THRIVING MIND
SOUTH FLORIDA
A network of exceptional mental health and substance use providers.

Contracting As South Florida
Behavioral Health Network, Inc.

7205 Corporate Center Drive, Suite 200
Miami, Florida 33126
(305) 858-3335
ThrivingMind.org

Request for Qualified Behavioral Health Services Providers (RFQ)

Release Date: September 30th, 2019

Thriving Mind/SFBHN Administrative Offices
7205 Corporate Center Drive, Suite 200
Miami, Florida 33126
(305) 858-3335

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I. REQUEST FOR QUALIFICATIONS

The South Florida Behavioral Health Network, Inc. d.b.a. Thriving Mind South Florida (SFBHN) seeks qualified and accredited behavioral health organizations who wish to sub-contract with SFBHN to provide behavioral health (Substance Abuse and/or Mental Health) treatment services. Funding is made available to SFBHN primarily through the Florida Department of Children and Families, Office of Substance Abuse and Mental Health. Interested parties are requested to complete the application included in this Request for Qualification. This application is designed to evaluate the applicant's ability to comply with the service, administrative, fiscal, and data requirements of SFBHN. Applicants may apply to be pre-qualified for one service, or for a full continuum of care. An approved pre-qualified organization is not guaranteed a contract with SFBHN however it does qualify the organization to be considered for a contract should funds become available within the period that the organization is pre-qualified. **Organizations are pre-qualified for no more than three years or as otherwise determined by SFBHN.**

II. DEFINITIONS

1. Behavioral Health Care Organization: An incorporated non-profit organization that provides substance abuse and/or mental health services.

2. Behavioral Health Services: Mental health services and substance abuse prevention and treatment services as defined by s. 394.9082(2)(a), F.S., and in Chapter 397. F.S.

3. Individual Served (synonymous with Consumer, Client, Participant): Any individual who is receiving services in any substance abuse or mental health program whose cost of care is paid, in part or in whole, by the Florida SFBHN, Medicaid, or local match.

4. Community Mental Health Block Grant: A federal program funded under 42 U.S.C. for community mental health services.

5. Community-based Services: Behavioral health care services provided outside a state mental health facility/institution.

6. Continuum of Care/Services: Recovery-oriented systems of care will offer a full array of services, including pretreatment, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate services from which to choose at any

point in the recovery process. Also, behavioral health care services will be available to assist individuals throughout the course of their behavioral health care needs in a comprehensive manner.

7. Contracts Team: A group with expertise in administrative, fiscal, data, and behavioral health care services and processes that review behavioral health care organizations and professionals for compliance with state and federal rules and regulations, best practices, and quality improvement processes.

8. Coordinated System of Care: Pursuant to section 394.4573, F.S. a coordinated system of care means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement. The essential elements of a coordinated system of care include but are not limited to:

   (a) Prevention and early intervention;
   (b) Emergency care;
   (c) Acute care;
   (d) Residential treatment;
   (e) Outpatient treatment;
   (f) Rehabilitation;
   (g) Supportive services;
   (h) Recovery support;
   (i) Consumer support services, and
   (j) Diversion programs.

   Services provided within the System of Care must be accessible and responsive to the needs of individuals, their families, and community Stakeholders.

9. Covered Services: A grouping of services that are similar in time, intensity, and function, and whose average unit cost is generally the same. See Rule 65E-14.021, Florida Administrative Code (F.A.C.) for a complete listing of services that comprise the covered services:

   https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14

10. Evidenced-Based Practice (EBP): Programs, practices or strategies that are supported by research. EBP's are programs that have demonstrated effectiveness with established generalizability (replicated in different settings and with different populations over time) through research. For a list of approved registries used to identify, evaluate, and select EBP programs and strategies, refer to the Department's Guidance Document 1, Evidence Based Guidelines available at the following link:

    https://www.myflfamilies.com/service-programs/samh/managing-entities/2019-contract-docs.shtml

11. FASAMS: FASAMS DCF Pamphlet 155-2 is the Department of Children & Families, Pamphlet 155-2 - Mental Health and Substance Abuse Measurement and Data, version 13.0, or the latest revised edition thereof, means a document promulgated by the Department that contains required data-reporting elements for substance abuse and mental health services, and which can be found at:

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

12. Financial and Services Accountability Management System (FASAMS): The Department's information management and fiscal accounting system for providers of community substance abuse and mental health services.

13. Forensic Mental Health Services: Services provided to individuals with mental illness pursuant to Chapter 916, Florida Statutes.

14. General Revenue: General sources of income the State collects and receives into the Treasury for public use.

15. HIPAA is the acronym for Health Insurance Portability and Accountability Act (42 U.S.C.1320d, and 45 CFR Parts 160, 162, and 164).

16. Knight Information Software (KIS): Is SFBHN's online data system which Network Providers are required to use to collect and report data and performance outcomes on consumers served whose services are paid for, in part or in whole, by the ME's Substance Abuse and Mental Health (SAMH) contract, Medicaid, local match, Temporary Assistance for Needy Families (TANF), Purchase of Therapeutic Services (PTS) and Title 21 . The KIS, or other system designated by the ME, must be utilized to upload consumer-related data as required by this contract.

17. Managing Entities: As defined by s. 394.9082 (2) (e), F.S. means a corporation selected by and under contract with the Department of Children and Families to manage the daily operational delivery of behavioral health services through a coordinated system of care. In the Southern Region (Miami- Dade and Monroe Counties) South Florida Behavioral Health Network, Inc. d/b/a Thriving Mind South Florida is the Managing Entity.

18. Matching:
    (a) Allowable for Matching.
        1) Allowable costs supported by non-State or Federal grants incurred by the service provider during the effective funding period;
        2) The value of third-party funds and in-kind contributions applicable to the matching requirement period; and,
        3) Costs supported by fees and program income.

    (b) Unallowable for Matching.

1) The following costs and expenditures may not be used to satisfy the match requirement.
2) Costs paid for by another State, Federal or other governmental agency contract or grant except as provided by State or Federal statute;
3) Costs or third-party funds and in-kind contributions that are used to satisfy a matching requirement of another State contract or Federal grant;
4) Expenditures of Medicaid Funds;
5) Expenditure for services not related to the Covered Services for substance abuse and mental health services not specified in Rule 65E-14.021, F.A.C.
6) Unallowable costs specified in 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C.; and,
7) Income from sale of printed material, food, and books purchased with State funds.

For additional information on matching requirement refer to Rule 65E-14.005, F.A.C. or click on the following link:

https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14

19. Peer: In behavioral health a peer is usually used to refer to someone who shares the experience of living with a psychiatric disorder and/or addiction. Learn about the role of peer workers by visiting the Substance Abuse and Mental Health Services Administration (SAMHSA) by clicking on the following link: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

20. Performance Measures: Quantitative indicators, outcomes, and outputs that can be used by SFBHN to objectively measure a provider's performance.

21. Pre-Qualification: A process by which behavioral health organizations are evaluated to determine if they are in compliance with the requirements of SFBHN, State, Federal and/or other regulatory entities to provide community behavioral health care services should the need be identified and funds become available.

22. Quality Assurance: A process that measures performance in achieving pre-determined standards, validates internal practice, and uses sound principles of evaluation to ensure that data are collected accurately, analyzed appropriately, reported correctly and acted upon in a timely manner. The process may employ peer review, outcomes assessment, and utilization management techniques to assess quality of care.

23. Quality Improvement/Continuous Quality Improvement: A management technique to assess and improve internal operations and network services. It focuses on organizational systems rather than individual performance and seeks to continuously improve quality. The process involves setting goals and implementing systematic changes, measuring outcomes, and making subsequent appropriate improvements. Quality improvement activities will assess compliance with contract requirements, state and Federal law and associated administrative

rules, regulations, and operating procedures and validate quality improvement systems and findings.

