

THIS AMENDMENT, entered into between the State of Florida, **Department of Children and Families**, hereinafter referred to as the “**Department**,” and **South Florida Behavioral Health Network, Inc.**, hereinafter referred to as the “**Provider**,” amends **Contract # KH225**.

Amendment #0029, executed 12/16/2016, amended the Schedule of Funds (SOF) dated 12/02/2016, which added \$439,515.00 to the total fiscal year amount for the Housing and Care Coordination initiatives in ME Operational Costs. The CF Standard Integrated Contract 2016, Exhibits A, C1, C2, C3, F1-7, and F2 were amended.

Amendment #0030, executed 01/18/2017, amended SOF dated 12/22/2016, which increased the total amount of Fiscal Year 2016-17 by \$1,012,226.00 in direct services per approved Budget Amendments B-0099, B-0100, B-0103. The CF Standard Integrated Contract 2016, Exhibit B, Exhibits F, F1-7, and F2 were amended.

Amendment #0031, executed 03/08/2017, amended the SOF dated 02/21/2017, which decreases the total amount of Fiscal Year 2016-17 by \$188,367.00 in direct service other cost accumulator MH0BN, as a result of statewide budget amendment B-0144. Attachment I, was also amended.

Amendment #0032, executed 05/16/2017, added \$90,492.00 in direct services for the implementation of Florida’s Opioid State Targeted Response Grant awarded by the Substance Abuse and Mental Health Services Administration on May 1, 2017 (#1H79TI080273).

Amendment #0033, executed 06/23/2017, amended SOF dated 06/09/2017. This transferred \$77,780.00 from MH0TB to MS0TB.

Amendment #0034, executed 06/29/2017, amended Exhibits A, A2, B, C, C1, C2, C3, and E with the Managing Entity Contract Documents for FY2017-18. There was no budgetary impact.

The purpose of Amendment #0035 is to align contract funding for FY2017-18 with the approved operating budget as reflected on the Schedule of Funds dated 7/1/2017. This alignment causes a \$2,899,635 reduction in Table 6 for FY2017-18 as well as the total value of the contract in Exhibit F-Method of Payment. The Schedule of Payments is also amended to account for the decrease in the fixed monthly payment amount. In addition, Exhibit A - Special Provisions and Exhibit C3 - ME Required Reports, Plans and Functional Tasks are amended to add Template 21, Monthly Care Coordination Report. This causes an amendment to Exhibit C1 - Additional Region-Specific Tasks to remove the section on Care Coordination. Exhibit C - Task List is being amended to incorporate a clause regarding the necessary data elements required to establish a unique client identifier for all individuals served.

As a result, CF Standard Integrated Contract, **Exhibit A** – Special Provisions, **Exhibit C** – Task List, **Exhibit C1** – Additional Region-Specific Tasks, **Exhibit C3** - ME Required Reports, Plans and Functional Tasks, **Exhibit F** – Method of Payment, **Exhibit F1** – ME Schedule of Funds, and **Exhibit F2** – ME Schedule of Payments, are amended.

1. Page 1, CF Standard Integrated Contract 2016, Section 1, Paragraph 1.1. as previously amended on Page 1 of Amendment #0032, is hereby amended to read:

1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

1.1 Purpose and Contract Amount

The Department is engaging the Provider for the purpose of **servicing as a Regional Managing Entity, pursuant to s. 394.9082, F.S., to manage the day-to-day operational delivery of behavioral health services through an organized system of care, pursuant to state and federal law, within the annual appropriation**, as further described in Section 2, payable as provided in Section 3, in an amount not to exceed **\$770,112,734.00**.

2. **Pages 18 – 22, CF Standard Integrated Contract 2016, EXHIBIT A – SPECIAL PROVISIONS, as previously amended on Page 1 of Amendment #0034, are hereby deleted in their entirety and replaced with Pages 18 – 22, CF Standard Integrated Contract 2016, REVISED EXHIBIT A – SPECIAL PROVISIONS (dated 7/21/2017), which are inserted in lieu thereof and attached hereto.**
3. **Pages 37 - 52, CF Standard Integrated Contract 2016, EXHIBIT C – TASK LIST, as previously amended on Page 2 of Amendment #0034, are hereby deleted in their entirety and replaced with Pages 37 – 52, CF Standard Integrated Contract 2016, REVISED EXHIBIT C – TASK LIST (dated 7/21/2017), which are inserted in lieu thereof and attached hereto.**
4. **Page 53 – 54, CF Standard Integrated Contract 2016, EXHIBIT C1 – ADDITIONAL REGION-SPECIFIC TASKS, as previously amended on Page 2 of Amendment #0034, are hereby deleted in their entirety and replaced with Pages 53 – 54, CF Standard Integrated Contract 2016, REVISED EXHIBIT C1 – ADDITIONAL REGION-SPECIFIC TASKS (dated 7/21/2017), which are inserted in lieu thereof and attached hereto.**
5. **Page 64, CF Standard Integrated Contract 2016, EXHIBIT C3 – ME REQUIRED REPORTS, PLANS, AND FUNCTIONAL TASKS, Table 2 – Required Submissions, Section C3-3, is hereby amended to add:**

Table 2 – Required Submissions				
Section #	Requirement	Required by	Frequency	Due No Later Than:
C3-3	Required Data Submission and Performance Reporting			
Monthly Care Coordination Report <i>Template 21</i>		Guidance 4	Monthly	20th of month following service delivery FY Final: August 15

6. **Page 71, CF Standard Integrated Contract 2016, EXHIBIT F - METHOD OF PAYMENT, PARAGRAPH F-1.2, as previously amended on Page 2 of Amendment #0034, is hereby amended to read:**

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

Table 6 – Contract Funding			
State Fiscal Year	Managing Entity Operational Cost	Direct Services Cost	Total Value of Contract
2010-2011 (9 months)	\$3,399,627.00	\$52,952,530.00	\$56,352,157.00
2011-2012	\$3,491,295.00	\$72,420,596.00	\$75,911,891.00
2012-2013	\$3,465,665.00	\$70,244,946.00	\$73,710,611.00
2013-2014	\$3,432,250.00	\$72,178,646.00	\$75,610,896.00
2014-2015	\$3,481,522.37	\$72,203,746.63	\$75,685,269.00
2015-2016 (3 months)	\$866,416.00	\$19,811,845.75	\$20,678,261.75
2015-2016 (9 months)	\$2,756,874.00	\$59,209,297.25	\$61,966,171.25
2016-2017	\$3,978,889.00	\$80,415,982.00	\$84,394,871.00
2017-2018	\$3,809,174.00	\$76,191,938.00	\$80,001,112.00
2018-2019	\$3,674,793.00	\$79,225,954.00	\$82,900,747.00
2019-2020	\$3,674,793.00	\$79,225,954.00	\$82,900,747.00
Total	\$36,031,298.37	\$734,081,435.63	\$770,112,734.00

- 7. Page 86, CF Standard Integrated Contract 2016, EXHIBIT F1 – ME SCHEDULE OF FUNDS, Exhibit F1-8 – ME Schedule of Funds FY2017-18 Use Designation, as previously amended on Page 2 of Amendment #0034, is hereby deleted in its entirety and replaced with Page 86, CF Standard Integrated Contract 2016, REVISED EXHIBIT F1-8 – ME SCHEDULE OF FUNDS FY2017-18 Use Designation as of 07/01/2017 (dated 07/21/2017), which is inserted in lieu thereof and attached hereto.
- 8. Pages 89 – 90, CF Standard Integrated Contract 2016, EXHIBIT F2– SCHEDULE OF PAYMENTS, as previously amended on Page 2 of Amendment #0034, are hereby deleted in their entirety and replaced with Pages 89 – 90, CF Standard Integrated Contract 2016, REVISED EXHIBIT F2 – ME SCHEDULE OF PAYMENTS (dated 7/21/2017), which are inserted in lieu thereof and attached hereto.

