

PROVIDER NEW CONTRACT WEBINAR

FEBRUARY 7TH, 2013



AGENDA

- ❖ Purpose
- ❖ New Contract
- ❖ Contract Amount
- ❖ Invoice Requirements and Instructions
- ❖ Funding Detail
- ❖ Required Reports
- ❖ Performance Outcome and Outputs
- ❖ Contract Transition
- ❖ Upcoming Amendments
- ❖ Q&A

PURPOSE

Pursuant to assignment letters from the DCF to the Providers dated June, 2012, *“It is recognized that this Amendment and Assignment is a transitional measure until a more permanent contractual relationship is established between CFCHS and Provider.”*

NEW CONTRACT

DCF CONTRACT

Standard Contract

Attachment I

Attachment II

Attachment III

Attachment IV – NA

ME CONTRACT

Standard Contract

Same purpose, streamlined

Attachment I

GHME1

Attachment II

No change except ME Contract Mgr.

Attachment III

Attachment IV

Highlights special provisions

NEW CONTRACT cont.

DCF CONTRACT

Exhibit A
Exhibit B
Exhibit C
Exhibit D
Exhibit E
Exhibit F
Exhibit G
Exhibit...

ME CONTRACT

Exhibit A — no change
Exhibit B — no change
Exhibit C — same purpose, expanded to include “hidden” requirements
Exhibit D — same purpose, new format
Exhibit E — incorporated by reference
Exhibit F — GHME1
Exhibit G — replaced with Funding Detail, incorporated by reference

NEW CONTRACT cont.

Contract Effective Date:

Due to the January 28th DCF deadline there is an overlap from the old contract termination date to the new contract effective date. Because of this we will terminate the old contracts January 31st in order to keep the invoicing months clean.

- ❖ Bill through January 31st using old contract.
- ❖ Start using new contract February 1st for invoices and data submission.

CONTRACT AMOUNT

❖ Method of deriving contract amount

Historical Annualized Total Contract Amount

- 2.02% for 2012/2013 Legislative reduction

Subtotal of Annualized Contract Amount

- 4.19% Managing Entity Fee

New Annualized Total Contract Amount

❖ New Annualized Total Contract Amount/12months

*17months = *FY2012/2013-2013/2014 Contract Amount*

WHAT ABOUT MY LAPSE IN FUNDS?

- ❖ Once invoices for YTD January 31st services are processed, we will have a clear picture of lapse amounts.
- ❖ Lapse funds will be amended into the New Contracts during the month of February.
- ❖ Invoices for YTD March 31st services will capture the lapse amendments.

INVOICE REQUIREMENTS AND INSTRUCTIONS

Invoice Requirements:

- ❖ Complete Provider invoice to be submitted monthly within ten (10) calendar days after the last day of the service month.
- ❖ Invoice to include services for the rates specified in Provider CFCHS approved Funding Detail.
- ❖ Provider final invoice must reconcile with actual service units.
- ❖ Fiscal year final invoice due within ten (10) calendar days after the end of each state fiscal year in the contract period.

INVOICE REQUIREMENTS AND INSTRUCTIONS CONT.

Invoice Requirements cont.:

- ❖ Total number of monthly service units cannot exceed the total amount of funding.
- ❖ Costs paid for under any other contract or from any other source are not eligible for payment.
- ❖ If no services are due to be invoiced from the preceding month, the subcontractor shall submit a written document to the Contractor indicating this information within ten (10) calendar days following the end of the month.

INVOICE REQUIREMENTS AND INSTRUCTIONS CONT.

Invoice Instructions:

a. AGENCY NAME:		CLIENT NON-SPECIFIC PERFORMANCE CONTRACT WORKSHEET FOR REQUEST FOR PAYMENT <u>Adult Substance Abuse</u>										<p>For cost centers paid for on the basis of utilization, Columns D & J MUST NOT BE > than, and Column E MUST NOT be < than, the # of units reported to the MHSA Data Warehouse</p>		
b. CONTRACT No.:														
c. FROM: TO:														
d. PROGRAM: ASA														
e. FEDERAL ID #:														
g. VENDOR ID (If different than Fed ID):														
h. ADDRESS (Number, City, State, Zip):														