24. Recovery-oriented system of care: A coordinated network of community-based services and supports that are person-centered and build on the strengths and resilience of individuals, families and communities to achieve abstinence, and improved health and the quality of life for individuals, families, and communities.[1]

25. Request for Qualifications (RFQ): A document requesting interested behavioral health care organizations to submit an application to be evaluated to determine if they are qualified to provide substance abuse and/or mental health services in accordance with specifications of the funding source.

26. Sliding Fee Scale: A variable price scale for services based on a consumer's ability to pay. Sliding fee discounts are offered to all income-eligible uninsured or underinsured individuals based on annual household income. The Department of Children and Families and SFBHN require that all contracted network provider develop and maintain a sliding fee scale that is updated annually, in conjunction with the Federal Poverty Guidelines, and applies to individuals receiving services that are paid for by state, federal, or local matching funds. For additional information regarding the sliding fee scale requirement please visit:

    https://www.flrules.org/gateway/RuleNo.asp?title=COMMUNITY%20SUBSTANCE%20ABUSE%20AND%20MENTAL%20HEALTH%20SERVICES%20-%20FINANCIAL%20RULES&ID=65E-14.018

27. South Florida Behavioral Health Network, Inc. d.b.a Thriving Mind (SFBHN): An entity that is a managing entity, as defined in section 394.9082(2)(d). Florida Statutes, which manages the delivery of behavioral health care for the Southern Region SAMH Office and other funding sources.

28. Southern Region Substance Abuse Mental Health (SAMH) Program Office: A sub-state office that contracts for community state and federal supported substance abuse and mental health services.

29. State of Florida Department of Children and Families ("DCF", "Department" or "State"): A state government organization responsible for the planning of SAMH/Behavioral Health services.

30. Substance Abuse Prevention and Treatment Block Grant: A federal program funded under CFR 42 U.S.C.

31. System of Care: A service delivery approach that builds partnerships to create a broad, integrated process for meeting consumers' multiple needs. This approach is based on the principles of interagency collaboration; individualized, strengths-based care practices; cultural

[1] See https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf accessed May, 2018.

competence; community-based services; accountability; and full participation of consumers, families, and youth at all levels of the system. The SFBHN System of Care encompasses behavioral health services, including treatment, non-treatment and prevention services that are coordinated and developed into an integrated network of services, accessible and responsive to the needs of individuals served, their families, and community stakeholders throughout the Southern Region of Florida.

32. Temporary Assistance to Needy Families (TANF) – A federal program funded under Part A, Title IV of the Social Security Act.

III. CONTACT PERSON

This application is issued by SFBHN. The single point of contact for communication regarding this Application is:

Nivia Peña, RFQ Coordinator
7205 Corporate Center Drive – Suite 200
Miami, Florida 33126
305 858 3335
E-mail: npena@sfbhn.org

During the application period, questions regarding a funding opportunity can only be submitted in writing to the single point of contact. All questions submitted will be included in Q&A (Question and Answer) documents compiled and posted for review by all applicants on the SFBHN website by the date listed in the Schedule of Activities.

IV. APPLICANT

The roles and responsibilities of the applicant staff are as follows:

- ***Authorized Organizational Official (AOO)***. The AOO is the designated representative of the applicant organization in matters related to the RFQ. In signing an application, this individual certifies that the applicant organization will comply with all applicable assurances and certifications referenced in the application. This individual's signature on the RFQ application further certifies that the applicant organization will be accountable for the accuracy of the information provided.

- ***Contact Person.*** The designated Authorized Organizational Official (AOO) will assign and specify in their application an alternate contact person. This individual is responsible for responding to any additional information requests made by SFBHN, for the submission of the desk review materials, and for coordinating SFBHN's on-site review when the AOO is unavailable.

NOTE: SFBHN will conduct official business only with the designated Authorized Organizational Official (AOO) and Contact Person.

V. APPLICATION AND REVIEW PROCESS

This subsection provides an overview of SFBHN's RFQ support mechanisms, types of entities eligible to receive contracts, types of applications, types of funding opportunities, application submission (including application forms, application receipt points and deadlines, legal implication, and proprietary information), and the application evaluation process. It includes publications and SFBHN websites that can be accessed for additional information concerning the SFBHN pre-qualification process.

(1) ELIGIBILITY

SFBHN contracts may be awarded to behavioral health care providers that are accredited domestic, public or private, nonprofit entities. The eligible behavioral health care providers **must be accredited** by a nationally recognized behavioral health accrediting body such as: The Commission on Accreditation of Rehabilitation Facilities (CARF), The Council of Accreditation for Children and Family Services (COA), The Joint Commission (TJC). Eligible behavioral health care organizations include local governments, hospitals, a group of behavioral health care professionals incorporated as a nonprofit.

(2) PROGRAMS AND SERVICES

SFBHN awards contracts for a wide range of services. A list of these services along with their description are grouped into four (4) programs (Adult Mental Health, Children's Mental Health, Adult Substance Abuse and Children's Substance Abuse) is provided at the following link:

https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14

(3) FUNDING OPPORTUNITIES

When funds are available, SFBHN will notify all contracted and pre-qualified organizations for an opportunity to apply for the funding in accordance with SFBHN's established policies and procedures.

(4) CATEGORIES OF FUNDING

The funding that SFBHN receives from DCF to provide behavioral health services can be divided into these types of funding sources: State General Revenue, Temporary Assistance to Needy Families (TANF), Federal Community Mental Health Block Grant, Substance Abuse Prevention and Treatment Block Grant, and other grants, contracts, or awards. Each of the funding sources is met with special conditions and/or restrictions that must be complied with.

(5) LOCAL MATCH REQUIREMENTS

Local match regulations are applied to certain Department of Children and Families Substance Abuse and Mental Health Program funding. Contracted service providers are responsible for

meeting matching requirements for substance abuse and mental health funds as specified in Chapter 394, Part IV, F.S. based on the total amount of contracted funds. Chapter 65E-14, Florida Administrative Code contains the standards for service providers to satisfy State requirements for matching.

https://www.flrules.org/gateway/ChapterHome.asp?Chapter=65E-14

(6) SLIDING FEE

Uniform Schedule of Discounts and Sliding Fee Scale : the Federal Poverty Guidelines, and applies to individuals receiving services that are paid for by state, federal, or local matching fund annual uniform schedule of discounts and sliding fee scale, as specified in Section 394.674(4)(a), F.S. and in conjunction with the Federal Poverty Guidelines, and applies to individuals receiving services that are paid for by state, federal, or local matching funds.

The service provider shall request a sliding fee payment from persons not eligible for Medicaid or receiving services ineligible under Medicaid; and whose household income is less than 150 percent of the federal poverty income guidelines in accordance with Section 409.9081, F.S. Nominal co-payments for the following substance abuse and mental health services shall apply:

1. Outpatient treatment services – $3 per day.

2. Residential treatment services – $2 per day.

(c) The service provider shall require persons meeting the criteria listed below to contribute to their treatment costs consistent with the provisions of Section 409.212, F.S.:

The service provider shall make a determination of ability to pay in accordance with the sliding fee scale for all individuals seeking substance abuse or mental health services. Payment of fees shall not be a pre-requisite to treatment or the receipt of services. The sliding fee scale shall not apply to services provided under the following Covered Services as defined in Rule 65E-14.021. F.A.C

It is not the intent of Rule 65E-14, FA.C. to prohibit or regulate the collection of fees on behalf of an individual from third party payers and commercial insurers such as Workers' Compensation, TRICARE, Medicaid, or Medicare. However, service providers shall make every reasonable effort to identify and collect benefits from third party payers for services rendered to eligible individuals.

https://www.flrules.org/gateway/RuleNo.asp?title=COMMUNITY%20SUBSTANCE%20ABUSE%20AND%20MENTAL%20HEALTH%20SERVICES%20-%20FINANCIAL%20RULES&ID=65E-14.018

(7) EMPLOYMENT SCREENING

The pre-qualified provider, prior to entering into a contract with SFBHN, shall ensure that all staff that are required by Florida law to be screened in accordance with chapter 435 F.S., are of good moral character and meet the Level 2 Employment Screening standards specified sections

435.04, 110.1127, and subsection 39.001(2), F.S. as a condition of initial and continued employment that shall include but not limited to:

1) Employment history checks;
2) Fingerprinting for all criminal records checks;
3) Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE)
4) Federal criminal records check for the Federal Bureau of Investigation via the Florida Department of Law Enforcement and
5) Security background investigation, which may include local criminal record checks through local law enforcement agencies.
6) Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435 F.S. and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer.

