**EXHIBIT B – SCOPE OF WORK**

1. **SCOPE OF SERVICE**

The Managing Entity shall be responsible for the planning, coordination, and subcontracting of the Provider Network, as defined by § 394.9082(2)(f), F.S., thereby providing a comprehensive array of Behavioral Health Services to individuals, including emergency, acute care, residential, outpatient, recovery support, consumer support and prevention services.

1. **MAJOR CONTRACT GOALS**

The Department is contracting with the Managing Entity, pursuant to § 394.9082, F.S., to plan, coordinate, and subcontract for the delivery of community mental health and substance abuse services; to improve access to care and promote service continuity; and to support efficient and effective delivery of services.

1. **SERVICE AREA/LOCATIONS/TIMES**

**B.3.1** The Managing Entity shall subcontract for services within the following counties: Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

**B.3.2** When needed, the Managing Entity may subcontract for residential services related to the Purchase of Residential Treatment Services (PRTS) for emotionally disturbed children and youth in additional Florida counties, subject to advance written approval of each subcontractor by the Department.

**B.3.3** The Managing Entity shall maintain an administrative office within the service area defined in **Section B.3.1** and shall subcontract with Network Services Providers operating within the same area.

**B.3.4** The Managing Entity shall notify the Department’s Contract Manager, in writing, at least 10 calendar days prior to any changes in locations where services are being provided.

**B.3.5** The Managing Entity shall notify the Department, in writing, a minimum of 30 days prior to making changes in location that will affect the Department’s ability to contact the Managing Entity.

**B.3.6** When necessary for timely compliance with a court-order, the Managing Entity may enter into rate agreements for residential treatment services related to Forensic Transitional Beds or Community Forensic Beds, as identified in **Exhibit F1**, in additional Florida counties, subject to advance written approval of each residential provider by the Department.

1. **INDIVIDUALS TO BE SERVED**

The Managing Entity shall contract with Network Service Providers for Behavioral Health Services provided to individuals as detailed in **Section B.5.** Contracts with Network Service Providers shall include compliance with the Department's requirements for Individuals Served.

1. **CLIENT ELIGIBILITY**

Behavioral Health services shall be provided to persons pursuant to § 394.674, F.S., including those individuals who have been identified as requiring priority by state or federal law. These identified priorities include, but are not limited to, the categories in **Sections B.5.1** through **B.5.10**. Persons in **Sections B.5.1** through **B.5.2** are specifically identified as persons to be given immediate priority over those in any other sections.

**B.5.1** Pursuant to 45 CFR s. 96.131, Network Service Providers shall prioritize admissions with pregnant women that inject drugs first, pregnant women second, all other individuals that inject drugs third, followed by all other individuals;

**B.5.2** Pursuant to 45 CFR s. 96.126, compliance with interim services, for injection drug users, by Network Service Providers receiving SUPTRS Block Grant funding and treating injection drug users;

**B.5.3** Priority for services to families with children that have been determined to require substance abuse and mental health services by child protective investigators and also meet the target populations in **Section B.5.3.1** or **Section B.5.3.2**. Such priority shall be limited to individuals that are not enrolled in Medicaid or another insurance program, or require services that are not paid by another payor source:

**B.5.3.1** Parents or caregivers in need of adult mental health services pursuant to § 394.674(1)(a)2., F.S., based upon the emotional crisis experienced from the potential removal of children; or

**B.5.3.2** Parents or caregivers in need of adult substance abuse services pursuant to § 394.674(1)(c)3., F.S., based on the risk to the children due to a substance use disorder.