This amendment shall begin on July 21, 2017 or the date on which the amendment has been signed by both parties, whichever is later.

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

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

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this **twenty-nine (29) page** amendment to be executed by their officials thereunto duly authorized.

PROVIDER
SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

SIGNED BY: *John W. Dow*
NAME: John W. Dow
TITLE: President and Chief Executive Officer
DATE: 7/25/17

STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES

SIGNED BY: *Bronwyn Stanford*
NAME: Bronwyn Stanford
TITLE: Regional Managing Director
DATE: 7/31/17

FEDERAL ID NUMBER: 59-3380599

REVISED EXHIBIT A – SPECIAL PROVISIONS

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

A-1 ENGAGEMENT, TERM AND CONTRACT DOCUMENT

A-1.1 Contract Document

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

A-1.1.1 Additional Contract Exhibits

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

A-1.1.2 Guidance Documents

Guidance 1 - Evidence-Based Guidelines

Guidance 2 - Tangible Property Requirements

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

Guidance 4 - Care Coordination

Guidance 5 - Residential Mental Health Treatment for Children and Adolescents

Guidance 6 - Outpatient Forensic Mental Health Services

Guidance 7 - Forensic and Civil Treatment Facility Admission and Discharge Processes

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

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

Guidance 10 - Prevention Services

Guidance 11 - Juvenile Incompetent to Proceed (JITP)

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

Guidance 13 - Indigent Drug Program (IDP)

Guidance 14 - Prevention Partnership Grants (PPG)

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

Guidance 16 - Florida Assertive Community Treatment (FACT) Handbook

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

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

Guidance 19 - Integration with Child Welfare

Guidance 20 - Local Review Team

Guidance 21 - Housing Coordination

Guidance 22 - Federal Grant Financial Management Requirements

Guidance 23 - Crisis Counseling Program

Guidance 24 - Performance Outcomes Measurement Manual

Guidance 25 - National Voter Registration Act Guidance

Guidance 26 - Women's Special Funding, Substance Abuse Services for Pregnant Women and Mothers

Guidance 27 – Central Receiving Systems Grant – *Not applicable to KH225*

Guidance 28 – Forensic Multidisciplinary Team

Guidance 29 – Transitional Voucher

Guidance 30 – Partnerships for Success (PFS) – *Not applicable to KH225*

Guidance 31 – Children's Mental Health System of Care (CMHSOC) Grant – *Not applicable to KH225*

A-1.1.3 Templates

Template 1 - Provider Tangible Property Inventory Form

Template 2 - Managing Entity Substance Abuse and Mental Health Block Grant Reporting Template Overview and Instructions

Template 3 - Narrative Report for the Substance Abuse and Mental Health Block Grant

Template 4 - Managing Entity Annual Business Operations Plan, including Template 4 Supplement Behavioral Health Catalog of Care

Template 5 - ALF-LMH Forms

Template 6 - BNet Participant Forms

Template 7 - BNet Alternative Service Forms

Template 8 – *Deleted, effective 11/29/2016*

Template 9 - Local Match Calculation Form

Template 10 - Managing Entity Monthly Fixed Payment Invoice

Template 11 - Managing Entity Monthly Progress Report

Template 12 - Managing Entity Monthly Expenditure Report

Template 13 - Managing Entity Monthly Carry Forward Expenditure Report

Template 14 - Cost Allocation Plan

Template 15 - Managing Entity Spending Plan for Carry Forward Report

Template 16 - Women's Special Funding Reporting Template

Template 17 - FIT Reporting Template

Template 18 - *Deleted, effective 5/18/2017*

Template 19 – Partnerships for Success Grant Drug Epidemiology Network (DENs) Report – *Not applicable to KH225*

Template 20 – CMHSOC Quarterly Report Template – *Not applicable to KH225*

Template 21 – Monthly Care Coordination Report

A-1.1.4 Unless otherwise specified in this Contract, all documents incorporated by reference may be located at the following Department webpage location:

<http://www.myflfamilies.com/service-programs/substance-abuse/managing-entities>

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

A-1.2 Program Specific Terms

In addition to the provisions of **Section 1.4.1.**, the definitions in **Exhibit A1** apply to this Contract.

A-2 STATEMENT OF WORK

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

A-3 PAYMENT, INVOICE AND RELATED TERMS

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

A-4 GENERAL TERMS AND CONDITIONS GOVERNING PERFORMANCE

A-4.1 Notwithstanding the terms of **Section 4.3.**, the Managing Entity may subcontract with Network Service Providers without advance approval in writing by the Department.

A-4.2 Insurance

In addition to the provisions of **Section 4.5.**, the following Special Insurance Provisions shall apply to this Contract. In the event of any inconsistency between the requirements of this section and the requirements of **Section 4.5.**, the provisions of this section shall prevail and control.

A-4.2.1 The Managing Entity shall notify the Contract Manager within 30 calendar days if there is a modification to the terms of insurance including but not limited to, cancellation or modification to policy limits.

A-4.2.2 The Managing Entity acknowledges that, as an independent contractor, the Managing Entity and its Network Service Providers at all tiers are not covered by the State of Florida Risk Management Trust Fund for liability created by s. 284.30, F.S.

A-4.2.3 The Managing Entity shall obtain and provide proof to the Department of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability to cover managing the Managing Entity and all its employees. The limits of Managing Entity's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.4 The Managing Entity shall cause all Network Service Providers, at all tiers, who the Managing Entity reasonably determines to present a risk of significant loss to the Managing Entity or the Department, to obtain and provide proof to Managing Entity and the Department of comprehensive general liability insurance coverage (broad form coverage), specifically including premises, fire and legal liability covering the Network Service Provider and all its employees. The limits of coverage for the Managing Entity's Network Service Providers, at all tiers, shall be in such amounts as the Managing Entity reasonably determines to be sufficient to cover the risk of loss.

A-4.2.5 If any officer, employee, or agent of the Managing Entity operates a motor vehicle in the course of the performance of its duties under this contract, the Managing Entity shall obtain and provide proof to the Department of comprehensive automobile liability insurance coverage. The limits of the Managing Entity's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.6 If any officer, employee, or agent of any Network Service Provider, at all tiers, operates a motor vehicle in the course of the performance of the duties of the Network Service Provider, the Managing Entity shall cause the Network Service Provider to obtain and provide proof to the Managing Entity and the Department of comprehensive automobile liability insurance coverage with the same limits.

A-4.2.7 The Managing Entity shall obtain and provide proof to the Department of professional liability insurance coverage, including errors and omissions coverage, to cover the Managing Entity and all its employees. If any officer, employee, or agent of the Managing Entity administers any prescription drug or medication or controlled substance in the course of the performance of the duties of the Managing Entity under this contract, the professional liability coverage shall include medical malpractice liability and errors and omissions coverage, to cover the Managing Entity and all its employees. The limits of the coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000.

A-4.2.8 If any officer, employee, or agent of the Network Service Provider, at all tiers, provides any professional services or provides or administers any prescription drug or medication or controlled substance in the course of the performance of the duties of the Network Service Provider, the Managing Entity shall cause the Network Service Provider, at all tiers, to obtain and provide proof to the Managing Entity and the Department of professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all Network Service Provider employees with the same limits.

A-4.2.9 The Department shall be exempt from, and in no way liable for, any sums of money that may represent a deductible or self-insured retention under any such insurance. The payment of any deductible on any policy shall be the sole responsibility of the Managing Entity, or Network Service Provider purchasing the insurance.

