

## ATTACHMENT I SPECIAL PROVISIONS

### A) Complaints and Grievances

- a. Each subcontractor is responsible for processing, monitoring, and documenting complaints and grievances received, subsequent investigations of the complaint or grievance, and for responding to complainants in a timely manner.
- b. All subcontractors are required to include in their policies and procedures, client handbooks, brochures, posters and website CFCHS contact information for Complaints, Fraud, Waste and Abuse (FWA) <http://www.centralfloridacares.org>, <https://centrafloridacares.ethicspoint.com> or by calling toll free 1-844-302-0433.
- c. Annual quality improvement (QI) monitoring will confirm that contact information for CFCHS Compliance Line, and DCF are posted in areas accessible to staff, individuals receiving services and their family members.

### B) Federal Health and Human Services (HHS) Requirements

All subcontractors shall develop a plan for the provision of Auxiliary Aid services for individuals who are deaf or hard of hearing, or who have Limited English Proficiency (LEP). Such plan shall also have an Auxiliary Aids monitoring component to ensure that all programs follow the requirements of the DCF-HHS Settlement Agreement and the DCF CFOP 60-10 Chapters 3 and 4. Subcontractors are also required to report monthly to HSS information about Auxiliary Aid services provided at [https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form\\_login.html](https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html)

#### Training and Quality

- a. Subcontractor shall provide the managing entity with their full accreditation and licensing reports upon request.
- b. Subcontractor agrees to participate in network training events.
- c. Subcontractor agrees to follow the procedures outlined in the managing entity's subcontractors manual or similar document which outlines network procedures and policies.
- d. Subcontractors must be accredited by a nationally recognized accreditation agency. Accreditation must be maintained during the life of the contract with CFCHS. Unaccredited providers must implement Commission on Accreditation of Rehabilitation Facilities (CARF) Standards for Unaccredited Participating Providers within six (6) months of contract execution.

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### C) Finance and Accounting

- a. Prior to execution of this contract and on by June 30 each year thereafter, Subcontractor shall submit and approve a completed Funding Detail to CFCHS. The Funding Detail shall be completed using the Financial Module at cfchsdata.org and reflect current year negotiated contracted dollars and services.
- b. Thirty (30) days after the execution of this contract and on July 30 each year thereafter, Subcontractor shall submit a final Cost Allocation Plan to CFCHS. This plan, submitted with the provider's fiscal reports as part of the proposal package, will be utilized in the analysis of that proposal package. If the Provider's Cost Allocation Plan changes during the contract period, Subcontractor shall provide CFCHS an updated copy of said no later than thirty (30) days after its implementation by Subcontractor.
- c. Subcontractor understands that there are limits to the administrative costs that can be allocated to its CFCHS funded activities. Subcontractor is required to comply with certain maximum administrative costs percentage for its CFCHS funding. Within the definitions of its Cost Allocation Plan, Subcontractor is required to allocate administrative costs to its CFCHS funded activities such that said costs do not exceed ten percent (10%).
- d. Each month, Subcontractor is required to review and approve the reverse invoice generated by CFCHS by returning the reverse paper invoice to CFCHS with a signature via email, to include reporting of sliding fees collected.
- e. Subcontractor shall analyze at minimum quarterly and notify CFCHS immediately upon discovery when the needs of the community require a change in programming and/or funding. Subcontractor is at risk of having allocated funds removed from this contract if utilization does not meet each quarter's target spending rate.
- f. Subcontractor shall including TANF eligibility screening in its financial screening process for all clients seeking services that are eligible to be reimbursed by TANF.

### D) Community Person Served Satisfaction Survey (CPSSS)

As required by DCF PAM 155-2 Appendix 4, Subcontractors are required to administer the electronic DCF Community Person Served Satisfaction Survey (CPSSS) in each of the following four program areas:

- Group 1: Adult Mental Health (AMH)
- Group 2: Adult Substance Abuse (ASA)
- Group 3: Children Mental Health (CMH)
- Group 4: Children Substance Abuse (CSA).

Subcontractors shall administer the CPSSS on an ongoing basis. Subcontractors who are required to submit 12 or more CPSSS during the fiscal year are expected to administer surveys to DCF at least monthly for processing. The deadline for quarterly submissions is the 17<sup>th</sup> calendar day of the last

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month of the quarter (September 17, December 17, March 17, and June 17). Subcontractors who have not complied with the minimum quarterly submission will be subjected to financial consequences as specified in the contract.

