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**Supplemental Guidance for Managing Entities and Community SAMH Service Providers  
April 22, 2020**

The Office of Substance Abuse and Mental Health offers the following additional guidance to community partners to address administrative issues during the current global health crisis. The discussion below is in response to specific questions submitted April 10, 2020 and may be updated as necessary. In some instances, the question as submitted has been restated for clarity and brevity.

**1. *Can incidentals be opened as non-client specific under the current OCA's to allow providers to bill PPE during this pandemic?***

No. If a provider's purchase of Personal Protective Equipment (PPE) cannot otherwise be reimbursed within an existing service rate, SAMH recommends reporting lump-sum expenditures as *Project Code B1 – Network Evaluation and Development*, using a *Cost Reimbursement* method of payment.

**2. *Can DCF authorize MHTRV & MSTRV funds for testing expenditures? If so, can you please adjust FASAMS to allow for project code B1 as a valid submission?***

Yes, for PPE bulk purchases for provider staff and clients only. We will adjust FASAMS to include Project Code **B1** in OCAs MHTRV and MSTRV.

**3. *With our monthly invoices, each ME is required to submit a provider detailed tab. As we move to paying providers 1/12, what information will be required to be submitted?***

Templates 12 and 13 are updated to include a new project code for sustainability payments. MEs report the same billed units of services and unit rates for the covered services and project codes related to service events by OCA. MEs also report any difference between the Total YTD ME General Ledger payments to the provider and the Total YTD Actual Payable reported for all Covered Service and Projects for that OCA are reported under C1. For Project Code C1 only, do not enter a payment method, payment type, payment rate or Total YTD Units Payable. Only the Total YTD Amount Payable.

**4. *There is some conflict with the interpretation of Medical Services. 65E-14, F.A.C., indicates medical can be provided on availability. FASAMS does not accept the non-client specific (EVNT) data. Can you please clarify which is correct and if providers bill medical availability?***

FASAMS will be adapted to address the provision in ch. 65E-14, F. A.C., allowing for payment based on availability.

**5. *During the call with Ute, number served for programs such as CAT (where payment is tied to number served) were mentioned. Our understanding is that each ME can re-***

***negotiate the number served, performance measure for each of the programs that have targets set. Please confirm if this is correct.***

This is correct, per the April 4, 2020 memo titled "SAMH Network Service Provider Reimbursements".

***6. We previously brought up the ability to request an additional advance. As we pay the providers 1/12 and our invoice is already reduced to take into consideration the advance recoupment, we will all run into cash flow issues. Can an additional advance be provided to the ME's??***

The method of payment for all ME contracts is defined in s. 394.9082, F.S. which grants a two month advance at the beginning of the year and equal payments thereafter. DCF will work with MEs to reduce the time between when invoices are submitted, approved and MEs receive payment.