**B.5.4** Individuals who reside in civil and forensic State Mental Health Treatment Facilities and individuals who are at risk of being admitted into a civil or forensic State Mental Health Treatment Facility;

**B.5.5** Individuals who are voluntarily admitted, involuntarily examined, or placed under Part I, Chapter 394, F.S.;

**B.5.6** Individuals who are involuntarily admitted under Part V, Chapter 397, F.S.;

**B.5.7** Residents of assisted living facilities as required in § 394.4574 and 429.075, F.S.;

**B.5.8** Children referred for residential placement in compliance with Ch. 65E-9.008, F.A.C

**B.5.9** Inmates approaching the Expiration of Sentence pursuant to Children and Families Operating Procedure (CFOP) 155-47: “Processing Referrals from the Department of Corrections;” and

**B.5.10** In the event of a Presidential Major Disaster Declaration, Crisis Counseling Program (CCP) services shall be contracted for according to the terms and conditions of any CCP grant award approved by representatives of the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

**B.6 CLIENT DETERMINATION**

**B.6.1** The Managing Entity may delegate determinations to the Network Service Providers, subject to the provisions of **Section B.6.4**.

**B.6.2** In no circumstances shall an individual’s county of residence be a factor that denies access to service.

**B.6.3** The Managing Entity shall require each Network Service Provider submit a monthly attestation attached to an invoice to the Managing Entity, declaring that, at the time of submission, no other funding source was known for the invoiced services.

**B.6.4** The Department, in accordance with state law, is exclusively responsible for defining Individuals Served for services provided through this Contract. In the event of a dispute, the determination made by the Department is final and binding on all parties.

**B.7 EQUIPMENT**

**B.7.1** The Managing Entity and all Network Service Providers shall supply all equipment necessary to provide services and fulfill the terms and conditions of this Contract, including but not limited to; computers, telephones, copier, and fax machines, supplies and maintenance, and necessary office supplies.

The Managing Entity shall ensure that Network Service Providers comply with requirements in **Guidance 2 – Tangible Property Requirements** and document compliance through the submission of **Template 1 – Provider Tangible Property Inventory Form**.

**B.8 CONTRACT LIMITS**

**B.8.1** The Department’s obligation to pay for services provided under this Contract is expressly limited by the availability of funds and subject to annual appropriations by the Legislature.

**B.8.2** The Managing Entity is expressly prohibited from authorizing or incurring indebtedness on behalf of the Department.

**B.8.3** The Managing Entity is expressly prohibited from utilizing accounting practices or redirecting funds to circumvent legislative intent.

**B.8.4** Services shall only be provided within the service area outlined in **Section B.3.1.**

**B.8.5** Pursuant to 45 CFR §96.135(a)(5), the Managing Entity may not enter into subcontracts with a for-profit entity using Block Grant funds unless the for-profit entity subcontract is solely for providing goods and services for the Managing Entity’s own use in meeting its obligations under this Contract. A subcontract with a for-profit entity may not provide for services meeting the definition of a “subaward” as defined in 2 CFR §200.92, using Block Grant funds.

**B.8.6** The Managing Entity shall not subcontract development, implementation, administrative, or monitoring responsibilities without prior written approval from the Department.

**B.8.7** The Managing Entity shall not subcontract for Behavioral Health Services with any person or entity which:

**B.8.7.1** Is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity in accordance with § 287.133, F.S.;

**B.8.7.2** Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on its ability to provide services, or which adversely reflects its ability to properly handle public funds;

**B.8.7.3** Has had a contract terminated by the Department for failure to satisfactorily perform or for cause;

**B.8.7.4** Has failed to implement a corrective action plan approved by the Department or any other governmental entity, after having received due notice; or

**B.8.7.5** Is ineligible for contracting pursuant to the standards in § 215.473(2), F.S.

**B.8.8** Regardless of the amount of the subcontract, the Managing Entity shall immediately terminate a subcontract for cause, if at any time during the lifetime of the subcontract, a Network Service Provider is:

**B.8.8.1** Found to have submitted a false certification under § 287.135, F.S., or

**B.8.8.2** Is placed on the Scrutinized Companies with Activities in Sudan List or

**B.8.8.3** Is placed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or

**B.8.8.4** Is placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

**B.8.9** The Managing Entity agrees that services funded by this Contract other than those set out in this Contract, will be provided only upon receipt of a written authorization from the Contract Manager. The Department has final authority to make any and all determinations that affect the health, safety, and well-being of the people of the State of Florida.