### E) Data Systems

Subcontractors shall use the following data systems as applicable including any future enhancements or modifications to those data systems. Subcontractors are responsible for maintaining the capacity and training to use the data systems.

Data System	Owner	Purpose	Clients whose services are paid in whole or in part by:	Technical Assistance Contact
a. IRMS	CFCHS	<b>Not for reporting Incidents, but</b> for documenting incident report updates.	CFCHS	Five Points; Geovanna Gonzalez
b. IRAS	DCF	Reporting unusual incidents in accordance with CFOP 215-6	CFCHS and all other funders	DCF helpdesk; Geovanna Gonzalez
c. SANDR	DCF	Reporting seclusion and restraint in accordance with DCF PAM 155-2 Ch. 14	CFCHS and all other funders	DCF helpdesk; Geovanna Gonzalez
d. SIPP	CFCHS	Web-based submission of application packets for SIPP	Medicaid Managed Care	Bayshore Interactive helpdesk; Stephanie Smith
e. FSFN	DCF	Submission of Behavioral Health Consultant client progress updates	All funders	DCF helpdesk; Nikaury Munoz
f. cfchsdata.org	CFCHS	Web-based submission of:  1) Service and client data in accordance with PAM 155-2  2) Daily CSU and Detox Bed Count in accordance with the User Manual  3) Weekly Substance	1) CFCHS  2) All funders  3) All funders,	Five Points helpdesk; Mike Lupton; CFCHS Contract Manager

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		<p>Abuse bed count in accordance with the User Manual</p> <p>4) Wait List data in accordance with DCF PAM155-2 Ch. 12 and CFCHS policy “Access to Care, Waiting List and Capacity Management”</p> <p>5) Contract Financial Management in accordance with the User Manual</p> <p>6) Document Management in accordance with the User Manual</p> <p>7) Final service and client data submission for fiscal year end by July 31.</p>	<p>Disclose PHI only for CFCHS funded clients</p> <p>4) CFCHS and Local Match</p> <p>5) CFCHS and Local Match</p> <p>6) Specific to the document</p> <p>7) CFCHS and Local Match</p>	
g. 2-1-1 Community Resource Directory	2-1-1 Brevard and 2-1-1 Heart of Florida United Way	Resource to provide the community with the mental health and substance abuse services available.	N/A	2-1-1 Brevard; 2-1-1 Heart of Florida United Way; CFCHS Contract Manager
h. Homeless Management Information System(HMIS)/ Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)	Homeless Services Network (HSN)	Link homeless clients or those at risk of homelessness to eligible grant funding, housing opportunities and support services within the Continuum of Care.	CFCHS	HSN
i. Concord Contract Management	CFCHS	Execute and maintain electronic contracts and manage contract lifecycle online.	CFCHS	CFCHS Contract Manager

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j. Cognito	Cognito	Collect responses for information requested in order to complete required reports and ad hoc requests.	Survey Specific	CFCHS Designated Department
k. NVRA	DS	Report number of voter applications provided	CFCHS and all other funders	Miralys Martinez
l. HHS Report	HHS	Report number of Auxiliary Aid Services provided	CFCHS and all other funders	Miralys Martinez

**F) Health Insurance Portability and Accountability Act (HIPAA)**

Subcontractors shall complete, at least annually, a Risk Analysis in accordance with the requirements of the HIPAA Security Rule (45 C.F.R. n § 164.308(a)(1)(ii)(A)). Further, in accordance with the Breach Notification Rule (45 CFR §§ 164.400-414), subcontractors shall complete a Risk Assessment following a breach, in addition to following all notification requirements under both HIPAA and section 817.5681, F.S.

Additionally, Subcontractors shall comply with the requirements of the Master Contract regarding breaches and/or potential breaches of confidentiality, which are more stringent than the Federal requirements.

Final guidance from Office of Civil Rights (OCR) on the Risk Analysis requirement can be found at: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/rafinalguidancepdf.pdf>

**G) National Voter Registration Act (NVRA) of 1993**

All Network Subcontractors shall comply with, the National Voter Registration Act (NVRA) of 1993, Pub. L. 103-31 (1993), sections 97.021 and .058, F.S., and Ch. 2.048, F.A.C., in accordance with the Master Contract.

