sections 45 CFR § 164.501, 45 CFR § 164.508 and 45 CFR § 164.514.

Section 4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- 4.1 Covered entity shall notify business associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR § 164.520, to the extent that such limitation may affect business associate's use or disclosure of protected health information.
- 4.2 Covered entity shall notify business associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect business associate's use or disclosure of protected health information.
- 4.3 Covered entity shall notify business associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR § 164.522, to the extent that such restriction may affect business associate's use or disclosure of protected health information.

Section 5. Termination

5.1 Termination for Cause

- 5.1.1 Upon the Department's knowledge of a material breach by the Business Associate, the Department shall either:
 - 5.1.1.1 Provide an opportunity for the Business Associate to cure the breach or end the violation and terminate the Agreement or discontinue access to PHI if the Business Associate does not cure the breach or end the violation within the time specified by the Department of Children and Families;
 - 5.1.1.2 Immediately terminate this Agreement or discontinue access to PHI if the Business Associate has breached a material term of this Attachment and does not end the violation; or
 - 5.1.1.3 If neither termination nor cure is feasible, the Department shall report the violation to the Secretary of the Department of Health and Human Services.

5.2 Obligations of Business Associate Upon Termination

- 5.2.1 Upon termination of this Attachment for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:
 - 5.2.1.1 Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - 5.2.1.2 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the remaining protected health information that the Business Associate still maintains in any form;
 - 5.2.1.3 Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health

- information to prevent use or disclosure of the protected health information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;
- 5.2.1.4 Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraphs 3.1.3 and 3.1.4 above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and
- 5.2.1.5 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.
- 5.2.1.6 The obligations of business associate under this Section shall survive the termination of this Attachment.

Section 6. Miscellaneous

- 6.1 A regulatory reference in this Attachment to a section in the HIPAA Rules means the section as in effect or as amended.
- 6.2 The Parties agree to take such action as is necessary to amend this Attachment from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- 6.3 Any ambiguity in this Attachment shall be interpreted to permit compliance with the HIPAA Rules.

Attachment 3

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: Nan Rich Date: 8-15-2019

Application or Contract ID Number: JH343

Name of Authorized Individual Application or Contractor: Broward Behavioral Health Coalition

Address of Organization: 3521 West Broward Blvd, Suite 206
Lauderhill, Florida 33312