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**EXHIBIT B1 – FEDERAL BLOCK GRANT REQUIREMENTS**

1. **Purpose**
   1. The purpose of this document is to outline the expectations of the Department for the Managing Entity, in relation to the federal Community Mental Health Services (CMHS) block grant, as authorized by 42.U.S.C. s. 300x, and Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant, as authorized by 42 U.S.C. s. 300x-21.
   2. **Managing Entity Assurance**

The Managing Entity shall assume the responsibility of implementation, administration, and monitoring of the CMHS and SUPTRS block grants, and the associated maintenance of effort requirements.

* 1. The Managing Entity shall ensure that the Department is able to meet the assurances required of the State to the federal government in 45 CFR s. 96.123, to be eligible to receive block grant funding.
  2. The Managing Entity shall be responsible for the implementation, administration, monitoring, and compliance with the requirements of the Block Grants. The Department will provide technical assistance to the Managing Entity. The Managing Entity agrees that failure to comply with the requirements of these federal Block Grants represents a material breach of this contract and shall subject the Managing Entity to performance deficiencies and financial consequences as specified in **Section 3.4.**

1. **Managing Entity Requirements**
   1. The Managing Entity shall report expenditures, service utilization data, demographic information, and national outcome measures as required by the 42.U.S.C. s. 300x and 42 U.S.C. s. 300x-21.
   2. The Managing Entity shall be responsible for ensuring that the Department can report the following allocations in accordance with the requirements set by federal law:
      1. Of the SUPTRS block grant:
         1. Pursuant to 45 CFR s. 96.124(b), not less than the amount specified in **Exhibit F1** for “Substance Abuse Prevention Services” on primary prevention services for those who do not require treatment;
         2. Pursuant to 42 U.S.C. s. 300x-24(b), not less than the amount specified in **Exhibit F1** for “HIV Services” on HIV Early Intervention Services.
      2. Of State funds appropriated to substance abuse treatment for adults, pursuant to 45 CFR s. 96.124(c), not less than the amount specified in **Exhibit F1** for “Projects Expansion of Substance Abuse Services for Pregnant Women and their affected families” on services for pregnant women, and women with dependent children.
      3. Pursuant to 42 U.S.C. s.300x-9(c), of the CMHS block grant, not less than the amount specified in **Exhibit F1** for “ME Early Intervention Services for SMI & Psych Disorder” subcontracted for the implementation of the Coordinated Specialty Care for Early Serious Mental Illness, including First Episode Psychosis, program to serve a minimum number of individuals annually, as negotiated by the Department based on available funding. The subcontract shall specify standards for implementation and base the program design upon:
         1. The NAVIGATE Team Members’ Guide, available at http://navigateconsultants.org/2020manuals/team\_guide\_2020.pdf, hereby incorporated by reference, or
         2. The OnTrackNY Team Manual, available at <http://www.ontrackny.org/Resources>, hereby incorporated by reference.
         3. The Managing Entity shall adopt mechanisms for ongoing monitoring of the program for fidelity with the selected program design.
      4. Pursuant to 45 CFR s. 96.131, the Managing Entity shall ensure that subcontractors that receive SUPTRS block grant funding prioritize treatment services for pregnant women. This shall include:
         1. The development, implementation, and administration of an electronic waitlist to ensure that providers give preference in admitting people into treatment in the following order:
            1. Pregnant injecting drug users;
            2. Pregnant drug users;
            3. People who inject drugs; and
            4. All others.
         2. If the clinically appropriate services cannot be provided for the pregnant woman, interim services shall be provided not later than 48 hours after the woman seeks treatment services.
         3. The capacity to track and report the type of service, number of pregnant women served, and amount of services purchased by federal and state sources.
         4. Policies and procedures relating to treatment services for pregnant women and, where appropriate, ensure that families are able to remain together when parents require treatment.