As a Voter Registration Agency (VRA) Subcontractors must provide people with an opportunity to register to vote or update their voter registration at the time of admission or change of address. Compliance with this requirement shall include, but not be limited to the following:

- a. Designation of a Voting Registration Activities Coordinator, and notification thereof to CFCHS.

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- b. The use of DS-DE77, incorporated herein by reference and available <https://files.floridados.gov/media/693713/dsde77.pdf>. This form shall be used at admission and change of address.
- c. The use of DS-DE131, incorporated herein by reference and available at: <https://centralfloridacares.org/nvra-voter-registration-agencies-quarterly-activities-report-form/> This form shall be used to report the aggregate quarterly activities to CFCHS as specified in Exhibit B, Required Reports.
- d. Assist clients with the registration application with the same level of assistance as the Subcontractor would for completing their own forms.
- e. Submit the voter registration forms to the Supervisor of Elections.

**H) Exception Reporting**

Subcontractor shall review exceptions monthly submitted by CFCHS to the provider Data Liaisons, Contract Managers, CEOs, and CFOs. Subcontractor shall take appropriate steps to correct any inaccurate data found on the Exception Report no later than the next data submission/invoice processing cycle. The provider will sign an attestation that the data on the Exception Report is valid and any inaccurate data listed in exception reports will be backed out of the first invoice following the end of the quarter in accordance with the below schedule:

Quarter	Months of Service	Reconciliation Invoice	Reconciliation Invoice Processing Dates
Quarter 1	July, August, September	October	Nov 10-20
Quarter 2	October, November, December	January	January 10-20
Quarter 3	January, February, March	April	April 10-20
Quarter 4	April, May, June	Final	July 30 – Aug 10

**ATTACHMENT II**  
**FINANCIAL AND COMPLIANCE AUDIT ATTACHMENT**

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

**MONITORING**

In addition to reviews of audits conducted in accordance with 2 Code of Federal Regulations (CFR) §§ 200.500- 200.521 and § 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, agreed-upon procedures engagements as described in 2 CFR § 200.425 or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department's inspector general, the state's Chief Financial Officer or the Auditor General.

Quarterly submission of Financial reports, inclusive of General Ledger Trial Balance, Statement of Financial Position (aka Balance Sheet), and a program level Profit and Loss Statement to aid in ensuring compliance with (CFR) §§ 200.500- 200.521 and § 215.97, F.S.

**AUDITS**

**PART I: FEDERAL REQUIREMENTS**

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in 2 CFR §§ 200.500-200.521.

In the event the recipient expends \$750,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§ 200.500-200.521. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$750,000 in Federal awards during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families, Federal government (direct), other state agencies, and other non-state entities. The determination of amounts of Federal awards expended should be in accordance with guidelines established by 2 CFR §§ 200.500-200.521. An audit of the recipient conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 §§ 200.500-200.521 will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR § 200.508.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not

the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

## **PART II: STATE REQUIREMENTS**

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more (\$750,000 or more for fiscal years beginning on or after July 1, 2016) in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 (less than \$750,000 for fiscal years beginning on or after July 1, 2016) in State financial assistance during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

## **PART III: REPORT SUBMISSION**

Any reports, management letters, or other information required to be submitted to the Department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 (federal) or 45 (State) days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

- A.** Contract manager for this contract (1 copy)
- B.** Department of Children & Families ( 1 electronic copy and management letter, if issued )

Office of the Inspector General  
Single Audit Unit  
Building 5, Room 237  
1317 Winewood Boulevard



Tallahassee, FL 32399-0700

Email address: [HQW.IG.Single.Audit@myflfamilies.com](mailto:HQW.IG.Single.Audit@myflfamilies.com)

C. Reporting packages for audits conducted in accordance with 2 CFR Part 200 §§ 200.500-200.521, and required by Part I of this agreement shall be submitted, when required by § 200.512 (d) by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at:

<http://harvester.census.gov/fac/collect/ddeindex.html>

and other Federal agencies and pass-through entities in accordance with 2 CFR § 200.512.