(8) SUBMISSION OF THE MANDATORY NON-BINDING LETTER OF INTENT TO APPLY

a. A mandatory non-binding letter of intent to apply must be received by the specific date and time as in Section VI. Schedule of Activities to continue to Phase I. This letter shall be submitted to the RFQ Coordinator, Nivia Pena to the following e-mail address: npena@sfbhn.org. The RFQ Coordinator will send an e-mail confirmation of receipt to the applicant as well as a link to a Drobo folder where a sample contract can be accessed. It is the responsibility of the prospective applicant to ensure that the letter was electronically submitted and received by the RFQ Coordinator.
b. This letter is non-binding and will not require that the applicant apply for this RFQ. However, this letter is required for any applicant to be considered for funding through this solicitation. The letter must state:
   i. The name of the organization that is applying with appropriate identifying information: address, telephone number, a contact email address, website address, name of President/CEO/Executive Director, tax ID information, signed by an individual approved to conduct business with SFBHN, on the organization letterhead.
   ii. The described intent to apply.
c. Failure to submit the Mandatory Non-Binding Letter of Intent to Apply shall be deemed a fatal flaw, the application will be rejected and disqualified for further consideration for this RFQ.

(9) SUBMISSION OF APPLICATION

To be considered a pre-qualified provider; an applicant must submit a complete application in

accordance with established dates and through an evaluation process, be determined by SFBHN to meet pre-qualifying criteria. Information to be submitted includes organizational capabilities including but not limited to data processing, quality assurance, human resources, training, prior behavioral health services experience, a program description of all services to be provided, unit cost budget and budget justification, biographical sketches of key personnel, accreditation, and other information specified in the application instructions. SFBHN reserves the right to request and evaluate additional information from any applicant after the submission deadline as SFBHN deems necessary.

Applicants should consult the cost principles and general administrative requirements for DCF contracts specified in Chapter 65E-14, F.A.C. Applicants may be required to provide proof of organizational eligibility (such as proof of nonprofit status) or other eligibility information.

Applications also must demonstrate compliance (or intent to comply), through certification or other means, with the applicable state and federal requirements as specified in **Exhibit E.**

(10) RECEIPT OF APPLICATION (ACCEPTANCE/REJECTION)

1) **Proposal Deadline**
   An application will be considered to be on time if it is received on or before the published receipt date (See Schedule of Activities). Failure to submit an application on or before the deadline will constitute a fatal flaw and will result in the application not being considered.

2) **Receipt Statement**
   A confirmation e-mail acknowledging receipt of the application will be sent by the RFQ Coordinator or their designee. Proposals received after the deadline will be rejected.

   It is the applicant's responsibility to communicate with the RFQ Coordinator should the applicant not receive an e-mail acknowledgement within twenty-four (24) business hours after the submission of the application.

3) **Right to Reject or to Waive Minor Irregularities Statement**
   SFBHN reserves the right to reject any and all applications received with respect to this RFQ at any time.

4) **Request for Additional Information**
   SFBHN reserves the right to request from an applicant additional information as deemed necessary to more fully evaluate the proposal.

(11) ASSURANCES

The signature of an Authorized Organizational Official (AOO) on the application (Appendix A, General Information) certifies that the organization will comply with all applicable assurances and certifications referenced in the application. The applicant organization is responsible for

verifying the accuracy, validity, and conformity with the most current organizational guidelines of all the administrative, fiscal, data, and programmatic information in the application. The AOO's signature further certifies that the applicant organization will be accountable for the appropriate use of any funds and for the performance of the contract, if awarded.

Recipients of SFBHN contract funds are responsible for and must adhere to all applicable state and federal statutes, regulations, and policies, and SFBHN policies and requirements. The applicant also is expected to be in compliance with applicable local laws and ordinances.

Anyone who becomes aware of the existence (or apparent existence) of fraud, waste, or abuse related to SFBHN contract funds is encouraged to report this information to the SFBHN's President and CEO. Some examples of fraud, waste, and abuse that should be reported include, but are not limited to, embezzlement, misuse, or misappropriation of contract funds, and false statements, whether by organizations or individuals. This includes theft of contract funds for personal use; charging SFBHN for the services of "ghost" individuals; charging inflated building rental fees for a building owned by the contractor; and, submitting false financial reports.

SFBHN may use administrative remedies if a contractor deliberately withholds information or submits fraudulent information or does not comply with applicable requirements including removal from pre-qualification for funding list, the withholding of payments, reducing payments for services, terminating the contract, and legal intervention. Additionally, if the contract is funded with state funds, SFBHN may assess financial penalties in accordance with Section 402.73(7), F. S., and Section 65-29.001 F.A.C.

(12) CONFIDENTIALITY OF INFORMATION (PROPRIETARY INFORMATION)

Applicants are discouraged from submitting information considered proprietary unless it is deemed essential for proper evaluation of the application. If the application contains information that the applicant organization considers to be trade secrets, information that is commercial or financial, or information that is privileged or confidential, the pages containing that information should be identified.

When such information is included in the application, it is furnished to SFBHN in confidence, with the understanding that the information will be used or disclosed only for evaluation of the application. The information contained in an application will be protected by SFBHN from unauthorized disclosure. However, if a contract is awarded as a result of or in connection with an application, SFBHN shall have the right to use or disclose the information to the extent authorized by law. This restriction does not limit SFBHN's right to use the information if it is obtained without restriction from another source.

(13) ADDENDA

An RFQ opportunity may have addenda documents issued while the application period is still open. These may describe application updates, include question and answer (Q&A) documents generated by inquiries from other applicants, and/or revisions to the RFQ opportunity. If addenda

documents have been issued for the RFQ opportunity, they will be available on the SFBHN website.

Other requirements, certifications, applicable standards, and assurances may be found on the SFBHN website and in the SFBHN standard contract and rules, laws, policies, and regulations which it references.

It is the responsibility of the applicant to regularly check the SFBHN website for addenda, notices of decisions, and other information or clarifications to this RFQ.

(14) EVALUATION PROCESS

The evaluation process consists of three components: a Screening for Compliance with Necessary Required Documents, an Onsite Monitoring Review, and a Desk Review of Supplemental Information. The purpose, scope, process and criteria of each of these components are described below.

1) Screening for Compliance with Necessary Required Documents

Applicants will be screened for compliance with submission of the application per instructions and necessary required documents requested. This screening will qualify the application to proceed to the substantive reviews. All proposed services must take place within Miami-Dade and Monroe Counties, and applicants must meet all eligibility criteria described in this RFQ.

2) The Desk Review

The applicant is required to submit supporting documentation with their application, refer to **Appendix B, Pre- Qualification Application for Services – Narrative** and **Appendix E, Administrative Documentation.** The documentation will be used to provide background on the applicant's administrative, fiscal, and programmatic policies and procedures, determine financial stability, current certification status, licenses, and corporate status.

3) The Onsite Review

SFBHN staff will schedule an onsite review. The duration of this review will depend on the number of activities, programs, and services that are being pre-qualified.
Reviewers will:

- **(a)** Interview administrative, data, and/or clinical staff;
- **(b)** Validate the Administrative and Fiscal Self-Evaluation Form (**Appendix D**);
- **(c)** Conduct a walk-through of the facility;
- **(d)** Review mock personnel and client files including, but not limited to, treatment and service plans, psychosocial evaluation, eligibility determination, assessment, intake information, and case notes. ANY CLIENT IDENTIFYING INFORMATION MUST BE REDACTED BY THE APPLICANT;
- **(e)** Verify the information in the Application (**Appendix B**); and,
- **(f)** Determine compliance with rules and regulations applicable to the services, which the organization is requesting to be pre-qualified.

