

Central Florida Cares Health System, Inc.
Amendment #4 to Contract No. PPB25

THIS AMENDMENT, entered into between **Central Florida Cares Health System, Inc.**, hereinafter referred to as “CFCHS”, and **Osceola Mental Health, Inc. dba Park Place Behavioral Health Care**, hereinafter referred to as the “Provider,” amends **Contract No. PPB25**.

The purpose of this amendment is to update the Subcontract, Attachment I, Attachment II, Exhibit B, Exhibit C and Exhibit D, and align funding with the FY24-25 budget as shown below:

| OCA | PPB25 Amendment 3 | PPB25 Amendment 4 | Difference |
|--------------|-----------------------|-----------------------|---------------------|
| MH000 | \$ 2,505,641.58 | \$ 2,505,641.58 | \$ - |
| MH072 | \$ 70,232.00 | \$ 70,232.00 | \$ - |
| MH076 | \$ 5,748.00 | \$ 5,748.00 | \$ - |
| MHOCN | \$ 91,537.24 | \$ 241,537.24 | \$ 150,000.00 |
| MHOPG | \$ 94,515.00 | \$ 94,515.00 | \$ - |
| MHCCS | \$ 121,914.67 | \$ - | \$ (121,914.67) |
| MHARP | \$ 60,000.00 | \$ 60,000.00 | \$ - |
| MHMCT | \$ 575,000.00 | \$ 275,000.00 | \$ (300,000.00) |
| MHOCB | \$ - | \$ 547,506.33 | \$ 547,506.33 |
| MHTRV | \$ 37,803.00 | \$ 37,803.00 | \$ - |
| MS000 | \$ 1,232,858.00 | \$ 1,210,570.31 | \$ (22,287.69) |
| MS023 | \$ 15,812.38 | \$ 13,143.93 | \$ (2,668.45) |
| MS0CN | \$ - | \$ 82,500.00 | \$ 82,500.00 |
| MS0TB | \$ 50,000.00 | \$ 50,000.00 | \$ - |
| MSARP | \$ 226,000.00 | \$ - | \$ (226,000.00) |
| MSSM4 | \$ 173,644.33 | \$ - | \$ (173,644.33) |
| MSSM6 | \$ 836,583.54 | \$ 674,828.53 | \$ (161,755.01) |
| MSSM7 | \$ - | \$ 645,131.91 | \$ 645,131.91 |
| MSOCB | \$ - | \$ 305,472.69 | \$ 305,472.69 |
| MSTRV | \$ 24,546.00 | \$ 44,924.91 | \$ 20,378.91 |
| MSTV2 | \$ 100,000.00 | \$ - | \$ (100,000.00) |
| MSOHB | \$ 75,000.00 | \$ 115,880.00 | \$ 40,880.00 |
| MSOPR | \$ 342,950.00 | \$ 450,000.00 | \$ 107,050.00 |
| MSOTR | \$ 100,000.00 | \$ 100,000.00 | \$ - |
| Total | \$6,739,785.74 | \$7,530,435.43 | \$790,649.69 |

1. Pages 1-12, Subcontract Agreement, dated 11/4/2023, are hereby deleted. Pages 1-12, Subcontract Agreement, dated 12/5/2024, are hereby inserted in lieu thereof and attached hereto.

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2. Pages 13-18, Attachment I – Special Provisions, dated 1/9/2024, are hereby deleted. Pages 13-18, Attachment I – Special Provisions, dated 9/9/2024, are hereby inserted in lieu thereof and attached hereto.
3. Pages 19-21, Attachment II – Audits, dated 9/27/2022, are hereby deleted. Pages 19-21, Attachment II – Audits, dated 1/27/2025, are hereby inserted in lieu thereof and attached hereto.
4. Pages 25-27, Exhibit B – Required Reports, dated 12/4/2023, are hereby deleted. Pages 25-28, Exhibit B – Required Reports, dated 1/10/2025, are hereby inserted in lieu thereof and attached hereto.
5. Page 28, Exhibit C – Special Programming Report of Budget and Expenditures, is hereby deleted. Page 29-30, Exhibit C – Special Programming Report of Budget and Expenditures is hereby inserted in lieu thereof and attached hereto.
6. Page 29, Exhibit D – Specific Programs/Services Allocations, dated 11/5/2023, is hereby deleted. Page 31, Exhibit D – Specific Program/Services Allocations, dated 11/5/2023, is hereby inserted in lieu thereof and attached hereto.

This amendment shall begin on **July 1, 2024** 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 **30-page** amendment to be executed by their officials thereunto duly authorized.

FEDERAL ID NUMBER: 59-1677912

Maria Bledsoe

Chief Executive Officer

Central Florida Cares Health System, Inc.



Signed: 2/24/2025

Garrett Griffin

Chief Executive Officer

Osceola Mental Health Inc. d/b/a Park



Signed: 2/24/2025

SUBCONTRACT BETWEEN
CENTRAL FLORIDA CARES HEALTH SYSTEM, INC.
AND

OSCEOLA MENTAL HEALTH, INC. D/B/A PARK PLACE BEHAVIORAL HEALTH CENTER

Subcontract Number: PPB25
Subcontract Amount: \$21,030,629.62
Local Match Requirement: \$2,192,560.00
Begin and End Dates: 7/1/2022 – 6/30/2025

THIS CONTRACT is entered into by and between **CENTRAL FLORIDA CARES HEALTH SYSTEM, INC.**, hereinafter referred to as the "Contractor" and **OSCEOLA MENTAL HEALTH, INC. D/B/A PARK PLACE BEHAVIORAL HEALTH CENTER**, hereinafter referred to as the "Subcontractor", for the provision of Substance Abuse and Mental Health services in accordance with those conditions specified in this subcontract and the Master Contract number GHME1 or any of its subsequent renewals or amendments between Central Florida Cares Health System, Inc. and the Florida Department of Children and Families, Central Region.

FOR AND IN CONSIDERATION of the mutual undertakings and agreements hereinafter set forth, the Contractor and the Subcontractor agree as follows:

A. Services to be Provided

1. The Subcontractor is responsible for the administration and provision of programs and services in the following counties: **Osceola**.
 - a. In no circumstances shall an individual's county of residence be a factor that denies access to service.
2. Specific Subcontractor obligations under this subcontract require that the Subcontractor:
 - a. Comply with the provisions and conditions specified in the Master Contract, which is incorporated herein by reference and may be located at: <https://facts.fldfs.com/Search/ContractDetail.aspx?AgencyId=600000&ContractId=GHME1> (Master Contract, includes the standard contract, its' attachments, any exhibits referenced in said attachments, any documents incorporated by reference, and any subsequent renewals and amendments). The Subcontractor shall provide services in accordance with the terms and conditions specified in the Master Contract including all attachments, exhibits, and documents incorporated by reference which constitutes the contract document. Any reference to the Department of Children and Families in the Master Contract documents is equivalent to the Contractor in relation to the Subcontractor, unless otherwise noted.
 - b. Secure and maintain all necessary authority and licenses to provide the services allowable within the cost centers for which the Contractor shall be invoiced and to provide those services for the rates specified in their Central Florida Cares Health System (CFCHS) approved Funding Detail, hereby incorporated by reference.
 - c. Ensure Contractor access to the documentation necessary for ensuring compliance to the conditions of this subcontract.