D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General  
Local Government Audits/342  
Claude Pepper Building, Room 401  
111 West Madison Street  
Tallahassee, Florida 32399-1450

Email address: [flaudgen\\_localgovt@aud.state.fl.us](mailto:flaudgen_localgovt@aud.state.fl.us)

Providers, when submitting audit report packages to the Department for audits done in accordance with 2 CFR §§ 200.500-200.521, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

#### **PART IV: RECORD RETENTION**

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.

## EXHIBIT B: REQUIRED REPORTS

Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
Attestation - Completion of Auxiliary Aids Service and Monitoring Plan		Section 504, ADA CFOP 60-10	Annually	30 days after contract execution and July 30 annually thereafter	Yes - regardless of number of employees
Attestation - Completion of Risk Analysis as per HIPAA Security Rule		45 CFR § 164.308(a)(1)(ii)(A)	Annually	30 days after contract execution and July 30 annually thereafter	Yes
Attestation - <a href="#">Serving Our Customers who are Deaf and Hard of Hearing</a> training for direct service employees		Section 504, ADA CFOP 60-10	Annually	30 days after contract execution and July 30 annually thereafter	Yes - if 15 or more employees
Attestation - Emergency Preparedness Plan training for staff		CFCHS Specific	Annually	30 days after contract execution	Yes
Block Grant Report - Narrative		Template 3	Annually	May 30 each year of the contract period	Yes - if contracted for anything EXCEPT for profit, UCF, CRS
BNET Statement of Program Costs		Guidance 12	Annually	September 1 each year of the contract period	Yes - if contracted for BNET services
Civil Rights Compliance Checklist		45 CFR, Part 80 CFOP 60-16	Annually	30 days after contract execution and July 30 annually thereafter	Yes - if 15 or more employees
Contract Provider Property Inventory Form		Guidance 2 Template 1	Annually	30 days after contract execution and July 30 annually thereafter	Yes
CRS Financial Report and reconciliation		Guidance 27 CF-MH 1037	Annually	September 1 each year of the contract period	Yes - if contracted for CRS services
EOG/OPB Return on Investment - Projected Estimates		GHME1 C2-3.2.1	Annually	July 20 each year of the contract period	Yes - if contracted for an EOG project
Final data submission for fiscal year end		CFCHS Specific	Annually	July 31 each year of the contract period	Yes
Independent Financial Audit		65E-14.003, FAC	Annually	180 days after end of provider fiscal year, submitted in accordance with Attachment II	Yes - if receive over \$700,000 annually in state or federal funds
Insurance Certificates	includes liability, auto, and medical malpractice with DCF and CFCHS named as additionally insured	GHME1 Section D.1 CFCHS Specific	Annually	30 days after contract execution and ongoing upon renewal of expired certificates	Yes
Local Match Form - Actuals		Template 9	Annually	July 30 each year of the contract period	Yes - if CFCHS contract requires local match
PATH Annual Report		Guidance 15	Annually	November 17 annually, submitted to <a href="https://www.pathpdx.org/">https://www.pathpdx.org/</a>	Yes - if contracted for PATH services
PATH Intended Use Plan (IUP)		Guidance 15	Annually	March 1 of each year during the contract period	Yes - if contracted for PATH services
PPG Financial Status Report		Guidance 14	Annually	September 1 each year of the contract period	Yes - if contracted for PPG services
PPG Program Status Report		Guidance 14	Annually	September 1 each year of the contract period	Yes - if contracted for PPG services
Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems		CFOP 50-2	Annually	30 days after contract execution and July 30 annually thereafter	Yes
Sliding Fee Scale - Annual Revision	reflecting annual Federal Poverty Guidelines revisions	65E-14.018, FAC CFCHS Sliding Fee P&P	Annually	February 1 each year of the contract period	Yes
Special Audit Schedules	includes: --Schedule of State Earnings --Schedule of Related Party Transaction Adjustments --Program/Cost Center Actual Expenses & Revenues Schedule --Schedule of Bed-Day Availability Payments	65E-14.003, FAC	Annually	With Independent Financial Audit. Or within 45 days of end of provider fiscal year if no Independent Financial Audit required.	Yes
FEP fiscal year-end financial report		CF-MH 1037 CFCHS Specific	Annually	July 20 each year of the contract period	Yes - if contracted for FEP services
Incident Report	<a href="#">Report only those incidents that involve persons served that are funded partially or in whole by CFCHS or local match, and incidents related to employees, facilities, or issues that can have media involvement or impact service provision</a>	CFOP 215-6	As Needed	Within 1 business day of occurrence, submitted to IRAS	Yes

