**EXHIBIT C – TASK LIST**

The Provider shall perform all functions necessary for the proper delivery of services including, but not limited to, the following:

1. **SERVICE TASKS** 
   1. **Development and Planning Function**
      1. The Managing Entity shall develop and manage a comprehensive Network of qualified subcontracted Network Service Providers, contingent upon available funding, that:
         1. Promotes recovery and resiliency;
         2. Promotes the development and effective implementation of a coordinated system of care pursuant to § 394.4573 and 394.4955, F.S.;
         3. Provides an optimal array of services to meet identified community Behavioral Health Service needs;
         4. Manages and allocates available funds in compliance with federal and state laws, rule and regulations;
         5. Is accessible and responsive to individuals, families, and community Stakeholders;
         6. Improves access to care; and
         7. Includes a sufficient selection of Network Service Providers to provide the full array of services identified in Section 65E-14.021, F.A.C. and Chapter 65D-30, F.A.C.
            1. The selection of Network Service Providers for services to children must use Applied Behavioral Analysis and Evidence-Based Models supported by the Family First Prevention Services Act Clearinghouse including, but not limited to, Parent Child Interaction Therapy, Family Functional Therapy, HomeBuilders, Multisystemic Therapy, and Dually Served Youth and Families.
      2. The Managing Entity shall participate in community, circuit, regional and state planning in accordance with § 394.9082, F.S., and shall submit regional planning documents and data to enable the Department to comply with the following statutory requirements:
         1. § 394.4574(3), F.S.;
         2. § 394.461(4), F.S.;
         3. § 394.4573, F.S.;
         4. § 394.75, F.S.;
         5. The Long-Range Program Plan for the Department;
         6. The Annual Business Plan for the Department;
         7. Regional operational plans to assist in the development and implementation of the Strategic Plan for the Department; and
         8. Any ad-hoc plans requested by the Department.
      3. **County Planning**
         1. The Managing Entity shall provide assistance to each county specified in **Section B.3.1** to develop a designated receiving system pursuant to § 394.4573, F.S. and a transportation plan pursuant to § 394.462, F.S.
         2. The Managing Entity shall participate in all Regional Collaborative meetings in accordance with § 394.90826, F.S., to identify and address ongoing challenges within the behavioral health system at the local level to improve the accessibility, availability, and quality of behavioral health services.
      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.

* + 1. **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. The Managing Entity shall notify the Department in advance of submitting grant applications and executing contracts for additional resources impacting the Managing Entity’s service array.

* + 1. **Triennial Needs Assessment**

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:

* + - 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 § 394.4573, F.S.;
      2. The availability of treatment services, recovery services, and support services meeting the intent of § 394.453(1)(c), F.S., that implement systemic recovery-oriented and peer-involved approaches;
      3. The availability of less restrictive services;
      4. The use of evidence-informed practices; and
      5. A list and descriptions of any gaps in the array of services for children or adolescents identified pursuant to § 394.4955, F.S. and recommendations for addressing such gaps, including residential substance abuse programs that treat pregnant women and women with children up to 12 years of age.
      6. The extent to which the service array in the Managing Entity’s service area meets the following time and distance standards for outpatient services.
         1. Maximum 60 minutes and 30 miles travel in urban counties.
         2. Maximum 120 minutes and 50 miles travel in rural counties.
    1. **Annual Business Operations Plan**

No later than **July 30** of each year, the Managing Entity shall submit an annual business operation plan that outlines the operational plan for the current fiscal year. The Managing Entity may, if necessary, submit an addendum to the plan no later than 30 days after the receipt of the initial Schedule of Funds to address any operational adjustments necessitated by details in the initial Schedule of Funds for the applicable fiscal year. This plan shall be completed using **Template 4 – Managing Entity Annual Business Operations Plan**. The plan shall outline:

* + - 1. The current system capacity;
      2. The Managing Entity’s strategies for system engagement including:
         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;
         2. The Triennial Needs Assessment, or necessary updates thereto, required by **Section C.1.1.6;**
         3. Updates to the Care Coordination Plan required by **Section C.1.1.10;**
         4. Updates to the Quality Assurance Plan required by **Section C.1.1.11;**
         5. The annual regional Assisted Living Facilities-Limited Mental Health (ALF-LMH) License Annual Plan required by **Section C.1.2.6.4** and **Guidance 8.**
         6. Strategies for improving the system’s capacity for timely access to care pursuant to **Section C.1.1.6.6** and **Section E.3.**
         7. Strategies for expanding the availability and sustainability of respite services, short term residential treatment, recovery peer specialists, recovery community organizations, board-certified behavior analysts, Federally Qualified Health Centers pursuant to rule 59G-4.100, F.A.C, hospital bridge programs and mobile buprenorphine clinics.
         8. Summary information on Managing Entity Specific Initiatives;
         9. The Managing Entity shall submit a Marketing Plan for the Department’s review and approval. The plan shall address how the Managing Entity will ensure that the community is aware of how to access behavioral health services and supports;
         10. Complete **Exhibit E Table 6** –Network Provider Output Measures Persons Served for Fiscal Year.
      3. The initial Network Service Provider Monitoring Plan for the upcoming fiscal year, as required by **Section C.1.3.1.**
      4. Sustainability plans for all SAMH-funded services, proviso projects, and programs not funding by any recurring revenue.
    1. **Enhancement Plan**

The Managing Entity shall develop an annual Enhancement Plan for Department approval, due on August 1. The Enhancement Plan shall:

* + - 1. Identify a minimum of three (3) and a maximum of five (5) priority needs for services in the geographic area;
      2. Provide a detailed description of the Managing Entity’s strategies for enhancing services to address each priority need;
      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
      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.
    1. 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**.
    2. **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:

* + - 1. Specify methods that will be used to reduce, manage, and eliminate Wait Lists for services;
      2. Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance abuse and mental health disorders;
      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;
         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/asam-criteria/about-the-asam-criteria>.
      4. Promote the use of service outcome data to achieve desired outcomes;
      5. Promote coordination of behavioral health care with primary care;
      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
      7. Monitor and implement system changes to promote effectiveness.
    1. 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.
    2. 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.
    3. 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.
    4. **Coordinated Children’s System Planning**

The Managing Entity shall:

* + - 1. Lead the development of the plan established in § 394.4955, F.S., in collaboration with the agencies and stakeholders specified therein to reduce the utilization of crisis services through care coordination;
      2. Submit an annual assessment of progress towards the goals of the plan; and
      3. Submit updates to the plan at least every three (3) years.
  1. **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 accurate information, notice of meetings, and opportunities for participation in Managing Entity decision-making.

