



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
Governor

**Chad Poppell**  
Secretary

**MEMORANDUM**

**DATE:** April 4, 2020

**TO:** Rodney E. Moore, L.M.H.C.  
Assistant Secretary, Substance Abuse and Mental Health

**FROM:** Ute Gazioch  
Director, Substance Abuse and Mental Health

**SUBJECT:** SAMH Network Service Provider Reimbursements

**Issue:** On March 1, 2020, a Public Health Emergency was declared in Florida as a result of COVID-19. For Substance Abuse and Mental Health (SAMH) Network Service Providers (NSPs) under contract with the Managing Entities (MEs) to effectively and efficiently address the needs of their patients and their community in this emergency, it is necessary for the Department and MEs to provide flexibility in the way NSPs are reimbursed. They will need to be able to change service array and utilize staff in alternative ways, and while the fee-for-service approach is common, it is not an effective approach for the duration of this public health emergency.

**Discussion:** To provide the necessary flexibility for NSPs to adjust services and staffing patterns as needed quickly and without consideration to billing and reimbursement, it is recommended that General Revenue driven Other Cost Accumulators (OCAs) be paid based as a monthly fee for the remainder of FY 2019-20. The included OCAs are:

MH000	MH032	MH048	MH096	MH076	MHFMH
MHSFP	MH033	MH049	MH819	MH0CN	MHMCT
MH011	MH034	MH051	MHS50	MH0FH	MHSCR
MH012	MH035	MH060	MHS52	MHCAT	MHTMH
MH021	MH036	MH061	MHRM5	MH952	MHTRV
MH027	MH037	MH089	MH072	MHEDT	
MH031	MH046	MH094	MH073		

MS000	MS903	MS0JG
MSSFP	MS907	MS0CN
MS081	MS916	MSCBS
MS091	MS918	MSTRV
MS095	MS920	

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

For services in the OCAs above which are traditionally billed as utilization, the MEs must set thresholds for providers to meet in order to draw down a monthly payment. Those thresholds must include a minimum number of persons served and number of services to be provided during the month. Crisis stabilization, short-term residential treatment, and inpatient detoxification services should continue to be paid on availability. FACT should continue to be paid based on census.

The only change is method of payment. Providers remain responsible to report all service data and to complete the fiscal year end reconciliation process, including return of overpayments due to unearned funds or funds disallowed, under standard contract terms regarding state and federal financial assistance. Any changes made to service delivery and/or staff utilization must be provided for in the contract or a contract amendment.

**Excluded OCAs**

Federal discretionary grants, disaster grants, TANF, BNet, PATH, and block grant set-asides, to the extent possible, continue to be administered as approved in the grant agreements. SAMHSA has allowed service delivery to be administered via telehealth and telephone, including GPRA interviews. However, SAMHSA has made it clear that target populations and service requirements remain intact for each discretionary grant. The applicable OCAs are:

MH026	MS0W4	MSRC2	MHES4	MHFLH
MHES4	MSSOH	MSSP2	MH0PG	MHHMR
MH0PG	MSSOW	MSSM2	MHTA5	MS0TB
MS0PP	MHTA5	MH0TB	MS023	MS912
MS0H4	MHFLH	MHDRF	MS025	MH0BN
MS0F4	MHEMP	MHMMR	MHCME	

We will continue to build guidance on how to draw down grant funds that are within the grant scope and are allowable. As an example, for prevention services unable to continue due to school closures, we will prioritize universal strategies.

**Next Steps:**

There are many details that will need to be addressed in ongoing planning and implementation of these measures. We will need to work closely with Revenue Management to ensure that services provided in blended OCAs are reported to the federal block grants first to ensure sufficient service provision to support federal expenditures.

Upon approval of this approach, we will meet with the MEs to develop an implementation plan and solutions for potential barriers.