4) Suspension of Review

If at any time during the review process a finding is revealed that would result in an applicant not being pre-qualified, the review process may be immediately suspended at the discretion of the President and CEO without completing all three review components. The application will be determined to be not qualified and returned to the applicant as such.

(15) APPEALS AND DISPUTE RESOLUTION

To preserve and underscore the fairness of the SFBHN review process, SFBHN has a review appeal system to provide applicants the opportunity to seek reconsideration of the review results if, after review of the summary statement, they believe the review process was procedurally flawed.

The applicant should discuss concerns about the review with the RFQ Coordinator; the RFQ Coordinator will attempt to resolve the applicant's concerns. If, after discussion with the RFQ Coordinator, the applicant still has concerns, the Authorized Organizational Official (AOO) may submit a formal letter of appeal to the RFQ Coordinator within 10 business days (Saturdays, Sundays, and SFBHN holidays excluded) after notice of the decision.

If the RFQ Coordinator and the AOO are unable to reach a mutually satisfactory resolution, the RFQ Coordinator will present the applicant's formal letter of appeal and consult with SFBHN's President/CEO. This process may result in a decision to re-review the application if it is found that there was a procedural flaw or it may result in a meeting between SFBHN's President/CEO, the RFQ Coordinator, and the AOO to amicably resolve the issue. Should the decision be to re-review the application, the re-review consists of a review of the same application, not a revised version, by the same or another review group without access to the summary statement of the disputed process. If the parties cannot reach a satisfactory resolution, the dispute shall be presented, at the discretion of SFBHN's President/CEO, either to the Board of Directors Executive Committee and/or the ME's Board of Directors for final resolution. The decision of SFBHN shall prevail.

(16) TYPES OF RECOMMENDATIONS

As a result of the evaluation process there are three (3) possible recommendations: 1. Pre-Qualified, 2. Conditionally Pre-Qualified, and 3. Not Pre-Qualified. The first type indicates that the applicant's organizational administrative, fiscal, and data processing capabilities, facilities and services are substantially in compliance with state and federal regulations or have the ability to be in compliance within thirty (30) days if awarded a contract. Conditionally Pre-qualified means that there are one or more minor deficiencies, which can be corrected. With evidence that the deficiencies have been corrected, the applicant's recommendation can be upgraded to Pre-Qualified. A Not Pre-Qualified recommendation is made when the applicant's administrative, fiscal, and data processing capabilities and services are determined to be significantly out of compliance with SFBHN's and state and federal regulations. If an applicant fails to become

pre-qualified after three (3) continuous attempts, they must wait a minimum of three (3) years to request to become pre-qualified.

(17) REVIEW AND FINAL APPROVAL BY THE SFBHN BOARD'S EXECUTIVE COMMITTEE

Summary statements for those applications recommended for pre-qualification or conditionally pre-qualified are presented to the SFBHN Board's Executive Committee for approval. The Executive Committee may concur with the recommendation, may decide not to recommend an application on the basis of program or policy considerations, or may recommend deferral of an application and refer it back for re-review. Applications, which are deemed significantly deficient to be pre-qualified, may be notified of such without review of the Executive Committee.

(18) APPLICANT NOTIFICATION OF RECOMMENDATION

Within fifteen (15) working days of receiving the Executive Committee's approved recommendations, the RFQ Coordinator sends an e-mail to the applicant notifying them of the Executive Committee's decision. If the Executive Committee of the Board made either a Conditionally Pre-Qualified or Not Pre-Qualified recommendation, the notification will also include a list of the deficiencies and an explanation of why they were not pre-qualified. In addition, for conditionally pre-qualified applicants, the necessary corrective action will be described as well as the steps to take for reconsideration by SFBHN.

(19) DISPOSITION OF APPLICATIONS

All incomplete applications, non-compliant applications, and applications determined to be nonresponsive to application requirements will be returned to the applicant by the RFQ Coordinator without further action.

(20) DURATION OF PRE-QUALIFICATION CERTIFICATION

New organizations that have been pre-qualified will remain pre-qualified for up to three (3) years from the date of the notification or unless otherwise noted by SFBHN in writing to the pre-qualified organization. The actual duration will be set at the discretion of the Executive Committee. An applicant is required to update their application if any of the required information in the application has changed and to send it to the RFQ Coordinator, Nivia Peña. Additionally, the applicant will be asked to sign an affidavit certifying that their application is not materially different prior to contracting.

(21) ELIGIBLE RECIPIENTS

The organization and its subcontractors, if applicable, shall be knowledgeable of the client eligibility criteria for services they are applying for. All persons meeting the target population

descriptions in the list below are eligible for services based on the availability of resources. A detailed description of each target population is contained in s. 394.674, Florida Statutes and as described in the Department of Children and Families Pamphlet 155-2 (PAM 155-2).

A. Treatment Services Target Populations

1. Adult Mental Health-Severe & Persistent Mental Illness
2. Adult Mental Health-Serious & Acute Episodes of Mental Illness
3. Adult Mental Health-Mental Health Problems
4. Adult Mental Health-Forensic Involvement
5. Children's Mental Health-Serious Emotional Disturbances
6. Children's Mental Health-Emotional Disturbances
7. Children's Mental Health-At Risk of Emotional Disturbances
8. Adult Substance Abuse
9. Children's Substance Abuse

B. State of Florida Department of Children and Families Pamphlet 155-2, Substance Abuse and Mental Health Measurement and Data is may be found on the State of Florida Department of Children and Families, Substance Abuse Mental Health website:
http://www.dcf.state.fl.us/programs/samh/pubs_reports.shtml

C. Section 394.674, F.S., Eligibility for publicly funded substance abuse and mental health services; fee collection requirements is found on the Florida Legislature Official Internet Site bellow:

http://www.leg.state.fl.us/STATUTES/index.cfm?App_mode=Display_Statute&URL=0300-0399/0394/0394.html

(22) PERFORMANCE MEASURES

The Florida Legislature has established specific performance measures applicable to state supported behavioral health services. There are two types of performance measures: outputs, which are quantitative, and outcomes, which are qualitative. See **Exhibit D** for a reference to the outputs and outcomes related to each program.

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VI. SCHEDULE OF ACTIVITIES

The following is the schedule of activities related to the current pre-qualification process.

Activity	Estimated Timeframe
1. Posting RFQ	September 30, 2019, By 5:00 PM [EST]
2. Mandatory Non-Binding Letter of Intent to Apply	On or before October 14, 2019 By 12:00 P.M. [EST]
3. All written inquiries due to SFBHN	On or before October 21, 2019 By 12:00 P.M. [EST]
4. Posting of responses to written inquiries	October 30, 2019 By 5:00 PM
5. Submission of applications	On or before November 4, 2019 By 12:00 Noon [EST]
6. Opening of applications and verification of compliance with mandatory requirements: signed and dated by authorized person, signed and dated assurances; complete application; and required supporting documentation	Beginning November 5th, 2019 -January 6, 2020
7. Evaluation: Screening for Compliance with Necessary Required Documents, Desk Review of Supplemental Information, and Onsite Monitoring Review	Beginning January8, 2020 – February 28, 2020
8. Recommendations submitted to Executive Committee for approval	2 weeks after evaluation of all Applications is finalized
9. List of pre-qualified agencies submitted to the Florida Department of Children and Families.	1 week after SFBHN Executive Committee approves the recommendations
10. Notification of Results	E-mail notification within fifteen (15) working days after Executive Committee of Board approval, excluding weekends and legal holidays.

VII. INSTRUCTIONS FOR THE SUBMISSION OF AN APPLICATION

(a) Electronic submission of the applications must be received by the date as set forth in the above Schedule of Activities. Late applications will not be accepted.

(b) The Cover Page, as shown in **Appendix A, General Information** must be completed, signed, and placed as the cover sheet.

