



**COVID-19 Response Supplemental Guidance
For Managing Entities and Community SAMH Service Providers**

April 14, 2020

The Office of Substance Abuse and Mental Health offers the following guidance to community partners to address administrative issues during the current global COVID-19 pandemic. The discussion below is in response to specific questions posed to date and may be updated as necessary. In some instances, the question as submitted has been restated for clarity and brevity.

1. Can providers use FACT, FIT, CAT, Care Coordination and Voucher Funds to purchase food for clients in emergency situations?

Ch. 65E-14.021, Florida Administrative Code (F.A.C.) authorizes the use of SAMH funds for incidental expenses defined below. (Highlights added.)

(k) Incidental Expenses.

*1. Description – This Covered Service reports temporary expenses incurred **to facilitate continuing treatment and community stabilization when no other resources are available.** All incidental expenses shall be authorized by the Managing Entity. Allowable uses of this Covered Service include transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals **and other incidentals as approved by the department or Managing Entity.***

For the duration of the declared COVID-19 public health emergency, the Department hereby approves incidental expense services to purchase food for recipients of DCF-funded behavioral health services who are ineligible for other publicly funded supplemental nutritional benefits and are unable to access community food banks, points of distribution, or similar outlets when those outlets are no longer accessible due to COVID-19.

This authorization is limited to those persons who are actively receiving SAMH-funded services only. Appropriate use must be determined on a case-by-case basis, and well-documented in the individual's client record. Due diligence must be exercised prior to authorization to ensure all alternative sources of nutritional support, including any emerging emergency food support programs, have been exhausted. Due diligence must also be applied to identify and enroll recipients in other programs, resources, or supports for which a person may be or may become eligible. The use of these funds must be time-limited but may be recurring in the event food resources continue to remain inaccessible. SAMH funds may not be used to provide cash, advances or any transferable cash equivalents to an individual.

Managing Entities and Network Service Providers are expected to collaborate with existing community resources to identify and support enrollment in necessary long-term supports if appropriate to an individuals' needs. Managing Entities and Network Service Providers are encouraged to take all reasonable methods consistent with national health care guidance to comply with receipt documentation requirements via electronic means.

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2. Can Managing Entities pay Network Service Providers a monthly pro-rata lump sum effective March 2020 through June 2020, regardless of level of services provided or expenditures incurred?

Yes, however, some level of services must be provided to support each payment, even if those cannot be provided at the previously negotiated subcontract targets, and final fiscal year reconciliation must document actual expenses incurred per the discussion in Question 3. Refer to April 4, 2020 memorandum titled "SAMH Network Service Provider Reimbursements" for OCA-level specific guidance.

3. Can the Department waive criteria for fiscal year financial reconciliation?

No, the Florida Single Audit Act, (applicable to state General Revenue-funded projects), and the Uniform Grant Guidance (applicable to federally funded projects and state maintenance of effort funds), require a year-end reconciliation of actual expenses incurred during the entire fiscal year for all programs funded with grants. The Department does not have authority to waive these requirements but is able to address some aspects of compliance to support the service array.

The basic mechanism for this process will remain form *CF-MH 1037, Actual Expenses and Revenues Schedule*, as required by Ch. 65E-14. The Department's Revenue Management and Partner Compliance Director, in consultation with the Managing Entities, will develop a modified version of form CF-MH 1037 and guidelines in order to establish as consistent understanding and application of reporting expenditures to revenues provided as part of the Fiscal Year 19-20 year-end audit requirements.

The Office of Fiscal Accountability will be issuing separate guidance discussing financial documentation mechanisms to support final Managing Entity invoice requirements. Final invoices are due August 15 in order to complete processing during the state certified forward invoicing period, which ends on September 30, 2020. Requests for reasonable extensions to the invoice deadline will be considered on a case-by-basis, but Managing Entities are reminded, given the certified forward timetable is outside the Department's control, of the need for earliest possible submission. Consultation with the Department of Health and Human Services (HHS) has confirmed the requirements to reduce final Managing Entity payment for unearned federal funds remains a requirement applicable to all federal grants.

4. For Federal set aside requirements, such as HIV early intervention services, or prevention, can Network Service Provider's documented expenditures be deemed sufficient to retain those funds even if actual services are not fully rendered?

No, consultation with HHS has confirmed service delivery requirements are not expected to be waived by the Substance Abuse and Mental Health Services Administration (SAMHSA).

5. Can service targets for numbers served and performance measures be waived for providers with payments linked to those targets?

Yes, Managing Entities may reduce, but not eliminate, service targets related to numbers served where appropriate to do so.

6. How will local match be handled if providers are unable to meet their match requirements due to local government closures?