- d. Ensure that all persons served under this subcontract are eligible, that services provided are allowable and that documentation is consistent with and maintained in accordance with the conditions of the Master Contract, including, where applicable, verification that the services provided cannot be paid for through Medicaid.
- e. Subcontractor and staff shall comply with the staffing qualifications and requirements of this subcontract and as required by applicable law, rule or regulations, including without limitation, the regulations of the Department of Children and Families and section 448.095(5), F.S. The Subcontractor shall enroll in the E-Verify program to initiate verification of employment eligibility prior to hiring. The Subcontractor will ensure that the standards for mental health personnel are used for Level II screening as set forth in Chapter 435 and section 408.809, Florida Statutes (F.S.), and, except as otherwise specified in subsection 394.4572(1)(b)-(d), and 394.4572(3), F.S. Additionally, the Subcontractor shall provide employment screening for substance abuse personnel using the standards set forth in Chapter 397, F.S.
- f. Each party shall comply with all confidentiality and non-disclosure requirements contained in the Master Contract or required by applicable law, rule or regulation. Further, each party shall not use or disclose to any unauthorized person any information relating to the business or affairs of the other party or of any qualified individual, except pursuant to the express written consent of the other party or the qualified individual, as applicable, court order, or as required by law, rule or regulation. This provision shall survive the termination or expiration of the subcontract.
- g. Subcontractor shall provide deliverables, including reports and data as specified in the included Attachments and Exhibits, in accordance with the stated standard terms and conditions of the contract. The failure to comply is considered a breach of contract as specified in the Master Contract and could result in denial of payment until acceptable deliverables are received.
- h. Contractor shall not be required to pay Subcontractors or other vendors if Contractor does not receive payment for the corresponding services and materials from its payment source. This shall not mean that Contractor is excused from payment unless Contractor is not paid due to no fault of its own. Contractor may make partial payments to the extent it receives partial funding. In the event the acts or omissions of a Subcontractor are a cause, in whole or in part, of a payment source's failure to pay Contractor, then Contractor may elect to apportion any payment received among Subcontractors or vendors whose acts are not a cause for non-payment. Subcontractors and vendors shall not be subject to non-payment for reasons other than Contractor's failure to receive its funding, unless the Subcontractor or vendor has failed to comply with a corrective action plan and has received notice that its failure shall lead to non-payment as the next step of subcontract enforcement. Pursuant to section 287.0582, F.S. the State of Florida's performance and obligation to pay under this subcontract is contingent upon an annual appropriation by the Legislature.
- i. Subcontractor agrees to participate in the Contractor's quality assurance and quality management activities, including: peer reviews, critical incident reporting, evaluations, reviews of both individuals served and administrative records, and compliance with contract management requirements. The Subcontractor shall grant staff of the Contractor access to programmatic files, fiscal files and individual served records for monitoring purposes. The purpose of the quality assurance monitoring shall be to objectively and systematically monitor and evaluate the appropriateness and quality of

client care, to ensure that services are rendered consistent with reasonable, prevailing professional standards and to resolve identified problems. In addition, the Subcontractor shall grant access for the purpose of monitoring compliance with corrective action.

- j. The Subcontractor shall deliver services and system improvements as identified within their CFCHS approved Program Descriptions. The Subcontractor shall describe through their Program Description how consumers shall have access to care at each level of service delivery and how the care shall be coordinated to allow for seamless transition from one level of care to another. The Subcontractor shall also describe how the services shall be integrated to offer a total comprehensive array of services to accommodate the co-occurring population.
- k. The Subcontractor shall protect data in the CFCHS data system(s) from accidental or intentional unauthorized disclosure, modification, or destruction by persons by insuring that each user possesses a unique personal identifier and password known only to the user. Further, Subcontractors shall follow all guidelines, as specified by CFCHS, concerning required trainings and forms to be completed for staff with access to CFCHS data system(s).
- l. The Subcontractor shall maintain continuous adequate liability insurance during the existence of this subcontract and any renewal(s) and extension(s) of it. Each insurer must have a minimum rating of "A" by A.M. Best or an equivalent rating by a similar insurance rating firm, and shall name both Central Florida Cares Health System, Inc. and the Department of Children and Families as an additional insured under the policies. The Subcontractor accepts full responsibility for determining and identifying the type(s) and extent of liability insurance necessary to Subcontractor that provides reasonable financial protections for the Subcontractor and the clients. Upon execution of this subcontract the Subcontractor shall furnish the Contractor's verification supporting the determination and existence of such insurance coverage. The Contractor reserves to right to require additional insurance coverage as specified in the subcontract.
- m. If requested, the Subcontractor shall submit to the Contractor an actual expense report for every month of the subcontract period. The due date for the report is the 5th of the month following the end of the month. The Contractor shall provide the format of the report and shall determine the extent of cost analysis after reviewing the report.
- n. The Subcontractor shall make available and communicate all plans, policies, procedures, and manuals to the Contractor's staff, Subcontractor's staff, and to clients/ stakeholders, if applicable.
- o. The Subcontractor agrees that all payments made for services will be based solely on data submitted to and accepted by Contractor or Contractor's data system. Any payments subsequently determined by the Contractor to not be in full compliance with subcontract requirements shall be deemed overpayments.
- p. Upon execution of an amendment for a new program/service, the provider shall have up to 90 days to implement, unless otherwise agreed in writing. Failure to implement within the agreed upon timeframe may result in enactment of the CFCHS Subcontractor Compliance and Performance Improvement policy.
- q. If the Subcontractor serves persons with substance use disorders, they shall utilize the American Society of Addiction Medicine (ASAM) level of care determination criteria. The

ASAM criteria are published at <https://www.asam.org/asam-criteria/about-the-asam-criteria>.

- r. The Subcontractor shall provide contact information for Mobile Response Teams to parents and caregivers of children, adolescents, and young adults between ages 18 and 25, inclusive, who receive behavioral health services.

B. Method of Payment

1. This is a non-bundled fee-for-service rate contract with the exception of MRT and outpatient substance abuse detoxification which will be paid via a bundled fee-for-service rate with monthly reconciliation.
2. The Subcontractor, if Medicaid-enrolled, prior to invoicing the Contractor for any services provided to Medicaid-enrolled recipients, must complete each of the following steps:
 - a. Submit a prior authorization request for any Medicaid-covered services provided.
 - b. Appeal any denied prior authorizations.
 - c. Provide assistance to appeal a denial of eligibility or coverage.
 - d. Verify the provided service is not a covered service under Florida Medicaid, as defined in Chapter 59G-4, F.A.C., or is not available through the individual's MMA Plan.
 - e. In cases where the individual's Medicaid-covered service limit has been exhausted for mental health services, an appropriately licensed mental health professional shall issue a written clinical determination that the individual continues to need the specific mental health treatment service provided.
 - f. In cases where the individual's Medicaid-covered service limit has been exhausted for substance use disorder treatment services a qualified professional as defined in Section 397.311, F.S., shall issue a written clinical determination that the individual continues to need the specific service provided.
3. Contractor shall pay the Subcontractor for units of service and/or actual expenditures, delivered in accordance with the terms and conditions of this subcontract at the unit price listed on their CFCHS approved Funding Detail hereby incorporated by reference, subject to the availability of funding. In the event that (i) Contractor has funds remaining after paying the Subcontractor the total amount outlined in the table below, and (ii) the Subcontractor has delivered additional units of service and/or actual expenditures in accordance with the terms and conditions of this subcontract for which the Subcontractor has not been paid, Contractor may, in its sole discretion pay the Subcontractor for some or all of the additional units of service and/or actual expenditures invoiced by Subcontractor.
4. The Subcontractor shall return to the Contractor any overpayments due to unearned funds or funds disallowed that were disbursed to the Subcontractor and any interest attributed to such funds. Should repayment not be made promptly upon discovery by the Subcontractor or its auditor or upon written notice by the Contractor, the Subcontractor will be charged interest at the lawful rate of interest on the outstanding balance until returned. Payments made for services subsequently determined by the Contractor to not be in full compliance

with rate agreement requirements shall be deemed overpayments. The Contractor shall have the right at any time to offset or deduct from any payment due under this or any other contract or agreement any amount due to the Contractor from the Subcontractor under this or any other contract or agreement.