A-4.2.10 All such insurance policies of the Managing Entity and its Network Service Providers, at all tiers, shall be provided by insurers licensed or eligible to do and that are doing business in the State of Florida. Each insurer must have a minimum rating of "A" by A. M. Best or an equivalent rating by a similar insurance rating firm, and shall name the Department as an additional insured under the policy or policies. The Managing Entity shall use its best good faith efforts to cause the insurers issuing all such general, automobile, and professional liability insurance to use a policy form with additional insured provisions naming the Department as an additional insured or a form of additional insured endorsement that is acceptable to the Department in the reasonable exercise of its judgment.

A-4.2.11 All such insurance proposed by the Managing Entity shall be submitted to and confirmed by the Contract Manager annually by March 31.

A-5 RECORDS, AUDITS AND DATA SECURITY

A-5.1 Inspections and Corrective Action

In addition to the terms of **Section 5.2.**, the following requirements shall apply to this Contract.

A-5.1.1 The Managing Entity shall be monitored in accordance with s. 402.7305, F.S., and CFOP 75-8, Policies and Procedures of Contract Oversight. The Managing Entity shall comply with any requests made by the Department as part of the conduct of such monitoring. At no cost to the Department, the Managing Entity shall provide complete access to all programmatic, administrative, management, budget and financial information related to services provided under this contract.

A-5.1.2 The Department will provide a written report to the Managing Entity within 30 days of the monitoring team's exit. If the report indicates corrective action is necessary, the Managing Entity shall provide a proposed corrective action plan for the Department's approval, except in the case of threat to life or safety of Individuals Served, in which case the Managing Entity shall take immediate action to ameliorate the threat and associated causes.

A-5.1.3 The Managing Entity shall cooperate at all times with the Department to conduct these reviews and shall provide all documentation requested by the reviewers in a timely manner at its administrative office or other location, as determined by the Department.

A-6 PENALTIES, TERMINATION AND DISPUTE RESOLUTION

A-6.1 Termination

The provisions of **Section 6.2.1.** and **Section 6.2.2.** are hereby modified and superseded as follows. The remaining clauses of **Section 6** remain in effect.

A-6.1.1 Notwithstanding the provisions of **Section 6.2.1.**, in accordance with Section 22 of PUR 1000 Form, this Contract may be terminated by the Department without cause upon no less than 180 calendar days' notice in writing to the Provider unless a sooner time is mutually agreed upon in writing.

A-6.1.2 Notwithstanding the provisions of **Section 6.2.2.**, this Contract may be terminated by the Provider upon no less than 180 calendar days' notice in writing to the Department unless a sooner time is mutually agreed upon in writing.

A-6.2 Dispute Resolution

In addition to the terms of **Section 6.3.**, the following Dispute Resolution terms shall apply to this Contract:

A-6.2.1 The parties agree to cooperate in resolving any differences in interpreting the contract. Within five working days of the execution of this contract, each party shall designate one person with the requisite authority to act as its representative for dispute resolution purposes. Each party shall notify the other party of the person's name and business address and telephone number. Within five working days from delivery to the designated representative of the other party of a written request for dispute resolution, the representatives will conduct a face-to-face meeting to resolve the disagreement amicably. If the representatives are unable to reach a mutually satisfactory resolution, either representative may request referral of the issue to the Managing Entity's Chief Executive Officer (CEO) and the Department's Regional Managing Director (RMD). Upon referral to this second step, the respective parties shall confer in an attempt to resolve the issue.

A-6.2.2 If the CEO and RMD are unable to resolve the issue within 10 days, the parties' appointed representatives shall meet within 10 working days and select a third representative. These three representatives shall meet within 10 working days to seek resolution of the dispute. If the representatives' good faith efforts to resolve the dispute fail, the representatives shall make written recommendations to the Secretary who will work with both parties to resolve the dispute. The parties reserve all their rights and remedies under Florida law. Venue for any court action will be in Leon County, Florida.

A-7 OTHER TERMS

A-7.1 The Managing Entity shall comply with all applicable federal and state laws and regulations and all policies, directives and guidelines published by the Department. In the event the Department amends any policies, directives, or guidelines after contract execution, the Department will provide electronic notice to the Managing Entity.

A-7.2 **Exhibit A2** contains additional state and federal laws, rules, and regulations applicable to performance under this Contract.

A-8 FEDERAL FUNDS APPLICABILITY

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

A-9 CLIENT SERVICES APPLICABILITY

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

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REVISED EXHIBIT C – TASK LIST

C-1 Service Tasks

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

C-1.1 Development and Planning Function

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

C-1.1.1.1 Promotes the development and effective implementation of a coordinated system of care as defined by s. 394.4573, F.S.;

C-1.1.1.2 Provides an optimal array of services to meet community Behavioral Health Service pursuant to the needs assessment specified in **Section C-1.1.3**;

C-1.1.1.3 Manages and allocates available funds in compliance with federal and state laws, rule and regulations; and

C-1.1.1.4 Is accessible and responsive to individuals, families, and community Stakeholders; and

C-1.1.1.5 Adopts principles of recovery-oriented care and recovery supports as defined by the Substance Abuse and Mental Health Services Administration.

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

C-1.1.2.1 Section 394.4574(3), F.S.;

C-1.1.2.2 Section 394.461(4)(a)-(c), F.S.;

C-1.1.2.3 Section 394.745, F.S.;

C-1.1.2.4 Section 394.75, F.S.;

C-1.1.2.5 The Long-Range Program Plan for the Department;

C-1.1.2.6 The Annual Business Plan for the Department;

C-1.1.2.7 Regional operational plans to assist in the development and implementation of the Strategic Plan for the Department; and

C-1.1.2.8 Any ad-hoc plans requested by the Department.

C-1.1.3 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 31 of each applicable year. At a minimum, the assessment shall consider:

C-1.1.3.1 The extent to which each designated receiving system within the Managing Entity service location functions as a “no-wrong-door model,” as defined by s. 394.4573, F.S.;

C-1.1.3.2 The availability of treatment and recovery services that use recovery-oriented and peer-involved approaches;

C-1.1.3.3 The availability of less-restrictive services; and

C-1.1.3.4 The use of evidence-informed practices.

C-1.1.4 County Planning

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

C-1.1.5 Federal Planning

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

C-1.1.6 No later than July 31, of each year, the Managing Entity shall submit an annual business plan, developed with community Stakeholder input, to the Department, that shall outline the operational plan for the present fiscal year, and a future plan for the next fiscal year to assist in the development of the Department's legislative budget request. This plan shall be completed using **Template 4 – Managing Entity Annual Business Operations Plan**. The annual business plan shall outline:

C-1.1.6.1 Governance and administration;

C-1.1.6.2 Provider relations and development;

C-1.1.6.3 Service management;

C-1.1.6.4 Customer service and consumer affairs;

C-1.1.6.5 Projected community need; and

C-1.1.6.6 Anticipated service targets.

C-1.1.7 Annually, no later than July 15, the Managing Entity shall develop, implement and submit a plan for reintegrating individuals ready for discharge from the State Mental Health Facilities, to a less restrictive level of care. The Managing Entity may submit an update to a previously accepted plan to comply with this requirement.

C-1.1.8 Within 90 days of execution, the Managing Entity shall submit, a record transition plan to be implemented in the case of contract termination or non-renewal by either party, in accordance with **Guidance 3 – Managing Entity Expiration, Termination and Transition Planning Requirements**.

C-1.1.9 The Department will review the proposed policies, procedures, and plans required to be submitted by the Managing Entity. The Department will respond in writing indicating approval or noting any deficiencies within 30 business days from the date of receipt. Once approved by the Department, the Managing Entity's policies and procedures may be amended provided that they conform to state and federal laws, state rules, and federal regulations.

C-1.1.10 The Managing Entity shall make available and communicate all plans, policies, procedures, and manuals to the Managing Entity staff, Network Service Providers, Individuals Served, and Stakeholders, as applicable.