* + - 1. The Managing Entity shall publicize opportunities for new providers to join the network at all times**.**
         1. At minimum, the Managing Entity shall publicize opportunities to join the network via announcements displayed on the Managing Entity’s website home page and via advertisements issued to major media markets and professional trade associations throughout the service area.
         2. The Managing Entity shall establish and maintain clear lines of communication between the Department and network service providers to ensure that information is accurate and favorably represents messaging and expectations conveyed by the Department in good faith. The Managing Entity shall communicate all questions and concerns involving the Department directly to the appropriate Department Representative, as indicated in **Guidance Document 46 – Communication Protocol**.
    1. The Managing Entity shall maintain a comprehensive Network and coordinated system of care as identified in §394.4573, F.S., that provides an adequate and reasonable array of services in terms of geographic distribution in accordance with **Section C.1.1.6.6**, which enhances the availability and sustainability of recovery-oriented practices, and the role and availability of peers in the workforce. Contingent upon available funding, the Managing Entity network shall ensure access to the covered services included in 65E-14.021, F.A.C and the following services at a minimum:
       1. Department-funded team service models
       2. Suicide prevention messaging and programming (community-wide and school based)
    2. The Managing Entity shall procure or develop any services that are not established in the region.
    3. Contingent upon available funding, the Managing Entity shall recruit and accept any willing provider that meets standard credentialling requirements, provides a service that has been determined through the needs assessment data, and/or service needs identified by the Department, and has no prior unacceptable performance issues or has not been terminated for cause with any Managing Entity or other healthcare network entity.
    4. The Managing Entity shall establish a clear procedure for onboarding new providers. This procedure shall be available on a public facing websites for all potential providers.
    5. The Managing Entity shall implement programmatic standards as written by the Department, and shall not alter or add to the requirements to ensure the administration of the Network includes the following programmatic standards:
       1. **Guidance 5 – Residential Mental Health Treatment for Children and Adolescents;**
       2. **Guidance 6 – Outpatient Forensic Mental Health Services;**
       3. **Guidance 7– State Mental Health Treatment Facility Admission and Discharge Processes;**
       4. The Managing Entity shall facilitate Limited Mental Health Assisted Living Facility (LMH-ALF) training pursuant to Rule 59A-36.011, 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;**
       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);**
       6. **Guidance 10 – Prevention Services;**
       7. **Guidance 11 – Juvenile Incompetent to Proceed (JITP);**
       8. **Guidance 12 – Behavioral Health Network (BNet) Guidelines and Requirements** and the required forms provided in **Template 6 – Behavioral Health Network Forms**;
       9. **Guidance 13 – Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP);**
       10. The Managing Entity shall be responsible for contracting, and providing oversight of the Prevention Partnership Grants, pursuant to § 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)**;
       11. **Guidance 15 – Projects for Assistance in Transition from Homelessness (PATH)**;
       12. **Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook**; and
       13. **Guidance 33 – HIV Early Intervention Services**.
       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**.
       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**.
       16. The Managing Entity shall implement the Transitional Voucher project according to the specifications in **Guidance 29 – Transitional Voucher.**
       17. **Guidance 34 – Mobile Response Team (MRT)**
       18. **Guidance 35 – Recovery Management Practices**
       19. For any subcontracts using funds identified in **Exhibit F1** as Central Receiving System or Central Receiving Facility funds, including any special category or proviso projects funds, the Managing Entity shall implement the subcontracts in compliance with **Guidance 27 – Central Receiving Systems (CRS).**
       20. Pursuant to § 397.417, F.S, the Managing Entity shall provide recovery peer specialist training throughout the service area.
       21. **Guidance 32 – Community Action Treatment (CAT) Team**
       22. If **Exhibit C1 Table 1a** contains funds allocated for the team models below the Managing Entity shall implement subcontracts in compliance with the following guidance documents. The Managing Entity may elect to implement additional teams under these models, on condition those subcontracts are in compliance with the appropriate guidance.
           1. **Guidance 36 – Intermediate Level FACT (FACT-IL)**
           2. **Guidance 37 – Family First Prevention Services Act (FFPSA) Teams, Community Action Treatment (CAT) Team Variation**
           3. **Guidance 38 – Community Action Treatment (CAT) Team for Ages 0-10, CAT Team Variation**
           4. **Guidance 39 – Family Well-being Treatment Teams**
           5. **Guidance 40 – Family Support Teams (FST) Community Action Treatment (CAT) Team Variation**
           6. **Guidance 41 – Coordinated Opioid Recovery (CORE)** Pursuant to § 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 priority populations identified therein.
