**EXHIBIT C – TASK LIST**

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:

* 1. **Development and Planning Function**
     1. The Managing Entity shall develop and manage a comprehensive Network of qualified subcontracted Network Service Providers that:
        1. Promotes recovery and resiliency;
        2. Promotes the development and effective implementation of a coordinated system of care;
        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; and
        5. Is accessible and responsive to individuals, families, and community Stakeholders.
     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:
        1. Section 394.4574(3), F.S.;
        2. Section 394.461(4)(a)-(c), F.S.;
        3. Section 394.4573, F.S.;
        4. Section 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**

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.

* + 1. **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.

* + 1. **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:

* + - 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.;
      2. The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;
      3. The availability of less-restrictive services; and
      4. The use of evidence-informed practices.
    1. **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:

* + - 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;** and
         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.**
      3. Summary information on Managing Entity Specific Initiatives; and
      4. The initial Network Service Provider Monitoring Plan, as required by **Section C-1.3.1.**
    1. **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:

* + - 1. Identify a minimum of three and a maximum of five 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 Waitlists 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/resources/the-asam-criteria/about>.
      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.
  1. **Administration Function**
     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.
     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.
     3. The Managing Entity shall 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 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;**
        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 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)**;
        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. **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).**
     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:
        1. Persons with a Serious Mental Illness (SMI) awaiting placement in a civil SMHTF or awaiting discharge from a SMHTF back to the community.
        2. Adults with three (3) or more acute care admissions (CSU, Detoxification, and inpatient) within 180 days.
     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.
     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.
     7. **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.
     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).
     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.
     10. The Managing Entity shall integrate the Department’s current initiatives, new state and federal requirements, and policy initiatives into its operations.
     11. **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 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**.
         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.
         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 Review Team**.
         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.

* 1. **Monitoring Function**
     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:
        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 annually 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, and
           15. Grievance Procedures.
        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,
           8. Method of payment, and
           9. Fidelity to evidence-informed level of service need determinations and subsequent service placement.
        6. Policies, procedures, and tools for Background Screening Monitoring, which shall include the following components:
           1. Level 1 and 2 screening,
           2. Screening exemptions or exclusions, and
           3. Attestations.
        7. Policies and procedures that comply with s. 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 s. 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 s. 394.4574, F.S.
     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.
  2. **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 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:
        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. 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.
     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 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:
        1. The exchange of screening and assessment results among Network Service Providers to better coordinate care as outlined in the current Information Technology Plan;
        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 clients 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 data officer or designee to attend policy or strategic meetings in person.
     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.
     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 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.
  3. **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; and
        4. The Reference Guide for State Expenditures, which is incorporated herein by reference and may be located at: [www.myfloridacfo.com/aadir/reference\_guide/](http://www.myfloridacfo.com/aadir/reference_guide/)
     5. Managing Entity operational and indirect costs shall not include any Network Service Provider indirect costs.
  4. **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 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.
      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. **Additional Region-Specific Tasks**

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

1. **Administrative Tasks**
   1. **Staffing** 
      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.
      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:
         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 s. 394.9082(4), F.S., ch. 617, F.S., and Executive Order 18-81.
      4. The Managing Entity shall nominate a member of their 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 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 ss. 394.74 and 394.9082, F.S., subject to the provisions of **Section 4.3.**
      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 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.
         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.
            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 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.
         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.
      3. All subcontracts with Network Service Providers shall include, at a minimum:
         1. The applicable terms and conditions of this contract;
         2. Provisions to require compliance with:
            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.
         3. Clearly identifiable deliverables and performance measures that set minimum acceptable levels of service;
         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**;
         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**;
         6. Participation in any Department-sponsored Network Service Provider satisfaction surveys; and
         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.
      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.
      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.
      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.
      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:

* + - 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. **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.

* + 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. **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 C3** 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 **Attachment 3**.
     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.
  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, health care providers who are covered entities (which includes all state-contracted community SAMH providers and State Treatment Facilities) 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>

* + 1. Additional information can be obtained from one of the following websites:
       1. The Florida Medicaid Health Insurance Portability and Accountability Act:

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

* + - 1. The National Plan and Provider Enumeration System (NPPES):

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

* + - 1. 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.