							Non-TANF- Units & Earnings		TANF -Units & Earnings		SYSTEM OF CARE		
ACTIVITY	Contracted Rate	YTD Total Units to Enrolled Clients & Non-Client-Specific Units	YTD Billable Medicaid Units to Enrolled Clients	YTD Local Match Units to Enrolled Clients & Non-Client-Specific Units	YTD Total Units Eligible to be Billed to SAMH D-(E+F)	YTD Total Non-TANF Units Eligible to be Billed to SAMH	YTD Total Non-TANF \$ Amount for Eligible Units (CxH)	YTD Total TANF Units Eligible to be Billed to SAMH	YTD Total TANF \$ Amount for Eligible Units (CxJ)	Admin. Cost %	Admin. Cost \$\$\$ Amount	Local Match \$\$\$ Amount	
A	B	C	D	E	F	G	H	I	J	K	L	M	N
Treatment & Aftercare - 603007													
Assessment	\$85.91	522.00000	101.00000	69.60000	351.40000	351.40000	\$30,188.77	0.00000	\$0.00	10.65%	\$3,215.10	\$1,194.15	
Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
Crisis Support/Emergency	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
Day Care	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
Day/Night	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
In-Home & On Site	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
Intensive Case Management	\$0.00	0.00000	0.00000	0.00000	0.00000	0.00000	\$0.00	0.00000	\$0.00		\$0.00	\$0.00	
Intervention - Individual	\$67.44	3979.00000	69.50000	44.20000	3865.30000	3865.30000	\$260,675.83	0.00000	\$0.00	10.65%	\$27,761.98	\$903.70	
Intervention - Group	\$16.86	3332.50000	38.50000	0.00000	3294.00000	3294.00000	\$55,536.84	0.00000	\$0.00	10.65%	\$5,914.67	\$0.00	

INVOICE REQUIREMENTS AND INSTRUCTIONS CONT.

- ❖ Per Attachment IV (d) *Subcontractor is required to allocate administrative costs to its CFCHS funded activities such that said costs do not exceed the following levels:*

	Admin Rate De-Escalation Over Contract Period			
	FY 2012-2013	FY 2013-2014	FY 2014-2015	FY 2015-2016
Max Provider Admin Rate	14.25%	10.92%	10.00%	9.00%

- ❖ Use your actual admin rate

INVOICE REQUIREMENTS AND INSTRUCTIONS CONT.

Invoice Instructions cont.:

a. AGENCY NAME:					EXHIBIT E-1 ADULT SUBSTANCE ABUSE Non-TANF MONTHLY PAYMENT/ADVANCE REQUEST			
b. CONTRACT No.:								
c. MONTH/YEAR OF:								
d. "=months remaining": 12								
e. FEDERAL ID #:								
f. Vendor No. if different from Federal ID#:					g. ADDRESS (Number, City, State, Zip):			
PART 1 - EARNINGS	Non-TANF Funding for the Activity Only	YTD Total Eligible Non- TANF \$ Earned	YTD SAMH Non- TANF Paid for Earnings	Difference (YTD Unpaid Earnings)	Prorated Share for Activity Only	Amount Due (Owed)	Cost Center Unit Rate	# of Non-TANF Units Paid for this Month
Budget Entity 60910603 ACTIVITY / Cost Centers	(from Exh G)	(col.I of Wrksht)		(col.3-col.4)	[(col. 2 - col 4) / months remaining]*	Each Activity is the lesser of Col.5 or Col.6.	(col.C of Wrksht)	(col.7 / col.8)
1	2	3	4	5	6	7	8	9
Treatment & Aftercare - 603007								
Assessment	XXXXXXX	\$23,298.79	\$16,300.00	\$6,998.79	XXXXXXX	\$6,263.00	\$85.91	72.90188
Case Management	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
Crisis Support/Emergency	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
Day Care	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
Day/Night	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
In-Home & On Site	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
Intensive Case Management	XXXXXXX	\$0.00		\$0.00	XXXXXXX		\$0.00	0.00000
Intervention - Individual	XXXXXXX	\$171,675.26	\$125,273.00	\$46,402.26	XXXXXXX	\$45,000.00	\$67.44	667.25979
Intervention - Group	XXXXXXX	\$33,694.71	\$23,548.00	\$10,146.71	XXXXXXX	\$9,681.00	\$16.86	574.19929
Medical Services	XXXXXXX	\$182,372.93	\$72,303.00	\$110,069.93	XXXXXXX	\$24,410.00	\$369.55	66.05331
Treatment & Aftercare Total =	\$3,438,129.00	\$1,270,143.75	\$858,564.00	\$411,579.75	\$214,963.75	\$286,614.00		
Incidental Expenses								
Incidental Expenses	XXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXX		\$50.00	0.00000
Incidental Expenses Total =	\$1,704.00	\$0.00	\$0.00	\$0.00	\$142.00	\$0.00		
TOTAL:	\$6,105,240.72	\$2,195,449.87	\$1,524,912.00	\$670,537.87	\$381,694.05	\$508,730.00		
* Unless the contractor requests and the department approves payment in excess of the prorated share.								
h. Less Recoupment of Interest =					\$0.00			
i. Less Recoupment of Advance =					\$0.00			
j. TOTAL AMOUNT OF PAYMENT REQUEST =					\$508,730.00			