    6. The Managing Entity shall develop a fraud and abuse prevention protocol within 60 days of contract execution that complies with all state and federal requirements applicable to this contract. This protocol shall be approved by the Department prior to implementation.
    7. The Managing Entity shall establish a publicly available system providing access to request referrals for service on a 24-hour-per-day, 7-day-per-week basis. The system must provide live response during the Managing Entity’s normal business hours. After hours coverage may be provided by an answering service, call forwarding, provider call coverage or other customary means, with live response no later than the next business day.
    8. The Managing Entity shall ensure the provider network includes access to teams or professionals appropriately credentialed to provided evidence-based practice models to fidelity that are supported by the Family First Prevention Services Act.
    9. The Managing Entity shall ensure that respite services, including overnight respite services, are available to adults and children, as identified by regional need and the availability of funding.
    10. Managing Entities shall ensure that all opioid settlement funds (other than administrative funds) are used for approved purposes, which includes all substance use, and strategies related to opioid misuse, opioid use disorders, and the abatement of the opioid epidemic, pursuant to (1) the Florida Opioid Allocation and Statewide Response Agreement between the Department of Legal Affairs in the Office of the Attorney General and certain local governments in the State of Florida; (2) Section 17.42, F.S.; and, (3) requirements in annual General Appropriations Acts enacted by the Legislature of the State of Florida. To the greatest extent practicable, the Managing Entities shall expend monies from the opioid settlement Regional Fund in each County or for residents of a County in the amount of the share that a County would have received if it were a Qualified County, as stipulated in the Florida Opioid Allocation and Statewide Response Agreement.
    11. **Quality Assurance** 
        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:
           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
           2. Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.
        2. As applicable, the Managing Entity shall actively participate in the Department’s local and statewide processes for quality assurance and quality improvement.
    12. 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).
    13. 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.
    14. The Managing Entity shall integrate the Department’s current initiatives, new state and federal requirements, and policy initiatives into its operations.
    15. **Coordination with other Providers and Entities**
        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 § 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**.
           1. The Managing Entity shall enter into contracts, MOUs, or MOAs with the Community-Based Care Lead Agency to ensure timely assessment and provision of behavioral health services. Any such contract, MOU, or MOA shall be submitted to the Department.
        2. The Managing Entity shall require 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.
        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;
        4. The Managing Entity shall coordinate with the judicial system to:
           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
           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.
        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, Regional, and State Review Teams**.
        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 <https://www.myflfamilies.com/services/abuse/homelessness>
        7. The Managing Entity shall participate in the Agency for Health Care Administration’s Event Notification System (ENS) by **July 1, 2026**.
        8. The Managing Entity shall require crisis stabilization units and hospitals within its network to participate in the ENS.
    16. **Florida Opioid Settlement Statewide Response**
        1. The Managing Entity shall implement, administer, monitor, and report on funds appropriated pursuant to the Managing Entity in compliance with the Florida Opioid Allocation and Statewide Response Agreement, executed **November 15, 2021**, hereby incorporated by reference and supplemental guidance as provided by the Department.
        2. The provisions of **Sections** **C.1.3.2.6, C.2.2.2.5.6, C.2.2.9,** and **C.2.4.5** shall not apply to subcontracts or any other form of agreement for projects implementing the above referenced Agreement.
    17. **Coordinated Opioid Recovery (CORE) Network of Addiction Care** 
        1. Effective no later than 30 days following Contract execution, the Managing Entity shall execute subcontracts or another form of agreement with the parties identified in **Exhibit C1, Table 1a** for the CORE Network of Addiction Care. For the EMS component of CORE, the Managing Entity shall execute subcontracts or another form of agreement within 90 days following Contract execution.
        2. The Managing Entity shall implement all CORE Network subcontracts according to the provisions of **Guidance 41,** notwithstanding the provisions of **Sections C.1.3.2.6, C.2.2.2.5.6, C.2.2.9, or C.2.4.5.**
        3. The Managing Entity shall implement the data collection process prescribed by the Department and shall make no change to the type, volume, method, and character of data captured under **Guidance 41**, notwithstanding the provisions of **Section C.1.4.4**.
        4. The Managing Entity shall not require Specialty Subcontractors to formally enroll as a Network Service Provider within the subcontracted Network as a pre-condition to subcontracting within the CORE Network.
  1. **Systemic Monitoring Function**