(c) The application must be sent electronically to the RFQ Coordinator at: npena@sfbhn.org. The RFQ Coordinator will send an E-mail confirmation receipt to the applicant, to the e-mail address that it was sent from, confirming receipt of the application. It is the responsibility of the applicant to ensure that the application was electronically submitted and received by SFBHN.

(1) FORMAT AND INSTRUCTIONS

(a) Table of Contents: A table of contents is required.

(b) Applications must be submitted in the following format: be written in English (avoiding jargon), Times New Roman, and unreduced 12-point font.

(c) Label and number the pages, sections and/any supporting documentation.

(d) A completed application consists of the documents listed below and must be submitted in the order presented below:

i. **Appendix A:**

- Cover Page, General Information

ii. **Appendix B:**

- Part 1 – Organizational Capabilities
- Part 2 – Program Description – Service Delivery Site

iii. **Appendix C**: Mandatory Assurances Form

iv. **Appendix D**: Administrative and Fiscal Self-Evaluation Form

v. **Appendix E** – Administrative Documentation

(2) APPENDIX A -GENERAL INFORMATION FORM

Cover Page
General Information

RFQ Submission to: South Florida Behavioral Health Network, Inc., d.b.a. Thriving Mind

I. Legal Name of Applicant Agency: _____

II. Contact Information for the Authorized Organization Official (AOO)

Contact Name (AOO): _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone 1: _____
Telephone 2: _____
Email Address: _____

III. Alternate Contact Person

Contact Name (AOO): _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone 1: _____
Telephone 2: _____
Email Address: _____

IV. Applying for (Select all that apply)

- ☐ Adult Mental Health Services
- ☐ Children's Mental Health Services
- ☐ Adult Substance Abuse Services
- ☐ Children's Substance Abuse Services

Signature of Authorized Organization Official (AOO): _____

Print Name of AOO: _____

Title: _____ Date: _____

This signature attests that as an authorized representative the submission has been reviewed and all sections of the application have been completed

SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

APPLICANT GENERAL INFORMATION

1. **Legal Name of Applicant Agency: _____**
2. **Address of Corporation's Administrative Offices or Principle Business Site:**
   _____
   _____
   _____
3. **Federal Employer Number: _____**
4. **DUNS Number:**
5. **NPI Number:**
6. **Medicaid Number:**
7. **Contract Information**
   a. **Chief Executive Officer: _____**
      Phone: _____
      E-mail: _____
   b. **Chief Financial Officer: _____**
      Phone: _____
      E-mail: _____
   c. **Data Security Officer: _____**
      Phone: _____
      E-mail: _____
   d. **Authorized Organizational Official (AOO): _____**
      Phone: _____
      E-mail: _____
   e. **Contact Person Assigned by AOO: _____**
      Phone: _____
      E-mail: _____
8. **Corporate Status per IRS Designation: _____**
9. **Annual Operating Budget (Include all revenue sources): _____**
10. **Number of Employees: _____**

11. **Major Funders: _____**

12. **Corporate Mission Statement: _____**

13. **Please provide three references for your organization. Attach three letters of commitment to collaborate from either these references or other partners you work with in your service provision.**

Remainder of page left blank intentionally

Reference #1

a) Name of Entity:_____

b) Name of Contact Person:_____

c) Description of Their Business:_____

d) Address: _____

e) Contact Person's Phone Number:_____

f) Relationship with Applicant:_____

Reference #2

a) Name of Entity:_____

b) Name of Contact Person:_____

c) Description of Their Business:_____

d) Address:_____

e) Contact Person's Phone Number:_____

f) Relationship with Applicant:_____

Reference #3

a) Name of Entity:_____

b) Name of Contact Person:_____

c) Description of Their Business:_____

d) Address:_____

e) Contact Person's Phone Number:_____

f) Relationship with Applicant:_____

(3) APPENDIX B - PRE-QUALIFICATION APPLICATION FOR SERVICES – NARRATIVE

PART 1 – ORGANIZATIONAL CAPABILITIES

Please provide a narrative of the information requested in each of the sections below. Answer completely, but concisely. Include exceptions to your statements when appropriate. Your responses should reflect your organization as a whole.

1. Table of Organization: Provide a Table of Organization indicating lines of authority and supervision as an appropriate attachment, and label appropriately. Include short biographical sketches for key staff (CEO, CFO, COO, Medical Director, Clinical Director, Program Director, Information Technology Director, and Quality Assurance Director).

2. Philosophy and Mission of the Organization: Provide your organization's philosophy in the provision of services as well as your mission.

3. Management Structure: Describe the organization's top management structure, including key positions and functions.

4. Target Population: Describe the target populations you currently serve. Describe service recipients in terms of age, sex, ethnicity, language, disabilities, and any relevant state, such as "homeless", "opioid" "intravenous drug user" "pregnant" "involved in the child welfare system," "involved in the criminal justice system" . Explain exclusions.

5. Services Provided: Describe your current array of services provided to the target population you listed in question #4 above.

6. Peer Services: Are Peers on your workforce? If so, describe their role in your system of care.

7. Telehealth Services: Describe the use of technology your organization utilizes in your services continuum.

8. Cultural and Linguistic Competence: Describe your strategy to assure that your services are provided in a culturally and linguistically competent manner.

9. Trauma Informed Care: Many individuals with behavioral health issues have experienced trauma that affects their development and adjustment. Describe your strategy to assure that your services are trauma focused.

10. Integration of Behavioral Health and Primary Health Care:

(a) Many individuals with behavioral health issues have chronic health conditions and may have neglected their primary health needs. Describe your agency's strategy to ensure that your clients are receiving proper care.

(b) Indicate a formal or informal agreements you may have with other entities, or individuals, from whom you receive referrals and who make referrals to you. Describe any collaborative agreements or memorandum of understanding (MOU) in place and describe the roles and responsibilities of each party.

11. Identify all of the Evidence-based Practices utilized by your agency, address how these models are monitored to ensure fidelity, and the person responsible for ensuring that fidelity is maintained.

12. Service and/or Treatment Planning:
    (a) Describe the process used to determine a client's service and/or treatment plan. At a minimum, your description should specify who participates in the planning, who signs off and when, how frequently the plan is reviewed, and how changes are made. Describe how this fits with the system of care. Attach a copy of your service plan and service plan manual as an appropriately labeled attachment.
    (b) Address the admission and discharge criteria
    (c) What is the average length of participation for persons served?
    (d) Describe the processes employed to match individuals and families to services and ensure that services are consistent with the individuals' and families' individual recovery and resiliency needs;
    (e) Individual and Family Participation Strategies. Discuss how the organization promotes family participation in services and practices for the development of natural supports. Discus how the organization involves individuals and families in the planning, development, implementation and evaluation of service delivery systems.
    (f) Describe the process used by your organization to determine the client's treatment plan. At a minimum, your description should specify who participates in the planning, who signs off and when, how frequently the plan is reviewed, and how changes are made.

13. Clinical Record Keeping: Except for agencies that are currently licensed by the Department of Children and Families, Agency for Health Care Administration or are accredited by CARF, COA, Joint Commission, provide, as an appropriately labeled attachment, an example of the clinical portion only of your client record, including all clinical forms, consent for treatment forms, assessments, progress note forms, clinical instruments used, treatment plans, treatment plan reviews, etc. (Please be sure to redact any client identifying information.)

14. Clinical Outcomes: Describe how your organization determines how much a client has improved or benefited from a course of treatment. Explain your process, and

differentiate between processes used for different types of clients by demographic characteristics, if applicable, or programs. Describe how these relate to the organization's performance measures, outputs, and outcomes. Specify instruments used, if any, and attach copies as an appropriately labeled attachment.

15. Information Technology and Service Data Reporting: Information Technology and Service Data Reporting. Describe your data system and how the system captures and its ability to report client demographic information assessment and placement information, services and units of service provided, and outcome data. In addition, address HIPAA and HITECH compliance. Attach your organizations Information Technology policy and procedure/manual and label it appropriately.