## EXHIBIT B: REQUIRED REPORTS

Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
Invoice Review Supporting Documentation			As Needed		
Current licenses		65E-14.021, FAC	As Needed	30 days after contract execution and ongoing upon renewal of expired licenses	Yes
Other Reports as Requested			As Needed		
Response to Monitoring Reports and Corrective Action Plans		402.7306, F.S.	As Needed	30 days after receipt of report	Yes
Risk Assessment as per Breach Notification Rule		45 CFR §§ 164.400-414	As Needed	Within 5 business days following a breach	Yes
Auxiliary Aid Service Record		Section 504, ADA CFOP 60-10	Monthly	by the fifth (5th) <b>business</b> day following the month of services, submitted to HHS Compliance Database, with copy of HHS receipt submitted to CFCHS	Yes - if 15 or more employees
Behavioral Health Consultant (BHC) Monthly Report		CFCHS BHC Protocol	Monthly	by the tenth (10th) day following the month of services, submitted to PBPS	Yes - if contracted for BHC services
BNET Alternative Service Forms		Guidance 12 Template 7	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for BNET services
CAT Data Report (C1)		Guidance 32	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
Civil Client Information Report		Guidance 7 DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes - If contracted for Civil Liaison services
Community Competency Restoration Training Tracking Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes - If contracted for CCR services
FACT monthly census to include waitlist		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FACT services
FACT Monthly Vacant Position Report		Guidance 16	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FACT services
Family Intensive Treatment Team Services (FIT) Report		Guidance 18 Template 17	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FIT services
Forensic Census Report	includes: --Forensic Pre-Post Commitment Diversion Tracking Report --Forensic Individuals Waiting to Return Report --Forensic Conditional Release Report	Guidance 6 CFOP 155-18	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Forensic Liaison services
Grant Report - Pregnant Woman Expansion		GHME1, Attachment I B.1.a.(5)(n)	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for PPW services
Grant Report - STR		GHME1, Attachment I B.1.a.(5)(n)	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for STR services
Invoice Support - Outreach Activity Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Outreach services
Monthly Data		PAM 155-2	Monthly	by the tenth (10th) day following the month of services, submitted to cfchsdata.org	Yes
Narcan Monthly Summary Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes -if distribute Narcan kits
Prevention Data		Guidance 10	Monthly	by the tenth (10th) day following the month of services, submitted to PBPS	Yes - if contracted for prevention services
CAT Census		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
CAT Vacant Position Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
SOAR Data		Guidance 9	Monthly	by the eighteenth (18th) day following the month of services, submitted to OATS	Yes - if contracted for SOAR services
MRT Census		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for MRT services
MRT Vacant Position Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for MRT services
FEP Invoice		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FEP services