     1. Within 30 days after execution and annually thereafter as an element of the Annual Network Service Provider Monitoring Plan required by **Section C.1.1.7**, the Managing Entity shall submit a Network Service Provider Monitoring Plan for Department approval. The plan shall include:
        1. A Risk Assessment to develop an annual monitoring schedule.
        2. A statistically valid sampling methodology to ensure onsite monitoring by the Managing Entity:
           1. At least once every three years, for Network Service Providers with national accreditation,
           2. At least annually for Network Services Providers without national accreditation for which the subcontract includes any level of residential or inpatient services, and
           3. At least biennially for Network Service Providers without national accreditation for which the subcontract does not include any level of residential or inpatient services or does not include any client services.
        3. The monitoring schedule shall distinguish between onsite monitoring and desk reviews.
        4. Policies, procedures, and tools for General Contract Monitoring, which shall include the following components:
           1. Fiscal stability;
           2. Records;
           3. Corrective Action Plan review;
           4. Audits;
           5. Accounting System;
           6. Insurance;
           7. Sponsorship;
           8. Publicity;
           9. Lobbying;
           10. Client Risk and Incident Reporting;
           11. Intellectual Property Rights;
           12. Data Security;
           13. Confidentiality of Client Information;
           14. Assignments and Subcontracts;
           15. Grievance Procedures; and
           16. Employment verification pursuant to § 448.095, F.S.
        5. Policies, procedures, and tools for Program Monitoring, which shall include the following components:
           1. Scope of service;
           2. Service tasks;
           3. Staffing requirements;
           4. Deliverables;
           5. Data validation;
           6. Performance specifications;
           7. Network Service Provider responsibilities, including the requirements of **Sections C.2.2.3** and **C.2.2.9**.;
           8. Method of payment;
           9. Fidelity to evidence-informed level of service need determinations and subsequent service placement; and
           10. Appropriate licensure as required by statute or regulation.
        6. Policies, procedures, and tools for Background Screening Monitoring, which, shall include the following components:
           1. Level 2 screening;
           2. Screening exemptions or exclusions; and
           3. Attestations.
        7. Policies and procedures that comply with § 394.9082(5)(q), F.S.
        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.
     2. The Managing Entity shall monitor Network Service Providers, in compliance with § 402.7306, F.S., and CFOP 75-8. Monitoring shall include, but is not limited to:
        1. Compliance with federal and state confidentiality laws;
        2. Compliance with the requirements and restrictions of the Block Grant funds, and accompanying maintenance of efforts requirements;
        3. State and federal grant programs;
        4. Compliance with specific appropriations, or GAA directed projects;
        5. Compliance with TANF;
        6. Compliance with the provisions of Ch. 65E-14, F.A.C.; and
        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 § 394.4574, F.S.
        8. Compliance with the requirements of **Section C.2.2.3**.
     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.
     4. Internal capacity of Managing Entity shall be adequate to perform high quality monitoring and care coordination functions, in comparison to leadership roles within the organizational structure.
     5. Successful acquisition of additional local state or federal funding.
     6. The Managing Entity shall comply with all requirements for representation amongst board members. The Managing Entity board shall consult with, or receive input from, individuals with lived experience contending with substance use or mental health issues, a family member of an individual served, and a youth representative of at least 16 years of age (accompanied by a family member or guardian).
     7. The Managing Entity shall contract with Medicaid Managed Care plans, school districts, Community-Based Care Lead Agencies, County Health Departments, Rural Health Clinics, Federally Qualified Health Centers (FQHCs), Continuums of Care (CoC), Department of Juvenile Justice (DJJ), Agency for Persons with Disabilities (APD), Department of Health (DOH), the court system, and other key stakeholders. If contracts are impracticable, the Managing Entity shall engage key stakeholders and establish MOUs or MOAs to demonstrate its positive community standing.
        1. The Managing Entity must submit each signed contract, MOU, or MOA to the Department’s Contract Manager by **July 30th** each year.
     8. **Grievance Procedures**
        1. A grievance is defined as an expression of dissatisfaction about any matter other than an adverse benefit determination. Possible subjects for grievances include, but are not limited to, the quality of care, the quality of services provided and aspects of interpersonal relationships such as rudeness of a provider staff person or Managing Entity employee, or failure to respect a client’s rights. The Managing Entity shall establish and maintain a system for reviewing and resolving client grievances. Components must include a transparent and easily accessible process by which individuals served may file grievances and a process by which unresolved grievances may be elevated to the Department.
           1. A client may file a grievance with the Managing Entity verbally or in writing at any time.
           2. The Managing Entity must acknowledge receipt of the client’s grievance in writing within five business days of grievance receipt.
           3. Grievances must be resolved within 30 days of submission unless:

The client asks for an extension, or the Managing Entity documents that additional information is needed and the delay is in the client’s interest; or

The Managing Entity shall provide oral notice of the reason for the delay to the client by close of business on the day of the determination, and written notice of the reason for the delay to the client within two (2) calendar days of the determination.

* + - 1. Any grievances not resolved within 30 days of submission or extended pursuant to **C.1.3.9.2.3** shall be elevated to the Department.
      2. The Managing Entity shall maintain a complete and accurate record of all grievances. The Managing Entity shall make all grievance records available to the Department upon request.
  1. **Data Collection, Reporting, and Analysis Function**
     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.
     2. The Managing Entity shall develop and implement policies and procedures that protect and maintain the confidentiality of sensitive information of Individuals Served.
     3. The Managing Entity shall require accurate and timely data entry from Network Service Providers for performance outcomes measurement, in accordance with established business requirements for data submission, and § 394.74(3)(e), F.S. The data must:
        1. Enable expenditures to be tracked by program, fund type, and service;
        2. Capture service utilization by type and recipient; and
        3. Document quality of care, access to services, and outcomes for each individual served within the Network.
        4. Capture client-specific data, such as:
           1. Client demographics;
           2. Procedure codes;
           3. Primary and secondary diagnoses;
           4. Any relevant Z code(s); and
           5. Provider type.
     4. The Managing Entity shall electronically submit all data, as established by business requirements, to the SAMH Data System by the 18th of each month and ad hoc requests in adherence to the identified deadline. The Department may require alternative reporting due dates for certain programs through the incorporated programmatic Guidance Document. The Department reserves the right to require certain data that is needed for specified ad hoc, federal discretionary grants, or other needs prior to the 18th of each month.
        1. If a data reporting system is down, inaccessible, or otherwise unusable, all data required for submission under this Contract must be submitted to the Department as soon as the system is available, or alternative solutions will be provided.
     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.
     6. Within 60 days of execution, the Managing Entity shall submit an Information Technology Plan (ITP) for Department approval prior to implementation. This plan shall be reviewed annually for progress and shall be included with the Annual Business Operations Plan. The ITP shall demonstrate that the Managing Entity's data system shall be able to meet the following minimum requirements:
        1. The exchange of screening and assessment results among Network Service Providers to better coordinate care as outlined in the current ITP;
        2. Automated referral and electronic consent for release of confidential information within and between Network Service Providers;
        3. Integrated processes for tracking and coordinating intake, admission, discharge and follow-up throughout the Network;
        4. Electronic reconciliation of invoices submitted to the Department, including reconciliation of the amount of funding and services specified in this contract;
        5. Electronic reconciliation of the Managing Entity's audit report and data information system for Individuals Served;
        6. Automated processes for state and federal data analysis and reporting; and
        7. Compliance with federal and state laws, and regulations pertaining to security and privacy of protected health information.
     7. The Managing Entity shall provide Department approved Regional and Headquarters staff with access to its data system for Department funded individuals served and services.
     8. The Managing Entity shall provide data system training and training products for Department approved staff.
     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.
     10. The Managing Entity shall be responsible for maintaining all SAMH Data System access data accounts for persons affiliated with its Network.
     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's Data Officer, or designee, to attend policy or strategic meetings in person.
     12. The Managing Entity’s Data Officer, or designee, 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.
     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.
     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.
     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.
     16. The Managing Entity shall require public receiving facilities, detoxification facilities and addictions receiving facilities within its Network to collect and submit the acute care service utilization data specified in § 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.
     17. Each fiscal year, the Managing Entity shall submit data to the Department’s designated electronic repository to document the negotiated rate for each covered service. The Managing Entity shall validate, update, if necessary, within 30 days of any change, and certify the accuracy and completeness of all data in the repository.
  2. **Fiscal Responsibility Function**
     1. The Managing Entity shall comply with **Guidance 22 – Federal Grant Financial Management Requirements**.
     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
     3. The Managing Entity shall ensure that it budgets and accounts for revenues and expenditures in compliance with Ch. 65E-14, F.A.C.
     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:
        1. 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;
        2. 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;
        3. 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards;
        4. The Reference Guide for State Expenditures, which is incorporated herein by reference and may be located at: <https://www.myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/reference-guide-for-state-expenditures.pdf>; and
        5. § 215.97, F.S. – Florida Single Audit Act.
     5. Managing Entity operational and indirect costs shall not include any Network Service Provider indirect costs.
     6. Annually by **October 31**, the Managing Entity shall complete an evaluation of existing rates for all services and all providers, in comparison to provider actual documented costs incurred during the previous Fiscal Year. Annually by **November 30**, the Managing Entity shall use the results of the evaluation to renegotiate rates with providers when indicated, in compliance with Ch. 65E-14, F.A.C., taking into consideration all available funding under which a service is allowable, including current fiscal year funding, carry forward funding, and nonrecurring funding appropriate for the service.
     7. The Managing Entity financial systems must support efficient utilization of all available funding to serve the broadest allowable population and implement initiatives as directed by the Department. Specifically, the Managing Entity shall not adopt internal allocation barriers limiting the use of available funding throughout the service area such as regional rate caps, circuit allocation minimums, models prioritizing select providers, or other practices resulting in systematic underutilization of funding.
  3. **Disaster Planning and Response Function**
     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.

* + 1. **Response**

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

* + - 1. The Managing Entity shall designate a lead CCP Network Service Provider responsible for services in each county within the Managing Entity's service area. A Network Service Provider’s designation may include multiple counties. The Managing Entity shall provide a comprehensive list of said Network Service Providers to the Department's Disaster Behavioral Health Coordinator within 60 days of execution, updated annually no later than **June 1**, and updated as needed within 10 days of any changes to the designated Network Service Provider.
      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**.
      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>