5. Pursuant to section 394.76(3), F.S., the Subcontractor agrees to provide local matching funds as outlined in the table below for each fiscal year of the subcontract.
6. At the beginning of each fiscal year, the total subcontract amount in **Table 1** will be adjusted accordingly.

| Table 1 – Subcontract Funding and Local Match Requirement | | |
|--|---------------------------|--------------------------------|
| State Fiscal Year | Subcontract Amount | Local Match Requirement |
| 2022-2023 | \$6,760,408.45 | \$669,398.00 |
| 2023-2024 | \$6,739,785.74 | \$941,192.00 |
| 2024-2025 | \$7,530,435.43 | \$581,970.00 |
| Total | \$21,030,629.62 | \$2,192,560.00 |

7. Subcontractor shall approve reverse invoices generated by data and/or expenditures submitted for services delivered according to the following schedule:

| Month of Service | Data Due | Reverse Invoice Generated | Approval of Reverse Invoice Due |
|-------------------------|-----------------|----------------------------------|--|
| July | August 5 | August 18 | August 30 |
| August | September 5 | September 18 | September 30 |
| September | October 5 | October 18 | October 30 |
| October | November 5 | November 18 | November 30 |
| November | December 5 | December 18 | December 30 |
| December | January 5 | January 18 | January 30 |
| January | February 5 | February 18 | February 29 |
| February | March 5 | March 18 | March 30 |
| March | April 5 | April 18 | April 30 |
| April | May 5 | May 18 | May 30 |
| May | June 5 | June 18 | June 30 |
| June | July 5 | July 18 | July 30 |

8. At its sole discretion, the Contractor may approve the release of more than the monthly prorated amount when the Subcontractor submits a written request justifying the release of additional funds, if funds are available and services have been provided.
9. Subcontractor shall follow all requirements outlined in 65E-14, F.A.C. in the governance of funds paid through this subcontract.

10. Name and address of Payee:

Osceola Mental Health, Inc. d/b/a Park Place Behavioral Health Care
206 Park Place Blvd.
Kissimmee, Florida 34741

C. Venue

Venue for any court action pertaining to this Subcontract or Contract shall be in the courts of Orange County, Florida. The name and address of the Subcontractor representative designated to receive all legal notices pertaining to this subcontract is:

Contract Representative
Leo Colomer, Contract Manager
707 Mendham Blvd., Suite 201
Orlando, FL 32825

Subcontractor Representative
Dr. Garrett Griffin, CEO
206 Park Place Blvd.
Kissimmee, FL 34741

D. Compliance with Standard Federal Provisions

1. Subcontractor agrees to comply with federal grant requirements, as applicable, and 2 C.F.R. Part 200. Requirements include but are not limited to:
 - a. Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1851-1387), as amended—If this subcontract is of amounts in excess of \$150,000, Subcontractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1851-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
 - b. Debarment and Suspension (Executive Orders 18549 and 18689)—Subcontractor agrees that they are not listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 18549 (3 CFR part 1986 Comp., p. 189) and 18689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 18549.
 - c. Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)—Subcontractors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
2. In accordance with 45 C.F.R. section 96.131(a) and (b), providers that receive Block Grant funds and serve injection drug users must publicize the following notice: "This program

receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows: 1. Pregnant injecting drug users; 2. Pregnant drug users; 3. People who inject drugs; and 4. All others.” According to 45 C.F.R. section 96.131, this may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies.

3. In accordance with 45 CFR section 96.135, 42 U.S.C. section 300x-5, and 42 U.S.C. section 300x-31 providers that receive Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT) block grant funding restricts the following, but not limited to:
 - a. The CMHS block grant funds may be used to provide mental health treatment services to adults with serious mental illness and children with serious emotional disturbance within jails, prisons, and forensic settings, as long as these services are provided by programs that also treat the nonincarcerated community at-large and provide continuity of care through discharge planning and case management.
 - b. The SAPT block grant funds may not be used to provide any services within prisons or jails.
4. Subcontractor agrees to comply with Master Contract Section B1-5 in regards to Block Grant funding, including regarding maintenance of effort. Requirements include but are not limited to:
 - a. For Subcontractors that receive SAPT block grant funding or Projects for Assistance in Transition from Homelessness (PATH) grant funding and are religious organizations, compliance with SAMHSA Charitable Choice provisions and the implementing regulations of 42 C.F.R. section 54a;
 - b. For Subcontractors that provide substance abuse education, treatment, or prevention; compliance with 42 C.F.R. Part 2 – Confidentiality of alcohol and drug abuse patient records;
 - c. For Subcontractors that receive CMHS block grant funding and have been designated as a prevention provider for the purposes of H.R. Res. 3547, 113th Cong. (2014) (enacted), compliance with federal requirements.
 - d. For Subcontractors that receive SAPT block grant funding for the purpose of primary prevention of substance use, compliance with 45 C.F.R. section 96.125;
 - e. Subcontractors that receive block grant funding must comply with monitoring of block grant requirements and activities;
 - f. Subcontractors that receive SAPT and CMHS block grant funding must comply with state or federal requests for information related to the block grant.

- g. Subcontractors that receive block grant funding for the purpose of treatment services must discuss with individuals with opioid use disorders or alcohol use disorders the option of medication-assisted treatment using FDA-approved medications.
- h. Subcontractors that receive block grant funding for the purpose of treatment services must comply with linking individuals to medication-assisted treatment providers upon request from the individual served.
- i. Subcontractors that receive block grant funding for the purpose of treatment services are prohibited from automatic discharges or discontinuation of medications as a consequence of continued substance use or positive drug tests, unless the combination of substances used is medically contraindicated.
- j. Subcontractors that receive block grant funding for the purpose of treatment services are prohibited from denying an eligible individual access to the Subcontractors program or services based on the individual's current or past use of FDA-approved medications for treatment of substance use disorders. To include, but not limited to:
 - i. The Subcontractor's programs and services cannot prevent an individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder;
 - ii. Permit the individual to access medication for FDA-approved medication-assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.
 - iii. Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial.
 - iv. The Subcontractor's program is prohibited from compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
 - v. Prohibited to place caps or limits on the length of medication-assisted treatment, except for limits imposed by a documented lack of eligible public funds.
 - vi. Prohibited to require mandatory counseling participation and mandatory self-help group participation requirements imposed as a condition of initiating or continuing medications that treat substance use disorders, except those established by methadone providers and applied to individuals on methadone pursuant to section 65D-30.0142(2)(o) and section 65D-30.0142(2)(q)2.a., Florida Administrative Code.

E. Compliance with Standard State Provisions

1. Subcontractor agrees to comply with Department policies (CFOPs), Guidance Documents, the Reference Guide for State Expenditures and any and all provisions applicable to Subcontractor as required by state grants and as set out in the Master Contract and Exhibits as subsequently modified by amendments, which are incorporated into this subcontract. Provision headings in the Master Contract include but are not limited to:

- a. Inspections and Corrective Action Plan
 - b. HIPAA
 - c. Data Security
 - d. Unauthorized Aliens
 - e. Civil Rights Requirements
 - f. Public Entity Crime and Discriminatory Contractors
 - g. Whistleblower's Act Requirements
 - h. Client Risk and Prevention
2. Subcontractors who receive 50 percent or more of its budget from either the State of Florida or a combination of state and federal funds agrees that none of the funds provided may be used to pay the salary of an individual at a rate in excess of Level II of the Executive Schedule. Executive pay schedules can be obtained from the U.S. Office of Personnel Management.