The Department will continue to research available mechanisms to address this issue and encourages Managing Entities to identify specific instances of concern that may inform analysis. Managing Entities are reminded s. 394.76, F.S. match requirements are reported by each Network Service Provider but may be aggregated at the Managing Entity level, reporting the total local match collected across the entire array of services.

7. Can electronic signature processes be implemented so that payments and amendments are not delayed?

Yes, Regional SAMH offices may accept electronic signatures applied to documents submitted via email, including invoices and amendments. Managing Entities should ensure signatures are applied to the original document in its entirety; please do not attach a stand-alone signature page. Best practice is to apply an electronic signature and convert a complete document, including attachments, if possible, to PDF format before transmission.

8. Can annual budget submission and rate negotiations requirements for Fiscal Year 20-21 subcontracts be simplified to allow continued use of Fiscal Year 19-20 rates for services commencing July 1, 2020?

Yes, the Department will support Managing Entities who elect to maintain current rates for July 1, 2020, in lieu of renegotiating where possible. Managing Entities also have discretion to maintain a Network Service Provider's rates for some services and renegotiate rates for special programs or initiatives where emerging circumstance have increased the provider's project costs, such as expanded telehealth infrastructure, increased competitive staff retention costs, etc.

9. Has the Department approached the U.S. HHS regarding the carry forward of federal funds to address the increased demand for services that are likely to occur once the immediate crisis is resolved?

At this stage, consultation with HHS has indicated there are no current federal plans applicable to carry forward the Community Mental Health Block Grant or the Substance Abuse Prevention and Treatment Block Grant. Those grants are to be managed in compliance with federal statutes and regulations on a federal fiscal-year basis. Carry forward determinations for discretionary federal grants, including SOC Expansion, PATH, SOR, and PFS, are being managed on a grant-by-grant request basis, following routine federal project officer guidance for each discretionary grant.

10. Has the Department considered easing carry forward allowances for state funds as well for the same reasons?

Yes, the Department will consider Managing Entity requests to repurpose carry forward General Revenue funds when doing so ensures 1) reallocating does not imperil continuity of any legislatively mandated recurring services even if awarded on a repeated nonrecurring basis, 2) reallocating supports service needs comparable to those identified in original allocation in the location targeted by the original appropriation, and 3) reallocation of the carry forward funding does not create an unsustainable future funding obligation.

Managing Entities are encouraged to submit such requests as needed to the appropriate Regional SAMH Office for consultation with the HQ Program Office and, if deemed necessary legislative and EOG staff for concurrence.

11. Can Managing Entities adjust negotiated Network Service Providers' rates to capture currently increased costs due to unexpected cost increases related to staffing for capacity, higher salaries to support retention, additional staff overtime, unexpected technology costs, etc.?

Yes, Managing Entities are encouraged to take measures to provide levels of flexibility in rate-setting where needed. This may take the form of a renegotiated rate going forward as discussed in response to Question #8. This may also be established as a temporary rate increase, as a separate supplemental rate for "add-on" services or as a one-time supplemental payment to support purchase of start-up telehealth technology or software, for example. The optimum approach would depend on the specific needs to be addressed. Managing Entities are expected to apply standards of reasonableness, allowability and necessity per usual to rate increases and are encouraged to consult with the Department on specific issues, if necessary.

12. Are providers still required to collect sliding scales fees at this time from persons who are SAMH eligible but may be facing financial difficulty?

Yes, s. 394.674, F.S., is still in effect. The Department notes, however, each Network Service Provider may adjust their sliding fee scale if necessary. The requirement for a minimal annual update in Ch. 65E-14.018, F.A.C., does not prevent interim adjustments designed to reflect changing economic circumstances in a community. The Department further notes, Network Service Providers may, whenever necessary, review a service recipient's financial circumstances and adjust the individual's nominal sliding scale fees as indicated to ensure fees remain below the 5% of gross household income ceiling. Network Service Providers may also, under Ch 65E-14.021, F.A.C., offer sliding fee scale discounts or write off individual or aggregate sliding scale fees as appropriate in the provider's determination.

13. What are expectations for the billing of telehealth or telephonic services? [For example, would they bill those services under the program in which the staff is functioning under, i.e. outpatient and bill as they would bill for outpatient services?]

Services provided using telehealth should be reported and invoiced in the manner the service is ordinarily billed. Case management provided remotely should be reported as case management. If that case management event is part of a bundled service, e.g. CAT team, the invoicing remains one month of services to the service target in the subcontract, subject to any adjustment pursuant to the response to Question #5. If case management is regularly paid as a separate covered service, it continues to be billed as such, regardless of the method of service delivery.