1. **ADMINISTRATIVE TASKS** 
   1. **Staffing** 
      1. The Managing Entity shall comply with its staffing plan contained in the Department-approved Form CF-MH 1042, SAMH Projected Operating and Capital Budget, in accordance with Rule 65E-14.021, F.A.C.
      2. The Managing Entity shall, within five (5) business days, submit written notification to the Department’s Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:
         1. Chief Executive Officer (CEO);
         2. Chief Operations Officer (COO); or
         3. Chief Financial Officer (CFO).
      3. The structure and membership of Managing Entity’s Board of Directors shall comply with § 394.9082(4), F.S., Ch. 617, F.S., and Executive Order 18-81.
      4. The Managing Entity shall nominate a member of its staff to perform the following functions:
         1. A member of the Managing Entity staff that is available to the Department for providing an immediate response 24 hours a day, seven (7) days a week.
         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**.
         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**.
         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**.
         5. A member of the Managing Entity or a subcontractor staff to serve as a Data Officer to participate in statewide data activities.
         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**.
   2. **Subcontracting**
      1. The Managing Entity shall subcontract with Network Service Providers to provide community-based Behavioral Health Services, as authorized in § 394.74 and 394.9082, F.S., subject to the provisions of **Section 4.6.**
      2. **Additional Program Specific Funds**
         1. The Managing Entity shall incorporate into subcontracts any additional program-specific funds appropriated by the Legislature for services, as specified in **Exhibit C1.** 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.
         2. Each subcontract with providers or projects identified in **Exhibit C1** as specified by the current fiscal year General Appropriations Act shall contain terms and conditions requiring quarterly Return on Investment (ROI) reporting.
            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.
            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.
            3. The Managing Entity shall submit **Template 30 – Proviso Project Return on Investment Report** no later than the 15th of the month following each fiscal year quarter of service for each project.
         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.
         4. In any subcontract with providers or projects identified as nonrecurring proviso in **Exhibit C1** as specified by the current fiscal year General Appropriations Act, the Managing Entity may not incorporate any additional requirements beyond what has been prescribed by the Legislature.
            1. The Managing Entity shall not include any restrictions to meet federal financial assistance criteria found in 42.U.S.C. s. 300x, or 42 U.S.C. s. 300x-21.
            2. The Managing Entity shall not include restrictions to the target population beyond the scope of the legislative funding requests referenced in **Exhibit C1**.
            3. The Managing Entity shall not apply client eligibility standards found in Chapter 394, F.S., Chapter 397, F.S., or 65E-14 F.A.C., to any nonrecurring proviso projects identified in **Exhibit C1.**
         5. All subcontracts with Network Service Providers shall include, at a minimum:
            1. **Exhibit B1;**
            2. 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;
            3. 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;
            4. 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards
            5. the Reference Guide for State Expenditures;
            6. Chapter 65E-14, F.A.C.;
            7. Block Grant requirements, including maintenance of effort;
            8. State and federal grant requirements;
            9. TANF requirements, if applicable; and
            10. Department policies related to the delivery of service.
            11. Requirements to comply with the provisions of § 448.095, F.S.
         6. Clearly identifiable deliverables and performance measures that set minimum acceptable levels of service;
         7. 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**;
         8. The timely access measures established pursuant to **Section E.3;**
         9. The National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), § 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**;
         10. Participation in any Department-sponsored Network Service Provider satisfaction surveys;
         11. 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/asam-criteria/about-the-asam-criteria; and
         12. Requirements for all Network Service Providers to provide contact information for Mobile Response Teams to individuals, who receive behavioral health services.
         13. Requirement for all Designated Receiving Facilities to enter data into the Departments Baker Act data portal.
         14. Requirements for all Medicaid-enrolled Network Service Providers, prior to invoicing the Managing Entity for any services provided to any Medicaid-enrolled recipients, to document the Network Service Provider has:
             1. Submitted a prior authorization request for any Medicaid-covered services provided.
             2. Appealed any denied prior authorizations.
             3. Provided assistance to appeal a denial of eligibility or coverage.
             4. Verified the provided service is not a covered service under Florida Medicaid, as defined in Chapter 59G-4, F.A.C., or is not available through the individual’s MMA Plan.
             5. In cases where the individuals Medicaid-covered service limit has been exhausted for mental health services, an appropriately licensed mental health professional has issued a written clinical determination that the individual continues to need the specific mental health treatment service provided.
             6. In cases where the individual’s Medicaid-covered service limit has been exhausted for substance use disorder treatment services a qualified professional as defined in § 397.311(35), F.S., has issued a written clinical determination that the individual continues to need the specific service provided.
      3. 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.
      4. 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.
      5. 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.
      6. **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:

* + - 1. Maintain all inactive records documenting services provided with SAMH funds in compliance with the records retention requirements of **Section 5**; and
      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.
    1. **Community Persons Served Satisfaction Survey**