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Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
Community Competency Restoration Training Tracking Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Competency Restoration Training
FMT Vacant Position Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FMT services
Child Welfare Referral Tracking Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Child Welfare State Opioid Response services
First Episode Psychosis (FEP) Monthly Report		CFCHS Request	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FEP services
TANF SAMH Participating Log		Guidance 16	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for TANF services.
<a href="#">Community Person Served Satisfaction Survey (CPSSS)</a>		<a href="#">DCF Pam 155-2 App 4</a>	Monthly	<a href="#">by the tenth (10th) day following the month of services</a>	Yes
Cost Allocation Plan - Final		65E-14.021(5)(b), FAC Template 14	Once	30 days after contract execution	Yes
Cost Allocation Plan - Proposed		65E-14.021(5)(b), FAC Template 14	Once	120 days before contract expiration	Yes
Fiscal Reports - Proposed	includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once	120 days before contract expiration	Yes - if annual contract amount is over \$200,000
Local Match Form - Projected		Template 9	Once	30 days after contract execution	Yes - if CFCHS contract requires local match
Program Description - Proposed	includes: --Organizational Profile --Service Activity Description	65E-14.021(5)(e)1, FAC	Once	120 days before contract expiration	Yes
Sliding Fee Scale - Original	reflecting the uniform schedule of discounts referenced in Rule 65E-14.018,	65E-14.018, FAC CFCHS Sliding Fee P&P	Once	30 days after contract execution	Yes
Fiscal Reports - Final	includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once and as Needed	30 days after contract execution and after any negotiated rate or funding changes	Yes - if annual contract amount is over \$200,000
Program Description - Final	includes: --Organizational Profile --Service Activity Description	65E-14.021(5)(e)1, FAC	Once and as Needed	30 days after contract execution and 10 calendar days before the end of the quarter if something changes	Yes
Invoice Support - Form CF-MH 1040		65E-14.020, FAC	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if paid on a cost reimbursement basis or if reconciliation to 1/12 payments required (FITT, FEP, FMT, CAT, SERG)
Attestation - Exception Report		CFCHS Exception Report P&P	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes
CRS Program Status Report on Performance Measures		Guidance 27	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for CRS services
EOG/OPB Specific Appropriation Provisos- Return on Investment - Actuals		GHME1 C2-3.2.2	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for an EOG project
FACT Ad Hoc Quarterly Report, Enhancement Reconciliation Report		Guidance 16	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for FACT services
PATH Summary Information		Guidance 15	Quarterly	Quarterly by October 10, January 10, April 10, July 10, submitted to <a href="https://www.pathpdx.org/">https://www.pathpdx.org/</a>	Yes - if contracted for PATH services
Report of aggregate quarterly NVRA activities		Guidance 25 (form DS-DE13)	Quarterly	Quarterly by October 5, January 5, April 5, July 5	Yes - if required by Attachment I of CFCHS contract
Representative Payee accounting documentation		1 CFR § 305.91-3	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - LifeStream Only
FMT Quarterly Report		CFCHS Specific	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for FMT services
Clubhouse Supported Employment Report		Template 31	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for Clubhouse services
Fiscal Reports - Quarterly	includes: --General Ledger Trial Balance --Balance Sheet --Program Level Income Statement	65E-14.021(5)(e)1, FAC	Quarterly	30 days after the end of each quarter.	Yes - if annual contract amount is over \$200,000

### EXHIBIT B: REQUIRED REPORTS

Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
FACT Admission and Discharge Certificates		CFCHS Specific	Upon Admission and Discharge of all clients	Upon Admission and Discharge of all clients	Yes - if contracted for FACT services
FMT weekly census		CFCHS Specific	Weekly	Thursday	Yes - if contracted for FMT services
SRT Census and Waitlist		CFCHS Specific	Weekly	Monday	Yes - if contracted for SRT services

**Central Florida Cares Health System, Inc.**  
**Amendment #3 to Contract No. RCC24**

**THIS AMENDMENT**, entered into between **Central Florida Cares Health System, Inc.**, hereinafter referred to as “CFCHS” and **Recovery Connections of Central Florida Inc.** hereinafter referred to as the “Provider,” amends **Contract No. RCC24**

The purpose of this amendment is to update the Subcontract, Attachment I, Attachment II, and Exhibit B to align with contractual requirements. This amendment also aligns funding with the FY22-23 budget. A breakdown of the funding changes are as follows:

- Adult Substance Abuse
    - \$398,603.00 decrease in MSRC4 SOR Recovery Centers YR4 Funding (expires 9/29/22)
    - \$159,265.00 decrease in expired MSRC3 SOR Recovery Centers YR3 Funding
    - \$160,900.00 decrease in MS000 24/7 Hotline funding
1. Pages 1-12, Subcontract Agreement, dated 12/7/2021, are hereby deleted. Pages 1-12, Subcontract Agreement, dated 9/27/2022 are hereby inserted in lieu thereof and attached hereto.
  2. Pages 13-18, Attachment I – Special Provisions, dated 11/1/2019, are hereby deleted. Pages 13-18, Attachment I – Special Provisions, dated 9/27/2022 are hereby inserted in lieu thereof and attached hereto.
  3. Pages 19-21, Attachment II – Audits, dated February 2017, are hereby deleted. Pages 19-21, Attachment II – Audits, dated 9/27/2022 are hereby inserted in lieu thereof and attached hereto.
  4. Pages 25-27, Exhibit B – Required Reports, dated 12/3/2021, are hereby deleted. Pages 25-28, Exhibit B- Required Reports, dated 9/27/2022 are hereby inserted in lieu thereof and attached hereto.