F. Hold Harmless

1. Subcontractor shall defend, hold harmless and indemnify the Contractor from any and all liability, loss, claims, damages, costs, attorney's fees and expenses Contractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Subcontractor or its agents, representatives and/or employees.
2. Contractor shall defend, hold harmless and indemnify the Subcontractor from any and all liability, loss, claims, damages, costs, attorney's fees and expenses Subcontractor may sustain, incur or be required to pay either by reason of the loss or improper use of any moneys disbursed or to be disbursed hereunder to fraud, defalcation or dishonesty on the part of any person represented or employed by the Contractor or its agents, representatives and/or employees.

G. Assignments and Subcontractors

Subcontractor may not assign the responsibility of the subcontract to another party or subcontract any of the work contemplated under this subcontract, unless so specified in an attachment, or unless the Subcontractor obtains the prior written approval of Contractor. No such approval shall obligate the Contractor for more than the total dollar amount stated in this subcontract. All such assignments and subcontracts shall be subject to the conditions of this subcontract and to any conditions Contractor deems necessary.

H. Financial Penalties for Failure to Take Corrective Action

1. In accordance with the provisions of subsection 402.73(1), F.S., and Rule 65-29.001, Florida Administrative Code (F.A.C.), corrective action plans may be required for noncompliance, nonperformance, or unacceptable performance under this subcontract. Penalties may be imposed for failures to implement or to make acceptable progress on such corrective action plans.
2. The increments of penalty imposition that shall apply, unless the Contractor determines that extenuating circumstances exist, shall be based upon the severity of the noncompliance, nonperformance, or unacceptable performance that generated the need for corrective action

plan. The penalty, if imposed, shall not exceed ten percent (10%) of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made. Noncompliance that is determined to have a direct effect on client health and safety shall result in the imposition of a ten percent (10%) penalty of the total contract payments during the period in which the corrective action plan has not been implemented or in which acceptable progress toward implementation has not been made.

3. Noncompliance involving the provision of service not having a direct effect on client health and safety shall result in the imposition of a five percent (5%) penalty. Noncompliance as a result of unacceptable performance of administrative tasks shall result in the imposition of a two percent (2%) penalty.
4. The deadline for payment shall be as stated in the Order imposing the financial penalties. In the event of nonpayment, the Contractor may deduct the amount of the penalty from invoices submitted by the Subcontractor.

I. Notice of Legal or Regulatory Actions

1. The Subcontractor shall notify the Contractor of potential or actual legal or regulatory actions taken against the Subcontractor related to services provided through this Contract or that may impact the Subcontractor's ability to deliver the contractual services, or that may adversely impact the Contractor. This includes, but is not limited to, open investigations by regulatory agencies, law enforcement, accreditation entities or licensing boards involving the Subcontractor and/or any of its employees.
2. The Subcontractor shall notify their assigned Contract Manager within ten (10) days of Subcontractor becoming aware of such actions or potential actions or from the day of the legal filing or notice of regulatory action, whichever comes first.
3. The Subcontractor shall enter an incident report into the IRAS system under the Other category if the issue has, or is likely to have, a significant impact on individuals served, the Department of Children and Families, CFCHS, or the Subcontractor or if the issue has resulted in or is likely to result in media reports.

J. Termination

Conditions governing the termination of this subcontract include:

1. Termination at Will.

Either party providing thirty (30) days written notification, unless a lesser time is mutually agreed upon in writing, shall accomplish termination of this subcontract, at the will of the Contractor or the Subcontractor, without cause.

2. Termination for Lack of Funds.

Termination for lack of funds, when such termination has been affected on the Contractor by Department of Children & Families for the Master Contract, shall be accomplished by the Contractor with no less than twenty-four (24) hour notice in writing delivered to the Subcontractor.

3. Termination for Cause.

Termination for cause, breach or non-performance may be accomplished by the Contractor with no less than twenty-four (24) hour notice delivered to the Subcontractor. The determination of cause, breach or non-performance of subcontract shall be made by the Contractor's Board of Directors. Termination for cause may include any of the following events:

- a. If Subcontractor is suspended or becomes disqualified from providing the services, found to be negligent or to have caused harm to a qualified individual, or otherwise is subject to disciplinary action which materially adversely affects the Subcontractor's ability to perform the services under this subcontract.
- b. If Subcontractor (or its officers or directors) is convicted of or pleads guilty, no contest or otherwise admits to any crime involving a morally corrupt act or practice or any felony offense.
- c. If the Subcontractor makes an assignment for the benefit of creditors, files a voluntary petition in bankruptcy, is adjudicated bankrupt or insolvent or has entered against it an order for any relief in any bankruptcy or insolvency proceeding or has an involuntary petition in bankruptcy or similar proceeding filed against it which has not been dismissed with 180 days after the commencement thereof.
- d. If Contractor, after exhausting appellate review, is enjoined by a court of competent jurisdiction from entering into, or continuing, this subcontract. A termination for cause under this subsection shall not be subject to a Board of Directors' determination.

K. Continuation of Services

The Contractor shall work with the current Subcontractor prior to cancellation date to ensure all consumer needs are identified and appropriate placements and transportation needs, as applicable, have been arranged. The Subcontractor shall maintain communication with the Contractor on the process of transferring consumers until all consumers are placed.

L. Curative Clause

Any disputes concerning performance of this subcontract that cannot be resolved informally shall be reduced to writing and delivered to the President of the Contractor's Board of Directors requesting resolution through Board action. When the Board action fails to resolve the dispute as described, the Contractor and Subcontractor agree to seek independent mediation and to accept and abide by the findings of the mediator as the final recourse.

M. Conflicting Documents.

In the event of a conflict between the provisions of referenced documents and this subcontract, the documents shall be interpreted in the following order of precedence:

1. This subcontract;
2. Any documents incorporated into this subcontract by reference;
3. Master Contract GHME1 or any of its subsequent renewals or amendments;

4. Any documents incorporated by reference into Master Contract GHME1 or any of its subsequent renewals or amendments.

N. Effective and Ending Dates

This is a multi-year subcontract for 36 months, with an effective date of **July 1, 2022**. It shall end at midnight, local time in Orlando, Florida, on June 30, 2025.

O. Renewals

This contract may not be renewed.

P. Entire Agreement

The following Attachments, Exhibits, Incorporated by Reference Documents, or the latest revisions thereof, are incorporated herein and made a part of the subcontract.

Attachment I, Special Provisions

Attachment II, Audit Attachment

Attachment III, Certificate Regarding Lobbying

Exhibit A, Target Population and Performance Measures

Exhibit B, Required Reports

Exhibit C, Special Programming Report of Budget and Expenditures

Exhibit D, Specific Program/Services Allocations

Incorporated by Reference Document 1, Master Contract

Incorporated by Reference Document 2, Program Description(s)

Incorporated by Reference Document 3, Funding Detail

Incorporated by Reference Document 4, CFCHS Incidental Expense Pre Authorization Policy

Incorporated by Reference Document 5, DCF Guidance 13 – Indigent Drug Program

Incorporated by Reference Document 6, DCF Guidance 4 - Care Coordination

Incorporated by Reference Document 7, CFCHS Care Coordination Guidelines

Incorporated by Reference Document 8, CFCHS TANF Guide

Incorporated by Reference Document 9, DCF Guidance 17 – TANF Funding Guidance

Incorporated by Reference Document 10, DCF Guidance 42 – State Opioid Response (SOR)

Incorporated by Reference Document 11, SOR-3 Resource Guide

Incorporated by Reference Document 12, Draft CFOP for the Opioid Settlement Trust Fund

Incorporated by Reference Document 13, DCF Guidance 29 – Transitional Vouchers

Incorporated by Reference Document 14, DCF Guidance 9 – SSI/SSDI Outreach, Access and Recovery (SOAR)

Incorporated by Reference Document 15, DCF Guidance 21 – Housing Coordination

Incorporated by Reference Document 16, DCF Guidance 15 – Projects for Assistance in Transition from Homelessness (PATH)

By signing the contract, the parties agree that they have read and agree to the entire contract.