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

* + 1. **Third Party Billing**

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

* + - 1. Department funds may not reimburse services provided to:
         1. Individuals who have third party insurance coverage when the services provided are paid under the insurance plan; or
         2. Medicaid enrollees or recipients of another publicly funded health benefits assistance program, when the services provided are paid by said program.
      2. Department funds may reimburse services provided to:
         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
         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.
      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.
    1. **Related Parties**
       1. The Managing Entity must provide written notice to the Department prior to entering into a subcontract when there is a potential of any of the following, when services or purchases utilizing the Department or Federal pass-through funds, exceeds $65,000.
          1. Ownership interest (either directly or by Managing Entity board members or officers) in the subcontractor;
          2. Commonality of any board members or officers of Managing Entity with the subcontractor;
          3. Ownership interest by the subcontractor (either directly or by their board members or officers) in the Managing Entity;
          4. Ownership interests of a third entity (or its board or officers) in both the Managing Entity and the Subcontractor;
          5. Any employment relationship between the subcontractor and Managing Entity board members or officers; or
          6. Commonality of board members or officers between a third entity and both the Managing Entity and the subcontractor.
       2. Managing Entity board members, officers, and prospective board members and officers have an affirmative obligation to disclose a potential conflict of interest to the board. If the board determines a conflict exists with a current board member or officer, it must notify the Department.
       3. Determination of when services or purchases exceed $65,000 cannot be avoided by subdivision. Expenditures with the same entity over any 36-month period shall be summed for the purposes of this determination.
       4. By its representative’s signature on this Contract, the Managing Entity certifies it has disclosed in writing to the Department any actual or potential conflicts requiring notice per the above and that no additional conflicts, perceived or actual, exist with its board or officers. The Provider shall annually thereafter make this certification as to the prior year. Failure to truthfully and accurately make such certification is a material breach of this contract by Provider.
       5. Provider will submit written notice to the Department prior to awarding Department funds through a non-competitive procurement if said purchase exceeds $65,000, Further, Provider will submit written notice to the Department before entering into any agreement with a person or entity that is being contracted with as a single source purchase.
  1. **Records and Documentation**
     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.
     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.
     3. The Managing Entity shall maintain adequate documentation of the provision of all tasks, deliverables and expenditures related to its operations.
     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.
  2. **Reports**
     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 C2** by the dates specified therein.
     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.
     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:
        1. Submit a revised Form CF-MH 1042, pursuant to Rule 65E-14.021(5)(d), F.A.C.; and
        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.
     4. The Managing Entity shall require that all Network Service Providers comply with **the Certification Regarding Lobbying Form (CF 1123)**.
     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**.

* + 1. **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:

* + - 1. **Exhibit B1**;
      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;
      3. Network management including:
         1. New subcontracts, or amendments to existing subcontracts with Network Service Providers;
         2. Collaborative strategies and activities with the Department or Stakeholders; and
         3. Adverse fiscal impact of proposed Network changes and recommendations for resolution.
      4. Network Service Provider performance including:
         1. Monitoring and review results, including reports and corrective action plans or other necessary follow-up actions; and
         2. Performance measures.
      5. Implementation of specific appropriations, or grant funds, including copies of all ROI reports required by **Section C.2.2.2.2**;
      6. Any adverse finding or report against a Network Service Provider by any regulatory or law enforcement entity; and
      7. Any additional recurring reporting elements requested by the Department.
    1. 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.
    2. The Managing Entity shall submit the information required by § 394.9082(3)(m), F.S., annually no later than **May 1**.
    3. When a required report is intended for Department transmittal to any party external to the Department, the Managing Entity shall prepare the report in compliance with the Department’s Style Guide published by the Office of Communications. The Department shall provide a copy of the style guide annually and notify the Managing Entity of any periodic revisions. Annually before August 1, the Department shall provide a list of the reports to which this requirement adheres.
  1. **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.

* 1. **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.

* 1. **National Provider Identifier (NPI)**
     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, Network Service Providers who are covered entities meeting the requirements of 45 CFR Part 162 must obtain and use NPIs.
     2. An application for an NPI may be submitted online at: <https://hmsa.com/portal/provider/zav_pel.ph.NAT.500.htm>
     3. Additional information can be obtained from one of the following websites:
        1. The National Plan and Provider Enumeration System (NPPES): https://nppes.cms.hhs.gov/NPPES
        2. The CMS NPI: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/>

1. **Standard Contract Requirements**

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

1. **Marketing**
   1. The Managing Entity shall ensure compliance with all State and federal marketing requirements, including monitoring and overseeing the activities of its subcontractors and all persons acting for, or on behalf of, the Managing Entity.
   2. The Managing Entity shall ensure that marketing, including marketing plans and materials, is accurate and does not mislead, confuse, or defraud recipients or the Agency. The Managing Entity shall not distribute marketing materials that are materially inaccurate, misleading, or otherwise make material misrepresentations.
   3. Managing Entities must provide an opt-out process for enrollees and potential enrollees who previously voluntarily agreed to receive email or other electronic communications to no longer receive such communications.
   4. The Managing Entity shall submit all co-branded marketing materials to the Department for approval. The Managing Entity is responsible for ensuring the accuracy and compliance of all marketing materials that it or its subcontractors distribute that includes the Department’s logo.
      1. While the Managing Entity is only required to submit co-branded materials to the Department for approval, it is encouraged to submit all marketing materials that relate to Department funds and services to the Department for review.
   5. The Managing Entity is encouraged, when practicable, to collaborate with the Department in its marketing and social media campaigns.

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