16. Accreditation. Include a list all applicable accreditation held by the organization: Name the accrediting body, services that have been accredited if applicable, and the expiration date. If the organization is not accredited, but is in the process of preparing an application, please explain the status in detail and specify the expected date that the application will be submitted or the date that the notification of approval/denial is expected to be received.

17. Staff Development and Training: Describe your staff development and training program.

18. Include any organizational supports such as tuition reimbursement, sponsored training, paying for CEU's, etc.

19. The American with Disabilities Act (ADA) requires businesses in the private and public sector to make reasonable accommodations for individuals with recognized disabilities. Describe how your organization complies with ADA requirements including ensuring effective communication with deaf or hard-of-hearing customers or companions. Include a copy of your Accessibility Plan (as an appropriately labeled attachment) or explain your plan to provide access to persons with disabilities.

Remainder of page left blank intentionally

PART 2 – PROGRAM DESCRIPTION – SERVICE DELIVERY SITES

Service Delivery Sites
Complete this table for <u>each</u> location at which services would be provided.
Add rows or tables as needed.

Agency Name *Location Name, if applicable* *Address* *Contact Person (Name and Title)* *Phone #* *Email*	

Program Type MH or SA	Client or Non Client	Program Name, if applicable	Days and Hours of Operation	Target Population(s) Served	Facility Licenses *(Attach a copy of all applicable licenses as requested in Appendix E, Administrative Documentation)*

(4) APPENDIX C- MANDATORY ASSURANCES SFBHN

	Initials
1. History in the community. The applicant has a history of providing services in the community.	_____
2. Infrastructure: The applicant shall possess equipment and Internet access necessary to participate fully in this Request for Qualification	_____
3. Site Visits: The applicant will cooperate fully with SFBHN in coordinating site visits.	_____
4. Non-discrimination: The applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEOP) must meets the requirements of 28 CFR 42.301.	_____
5. Lobbying: The applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed $100,000 in total costs (45 CFR Part 93).	_____
6. Drug-Free Workplace Requirements: The applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	_____

7. Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	_____
8. Pricing: The applicant certifies as to its own organization that (a) the prices proposed have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to such prices with any other applicant or with any competitor and (b) unless otherwise required by law, the prices quoted have not been knowingly disclosed by the applicant prior to award, whether directly or indirectly, to any other applicant or competitor.	_____
9. Confidentiality & HIPAA: The applicant certifies to meet Confidentiality and HIPAA requirements as required by applicable laws, rules, regulations and policies including but not limited to, the Health Insurance Portability Act of 1996 (HIPAA), FS 397 and CFR 42 Part 2 and applicable state laws and regulations.	_____
10. Certification of Non-supplanting: The applicant certifies that funds awarded under this process will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	_____

By signing and submitting these assurances, the applicant certifies that it will comply with all of the above requirements.

Authorized Organizational Official Signature: _____

Date: _____

(5) APPENDIX D - ADMINISTRATIVE AND FISCAL SELF EVALUATION FORM SFBHN

This certification is to assure SFBHN that the applicant has adequate administrative internal control procedures in place to ensure that funds disbursed by SFBHN will be safeguarded as outlined in Chapter 287, Florida Statutes.

Please answer all questions by checking off the applicable box. For those items that are not applicable to your organization, check N/A. For example, if you do not have any subcontracts, you should check N/A for each item in Section II, Subcontracts/Professional Agreements. If you need to provide additional information please attach an explanation on a separate page. If you have questions send your questions in writing to the RFQ Coordinator by the date specified in the Schedule of Activities.

Please provide a brief explanation for any negative response on a separate sheet.

I. SEGREGATION OF DUTIES

1. Someone other than the timekeeper and persons who deliver paychecks to employees prepares the payroll.	☐ Yes	☐ No	☐ N/A
2. The duties of record keeper are separated from any cash related functions	☐ Yes	☐ No	☐ N/A
3. Check signing is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received.	☐ Yes	☐ No	☐ N/A
4. Personnel performing the disbursement function are excluded from purchasing, receiving, inventory, and general ledger functions.	☐ Yes	☐ No	☐ N/A
5. Mail receipts are opened and listed by someone not involved in posting, deposit preparation and deposit making.	☐ Yes	☐ No	☐ N/A
6. The person making the deposit is different from the person who prepares the deposit.	☐ Yes	☐ No	☐ N/A
7. An official who is not responsible for its preparation and is outside the payroll department approves the payroll.	☐ Yes	☐ No	☐ N/A

II. WRITTEN POLICIES AND PROCEDURES

1. Record Retention	☐ Yes	☐ No	☐ N/A
2. Travel and Entertainment	☐ Yes	☐ No	☐ N/A
3. Purchasing	☐ Yes	☐ No	☐ N/A
4. Asset acquisition, inventory, and disposal	☐ Yes	☐ No	☐ N/A
5. Cash management (payables, receivables, deposits, petty cash, reconciliations, etc.)	☐ Yes	☐ No	☐ N/A
6. Credit cards	☐ Yes	☐ No	☐ N/A
7. Subcontractors	☐ Yes	☐ No	☐ N/A
8. Bad debt write-offs	☐ Yes	☐ No	☐ N/A
9. Disaster plan, including recovery	☐ Yes	☐ No	☐ N/A
10. Personnel	☐ Yes	☐ No	☐ N/A
11. Employee loans	☐ Yes	☐ No	☐ N/A
12. Client trust funds	☐ Yes	☐ No	☐ N/A
13. Computer back-up	☐ Yes	☐ No	☐ N/A
14. Recycling	☐ Yes	☐ No	☐ N/A
15. Data Security	☐ Yes	☐ No	☐ N/A

III. CASH

A. Cash Handling Procedures

1. a. All revenue is deposited into one operating account. b. Deposits are made on a daily; weekly; other (be specific) basis.	**a.** ☐ Yes	☐ No	☐ N/A
	b. Daily_____ Weekly_____ Other_____		
2. The organization maintains a cash receipts journal	☐ Yes	☐ No	☐ N/A
3. Revenue received that is not deposited on the same day is stored in a locked and secure location.	☐ Yes	☐ No	☐ N/A
4. The person receiving the monthly bank statement in the mail is not the same person responsible for performing the monthly account reconciliation.	☐ Yes	☐ No	☐ N/A
5. The bank statements and paid checks are received unopened from the bank by the person reconciling the account.	☐ Yes	☐ No	☐ N/A

6. Checks received in the mail are restrictively endorsed immediately upon opening the mail.	☐ Yes	☐ No	☐ N/A
7. Cash received from fund raising events are properly controlled, accounted, and reported.	☐ Yes	☐ No	☐ N/A
8. Bank reconciliations are performed monthly, reviewed, and signed by the next level of management.	☐ Yes	☐ No	☐ N/A

B. Petty Cash

1. A specific employee is designated, in writing, as custodian.	☐ Yes	☐ No	☐ N/A
2. Petty cash is not commingled with other funds and is used for small, emergency 3. expenses	☐ Yes	☐ No	☐ N/A
4. Cash fund is kept in a locked, secure location.	☐ Yes	☐ No	☐ N/A
5. Payments are made through vouchers that are completely and accurately filled out.	☐ Yes	☐ No	☐ N/A
6. Payments are supported by invoices or receipts.	☐ Yes	☐ No	☐ N/A
7. Payments made are under $50 (for small incidental purchases).	☐ Yes	☐ No	☐ N/A
8. Travel payments are not made from petty cash.	☐ Yes	☐ No	☐ N/A
9. Documents are effectively canceled (marked paid) when expense is paid.	☐ Yes	☐ No	☐ N/A
10. The size of the petty cash fund is adequate to meet emergency expenses.	☐ Yes	☐ No	☐ N/A

IV. ACCOUNTS RECEIVABLE

1. A detailed accounts receivable aging schedule is maintained by accounting.	☐ Yes	☐ No	☐ N/A
2. The accounts receivable aging schedule is reconciled to the general ledger monthly.	☐ Yes	☐ No	☐ N/A