THE PARTIES HERETO by and through their dually authorized representatives, whose signatures appear below, have caused this **31**-page contract to be executed on the date and year below.

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 shall ensure each of their staff members funded by CFCHS complete DCF's Support to the Deaf and Hard of Hearing Attestation Form annually. Subcontractors with fifteen (15) or more staff members are also required to report monthly to HHS information about Auxiliary Aid services provided at https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html.

C) 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 sub-contractors manual or similar documents which outline 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 by the second year of contract execution.

D) Finance and Accounting

- a. Prior to execution of this contract and 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,

ATTACHMENT I SPECIAL PROVISIONS

Subcontractor shall provide CFCHS with 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 invoice to CFCHS with a signature via email, to include reporting of sliding fees collected.
- e. Subcontractor shall analyze utilization 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. If Subcontractor receives TANF funding, Subcontractor shall include TANF eligibility screening in its financial screening process for all clients seeking services that are eligible to be reimbursed by TANF.

E) Community Person Served Satisfaction Survey (CPSSS)

As required by DCF FASAMS 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. All surveys for the fiscal year shall be submitted by July 5 to count toward annual performance measures. Surveys shall be submitted by October 5, January 5 and April 5 to count toward quarterly performance measures. Subcontractors who have not complied with the minimum quarterly submission, which is 25% of the annual required number, will be subject to financial consequences as specified in the contract.

F) 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. Any individual with access to confidential information and/or DCF or CFCHS information systems is required to complete DCF's Security Awareness training prior to system access, as well as annually thereafter.

| Data System | Owner | Purpose | Clients whose services are paid in whole or in part by: | Technical Assistance Contact |
|-------------|-------|--------------------------------------|---|---|
| a. IRMS | CFCHS | Not for reporting Incidents, but for | CFCHS | CFCHS Data Department; Giovanna Gonzalez |

ATTACHMENT I SPECIAL PROVISIONS

| | | | | |
|------------------|-------|--|---|---|
| | | documenting incident report updates. | | |
| 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; |
| d. SIPP | CFCHS | Web-based submission of application packets for SIPP | Medicaid Managed Care | CFCHS Data Department; Stephanie Smith |
| e. FSN | 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 Abuse bed count in accordance with the User Manual 4) Wait List data in accordance with DCF PAM155-2 Ch. 12 and CFCHS policy "Access to Care, Waiting List and Capacity Management" 5) Contract Financial Management in accordance with the User Manual 6) Final service and client data submission for fiscal year end by July 31. | 1) CFCHS 2) All funders 3) All funders; Disclose PHI only for CFCHS funded clients 4) CFCHS and Local Match 5) CFCHS and Local Match 6) Specific to the document | Five Points helpdesk; Mike Lupton; CFCHS Contract Manager |

ATTACHMENT I SPECIAL PROVISIONS

| | | | | |
|--|---|--|-----------------------------|--|
| | | | | |
| 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 available mental health and substance abuse services. | 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 |
| 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 |
| m. Report Tracking System (RTS) | CFCHS | Submission of all contract required documents | CFCHS | CFCHS Contract Manager |
| n. Web Infrastructure for Treatment Services (WITS) | DCF | Required demographic and GPRA data entry for SOR funded clients. | CFCHS – SOR | Mike Lupton and Michelle Ball |

G) 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.

ATTACHMENT I SPECIAL PROVISIONS

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/afinalguidancepdf.pdf>

Subcontractors shall ensure all staff with access to confidential information and/or DCF or CFCHS information systems complete HIPAA training annually.

H) 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. 15-2.048, F.A.C., in accordance with the Master Contract and Guidance 25 – National Voter Registration Act Guidance.

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.
- b. The use of DS-DE77, incorporated herein by reference and available at <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.

I) Exception Reporting

Subcontractor shall comply with the CFCHS Exception Reports and Payments Memo originated on November 1, 2016 and updated periodically, as needed.

J) Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR)

- a. Report data and outcomes to the RSTL and SOAR Technical Assistance Center using the Online Application Tracking (OAT) system including:
 - i. Number of SOAR-assisted SSI/SSDI applications;
 - ii. Decisions on applications, including appeals; and
 - iii. Numbers of days until applications are approved from date of application submission to date of decision.
- b. Subcontractors are encouraged to:

ATTACHMENT I SPECIAL PROVISIONS

- i. Attend the regularly convened local planning team meetings to explore and identify funding and sustainability as well as develop a collaborative effort to implement the SOAR model in the region.
- ii. Sign up for a SOAR distribution list that will be organized by the ME for ongoing communication and dissemination of meeting minutes.
- iii. Align their case manager training plans to the implementation of the SOAR local action plan and process.
- iv. Report progress and challenges during regular meetings or by contacting the appropriate member of the ME staff if meetings cannot be attended by the provider. Providers are also encouraged to identify and address technical assistance needs as consistently as possible.

K) Staffing

- a. The subcontractor shall, within five business days, submit written notification to their CFCHS Contract Manager if any of the following positions are to be changed and identify the individual and qualifications of the successor:
 - i) Chief Executive Officer (CEO)
 - ii) Chief Operating Officer (COO)
 - iii) Chief Financial Officer (CFO)

L) Opioid Settlement Funds

Receipt of Opioid Settlement funds is an express acknowledgement of the obligation to report data on services funded by the Settlement. Recipients shall provide data to the Department of Children and Families (Department) through the Florida Opioid Implementation and Financial Reporting System (OIFRS) as prescribed by the Department. Opioid Settlement funding is contingent upon satisfactory data reporting

M) Peer Services

Subcontractors utilizing peer specialists funded by CFCHS shall follow all requirements of 397.417, F.S. The Subcontractor will not submit to CFCHS for reimbursement any expenditures associated with peer specialists after one year of employment without attainment of certification, as required within 397.41, F.S. Attestation to compliance with this requirement will be submitted by any provider with peer specialists funded by CFCHS as specified in Exhibit B, Required Reports.

ATTACHMENT II FINANCIAL COMPLIANCE

The administration of resources awarded by the Department to the Provider may be subject to audits as described in this Attachment.

1. MONITORING

1.1. In addition to reviews of audits conducted in accordance with 2 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. Monitoring or oversight reviews include 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 Provider shall comply and cooperate with any monitoring or oversight reviews deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the Provider is appropriate, the Provider shall comply with any additional instructions provided by the Department regarding such audit. The Provider shall 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.

2. AUDITS

2.1. Part I: Federal Requirements

2.1.1. This part is applicable if the Provider is a state or local government, or a nonprofit organization as defined in 2 CFR §§200.500-200.521.

2.1.2. In the event the Provider expends \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) or more in federal awards during its fiscal year, the Provider must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§200.500-200.521. The Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the Provider expends less than \$750,000 (\$1,000,000 for fiscal years beginning on or after October 1, 2024) in federal awards during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-federal resources. In determining the federal awards expended during its fiscal year, the Provider 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 shall be in accordance with guidelines established by 2 CFR §§200.500-200.521. An audit of the Provider 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 Provider shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR §200.508.