This amendment shall begin on **July 1, 2022** or the date in which the amendment has been signed by both parties, whichever is earlier.

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

**Central Florida Cares Health System, Inc.  
Amendment #3 to Contract No. RCC24**

**IN WITNESS THEREOF**, the parties hereto have caused this **26-page** amendment to be executed by their officials thereunto duly authorized.

**FEDERAL ID NUMBER: 85-1165239**

## Record of Signing

For Central Florida Cares Health System  
Name Deborah B. Owens  
Title Board Member

*Deborah B. Owens*

**Signed on 2022-11-15 14:30:28 GMT**

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DocumentID: MzZhZmJiOWMtYm  
SigningID: MDQxNTBiY2UtMT  
Signing date: 11/15/2022  
IP Address: 76.26.176.157  
Email: debbie@seminolepreventioncoalition.org

For Recovery Connections of Central Florida  
Name George J Margoles  
Title Executive Director

*George J Margoles*

**Signed on 2022-11-14 14:37:39 GMT**

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DocumentID: MzZhZmJiOWMtYm  
SigningID: MmRiYzFINjctN2  
Signing date: 11/14/2022  
IP Address: 144.129.237.194  
Email: gmargoles@gmail.com





**Central Florida Cares Health System, Inc.  
Amendment #4 to Contract No. RCC24**

**THIS AMENDMENT**, entered into between **Central Florida Cares Health System, Inc.**, hereinafter referred to as “CFCHS” and **Recovery Connections of Central Florida, Inc.** hereinafter referred to as the “Provider,” amends **Contract No. RCC24**

The purpose of this amendment is to align funding with the FY22-23 budget by increasing MSCR4 and MSCR5 funding as shown below:

- Adult Substance Abuse
  - \$365,000.00 non-recurring increase in MSCR4 SOR – Recovery Centers – YR4 Funding
  - \$341,250.00 non-recurring increase in MSRC5 SOR - Recovery Centers - YR5 Funding (effective 9/30/2022)

1. Page 1 is hereby amended to read (words underlined are inserted and words stricken are deleted):

Subcontract Number: RCC24  
 Subcontract Amount: ~~\$877,150.00~~ \$1,583,400.00  
 Local Match Requirement: \$0  
 Begin and End Dates: 7/1/2020 – 6/30/2023

2. Page 5 is hereby amended to read (words underlined are inserted and words stricken are deleted):

5. At the beginning of each fiscal year, the total subcontract amount in **Table 1** will be adjusted accordingly.

<b>Table 1 – Subcontract Funding and Local Match Requirement</b>		
<b>State Fiscal Year</b>	<b>Subcontract Amount</b>	<b>Local Match Requirement</b>
2021-2022	\$797,959.00	\$0
2022-2023	<del>\$79,191.00</del> <u>\$785,441.00</u>	\$0
2023-2024	\$0	\$0
<b>Total</b>	<del>\$877,150.00</del> <b><u>\$1,583,400.00</u></b>	<b>\$0</b>

This amendment shall begin on **July 1, 2022** or the date in which the amendment has been signed by both parties, whichever is earlier.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to 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 2-page amendment to be executed by their officials thereunto duly authorized.

**FEDERAL ID NUMBER:** 85-1165239

Recovery Connections of Central Florida, Inc.  
RCC24 Amendment 4 Document Page **1** of **2**

## Record of Signing

For Central Florida Cares Health System, Inc.  
Name Maria Bledsoe  
Title Chief Executive Officer

maria Bledsoe

Signed on 2023-05-26 10:35:08 GMT

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DocumentID: N2RmZGJhMDAtZT  
SigningID: NzI2NzI0MmEtZT  
Signing date: 5/26/2023  
IP Address: 68.204.206.249  
Email: mbledsoe@cfchs.org

For Recovery Connections of Central Florida  
Name George Margoles  
Title Executive Director

George Margoles

Signed on 2023-05-25 19:23:14 GMT

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SigningID: MzM2ZTkYMDetYT  
Signing date: 5/25/2023  
IP Address: 99.121.53.18  
Email: georgem@rccfhelp.org