3. The organization has established accounts receivable write off procedures that: **a.** Are promptly documented **b.** Are approved by the President/CEO and the Board of Directors	 **a.** ☐ Yes ☐ No **b.** ☐ Yes ☐ No

V. ACCOUNTS PAYABLE

A. Disbursements

1. The organization maintains an accounts payable ledger (checkbook) for its operating account	☐ Yes ☐ No
2. During the payment process, the following are verified by management: **a.** Checks are issued in sequence **b.** Voids are clearly documented and accounted for **c.** Multiple payments made to one payee during the month are researched **d.** Payments are based on original invoices **e.** Payments are approved by appropriate levels of management **f.** Back-up is effectively canceled upon payment (help prevent duplicate payments) **g.** The check amount and invoice amount agree **h.** Bills are timely paid **i.** Payments to the Executive Director are countersigned by a Board member **j.** Goods and services with a cost of $1,500 or more are supported with a cost analysis price quotation or competitive bid unless the organization's policies and procedures require another level For tax exempt providers:	**a.** ☐ Yes ☐ No **b.** ☐ Yes ☐ No **c.** ☐ Yes ☐ No **d.** ☐ Yes ☐ No **e.** ☐ Yes ☐ No **f.** ☐ Yes ☐ No **g.** ☐ Yes ☐ No **h.** ☐ Yes ☐ No **i.** ☐ Yes ☐ No ☐ N/A **j.** ☐ Yes ☐ No

k. Sales tax is not being paid on purchases of goods or services.	**k.** ☐ Yes ☐ No ☐ N/A

B. Employee Expense Transactions

1. Expense reports/vouchers are utilized.	☐ Yes	☐ No	
2. All expenses are supported with original receipts.	☐ Yes	☐ No	
3. The business purpose of the expenses is clearly stated.	☐ Yes	☐ No	
4. All conference expenses are pre-authorized and supported with an agenda	☐ Yes	☐ No	☐ N/A
5. A mileage sheet is used to calculate and reimburse mileage expenses.	☐ Yes	☐ No	☐ N/A
6. The mileage sheet contains information to include beginning and ending odometer 7. readings, purpose, and destination	☐ Yes	☐ No	☐ N/A
8. All travel expenses reimbursed from state funding sources are paid in accordance with state rates (s. 112.061, F.S.).	☐ Yes	☐ No	☐ N/A

C. Credit Card Transactions

1. The organization maintains a listing of who has credit cards and the corresponding credit card numbers.	☐ Yes	☐ No	☐ N/A
2. The organization performs monthly reconciliations of credit card statements.	☐ Yes	☐ No	☐ N/A
3. The organization has review procedures that are used to track and pay balances.	☐ Yes	☐ No	☐ N/A
4. The cardholder or designee is not making personal purchases.	☐ Yes	☐ No	☐ N/A
5. Corporate credit cards that are loaned to employees are controlled through a log indicating the date, person's name, purchase amount, and description.	☐ Yes	☐ No	☐ N/A

D. Tax Payments

1. 941s and UCTs are completed, submitted and paid timely.	☐ Yes	☐ No

VI. FINANCIAL REPORTING

1. Monthly financial statements are prepared. These include the following: **a.** A statement of activities (income statement) listed by covered service. **b.** A statement of financial condition/position (balance sheet) **c.** Budget variance report	**a.** ☐ Yes ☐ No ☐ N/A **b.** ☐ Yes ☐ No ☐ N/A **c.** ☐ Yes ☐ No ☐ N/A
2. Support documentation for all journal entries made is retained.	☐ Yes ☐ No ☐ N/A
3. **a.** The organization performs a monthly closing and **b.** Prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.)	**a.** ☐ Yes ☐ No ☐ N/A **b.** ☐ Yes ☐ No ☐ N/A
4. The organization maintains a current chart of accounts which: **a.** Allows for covered service center accounting **b.** Tracks administration as a covered service **c.** Has a methodology to allocate indirect cost including administration	**a.** ☐ Yes ☐ No ☐ N/A **b.** ☐ Yes ☐ No ☐ N/A **c.** ☐ Yes ☐ No ☐ N/A
5. An independent audit has been performed and the report submitted to the department within 180 days from the organization's fiscal year end or within 30 days of the organization's receipt of the audit report, whichever occurs first.	☐ Yes ☐ No ☐ N/A
6. The organization has an adequate record keeping system. The records are kept in a central location and are neat and organized.	☐ Yes ☐ No
7. Organization management submits monthly financial statements to the Board of Directors	☐ Yes ☐ No ☐ N/A
8. The organization has an operating budget that was approved by the Board of Directors.	☐ Yes ☐ No ☐ N/A

VII. ASSETS AND PROPERTY

1.	An annual asset inventory is taken and recorded in writing.	☐ Yes ☐ No ☐ N/A
2.	Property records are reconciled to the general ledger at least annually.	☐ Yes ☐ No ☐ N/A
3.	Property / capital assets are recorded on an asset ledger with the following information: **a.** Sequential item number **b.** Description **c.** Funding source **d.** Purchase date and amount **e.** Cost **f.** Location **g.** Condition **h.** Asset tag number (capital assets of $1000 or more	3. **a.** ☐ Yes ☐ No ☐ N/A **b.** ☐ Yes ☐ No ☐ N/A **c.** ☐ Yes ☐ No ☐ N/A **d.** ☐ Yes ☐ No ☐ N/A **e.** ☐ Yes ☐ No ☐ N/A **f.** ☐ Yes ☐ No ☐ N/A **g.** ☐ Yes ☐ No ☐ N/A **h.** ☐ Yes ☐ No ☐ N/A
4.	Acquisitions and disposals are documented in writing.	☐ Yes ☐ No ☐ N/A
5.	If any leases for property and equipment exist, they are current and properly executed.	☐ Yes ☐ No ☐ N/A

VIII. LOANS

1.	If loans are made to employees, formal, signed agreements are secured and contain the following: **a.** Date loan made, amount, and maturity **b.** Terms and conditions regarding repayment **c.** Approval by the Executive Director/President & CEO **d.** Disclosure to the Board of Directors through an aging schedule or other report	 **a.** ☐ Yes ☐ No ☐ N/A **b.** ☐ Yes ☐ No ☐ N/A **c.** ☐ Yes ☐ No ☐ N/A **d.** ☐ Yes ☐ No ☐ N/A
2.	If loans are being granted to officers and/or directors of the organization, please explain on separate attachment. Attached # included	☐ Yes ☐ No

IX. PERSONNEL MANAGEMENT / PAYROLL

1. All personnel files contain the following: **a.** I-9 Forms **b.** W-4 Forms **c.** Annual evaluations (if required) **d.** Pay rates and changes are clearly documented and agree with the latest payroll register **e.** Reference checks **f.** Security agreement forms (CF 114), if applicable. **(1)** All employees with access to DCF data through computer-related media have read and signed the CF 114. **(2)** The custodian (NAME) for all CF 114 forms at the provider's location is: **(3)** The forms are stored at the following sites:	**a.** ☐ Yes ☐ No **b.** ☐ Yes ☐ No **c.** ☐ Yes ☐ No **d.** ☐ Yes ☐ No **e.** ☐ Yes ☐ No **f.** ☐ Yes ☐ No ☐ N/A **(1)** ☐ Yes ☐ No **(2)** Name of Custodian (Print Clearly): _____ **(3)** _____ _____ _____
2. **a.** Employees document their work hours through a time sheet or punch clock. **b.** The employee signed the time records. **c.** The supervisor reviewed and signed the time records.	2. **a.** ☐ Yes ☐ No **b.** ☐ Yes ☐ No **c.** ☐ Yes ☐ No
3. Non-exempt employees receive time and a half for all hours in excess of 40 per week.	☐ Yes ☐ No
4. Do any of your employees also have a contract with your organization? If yes, please explain in separate attachment. Attachment # included	☐ Yes ☐ No