2.1.3. The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall 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.

2.2. Part II: State Requirements

2.2.1. This part is applicable if the Provider is a non-state entity as defined by §215.97(2), F.S.

2.2.2. In the event the Provider expends \$750,000 or more in state financial assistance during its fiscal year, the Provider must have a state single or project-specific audit conducted in accordance with §215.97, F.S.; 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 Provider shall provide a copy of the single audit to the Department's Single Audit Unit and its

ATTACHMENT II FINANCIAL COMPLIANCE

contract manager. In the event the Provider expends less than \$750,000 in state financial assistance during its fiscal year, the Provider shall provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. If the Provider elects to have an audit that is not required by these provisions, the cost of the audit must be paid from non-state resources. In determining the state financial assistance expended during its fiscal year, the Provider shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other non-state entities. State financial assistance does not include federal direct or pass-through awards and resources received by a non-state entity for federal program matching requirements.

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

2.2.4. The audit's schedule of expenditures shall disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The audit's financial statements shall 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.

2.3. Part III: Report Submission

2.3.1. Audit reporting packages (including management letters, if issued) required pursuant to this agreement shall be submitted to the Department within 30 (federal) or 45 (state) days of the Provider's receipt of the audit report or within nine months after the end of the Provider's audit period, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

2.3.1.1. The Contract Manager.

2.3.1.2. Department of Children & Families, Office of the Inspector General, Single Audit Unit
HWQ.IG.Single.Audit@myflfamilies.com.

2.3.1.3. Reporting packages required by **Part I** of this attachment shall be submitted, when required by 2 CFR §200.512 (d), by or on behalf of the Provider directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System, located at: <https://www.fac.gov/>, and other federal agencies and pass-through entities in accordance with 2 CFR §200.512.

2.3.1.4. Reporting packages required by **Part II** of this agreement shall be submitted by or on behalf of the Provider directly to the state Auditor General (one paper copy and one electronic copy) at:

Auditor General
Local Government Audits/251
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450
flaudgen_localgovt@aud.state.fl.us.

The Auditor General's website (<https://flauditor.gov>) provides instructions for filing an electronic copy of a financial reporting package.

2.3.2. When submitting reporting 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, the Provider shall include correspondence from the auditor indicating the date the audit report package was delivered to the Provider. When such

ATTACHMENT II FINANCIAL COMPLIANCE

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.

2.3.3. Certifications that audits were not required shall be submitted within 90 days of the end of the Provider's audit period.

2.3.4. Any other reports and information required to be submitted to the Department pursuant to this attachment shall be done so timely.

2.4. Record Retention

The Provider 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 Provider 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.

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EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|--|-------------|---|-----------|--|--|
| Accreditation Certificates | | DCF Master Contract 7.8 CFCHS Specific | Once | by contract execution or within 10 days of receipt of accreditation/reaccreditation certificate | Yes |
| Assisted Outpatient Therapy (AOT) Monthly Census | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes- if contracted for AOT |
| 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 - Emergency Preparedness Plan training for staff | | CFCHS Specific | Annually | 30 days after contract execution | Yes |
| Attestation - Exception Report | | CFCHS Exception Report P&P | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes |
| Attestation - Serving Our Customers who are Deaf and Hard of Hearing 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 - Health Insurance Portability and Accountability Act (HIPAA) training for any employees with access to DCF/CFCHS information systems and/or access to client or other confidential information. | | CFOP 60-17 | Annually | 30 days after contract execution and July 30 annually thereafter | Yes |
| Auxiliary Aid HHS Report | | Section 504, ADA CFOP 60-10 | Monthly | by the fifth (5th) business 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 |
| 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 |
| BNET Statement of Program Costs | | Guidance 12 | Annually | 8/25 each year of the contract period | Yes - if contracted for BNET services |
| Adult Care Coordination Report | | Guidance 4 Template 21 | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Adult Care Coordination services |
| Care Navigator Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Care Navigator services |
| CAT Appendix 1 | | Guidance 32 | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for CAT services |
| CAT Appendix 2, 3 | | Guidance 32 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if contracted for CAT 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 |
| Children's Care Coordination Report | | Guidance 4 | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Children's CC 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 |
| 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 |
| Community Competency Restoration Training Tracking Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Competency Restoration Training |
| Community Person Served Satisfaction Survey (CPSSS) | | DCF FASAMS 155-2 App 4 | Monthly | by the fifth (5th) day following the month of services; | Yes |
| Contract Provider Property Inventory Form | | Guidance 2 Template 1 | Annually | 30 days after contract execution and July 30 annually thereafter | Yes |
| Cost Allocation Plan - Final | | 65E-14.021(5)(b), FAC Template 14 | Once | 30 days after contract execution and within 30 days of any change | Yes |
| Cost Allocation Plan - Proposed | | 65E-14.021(5)(b), FAC Template 14 | Once | March 1 prior to contract expiration | 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 |
| 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 |
| Current licenses | | 65E-14.021, FAC | As Needed | 30 days after contract execution and ongoing upon renewal of expired licenses | Yes |
| EOG/OPB Return on Investment (ROI) - Projected Estimates | | DCF Master Contract C2-3.1 | Annually | July 20 each year of the contract period | Yes - if contracted for an EOG project |

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EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|--|--|-------------------------------------|---|--|--|
| EOG/OPB Specific Appropriation Provisos- Return on Investment (ROI)- Actuals | | DCF Master Contract C2-3.2 | 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 |
| 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 |
| 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 | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for FIT services |
| 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 |
| Final data submission for fiscal year end | | CFCHS Specific | Annually | July 31 each year of the contract period | Yes |
| 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 |
| Fiscal Reports - Final | includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report --Budget Narrative | 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 \$200,000 or more |
| Fiscal Reports - Proposed | includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report --Budget Narrative | 65E-14.021(5)(e)1, FAC | Once | March 1 prior to contract expiration | Yes - if annual contract amount is \$200,000 or more |
| Financial 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 \$200,000 or more |
| FMT Quarterly Report | | CFCHS Specific | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if contracted for FMT services |
| FMT Vacant Position Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for FMT services |
| FMT Monthly Census | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for FMT services |
| Forensic Reports | 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 |
| Hospital & Jail Bridge Summary Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Hospital/Bridge services |
| Incident Report | 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 | CFOP 215-6 | As Needed | Within 1 business day of occurrence, submitted to IRAS | Yes |
| Incident Report Attestation | | CFCHS Specific | Monthly | by the fifth (5th) day following the month of services | 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 | March 1 prior to contract execution and ongoing upon renewal of expired certificates | Yes |
| Invoice Supporting Documentation | | | As Needed | | |

EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|--|---|---|-----------------------------|---|--|
| Invoice Support - Form CF-MH 1040 | | 65E-14.020, FAC | Quarterly | Quarterly by October 5, January 5, April 5, July 5 | Yes - if paid on a cost reimbursement basis or if reconciliation to 1/12 payments required (bundled fee for service) |
| Signed Reverse Invoice | | CFCHS Specific | Monthly | Within 5 business days following receipt of the invoice from CFCHS | Yes |
| Invoice Support - Outreach Activity Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Outreach services and requested by CFCHS |
| JITP Tracking Log | | Guidance 11 | Monthly | by the tenth (10th) day following the month of services | Yes- Children's Home Society ONLY |
| Local Match Form - Actuals | | Template 9 | Annually | July 30 each year of the contract period | Yes - if CFCHS contract requires local match |
| Local Match Form - Projected | | Template 9 | Once | 30 days after contract execution | Yes - if CFCHS contract requires local match |
| Monthly Data | | FASAMS 155-2 | Monthly | by the fifth (5th) day following the month of services, submitted to cfchsdata.org | Yes |
| 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 |
| Network Provider Contact List | | CFCHS Specific | Semi-annually and as needed | July 30 and Jan 31 each year of the contract period as well as within 10 days of any changes | Yes |
| Other Reports as Requested | | | As Needed | | |
| PATH Annual Report | | Guidance 15 | Annually | November 17 annually, submitted to https://www.pathpdx.org/ | 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 |
| PATH Summary Information | | Guidance 15 | Quarterly | Quarterly by October 10, January 10, April 10, July 10, submitted to https://www.pathpdx.org/ | Yes - if contracted for PATH services |
| Peer Log | | CFCHS Specific | Monthly | by the fifth (5th) day following the month of services | Yes - if CFCHS funds any peer specialists |
| 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 |
| Prevention Data | | Guidance 10 | Monthly | by the fifth (5th) day following the month of services, submitted to PBPS | Yes - if contracted for prevention services |
| Program Description - Final | includes: --Organizational Profile --Service Activity Description | 65E-14.021(5)(e)1, FAC CFCHS Specific | Annually and as Needed | by July 30 each year of the contract period, 10 calendar days prior to any changes in service capacity, admission and discharge criteria or service location and 10 calendar days before the end of the quarter, if other changes | Yes |
| Program Description - Proposed | includes: --Organizational Profile --Service Activity Description | 65E-14.021(5)(e)1, FAC | Once | March 1 prior to contract expiration | Yes |
| Recovery Community Organization Report | | CFCHS Specific | Monthly | by the fifth (5th) day following the month of services | Yes- if contracted for RCO services |
| Report of aggregate quarterly National Voter Registration Activity (NVRA) | | 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 |
| 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 |
| SAMH Block Grant Report | | Template 2 | Semi-annually | 4/20 and 8/20 each contract period | Yes - if receive block grant funding |
| Attestation - Non-Disclosure Forms and Security Training for any employees with access to DCF/CFCHS information systems and/or access to client or other confidential information. | | CFOP 50-2 DCF Master Standard Contract 5.5 | Annually | 30 days after contract execution and July 30 annually thereafter | Yes |

EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|--|--|--|--|--|--|
| Attestation - Recovery Management Curriculum Modules 1 through 7 completed during employee orientation with annual refresher | | Guidance 35 | Annually | 30 days after contract execution and July 30 annually thereafter | Yes |
| SAMH Access Request Form, Non-Disclosure Form, Security and HIPAA Awareness training certificates | | CFOP 50-2 | Upon request to access DCF/CFCHS information systems | Prior to access to DCF/CFCHS information systems. | Yes - if requesting access to DCF/CFCHS information systems. |
| Self-Assessment Planning Tool | | Guidance 35 CFCHS Specific | Bi-Annually | As directed by CFCHS | Yes - except prevention providers |
| Signs of Suicide Performance Measures Report | | CFCHS Specific | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes- if contracted for SOS services |
| 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 |
| Sliding Fee Scale - Original | reflecting the uniform schedule of discounts referenced in Rule 65E-14.018, FAC | 65E-14.018, FAC CFCHS Sliding Fee P&P | Once | 30 days after contract execution | Yes |
| SOAR Data | | Guidance 9 | Monthly | by the eighteenth (18th) day following the month of services, submitted to OATS | Yes - if contracted for SOAR services |
| 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 |
| SRT Census and Waitlist | | CFCHS Specific | Weekly | Monday | Yes - if contracted for SRT services |
| SRT Clinical Review Census | | CFCHS Specific | Monthly | The day prior to the monthly call | Yes - if contracted for SRT services |
| TANF SAMH Participating Log | | Guidance 16 | Monthly | by the tenth (10th) day following the month of services | Yes- if contracted for TANF services. |
| Transitional Voucher Incidental Report | | Template 32 Guidance 29 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if contracted for Transitional Vouchers |
| Wraparound Quarterly Report | | CFCHS Specific | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes- if contracted for Wraparound services |



EXHIBIT C

CARE COORDINATION REPORT OF BUDGET AND EXPENDITURES

PROVIDER NAME : Park Place Behavioral Health Care

ADDRESS: 208 Park Place Blvd Kissimmee, FL 34741

CONTRACT # PPB25

CFCHS CARE COORDINATION ANNUAL BUDGET _____

PERIOD COVERED BY THIS REPORT: From 7/1/2024 To 7/31/2025

| BUDGET SUMMARY | | TOTAL CONTRACT AMOUNT | AMENDED AMT DATE _____ | TOTAL EXPEND. THIS REPORT | EXPENDITURES YEAR TO DATE |
|---|-------|-----------------------|------------------------|---------------------------|---------------------------|
| I. PERSONNEL SERVICES - Use this category for services delivered by your CFCHS funded Care Coordinator. Expenditures Reported = Care Coordinator Rate in Contract x Care Coordinator Hours Delivered. Parital hours are allowable. | | | | | |
| (a) Assessment | _____ | _____ | _____ | _____ | \$ - |
| (b) Case Management | _____ | _____ | _____ | _____ | \$ - |
| (c) Crisis Support / Emergency | _____ | _____ | _____ | _____ | \$ - |
| (d) In-Home and On-Site | _____ | _____ | _____ | _____ | \$ - |
| (e) Intensive Case Management | _____ | _____ | _____ | _____ | \$ - |
| (f) Intervention | _____ | _____ | _____ | _____ | \$ - |
| (g) Outreach | _____ | _____ | _____ | _____ | \$ - |
| (h) Recovery Support | _____ | _____ | _____ | _____ | \$ - |
| (i) Supportive Housing | _____ | _____ | _____ | _____ | \$ - |
| TOTAL PERSONNEL = | | \$ - | \$ - | \$ - | \$ - |
| II. BEHAVIORAL SERVICES - Use this category for services delivered by your organization, but NOT by your CFCHS funded Care | | | | | |
| (a) Aftercare | _____ | _____ | _____ | _____ | \$ - |
| (b) Day Care | _____ | _____ | _____ | _____ | \$ - |
| (c) Day Treatment | _____ | _____ | _____ | _____ | \$ - |
| (d) In-Home and On-Site | _____ | _____ | _____ | _____ | \$ - |
| (e) Inpatient | _____ | _____ | _____ | _____ | \$ - |
| (f) Intervention | _____ | _____ | _____ | _____ | \$ - |
| (g) Medical Services | _____ | _____ | _____ | _____ | \$ - |
| (h) Medication Assisted Treatment | _____ | _____ | _____ | _____ | \$ - |
| (i) Mental Health Clubhouse | _____ | _____ | _____ | _____ | \$ - |
| (j) Outpatient | _____ | _____ | _____ | _____ | \$ - |
| (k) Recovery Support | _____ | _____ | _____ | _____ | \$ - |
| (l) Residential Level I | _____ | _____ | _____ | _____ | \$ - |
| (m) Residential Level II | _____ | _____ | _____ | _____ | \$ - |
| (n) Residential Level III | _____ | _____ | _____ | _____ | \$ - |
| (o) Residential Level IV | _____ | _____ | _____ | _____ | \$ - |
| (p) Respite | _____ | _____ | _____ | _____ | \$ - |
| (q) Room & Board with Supervision Level I | _____ | _____ | _____ | _____ | \$ - |
| (r) Room & Board with Supervision Level II | _____ | _____ | _____ | _____ | \$ - |
| (s) Room & Board with Supervision Level III | _____ | _____ | _____ | _____ | \$ - |
| (t) Supported Employment | _____ | _____ | _____ | _____ | \$ - |
| (u) Supportive Housing | _____ | _____ | _____ | _____ | \$ - |
| TOTAL BEHAVIORAL SERVICES = | | \$ - | \$ - | \$ - | \$ - |
| III. INCIDENTAL EXPENSES - Use this category for any services that you subcontracted to another agency and for capturing | | | | | |
| IE001: Psychotropic Medications | _____ | _____ | _____ | _____ | \$ - |
| IE101: IDP Psychotropic Medications | _____ | _____ | _____ | _____ | \$ - |
| IE200: Medication Management Services | _____ | _____ | _____ | _____ | \$ - |
| IE300: Mental Health Counseling | _____ | _____ | _____ | _____ | \$ - |