C-1.1.11 Resource Development

The Managing Entity shall, where appropriate, develop additional resources by pursuing third-party payments for services, applying for grants, assisting providers in securing local matching funds and in-kind services, and employing other methods needed to ensure that services are available and accessible.

C-1.1.12 Enhancement Plan

Annually on September 1, effective as of 2017, the Managing Entity shall submit an Enhancement Plan for Department approval. The Enhancement Plan shall:

C-1.1.12.1 Identify a minimum of three and a maximum of five priority needs for services in the geographic area;

C-1.1.12.2 Provide a detailed description of the Managing Entity's strategies for enhancing services to address each priority need;

C-1.1.12.3 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.

C-1.1.12.4 Be based upon a planning process which includes consumers and their families, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders.

C-1.2 Implementation Function

C-1.2.1 The Managing Entity shall maintain a comprehensive Network that provides an adequate and reasonable array of services in terms of geographic distribution to meet the service needs of individuals without excessive time and travel requirements.

C-1.2.2 Care Coordination

C-1.2.2.1 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 the care coordination plan annually, no later than July 15. The plan shall, at minimum, address the following areas:

C-1.2.2.1.1 Specify methods that will be used to reduce, manage, and eliminate Waitlists for services;

C-1.2.2.1.2 Promote increased planning, use, and delivery of services to individuals, including those with co-occurring substance abuse and mental health disorders;

C-1.2.2.1.3 Promote access to clinically appropriate services by ensuring the use of screening, assessment, and placement tools designed to identify an appropriate level and intensity of care for an individual;

C-1.2.2.1.4 Promote the use of service outcome data to achieve desired outcomes;

C-1.2.2.1.5 Promote coordination of behavioral health care with primary care;

C-1.2.2.1.6 Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care and are diverted from higher levels of care when appropriate; and

C-1.2.2.1.7 Monitor and implement system changes to promote effectiveness.

C-1.2.2.2 In addition, pursuant to s. 394.9082(3)(c), F.S., the Managing Entity shall provide care coordination activities, as specified in **Guidance 4 – Care Coordination**, designed to improve outcomes among individuals in the following priority populations:

C-1.2.2.2.1 Persons with a Serious Mental Illness (SMI) awaiting placement in a civil SMHTF or awaiting discharge from a SMHTF back to the community.

C-1.2.2.2 Adults with three (3) or more acute care admissions (CSU, Detoxification, and inpatient) within 180 days.

C-1.3 Administration Function

C-1.3.1 The Managing Entity shall collaborate with and accept input from Stakeholders to administer services and shall operate in a transparent manner, providing public access to information, notice of meetings and opportunities for participation in Managing Entity decision-making.

C-1.3.2 The Managing Entity shall ensure the administration of the Network includes the following programmatic standards:

C-1.3.2.1 **Guidance 5 – Residential Mental Health Treatment for Children and Adolescents;**

C-1.3.2.2 **Guidance 6 – Outpatient Forensic Mental Health Services;**

C-1.3.2.3 **Guidance 7– Forensic and Civil Treatment Facility Admission and Discharge Processes;**

C-1.3.2.4 The Managing Entity shall facilitate Limited Mental Health Assisted Living Facility (LMH-ALF) training pursuant to Rule 58A-5.0191, F.A.C., the additional guidance in **Guidance 8 – Assisted Living Facilities with Limited Mental Health (ALF-LMH) Licensure;** and the recommended forms provided in **Template 5 – ALF-LMH Forms;**

C-1.3.2.5 The Managing Entity shall promote the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative with appropriate Network Service Providers in conjunction with the Department. Programmatic guidance is provided in **Guidance 9 – Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR);**

C-1.3.2.6 **Guidance 10 – Prevention Services;**

C-1.3.2.7 **Guidance 11 – Juvenile Incompetent to Proceed (JITP);**

C-1.3.2.8 **Guidance 12 – Behavioral Health Network (BNet) Guidelines and Requirements** and the required forms provided in **Template 6 – Behavioral Health Network Participant Forms** and **Template 7 – Behavioral Health Network Alternative Service Forms;**

C-1.3.2.9 **Guidance 13 – Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP);**

C-1.3.2.10 The Managing Entity shall be responsible for contracting, and providing oversight of the Prevention Partnership Grants, pursuant to s. 397.99, F.S. The Managing Entity shall require that all Network Service Providers receiving PPG funding complete the Evidence-Based Self-Assessment Survey annually and shall comply with the requirements in **Guidance 14 – Prevention Partnership Grants (PPG);**

C-1.3.2.11 **Guidance 15 – Projects for Assistance in Transition from Homelessness (PATH);**

C-1.3.2.12 **Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook;**

C-1.3.2.13 The Managing Entity must comply with the applicable obligations under 42 U.S.C., ss. 601, et. seq. The Managing Entity agrees that TANF funds shall be expended

for TANF participants as outlined in **Guidance 17 – Temporary Assistance for Needy Families (TANF) Funding Guidance**.

C-1.3.2.14 To ensure the implementation and administration of the Family Intensive Treatment (FIT) team model complies with the Department's programmatic standards, the Managing Entity shall require any Network Service Providers providing FIT model services adhere to the staffing, service delivery and reporting requirements of **Guidance 18 – Family Intensive Treatment (FIT) Model Guidelines and Requirements**.

C-1.3.2.15 The Managing Entity shall implement the Transitional Voucher project according to the specifications in **Guidance 29 – Transitional Voucher**.

C-1.3.3 The Managing Entity shall notify the Department within 48 hours of conditions related to Network Service Provider performance that may interrupt the continuity of service delivery or involve media coverage.

C-1.3.4 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 plan shall be approved by the Department prior to implementation.

C-1.3.5 Quality Management

C-1.3.5.1 The Managing Entity shall establish a quality management process to identify and address opportunities for improvement of operations for both Network Service Providers and the Managing Entity.

C-1.3.5.2 The Managing Entity shall submit a quality assurance plan documenting the process within 60 days of execution and annually no later than August 31. This plan shall be approved by the Department prior to implementation. For the purposes of this contract, quality assurance functions include, but are not limited to:

C-1.3.5.2.1 Periodic external review activities conducted by the Department and the Managing Entity to assure that the agreed upon level of service is achieved and maintained by the Managing Entity and its Network Service Providers; and

C-1.3.5.2.2 Assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, operating procedures, validating quality improvement systems and findings.

C-1.3.5.3 As applicable, the Managing Entity shall actively participate in the Department's local and statewide processes for quality assurance and quality improvement.

C-1.3.6 The Managing Entity shall be responsible, upon discovery of an incident involving a client whose services are paid for in whole or in part by the Managing Entity, for the management and oversight of incident reporting in accordance with the CFOP 215-6, Incident Reporting and Analysis System (IRAS).

C-1.3.7 The Managing Entity shall cooperate with the Department when investigations are conducted regarding a regulatory complaint relevant to a licensed facility operated by one of the Managing Entity's Network Service Providers.

C-1.3.8 The Managing Entity shall integrate the Department's current initiatives, new state and federal requirements, and policy initiatives into its operations.

C-1.3.9 Coordination with other Providers and Entities

C-1.3.9.1 The Managing Entity shall coordinate with the Community Based Care lead agency, or agencies, as appropriate, to further the child welfare role of the Department, pursuant to s. 409.996(12), F.S and to integrate behavioral health services with the child welfare system. Such coordination shall be in accordance with **Guidance 19 – Integration with Child Welfare**.

C-1.3.9.2 The Managing Entity shall collaborate with and encourage increased coordination between Network Service Providers and the child welfare system, law enforcement agencies, the criminal justice system, the juvenile justice system, the Medicaid program, offices of the public defender, offices of criminal conflict and offices of the civil regional counsel within the geographic area.