      5. Pursuant to 45 CFR s. 96.126, the Managing Entity shall maintain an electronic waitlist for the sub-contractors that receive SUPTRS block grant funding and serve injection drug users and ensure the implementation of the 14/120-day requirement of 45 CFR s. 96.126(b) and provide interim services until such time as the clinically appropriate level of treatment can be provided to the individual.
         1. Outreach services shall be provided, pursuant to 45 CFR s. 96.126(e), and documented to demonstrate the provision of these services.
         2. The Managing Entity shall maintain a report of the Network Service Providers that reach 90% capacity, and the monitoring procedures to ensure that this occurs.
      6. Pursuant to 45 CFR s. 96.125, the Managing Entity shall prepare and implement a comprehensive primary prevention program that uses a variety of strategies.
      7. Pursuant to 45 CFR s. 95.127, the Managing Entity shall ensure the provision of tuberculosis services, in compliance with Ch. 65D-30.004(9). F.A.C.
      8. Pursuant to 45 CFR s. 96.128, the Managing Entity shall ensure the provision of early intervention services for HIV and in compliance with Ch. 65D-30.004(9), F.A.C., and in accordance with **Guidance 33 – HIV Early Intervention Services**.
      9. Pursuant to 45 CFR s. 96.123(a)(7) and s. 96.132(b), the Managing Entity shall ensure that subcontracted Network Service Providers receive continuing education, and this shall be documented to demonstrate the provision of said education.
      10. Pursuant to 45 CFR s.96.123(a)(7) and s. 96.132(a), the Managing Entity shall develop and implement a process for improving referrals of individuals to the treatment modality that is most appropriate for the individuals.
      11. The Managing Entity shall ensure that each year, an evaluation of the procedures and activities undertaken to comply with the block grant requirements shall be completed.
      12. The Managing Entity shall ensure that each year, an assessment of need is undertaken that complies with the requirements of 45 CFR s. 96.133, and 42 U.S.C. s. 300x-1 for adults with a serious mental illness, and children with serious emotional disturbances.
      13. The Managing Entity shall ensure that block grant funding is not expended on the restricted activities pursuant to 45 CFR s. 96.135, 42 U.S.C. s. 300x-5, and 42 U.S.C. s.300x-31. Restricted activities include, but are not necessarily limited to, the following. Managing Entitles may consult the Department for technical assistance to address allowability of specific cases before subcontracting.
          1. The CMHS block grant and the SUPTRS block grant may not be used to:
             1. Provide inpatient hospital services;
             2. Fund the enforcement of alcohol, tobacco, or drug laws;
             3. Make cash payments to intended recipients of health services;
             4. Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment;
             5. Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or
             6. Provide financial assistance to any entity other than a public or nonprofit private entity.
          2. Primary prevention set-aside funds from the SUPTRS block grant may not be used to:
             1. Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs; or
             2. Provide Mental Health First Aid or Crisis Intervention Training programs.
          3. 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.
          4. The SUPTRS block grant may not be used to provide any services within prisons or jails.
      14. Pursuant to 42 U.S.C. s. 300x-3, the Managing Entity shall collaborate with the Department to ensure that members of the planning council are able to undertake their statutory duties. This will include the participation of the Council member at the Managing Entity Board meetings.
      15. Of the CMHS block grant, pursuant to the Consolidated Appropriations Act, 2021 and the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (P.L. 116-260), not less than the amount specified in **Exhibit F1** for “the CMHBG Core Crisis Services Set-Aside.”
      16. SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana.
2. **Monitoring**
   1. The Managing Entity shall implement a monitoring process that will demonstrate oversight and corrective action in the case of non-compliance, for all Network Service Providers that receive block grant funds.
   2. The Managing Entity shall:
      1. As a component of Network Service Provider monitoring, include oversight of the block grant requirements;
      2. Develop and utilize standardized monitoring tools;
      3. Provide the Department with access to the monitoring reports, via the electronic vault; and
      4. Develop and utilize the monitoring reports to create corrective action plans for Network Service Providers, where necessary.