X. INDIVIDUAL CLIENT TRUST ACCOUNTS FOR FEDERAL BENEFIT PROGRAMS (SSAI, SSA, VA)

1. An individual account is established and managed for each client with adequate procedures in place to track all transactions and reconcile at least monthly.	☐ Yes ☐ No ☐ N/A
2. Written proof that client deposits are made timely (within one to two days).	☐ Yes ☐ No
3. Receipts for expenditures are maintained and approved by an appropriate level of management with documentation of such purchases.	☐ Yes ☐ No
4. All transactions are supported with receipts that are kept in the client's file.	☐ Yes ☐ No
5. Documentation is maintained for **a.** Transaction dates **b.** Deposits **c.** Withdrawals **d.** Interest earned **e.** Service charges (only bank account charges permitted)	 **a.** ☐ Yes ☐ No **b.** ☐ Yes ☐ No **c.** ☐ Yes ☐ No **d.** ☐ Yes ☐ No **e.** ☐ Yes ☐ No
6. If any client's bank account/trust fund is in excess of $2,000, please explain how it is handled in a separate attachment. Attachment # included	☐ Yes ☐ No
7. Client trust funds are maintained in interest bearing accounts.	☐ Yes ☐ No
8. Client trust funds are established in an insured bank, credit union or savings & loan association.	☐ Yes ☐ No

XI. INSURANCE

1. The organization has comprehensive liability insurance.	☐ Yes ☐ No
2. Policies are in effect.	☐ Yes ☐ No

XII. DECLARATIONS TO BE COMPLETED

1. Please list any and all family relationships that exist between your board of directors, your organization's principal officers, your organization's employees and independent contractors.

2. **Please list any civil litigations pending against your organization. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.**

3. **Are there any amounts or reports due to the Internal Revenue Service and any other taxing organization that have not been paid or filed? Specify amounts, reports, and due dates.**

4. **Please list all persons and their titles currently authorized to sign contract(s) with the South Florida Behavioral Health Network on behalf of your organization.**

5. **Please list your CPA and his/her office address, telephone number, and e-mail address.**

6. **Has there been any change in structure/operations of your programs in the past twelve months? If yes, please describe in detail.**

7. **Has staff turnover occurred in key managerial or clinical positions during the past twelve months? If yes, what are the affected positions and reasons for the turnover?**

CERTIFICATION:
I hereby certify that the responses provided in this self-monitoring document are true and accurate to the best of my knowledge.

_____ _____
Signature – Executive Director/President &CEO Date

_____
Printed Name – Executive Director/ President & CEO

OR

_____ _____
Signature – President or Chairperson of the Board Date

_____
Printed Name – President or Chairperson of the Board

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(6) APPENDIX E - ADMINISTRATIVE DOCUMENTATION

Applicants are required to submit the following supporting documentation with their application. Please provide explanations if any are missing or indicate if not applicable. **Label the documents according to their number on this list**

1. Internal Revenue Service designation (non-profit status).
2. Certificate of Good Standing from the Florida Department of State, Division of Corporations: https://services.sunbiz.org/Filings/CertificateOfStatus/StandaloneCertificateStart
3. Articles of Incorporation. The applicant must submit a copy of current of Articles of Incorporation for the organization.
4. Copy of current By Laws.
5. Last filed Annual Report and Copy of current Certificate of Status from the Florida Department of State Division of Corporations.
6. Copy of the board of director's resolution, signed by the Chairperson of the Board, granting authority to a named individual to complete and sign the application and negotiate and sign a contract, should it be awarded.
7. Copy of current list of Board of Directors, including individual term of office, address, phone number and e-mail address of each board member.
8. Copy of Board Minutes from the last Board of Directors Meeting –the most current minutes from the last board of directors meeting.
9. Organization's negotiated rate (Indirect Cost) from a federal cognizant organization, if applicable - a current copy of your federally awarded Indirect Cost Rate must be submitted if the organization has one.
10. Organization Statement (letter addressed to SFBHN's CEO), explaining current Indirect Cost Allocation Methodology.
11. Copy of the most recent annual financial statement audit performed by a Certified Public Accounting (CPA) firm that is licensed and registered with the Florida Department of Business and Professional Regulation to conduct business in Florida. If an audit is not applicable, submission of the most recent financial statements for the agency's most recent fiscal year prepared by the agency and approved by the board of directors. These statements must be in conformance with generally accepted accounting principles (GAAP) and standards contained in Government Auditing Standards issued by the Comptroller General of the United States. Applicant organizations with an audit will be scored more favorably.
12. For agencies that withhold income taxes, social security tax, or Medicare tax: attestation indicating that the 941 has been filed timely and any taxes due have been paid timely to the IRS was submitted, submitted on the agency's letterhead and signed by the CEO/Executive Director.
13. For agencies that do not withhold income taxes, social security tax, or Medicare tax: submit a copy of the most recent 1096.
14. Proof of enrollment as a Medicaid Provider - including Medicaid Provider number.
15. Copy of National Provider Identifier (NPI) number.
16. DUNS Number
17. Name and contact information of the Quality Assurance Officer or Compliance

Officer.

18. Name and contact information of the Privacy Officer.
19. Accreditation. Provide a copy of the certificate and the most current monitoring report from the accrediting body. If the monitoring resulted in corrective action, provide a copy of the corrective action plan and proof of successful implementation of the plan as evidenced by a letter/report from the accrediting body.
20. Proof of successful past performance of the applicant with funders as evidenced by monitoring reports and program audits for the last two (2) years. If monitoring reports are not available, the applicant must provide an explanation for the absence of such monitoring reports. Failure to provide an explanation will in the absence of such explanation, SFBHN may decide will deem the application non-responsive.
21. Copies of any Corrective Action Plans issued by any funder, government entity, and/or accrediting body issued in the last 2 years
22. Emergency Preparedness Plan. The applicant is to submit a copy of their emergency preparedness plan. At a minimum this plan shall include provisions for records protection, alternative accommodations for clients in substitute care alternate facilities for the 24 hour facilities in case those facilities are incapacitated by the disaster and the expectation for returning exceeds emergency sheltering capabilities and time allowances supplies, and a recovery plan that will allow the applicant to continue functioning in the event of an emergency.
23. Copy of all current Florida Department of Children and Families, and if applicable, Agency for Health Care Administration issued licenses for State of Florida funded services, or applications for these in order to subcontract with SFBHN as the Managing Entity.
24. Administrative and Fiscal Self-Evaluation Form. **See Appendix D.**

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(7) APPLICATION FORMS

The table below delineates the sections that must be completed in this RFQ and where the information is located. These forms and associated instructions are available electronically on the SFBHN website. Questions about application forms and instructions may be directed by e-mail to the single point of contact:

Nivia Peña, RFQ Coordinator
7205 Corporate Center Drive – Suite 200
Miami, Florida 33126
305 858 3335
E-mail: npena@sfbhn.org

Required Forms for Completing Pre-Qualification Applications		
Application Section Title	**Form number**	**Information**
General Information	Cover Page and References	All new applicants complete this form. It contains information regarding the applicant's official name, address, contact persons, and the types of programs and behavioral health services they are requesting to be pre-qualified for and references. See **Appendix A**.
Pre-Qualification Application for Services	Narrative	All new applicants must submit responses to the questions provided in Part 1 of Appendix B. In addition to the completion of Part 2, Program Description which captures a description of the services to be provided staffing patterns, service delivery sites and licensure information. See **Appendix B**.
Mandatory Assurances	SFBHN RFQ	To be used by all new applicants for assuring compliance with state and federal contracting regulations. **See Appendix C.**
Administrative and Fiscal Self-Evaluation Form	SFBHN RFQ	To be used to assess the capabilities of the applicant to comply with state and federal regulations. **See Appendix D.**
Administrative Documents	Appendix E	**See Appendix E.**

(8) LIST OF APPENDICES

1. **Appendix A** – General Information Form
2. **Appendix B** – Pre-Qualification Application for Services
3. **Appendix C** – Mandatory Assurances Form
4. **Appendix D** – Administrative and Fiscal Self-Evaluation Form
5. **Appendix E** – Administrative Documents