C-1.3.9.3 Collaboration with the criminal justice system and the juvenile justice system, including the Department of Juvenile Justice, shall develop strategies and alternatives for diverting individuals from the criminal justice system to the civil system. Such diversion shall apply to persons with mental illness, substance use or co-occurring disorders;

C-1.3.9.4 The Managing Entity shall coordinate with the judicial system to:

C-1.3.9.4.1 Develop specific written procedures and agreements that maximize the use of involuntary outpatient services, reduce involuntary inpatient treatment and increase diversion from the criminal and juvenile justice systems; and

C-1.3.9.4.2 Provide effective and timely services covered through this contract that address the substance abuse and mental health needs of children and parents in the child welfare system and the juvenile justice system.

C-1.3.9.5 The Managing Entity shall participate in the interagency team meetings created as a result of the Interagency Agreement for child-serving agencies in accordance with **Guidance 20 – Local Review Team**.

C-1.3.9.6 The Managing Entity Shall provide the housing coordination function specified in **Guidance 21 – Housing Coordination**, with Network Service Providers and local housing and homelessness stakeholders, and the Local Community Providers of Services identified at the Department's Office on Homelessness webpage at

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

C-1.4 Monitoring Function

C-1.4.1 Within 30 days after execution and annually thereafter no later than July 31, the Managing Entity shall submit a Network Service Provider Monitoring Plan for Department approval. The plan shall include:

C-1.4.1.1 A Risk Assessment to develop an annual monitoring schedule.

C-1.4.1.2 A statistically valid sampling methodology to ensure that Network Service Providers have an onsite monitoring by the Managing Entity at least once every three years, if accredited.

C-1.4.1.3 The monitoring schedule shall distinguish between onsite monitoring and desk reviews.

C-1.4.1.4 The development of policies, procedures, and tools for the scope of monitoring, which shall include:

- C-1.4.1.4.1 General Contract monitoring that will include:
 - C-1.4.1.4.1.1 Fiscal stability,
 - C-1.4.1.4.1.2 Records,
 - C-1.4.1.4.1.3 Corrective Action Plan review,
 - C-1.4.1.4.1.4 Audits,
 - C-1.4.1.4.1.5 Accounting System,
 - C-1.4.1.4.1.6 Insurance,
 - C-1.4.1.4.1.7 Sponsorship,
 - C-1.4.1.4.1.8 Publicity,
 - C-1.4.1.4.1.9 Lobbying,
 - C-1.4.1.4.1.10 Client Risk and Incident Reporting,
 - C-1.4.1.4.1.11 Intellectual Property Rights,
 - C-1.4.1.4.1.12 Data Security,
 - C-1.4.1.4.1.13 Confidentiality of Client Information,
 - C-1.4.1.4.1.14 Assignments and Subcontracts, and
 - C-1.4.1.4.1.15 Grievance Procedures.
- C-1.4.1.4.2 Program monitoring that will include:
 - C-1.4.1.4.2.1 Scope of service,
 - C-1.4.1.4.2.2 Service tasks,
 - C-1.4.1.4.2.3 Staffing requirements,
 - C-1.4.1.4.2.4 Deliverables,
 - C-1.4.1.4.2.5 Data validation,
 - C-1.4.1.4.2.6 Performance specifications,
 - C-1.4.1.4.2.7 Network Service Provider responsibilities, and
 - C-1.4.1.4.2.8 Method of payment.
- C-1.4.1.4.3 Background Screening monitoring that will include:
 - C-1.4.1.4.3.1 Level 1 and 2 screening,
 - C-1.4.1.4.3.2 Screening exemptions or exclusions, and
 - C-1.4.1.4.3.3 Attestations.
- C-1.4.1.4.4 Policies and procedures that comply with s. 394.9082(5)(q), F.S.

C-1.4.2 The Managing Entity shall monitor Network Service Providers, in compliance with s. 402.7306, F.S. Monitoring shall include, but is not limited to:

- C-1.4.2.1 Compliance with federal and state confidentiality laws;

C-1.4.2.2 Compliance with the requirements and restrictions of the Block Grant funds, and accompanying maintenance of efforts requirements;

C-1.4.2.3 State and federal grant programs;

C-1.4.2.4 Compliance with specific appropriations, or GAA directed projects;

C-1.4.2.5 Compliance with TANF;

C-1.4.2.6 Compliance with the provisions of ch. 65E-14, F.A.C.; and

C-1.4.2.7 A sample of case management records to verify that services identified in community living support plans for residents of Assisted Living Facilities with Limited Mental Health Licenses are provided pursuant to s. 394.4574, F.S.

C-1.4.3 The Managing Entity shall make available to the Department, the results of both planned and ad hoc monitoring, by uploading to the electronic vault within 30 days of completion.

C-1.5 Data Collection, Reporting, and Analysis Function

C-1.5.1 The Managing Entity shall implement shared data systems necessary for the delivery of coordinated care and integrated services, the assessment of Managing Entity performance and Network Service Provider performance and the reporting of outcomes and costs of services.

C-1.5.2 The Managing Entity shall develop and implement policies and procedures that protect and maintain the confidentiality of sensitive information of Individuals Served.

C-1.5.3 The Managing Entity shall require accurate and timely data entry required from Network Service Providers for performance outcomes measurement, in accordance with PAM 155-2, and s. 394.74(3)(e), F.S. The data must:

C-1.5.3.1 Enable expenditures to be tracked by program, fund type, and service;

C-1.5.3.2 Capture service utilization by type and recipient; and

C-1.5.3.3 Document quality of care, access to services, and outcomes for each Individual Served within the Network.

C-1.5.4 The Managing Entity shall electronically submit all data, as specified in PAM 155-2, to the SAMH Data System as follows:

C-1.5.4.1 In order to establish a unique client identifier for all individuals served by a Network Service Provider, the Managing Entity shall submit the Demographic Data Set required by PAM 155-2 Chapter 4 within 5 business days after the Network Service Provider confirmation of client eligibility for SAMH funded services. This process applies only to clients for whom the unique identifier has not been assigned.

C-1.5.4.2 To document Network Service Provider services, the Managing Entity shall submit all data sets required by PAM 155-2, Chapters 4 through 15, inclusive, by the 18th of each month.

C-1.5.5 The Department will provide a monthly records acceptance and rejection report to the Managing Entity. The Managing Entity shall correct 95% of rejected records within 60 days after each report is issued.

C-1.5.6 Within 60 days of execution, the Managing Entity shall submit an information technology plan for Department approval prior to implementation. This plan shall be reviewed annually for progress. The plan shall demonstrate that the Managing Entity's data system shall be able to meet the following minimum requirements:

- C-1.5.6.1 The exchange of screening and assessment results among Network Service Providers to better coordinate care as outlined in the current Information Technology Plan;
 - C-1.5.6.2 Automated referral and electronic consent for release of confidential information within and between Network Service Providers;
 - C-1.5.6.3 Integrated processes for tracking and coordinating intake, admission, discharge and follow-up throughout the Network;
 - C-1.5.6.4 Electronic reconciliation of invoices submitted to the Department, including reconciliation of the amount of funding and services specified in this contract;
 - C-1.5.6.5 Electronic reconciliation of the Managing Entity's audit report and data information system for Individuals Served;
 - C-1.5.6.6 Automated processes for state and federal data analysis and reporting; and
 - C-1.5.6.7 Compliance with federal and state laws, and regulations pertaining to security and privacy of protected health information.
- C-1.5.7 The Managing Entity shall provide Department approved Regional and Headquarters staff with access to its data system for Department funded clients and services.
- C-1.5.8 The Managing Entity shall provide data system training and training products for Department approved staff.
- C-1.5.9 The Managing Entity shall create and maintain accurate and complete Network Service Provider information for its Network in the Data System. The Managing Entity shall require that changes or updates to Network Service Provider records in the SAMH Data System are made within 30 days of a known change.
- C-1.5.10 The Managing Entity shall be responsible for maintaining all SAMH Data System access data accounts for persons affiliated with its Network.
- C-1.5.11 The Managing Entity shall participate in statewide data activities, including standing Department SAMH data conference calls or meetings. When possible, the Managing Entity shall make arrangements for the Managing Entity data officer or designee to attend policy or strategic meetings in person.
- C-1.5.12 The Managing Entity's delegated data officer shall participate in the Department's SAMH data training. The Managing Entity shall be responsible for training other required Managing Entity staff and affiliated personnel on accessing and using SAMH data systems.
- C-1.5.13 The Managing Entity shall verify that data submitted is consistent with the data maintained locally by Network Service Providers in their Individuals Served files.
- C-1.5.14 The Managing Entity shall review the Department's file upload history in the SAMH Data System to determine the number of records accepted, updated, and rejected. Based on this review, the Managing Entity shall correct the erroneous records for resubmission in the SAMH Data System within 60 days after submission.
- C-1.5.15 The Managing Entity shall require that all data collection required by Federal and State grant awards is submitted to the appropriate parties and completed within the timeframes established by the grantor. The Department will provide technical assistance to the Managing Entity.
- C-1.5.16 The Managing Entity shall require public receiving facilities, detoxification facilities and addictions receiving facilities within its Network Service Providers to collect and submit the acute care service utilization data specified in s. 394.9082(10), F.S., according to the timeframes established therein, using a file transfer protocol process or a web portal developed by the Managing Entity.

C-1.6 Fiscal Responsibility Function

C-1.6.1 The Managing Entity shall comply with **Guidance 22 – Federal Grant Financial Management Requirements**.

C-1.6.2 The Managing Entity's financial management and accounting system must have the capability to generate financial reports detailing by fund source, individual recipient utilization, and cost, which, at a minimum, will meet federal requirements for the Block Grants

C-1.6.3 The Managing Entity shall ensure that it budgets and accounts for revenues and expenditures in compliance with Ch. 65E-14, F.A.C.

C-1.6.4 Direct and indirect costs eligible for payment from Department funds are expenses directly incurred by the Managing Entity to manage Behavioral Health Services under and pursuant to this contract and in accordance with:

C-1.6.4.1 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;

C-1.6.4.2 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;

C-1.6.4.3 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards; and

C-1.6.4.4 The Reference Guide for State Expenditures, which is incorporated herein by reference and may be located at: www.myfloridacfo.com/aadir/reference_guide/

C-1.6.5 Managing Entity operational and indirect costs shall not include any Network Service Provider indirect costs.

C-1.7 Disaster Planning and Response Function

C-1.7.1 Planning

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

C-1.7.2 Response

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

C-1.7.2.1 The Managing Entity shall designate a CCP Network Service Provider for each county within the Managing Entity's service area and provide a comprehensive list of said Network Service Providers to the Department's Disaster Behavioral Health Coordinator within 60 days of execution and within 10 days of any changes to the designated Network Service Provider.

C-1.7.2.2 At the direction of the Department's Disaster Behavioral Health Coordinator, the Managing Entity shall implement CCP services through the designated CCP Network Service Provider according to the terms and conditions of any CCP grant award approved by representatives of FEMA and SAMHSA, using the CCP contract template, provided in **Guidance 23 – Crisis Counseling Program**.

C-1.7.2.3 The Managing Entity shall ensure compliance with the FEMA CCP Guidance, which is incorporated herein by reference and may be located at:

<http://mediawww.samhsa.gov/DTAC-CCPToolkit/introdtac/ccptoolkit/gettingstarted.htm>

C-1.8 Additional Region-Specific Tasks

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

C-2 Administrative Tasks

C-2.1 Staffing

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

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

C-2.1.2.1 Chief Executive Officer (CEO);

C-2.1.2.2 Chief Operations Officer (COO); or

C-2.1.2.3 Chief Financial Officer (CFO).

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

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

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

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

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

C-2.1.4.4 A member of the Managing Entity staff to serve as the Network Service Provider Affairs Ombudsman, or equivalent title. This position shall be the first point of contact for Network-Managing Entity questions, concerns, and disputes. The name and contact information of this person shall be submitted to the Department at execution and updated annually no later than July 1.

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

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

C-2.2 Subcontracting

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

C-2.2.2 Additional Program Specific Funds

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

C-2.2.2.2 The Managing Entity shall collaborate with the Department to amend into this Contract all applicable requirements of any appropriations, awards, initiatives, or federal grants received by the Department.

C-2.2.3 All subcontracts with Network Service Providers shall include, at a minimum:

C-2.2.3.1 The applicable terms and conditions of this contract;

C-2.2.3.2 Provisions to require compliance with:

C-2.2.3.2.1 **Exhibit B1**;

C-2.2.3.2.2 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards;

C-2.2.3.2.3 2 CFR Part 300.1 – Adoption of 2 CFR Part 200;

C-2.2.3.2.4 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

C-2.2.3.2.5 the Reference Guide for State Expenditures;

C-2.2.3.2.6 Chapter 65E-14, F.A.C.;

C-2.2.3.2.7 Block Grant requirements, including maintenance of effort;

C-2.2.3.2.8 State and federal grant requirements;

C-2.2.3.2.9 TANF requirements, if applicable; and

C-2.2.3.2.10 Department policies related to the delivery of service.

C-2.2.3.3 Clearly identifiable deliverables and performance measures that set minimum acceptable levels of service;

C-2.2.3.4 The outcome measures established pursuant to **Section E-2**. The methodology and algorithms to be used in determining performance are outlined in **Guidance 24 – Performance Outcomes Measurement Manual**; and

C-2.2.3.5 The National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), ss. 97.021 and 97.058, F.S., and ch. 1S-2.048, F.A.C., in accordance with **Guidance 25 – National Voter Registration Act Guidance**.

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

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

effective use of public funding. This policy shall be submitted within 90 days of execution, and must be approved by the Department prior to implementation.

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

C-2.2.7 Files of Individuals Served

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

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

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

C-2.2.8 Satisfaction Survey for Individuals Served

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

C-2.2.9 Third Party Billing

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

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

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

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

C-2.2.9.2 Department funds may reimburse services provided to:

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

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

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

C-2.3 Records and Documentation

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

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

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

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

C-2.4 Reports

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

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

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

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

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

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

C-2.4.5 Local Match

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

C-2.4.6 Quarterly Report

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

C-2.4.6.1 **Exhibit B1**;

C-2.4.6.2 Overview of necessary adjustments to required plans, including justification for proposed changes, identification of barriers or anticipated barriers to achieving stated goals, and proposed strategies to mitigate the impact of said barriers on the Network;

C-2.4.6.3 Network management including:

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

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

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

C-2.4.6.4 Network Service Provider performance including:

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

C-2.4.6.4.2 Performance measures.

C-2.4.6.5 Implementation of specific appropriations, or grant funds.

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

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

C-2.5 Preference to Florida-Based Businesses

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

C-2.6 Use of Department's Operating Procedures

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

C-2.7 National Provider Identifier (NPI)

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

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

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart>

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

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

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

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

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

C-2.7.3.3 The CMS NPI:

<http://www.cms.hhs.gov/NationalProvIdentStand>

C-3 Standard Contract Requirements

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

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REVISED EXHIBIT C1 – ADDITIONAL REGION-SPECIFIC TASKS

C1-1 The Miami-Dade County FACES Wraparound Project Expansion

The Provider will sustain and fund the FACES program (previously funded by a federal grant from SAMHSA, from September 2009 through September 2016) as a level of care within the Children's System of Care, once the grant has officially closed (9/30/16). There shall be no substantial changes to the services provided or the number of individuals served.