| | | | | |
|---|-------------|-------------|-------------|-------------|
| IE400: Substance Abuse Services | | | | \$ - |
| IEA00: Food | | | | \$ - |
| IEB00: Clothing | | | | \$ - |
| IEC00: Housing | | | | \$ - |
| IED00: Utilities | | | | \$ - |
| IED01: Electricity | | | | \$ - |
| IED02: Water/Sewer | | | | \$ - |
| IED03: Telephone | | | | \$ - |
| IED04: Natural or LP Gas | | | | \$ - |
| IED05: Heating Oil | | | | \$ - |
| IEE00: Transportation and Travel | | | | \$ - |
| IEF00: Primary Care Services | | | | \$ - |
| IEF01: Dental Services | | | | \$ - |
| IEF02: Vision Services | | | | \$ - |
| IEF03: Adjunct Health Services | | | | \$ - |
| IEG00: Service Animal Support | | | | \$ - |
| IEG01: Purchase of Service Animal | | | | \$ - |
| IEG02: Service Animal Supplies | | | | \$ - |
| IEG03: Service Animal Veterinary Services | | | | \$ - |
| IEH00: Employment Support | | | | \$ - |
| IEH01: Work Tools | | | | \$ - |
| IEH02: Work Clothes | | | | \$ - |
| IEI00: Crafts and Hobbies | | | | \$ - |
| IEJ00: Computers and Related Items | | | | \$ - |
| IEJ01: Computer Equipment | | | | \$ - |
| IEJ02: Printer | | | | \$ - |
| IEJ03: Software | | | | \$ - |
| IEJ04: Supplies (Computer Related) | | | | \$ - |
| IEJ05: Internet Service | | | | \$ - |
| IEK00: Furniture and Home Equipment | | | | \$ - |
| IEL00: Education/Training | | | | \$ - |
| IEM00: Personal Services | | | | \$ - |
| IEN00: Entertainment | | | | \$ - |
| IEP00: Fees | | | | \$ - |
| IEP01: Birth Certificate | | | | \$ - |
| IEP02: Identification Cards | | | | \$ - |
| IEP03: Guardianship Fees | | | | \$ - |
| TOTAL INCIDENTAL EXPENSES = | \$ - | \$ - | \$ - | \$ - |
| GRAND TOTAL ALL EXPENSES = | \$ - | \$ - | \$ - | \$ - |

I CERTIFY THE ABOVE REPORT IS A TRUE AND CORRECT REFLECTION OF THIS PERIOD'S ACTIVITIES; THAT ALL CORRESPONDING DATA HAS BEEN SUBMITTED TO CFCHSDATA.ORG; AND THAT REPORTED EXPENDITURES HAVE BEEN MADE FOR ALLOWABLE ITEMS RELATED TO THE PURPOSE OF THIS CONTRACT.

SIGNATURE OF PROVIDER AGENCY OFFICIAL

TITLE

DATE

PHONE

FOR CFCHS USE

Date Report Received:

Date Inspected and Approved:

Approved by:

Signature

Title

Date

EXHIBIT D

SPECIFIC PROGRAM/SERVICES ALLOCATIONS

| Description | Other Cost Accumulator (OCA) | # of beds | # of FTE's | Specific to County(ies) | Part of State \$126M Plan (Y/N) | Allocation |
|--|------------------------------|------------|------------|-------------------------|---------------------------------|----------------|
| Outpatient Detox | MS000 | <i>n/a</i> | <i>n/a</i> | Osceola | N | \$272,000.00 |
| Medication Assisted Treatment program | MSSM6/ MSSM7 | <i>n/a</i> | <i>n/a</i> | Osceola | N | \$369,000.00 |
| SA Res Level IV | MS000 | 9 | <i>n/a</i> | Osceola | N | \$226,000.00 |
| AWARE intervention program | MS000 | <i>n/a</i> | ?? | Osceola | N | \$377,950.00 |
| Dedicated Forensic Liaison | MH072 | <i>n/a</i> | 0.5 | Osceola | N | \$70,232.00 |
| Care Coordinators (includes FTE and incidentals) | MH0CN | <i>n/a</i> | 1 | Osceola | N | \$91,537.24 |
| Mobile Response Team w/ Osceola County PD | MHMCT | <i>n/a</i> | <i>n/a</i> | Osceola | Y | \$275,000.00 |
| CSU Navigation Care Specialist | MH000 | <i>n/a</i> | 1 | Osceola | N | \$30,000.00 |
| Assisted Outpatient Therapy (AOT) | MH000 | | | Osceola | Y | \$93,333.33 |
| CSU beds | MH000 | 2 | <i>n/a</i> | Osceola | Y | \$316,798.10 |
| Dedicated Case Mgr | MH000 | <i>n/a</i> | 1 | Osceola | Y | \$60,000.00 |
| Dedicated Civil Liaison | MH000 | <i>n/a</i> | 0.5 | Osceola | N | \$37,500.00 |
| Dedicated SOAR Specialist | MH000 | <i>n/a</i> | 1 | Osceola | N | \$60,000.00 |
| Incidentals for Housing (Care Coordination, Forensic Diversions, State Hosp D/C's) Could also fund immigration status expenditures, with approval | MH000 | <i>n/a</i> | <i>n/a</i> | Osceola | N | \$50,000.00 |
| CSU beds | MH000 | 11.5 | <i>n/a</i> | Osceola | N | \$1,393,780.00 |
| Discharge Coordinator, part of HB7021 | MH0CN | <i>n/a</i> | 2 | Osceola | N | \$150,000.00 |
| CSU Beds | MHOCB | <i>n/a</i> | 2 | Osceola | N | \$547,506.33 |
| Inpatient Detox beds | MSOCB | 3.17 | <i>n/a</i> | Osceola | N | \$305,472.69 |
| Discharge Coordinator, part of HB7021 | MSOCN | <i>n/a</i> | 1 | Osceola | N | \$82,500.00 |
| Transitional Vouchers | MS000 | <i>n/a</i> | <i>n/a</i> | Osceola | N | \$57,185.10 |

Record of Signing

For
Name
Title

Osceola Mental Health Inc. d/b/a Park Pl...
Garrett Griffin
Chief Executive Officer

Garrett Griffin

Signed on 2025-02-24 16:03:01 GMT

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DocumentID: 02zBZnLpgYwc2lZMq00TW
SigningID: 02zBZnLjldqiYKJqbavooe
Signing date: 2/24/2025
IP Address: 97.68.144.210
Email: garrettg@ppbh.org

For
Name
Title

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

Maria Bledsoe

Signed on 2025-02-24 19:03:09 GMT

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DocumentID: 02zBZnLpgYwc2lZMq00TW
SigningID: 02zBeDQ5qWQU0NA9D4ndmi
Signing date: 2/24/2025
IP Address: 72.235.250.20
Email: mbledsoe@cfchs.org



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