INVOICE REQUIREMENTS AND INSTRUCTIONS CONT.

For templates and further instructions visit:

<http://www.dcf.state.fl.us/programs/samh/contractingMore.shtml>

FUNDING DETAIL

- ❖ Incorporated by reference in CFCHS contract
 - ❖ Reduce number of amendments, reduce administrative overhead
 - ❖ Ability to adapt quickly to changing needs of consumers and community

- ❖ Instructions:
 - ❖ Refer to the Funding Detail that you submitted in August 2012 to CFCHS
 - ❖ Compare to your new annualized contract amount
 - ❖ Revise to sum to your new annualized contract amount and submit to CFCHS by 3/15/2013

FUNDING DETAIL CONT.

❖ Replaces “Exhibit G” of your DCF contracts.

07/01/2011

Exhibit G

Performance Contract
SAMH Services Program

STATE FUNDING BY PROGRAM & ACTIVITY for Fiscal Year 2012 to 2013						
Agency Name: The Center For Drug Free Living, Inc.						
Contract # GD302						
Revision # Original 2012-2013						
Date: 7/1/2012						
Activity / Cost Center	Adult Mental Health			Children's Mental Health		
	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only	TANF \$? X = Yes	Unit Rate	Non-TANF Funding Only
1	2	3	4	5	6	7
Emergency Stabilization			502004			503001
03. Crisis Stabilization (No TANF) Unit: bed-day						
04. Crisis Support/Emergency Unit: staff hour						
09. Inpatient (No TANF) Unit: 24-hr day						
		Non-TANF= TANF =			Non-TANF= TANF =	\$0
		Tot. Emerg. Stabil. Support =	\$0		Tot. Emerg. Stabil. Support =	\$0
Recovery & Resiliency			502018			503013
18. Residential Level I Unit: 24-hr day						
Residential Level I Enhanced Rate Unit: 24-hr day						

FUNDING DETAIL CONT.

Agency Name: Central Florida		Inc		Total Contract Amount:			
Contract # GHME1							
Revision #							
Last Date Updated:							
Original Submission Date:							

	A	B	C	D	F	G	H	I	J
Year 1 Targeted Admin Rates				4.19%	14.25%	18.44%			
Mental Health	Adults (Incl Admin)	Children(Incl Admin)	Total:		Provider Admin	SYSTEM OF CARE ADMIN		Adults Adjusted for Admin	Children Adjusted for Admin
Emergency Stabilization	\$ -	\$ -	\$ -		\$ -			\$ -	\$ -
Recovery & Resiliency	\$ -	\$ -	\$ -		\$ -			\$ -	\$ -
Total Mental Health:	\$ -	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
Substance Abuse	Adults (Incl Admin)	Children(Incl Admin)	Total:	ME Admin	Provider Admin	SYSTEM OF CARE ADMIN		Adults Adjusted for Admin	Children Adjusted for Admin
Detox	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
Treatment & Aftercare	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
Prevention	\$ -	\$ -	\$ -	\$ -	\$ -			\$ -	\$ -
Total Substance Abuse:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total Contract Amounts:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -

Total Contract Amount	\$ -
Maxim	\$ -

Should equal sum of "Cost Center Total" cell in tabs related to services provided to adults i.e. "Ad Rec Res" + "Adult Emerg Stab" + "Ad Detox" + "Ad Prev" + "Ad Tr Aft" as applicable

Should equal sum of "Cost Center Total" cell in tabs related to services provided to children i.e. "Ch Rec Res" + "Ch Emerg Stab" + "Ch Detox" + "Ch Prev" + "Ch Tr Aft" as applicable

Should equal the total contract amount net of 2% and 4.19%

From "Adult Emerg Stab" tab get figure in B37

Enter zero in F7 does not apply to Providers

From "Adult Emerg Stab" tab get figure in cell F37

Enter Agency's actual Admin Rate in cell G7

From "Adult Emerg Stab" tab get figure in R37

REQUIRED REPORTS

- ❖ Exhibit C reformatted
- ❖ Expanded to be more helpful; includes “hidden” requirements; divided into annual, quarterly, monthly and ad-hoc reporting periods
- ❖ “Submission Method” column replaces “# of copies” column
 - ❖ Electronic unless otherwise indicated
 - ❖ Provider format vs. CFCHS format
 - ❖ Database under development
- ❖ “Applicable” column is new

REQUIRED REPORTS CONT.