C1-2 Motivational Support Program (MSP)

In addition to the requirements in **Section C-1.3.9** and **Guidance 19 – Integration with Child Welfare**, the Managing Entity shall contract with a community Network Service Provider to operationalize the current MSP protocol for the purpose of enhancing the integration across the behavioral health and child welfare systems. The Managing Entity shall ensure the implementation and efficiency of the MSP protocol and report monthly progress to the Regional SAMH Program Office. This protocol is agreed upon with the Department, the Provider, the Community-Based Care organization (CBC), and the contracted Network Service Provider.

C1-3 Community Action Team (CAT) Program

The Managing Entity, in collaboration with the Department, shall maintain a Memorandum of Understanding (MOU) with each of the Community Action Team (CAT) providers. The MOU will operationalize the referral process between the Managing Entity and the CAT programs, including but not limited to identifying youths that meet the specified criteria for referral to the program specified in the Department's contract with CAT providers.

C1-4 Statewide Forensic Beds

For the following programs, the Managing Entity shall make services available through its Network Service Providers to eligible consumers on conditional release from other Circuits at:

C1-4.1 Public Health Trust/Jackson Health System – Miami-Dade Forensic Alternative Center (MDFAC)

Up to six (6) beds shall be available to Broward residents who meet MDFAC's Eligibility Criteria, which is incorporated by reference. MDFAC is a locked and staff secured facility intended to serve adult forensic consumers charged with second or third degree felonies who are committed to the department under Sections 916.13 and 916.15, F.S. These consumers have been found by a circuit court to be incompetent to proceed due to a serious mental illness or not guilty by reason of insanity and who do not have a significant history of violence.

C1-4.2 Citrus Health Network, Inc.

Eight (8) statewide residential beds in the Safe Transition and Access to Recovery (STAR) Program shall be available to eligible consumers on conditional release in need of forensic mental health services placed by the Managing Entity pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17. The STAR Program provides intensive, short-term treatment to individuals who are temporarily in need of a structured therapeutic setting in a less restrictive but longer-stay alternative to acute hospitalization.

C1-4.3 Passageway Residence of Dade County, Inc.

Fourteen (14) statewide residential level 2 beds shall be available to eligible consumers on conditional release who are in need of forensic mental health services placed by the Managing Entity. Statewide admission to Passageway Residence of Dade County, Inc. is for individuals committed to the Florida Department of Children and Families, in accordance with the provisions of Florida Statutes Chapter 916, Forensic Services Act and released pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17.

C1-4.4 Psychosocial Rehabilitation Center dba Fellowship House

Four (4) statewide residential level 2 beds shall be available to eligible consumers on conditional release who are in need of forensic mental health services placed by the Managing Entity pursuant to FRCrP 3.219(b), 3.217(b) and F.S. 916.17.

July 1, 2017

C1-5 Regionally Necessary Services

The terms of Section B-3.1 notwithstanding, the Managing Entity may subcontract with Citrus Health Network, Inc. in Broward County for Statewide Inpatient Psychiatric Program (SIPP) placements for children and Short-Term Residential Treatment (SRT) services to adults.

C1-6 NAVIGATE Program – Evidence-Based Treatment for First Episode Psychosis (FEP)

Pursuant to the CMHBG set-aside requirements for programs showing strong evidence of effectiveness and targeting first episode psychosis, the Managing Entity shall:

C1-6.1 Subcontract for the implementation of the First Episode Psychosis program to serve a minimum of 55 individuals annually;

C1-6.2 Based the program design upon the NAVIGATE Team Members' Guide, available at <https://raiseetp.org/StudyManuals/Team%20Guide%20Manual.pdf>, hereby incorporated herein by reference;

C1-6.3 Submit a copy of the subcontract with the selected provider to the Department, including the subcontract rate and the rate negotiation methodology;

C1-6.4 Develop a work plan outlining the implementation of the program and ongoing monitoring of the program for fidelity with the Navigate Team Members' Guide; and

C1-6.5 Submit a quarterly services report using a template to be provided by the Department.

C1-7 Communication

All e-mail communication from the Managing Entity to the Department must include the Regional Contract Manager.

C1-8 Priority of Effort (POE) Protocol

The Department facilitates Quarterly POE Meetings throughout the year to discuss the implementation and progress of the priorities established by the Secretary. The Substance Abuse and Mental Health priorities that involve the Managing Entity are Improve Care Coordination for High Need SAMH Populations and Integrate Child Welfare.

The Central SAMH Program Office in Tallahassee typically releases POE data two weeks before the scheduled Quarterly POE Meetings. Reporting elements and template are subject to changes by the Department. To operationalize the assistance needed by the Managing Entity to analyze data and provide the necessary information to the Department, the following shall occur:

As soon as possible upon receipt, the Regional SAMH Program Office will forward data to the Managing Entity for review and analysis. Specific data elements and questions shall be determined by the Department.

The Managing Entity shall have four (4) business days to analyze data and respond to the Regional SAMH Program Office.

Within three (3) business days of receipt from the Managing Entity, the Regional SAMH Program Office will review the Managing Entity's analysis and either have a conference call or meet in person to discuss follow-up questions to determine if an amendment to the Managing Entity's initial analysis is needed.

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Exhibit F1 - ME Schedule of Funds

REVISED Exhibit F1-8 - ME Schedule of Funds
South Florida Behavioral Health Network, Inc. - Contract# KH225
FY 2017-18 Use Designation - As of 07/01/2017