3. **Reporting** 
   1. To demonstrate compliance with the requirements of the SUPTRS and CMHS block grants, the Managing Entity shall, on a quarterly basis report on the following activities:
      1. Training and technical assistance;
      2. Access to treatment for injection drug users, including capacity reports;
      3. Follow-up actions taken in response to findings from peer review activities;
      4. Priority access to treatment for pregnant women;
      5. Wait list management for injection drug users and pregnant women;
      6. Compliance with charitable choice provisions;
      7. Monitoring; and
      8. Continuous quality improvement.
   2. To meet the reporting requirements of the State to the federal government, the Managing Entity shall complete and submit **Template 2 – SAMH Block Grant Reporting Template** by **March 15** and **September 1** of each year. This shall be accompanied by a certification of accuracy, from the Chief Executive Officer and Chief Financial Officer, or equivalent positions.
   3. To meet the reporting requirements of the State to the federal government, the Managing Entity shall complete and submit **Template 3 – Narrative Report for the Substance Abuse and Mental Health Block Grant biennially** by **May 30** of each odd-numbered year (i.e., 2021, 2023, 2025, etc.)
4. **Elements to be included in subcontracts with Network Service Providers**
   1. The Managing Entity shall ensure that the following are included in subcontracts with appropriate Network Service Providers:
      1. Requirements to ensure compliance with the SAMHSA Charitable Choice provisions and the implementing regulations of 42 CFR s. 54a;
      2. Requirements to ensure that Network Service Providers that receive block grant funds comply with 42 CFR Part 2;
      3. Provisions to monitor block grant requirements, and activities;
      4. Sufficient detail in a Network Service Provider invoice to capture, report, and test the validity of expenditures and service utilization;
      5. For Network Service Providers that receive SUPTRS block grant funding for the purpose of primary prevention of substance use, compliance with 45 CFR s. 96.125;
      6. An invoice that includes the minimum data elements to satisfy the Department’s application and reporting requirements; and
      7. Compliance with state or federal requests for information related to the SUPTRS and CMHS block grants.
      8. In accordance with 45 CFR ss. 96.131(a) and (b), a requirement that providers that receive Block Grant funds and that serve injection drug users 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.”
   2. The Managing Entity shall ensure the following are included in all subcontracts with Network Service Providers for treatment services:
      1. A requirement to discuss the option of medication-assisted treatment with individuals with opioid use disorders or alcohol use disorders.
         1. For individuals with opioid use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to methadone, buprenorphine-based products, and naltrexone.
         2. For individuals with alcohol use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to disulfiram, and acamprosate products.
      2. A requirement to actively link individuals to medication-assisted treatment providers upon request of the individual served;
      3. A prohibition on a denial of an eligible individual’s access to the Network Service Provider’s program or services based on the individual’s current or past use of FDA-approved medications for the treatment of substance use disorders. Specifically, this must include requirements to:
         1. Ensure the Network Service Provider’s programs and services do not prevent the 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;
         2. Permit the individual to access medications 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.
         3. Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and
         4. Prohibit 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.
         5. Prohibit caps or limits on the length of medication-assisted treatment, except for limits imposed by a documented lack of eligible public funds.
         6. Prohibit mandatory counseling participation requirements 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.
      4. A prohibition on 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.
   3. The Managing Entity shall not add costs, fines, or penalties to subcontracts with Network Service Providers for activities associated with implementation and compliance with new data submission requirements in § 394.9082(5), F.S., unless expressly authorized by the Department.