NEW REPORTS

#3 Cost Allocation Plan

65E-14, Attachment IV – F

#5 OCA Report

Attachment IV – F

#11 Complaint and Grievance Procedure

Attachment IV – C

#19 Evidenced Based Practice Report

Attachment IV – A

REPORTS NEEDING REVISION

#4 Funding Detail

#6 Local Match Plan

REQUIRED REPORTS CONT.

HIGHLIGHTS

#31: Invoice - Electronic in Excel and hard copy by mail.

#33: Adult Mental Health State Hospital Reports now have a due date.

#34: FACT Monthly Report - new due date, no longer submit to DCF HQ

#38: Incident Report - Report CFCHS or Local Match funded programs only. Particular client payor source irrelevant.

PERFORMANCE OUTCOME AND OUTPUTS

- ❖ Exhibit D reformatted
- ❖ Document contains hyperlinks to DCF Dashboard
- ❖ Generated from Legislative Measures
- ❖ Applicable measures are checked based on population served
- ❖ Performance of the Subcontractors will be monitored and measured by CFCHS.

PERFORMANCE OUTCOME AND OUTPUTS CONT.

❖ **Source Documents:**

- ❖ Exhibit D measures and targets from old DCF contracts
- ❖ DCF Dashboard Legislative measures and targets
- ❖ Key Indicators from DCF (targets are the same as GAA)
- ❖ GHME1, page 49 - #4, #5, #6
- ❖ GHME1, Exhibit A - GAA/NOMS (targets blank)
- ❖ Directive from DCF to not report Medicaid clients

❖ **Considerations:**

- ❖ Serving more clients with less funding
- ❖ Demonstrating increased number served if Medicaid numbers no longer reported
- ❖ Changing requirements resulting from Consultants' Report

PERFORMANCE OUTCOME AND OUTPUTS CONT.

❖ New contract numbers served and negotiated targets

60910502 :: Adult Community Mental Health Services				
MH001	MH	Average annual days spent in the community for adults with severe and persistent mental illness.		
MH003	MH	Average annual days worked for pay for adults with severe and persistent mental illness		
MH010	MH	Average annual days spent in the community for adults with forensic involvement.		
MH016	MH	Number of adults with a serious and persistent mental illness in the community served		
MH018	MH	Number of adults with forensic involvement served		
MH376	MH	Median length of stay in CSU/Inpatient services for adults in mental health crisis		
MH5301	MH	Number of adults with episodes of serious and acute mental illness served.		
MH5302	MH	Number of adults with mental health problems served.		
<input type="checkbox"/> M0703		Percent of adults with serious mental illness who are competitively employed.	24	--
<input type="checkbox"/> M0742		Percent of adults with severe and persistent mental illnesses who live in stable housing environment.	90	--
<input type="checkbox"/> M0743		Percent of adults in forensic involvement who live in stable housing environment.	67	--
<input type="checkbox"/> M0744		Percent of adults in mental health crisis who live in stable housing environment.	86	

TARGETS

CONTRACT TRANSITION

By March 1, 2013:

- ❖ DCF Assigned Contracts Termination letter
- ❖ YTD FY 2012/2013 Statement
- ❖ Executed New Contract
- ❖ Post Award Notice for New Contract

UPCOMING AMENDMENTS

- ❖ Lapse Funds FY 2012/2013
- ❖ Numbers served FY 2013/2014
- ❖ Contract Amount FY 2013/2014
- ❖ Reconciliation of bed days

QUESTIONS



CONTACT INFORMATION

**FOR ANY FURTHER QUESTIONS PLEASE CONTACT
YOUR CONTRACT MANAGER**

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SURVEY

Please participate in a brief survey
following the webinar.

Follow the link below:

<http://www.surveymonkey.com/s/NL873XV>