Other Cost Accumulators Title	Other Cost Accumulators	Federal	State	Total	The Amount of Non-Recurring Funds included in Total Amount
ME Operational Costs					
Managing Entity Administrative Costs	MHS00	278,776	3,186,888	3,465,664	-
ME Mental Health System of Care	MH0SK	-	-	-	-
ME Housing Coordination	MHSHG	-	106,310	106,310	106,310
ME Care Coordination	MHSCD	74,886	162,314	237,200	237,200
Mental Health					
ME Mental Health Services & Support	MH000	3,185,638	28,808,969	31,994,607	-
Stewart-Marchman Behavioral Healthcare	MH011	-	-	-	-
Apalachee Center - Forensic Treatment Services	MH012	-	-	-	-
ME MH UCF-PTSD Clinic for Florida Veterans and First Responders	MH013	-	-	-	-
ME MH Starting Point Behavioral Healthcare	MH014	-	-	-	-
ME MH Jewish Family and Children's Services of the Suncoast	MH015	-	-	-	-
ME MH Personal Enrichment MH CSU	MH016	-	-	-	-
ME MH John Hopkins All Children's Hospital	MH017	-	-	-	-
ME MH Bridgeway Center Emergency Mobile Access Team	MH019	-	-	-	-
ME MH Healthcare Network of Southwest Florida Integrated Behavioral Health Program	MH022	-	-	-	-
ME Early Intervention Svcs - Psychotic Disorders	MH026	722,894	-	722,894	-
Directions for Living	MH027	-	-	-	-
David Lawrence Center-Behavioral Health Services	MH031	-	-	-	-
ME Veterans and Families Pilot Program	MH032	-	-	-	-
Fort Myers Salvation Army-Behavioral Health Services	MH037	-	-	-	-
Centerstone Florida	MH046	-	-	-	-
Specialized Treatment, Education and Prevention Services	MH050	-	-	-	-
Veterans Alternative Retreat Program	MH060	-	-	-	-
Northside Mental Health Center	MH061	-	-	-	-
Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth	MH071	-	342,970	342,970	-
Community Forensic Beds	MH072	-	3,027,332	3,027,332	-
Florida Assertive Community Treatment (FACT)	MH073	1,164,516	2,289,062	3,453,578	-
Indigent Psychiatric Medication Program	MH076	-	113,991	113,991	-
Clay Behavioral Health Center - Crisis Prevention	MH089	-	-	-	-
Citrus Health Network	MH094	-	455,000	455,000	-
Jerome Golden Center	MH096	-	-	-	-
Gracepoint Center	MH819	-	-	-	-
ME MH Community Action Treatment (CAT) Teams	MHCAT	-	-	-	-
ME-Orlando Emergency Crisis Counseling Services	MHOER	-	-	-	-
ME-Disability Rights Florida Mental Health	MHDRF	-	-	-	-
ME-Transition Vouchers Mental Health	MHTRV	-	296,137	296,137	-
Lifestream Center	MHS50	-	-	-	-
ME Centralized Receiving Facilities	MHSCR	-	-	-	-
Meridian Behavioral Healthcare	MHSMB	-	-	-	-
ME FL SOC Expansion and Sustainability Project	MHESP	-	-	-	-
ME MH State Funded For Profit Sub-recipients	MHSFP	-	250,000	250,000	-
Renaissance Center	MHRM5	-	-	-	-
Circles of Care - Cedar Village	MHS51	-	-	-	-
Circles of Care - Crisis Stabilization	MHS52	-	-	-	-
Circles of Care - Geropsychiatric Care Center Services	MHS55	-	-	-	-
Grants PATH	MHOPG	555,000	-	555,000	-
Florida Youth Transition of Adulthood	MHOTA	-	-	-	-
Temporary Assistance for Needy Families (TANF)	MHOTB	797,249	-	797,249	-
Title XXI Children's Health Insurance Program (Behavioral Health Network)	MH0BN	687,294	27,669	714,963	-
Grant Miami-Dade County Wraparound FACES	MH0FA	369,000	-	369,000	369,000
Community Forensic Multidisciplinary Teams for Hospital Diversion	MH0FH	-	652,000	652,000	-
Grants Project Launch	MH0PL	-	-	-	-
Subtotal Mental Health		7,481,591	36,263,130	43,744,721	369,000
Substance Abuse					
ME Substance Abuse Services and Support	MS000	10,918,259	11,157,668	22,075,927	-
HIV Services	MS023	831,522	-	831,522	-
Prevention Services	MS025	3,326,089	-	3,326,089	-
Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families	MS081	-	1,812,723	1,812,723	-
Family Intensive Treatment (FIT)	MS091	-	633,188	633,188	-
Temporary Assistance for Needy Families (TANF)	MS0TB	830,123	-	830,123	-
ME Special Services for Jerome Golden Center	MS0JG	-	-	-	-
Drug Abuse Comprehensive Coordinating Treatment (DACCO)	MS095	-	-	-	-
Here's Help	MS903	-	500,000	500,000	300,000
ME SA Memorial Regional Hospital - Maternal Addiction Treatment Program	MS904	-	-	-	-
ME SA Opioid Abuse Pilot Project - Palm Beach	MS905	-	-	-	-
ME SA Manatee County - Opioid Addiction Recovery Peer Pilot Program	MS906	-	-	-	-
St. Johns County Sheriff's Office - Detox Program	MS907	-	-	-	-
ME SA New Hope Residential SAMH Treatment Project	MS908	-	500,000	500,000	500,000
ME FL Partnerships for Success	MS0FS	-	-	-	-
Prevention Partnership Grant (PPG)	MS0PP	749,941	-	749,941	-
ME State Epidemiology Outcomes Workgroup Local	MS0WL	-	-	-	-
ME - FL Response to the Opioid Crisis MAT	MS0PM	995,410	-	995,410	995,410
ME SA State Funded For Profit Sub-recipients	MSSFP	-	-	-	-
ME-Transition Vouchers Substance Abuse	MSTRV	-	192,294	192,294	-
Subtotal Substance Abuse		17,651,344	14,795,873	32,447,217	1,795,410
Total All Fund Sources		25,486,597	54,514,515	80,001,112	2,507,920

REVISED EXHIBIT F2 – SCHEDULE OF PAYMENTS

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

Table 7 - Schedule of Payments for Fiscal Year 2017-18					
Month of Services	FY Contract Balance Prior to Payment	Fixed Payment Amount	FY Contract Balance after this Payment	Invoice Packet Due Date	Progress and Expenditure Report Period
Annual Advance	\$ 82,900,747.00	\$ 13,816,791.17	\$69,083,955.83	7/1/2017	N/A
Jul-17	\$ 66,184,320.83	\$ 5,515,360.06	\$60,668,960.77	8/20/2017	July
Aug-17	\$ 60,668,960.77	\$ 5,515,360.07	\$55,153,600.70	9/20/2017	August
Sep-17	\$ 55,153,600.70	\$ 5,515,360.07	\$49,638,240.63	10/20/2017	September
Oct-17	\$ 49,638,240.63	\$ 5,515,360.07	\$44,122,880.56	11/20/2017	October
Nov-17	\$ 44,122,880.56	\$ 5,515,360.07	\$38,607,520.49	12/20/2017	November
Dec-17	\$ 38,607,520.49	\$ 5,515,360.07	\$33,092,160.42	1/20/2018	December
Jan-18	\$ 33,092,160.42	\$ 5,515,360.07	\$27,576,800.35	2/20/2018	January
Feb-18	\$ 27,576,800.35	\$ 5,515,360.07	\$22,061,440.28	3/20/2018	February
Mar-18	\$ 22,061,440.28	\$ 5,515,360.07	\$16,546,080.21	4/20/2018	March
Apr-18	\$ 16,546,080.21	\$ 5,515,360.07	\$11,030,720.14	5/20/2018	April
May-18	\$ 11,030,720.14	\$ 5,515,360.07	\$ 5,515,360.07	6/20/2018	May
Jun-18	\$ 5,515,360.07	\$ 5,515,360.07	\$ -	8/15/2018	June
Total FY Payments		\$ 80,001,112.00			

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

Table 7 - Schedule of Payments for Fiscal Year 2018 -19					
Month of Services	FY Contract Balance Prior to Payment	Fixed Payment Amount	FY Contract Balance after this Payment	Invoice Packet Due Date	Progress and Expenditure Report Period
Annual Advance	\$82,900,747.00	\$13,816,791.17	\$69,083,955.83	7/1/2018	N/A
Jul-18	\$69,083,955.83	\$5,756,996.32	\$63,326,959.51	8/20/2018	July
Aug-18	\$63,326,959.51	\$5,756,996.32	\$57,569,963.19	9/20/2018	August
Sep-18	\$57,569,963.19	\$5,756,996.32	\$51,812,966.88	10/20/2018	September
Oct-18	\$51,812,966.88	\$5,756,996.32	\$46,055,970.56	11/20/2018	October
Nov-18	\$46,055,970.56	\$5,756,996.32	\$40,298,974.24	12/20/2018	November
Dec-18	\$40,298,974.24	\$5,756,996.32	\$34,541,977.92	1/20/2019	December
Jan-19	\$34,541,977.92	\$5,756,996.32	\$28,784,981.60	2/20/2019	January
Feb-19	\$28,784,981.60	\$5,756,996.32	\$23,027,985.28	3/20/2019	February
Mar-19	\$23,027,985.28	\$5,756,996.32	\$17,270,988.96	4/20/2019	March
Apr-19	\$17,270,988.96	\$5,756,996.32	\$11,513,992.64	5/20/2019	April
May-19	\$11,513,992.64	\$5,756,996.32	\$5,756,996.32	6/20/2019	May
Jun-19	\$5,756,996.32	\$5,756,996.32	\$0.00	8/15/2019	June
Total FY Payments		\$82,900,747.00			

F2-3 The Department shall amend into this Contract additional Schedules of Payments for any remaining fiscal years annually following the expiration of Table 7.