

Notice of Proposed Rule

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Mental Health Program

RULE NOS.: RULE TITLES:

65E-14.001	Applicability
65E-14.002	Retention and Access Requirements for Records
65E-14.003	Audits of Contractors Participating in the Substance Abuse and Mental Health Programs
65E-14.004	Program Income
65E-14.005	Matching
65E-14.006	Valuation of Donated and Volunteer Services
65E-14.007	Appraisal of Real Property
65E-14.010	Property
65E-14.014	Contractor's Financial Management Responsibilities
65E-14.016	Transactions Resulting in Additional Cost to the Program
65E-14.017	Cost Principles
65E-14.018	Sliding Fee Scale
65E-14.019	Methods of Paying for Services
65E-14.020	Cost Reimbursement Method of Payment
65E-14.021	Unit Cost Method of Payment
65E-14.022	Data Requirements

PURPOSE AND EFFECT: The purpose of this rule rulemaking is to amend all rules in Chapter 65E-14 to implement statutory, procedural and programmatic changes to the business model for the purchase of substance abuse and mental health services.

The effect of the proposed amendments is a substantial rewording of Chapter 65E-14 to clarify financial rules applicable to behavioral health managing entities and to substance abuse and mental health network service providers.

SUMMARY: The proposed amendments revise financial allowability and accountability standards previously promulgated in this Chapter.

The proposed amendments expand the Chapter's applicability to include organizations under direct contract with the Department, including behavioral health managing entities pursuant to Section 394.9082, F.S., and network service providers under subcontracts with a managing entity.

The proposed amendments revise required audit schedules, consolidate local match requirements, adopt new allowable cost centers, delete obsolete costs center and revise the scope of some existing cost centers.

The proposed amendments revise definitions used in the Chapter, add new materials incorporated by reference, update previous versions of existing incorporated materials, and delete unnecessary materials.

The proposed amendments revise definitions, statutory citations and adopt related technical revisions to update the Chapter.

The proposed amendments simplify and consolidate the regulatory structure by integrating standards from one existing rule into another rule and repealing the former rule, where possible. The proposed amendment to the local match requirements in Rule 65E-14.005 include incorporate related match valuation standards currently promulgated in Rules 65E-14.006 and 65E-14.007. Accordingly, Rules 65E-14.006 and 65E-14.007 are repealed. The proposed amendments to the definitions promulgated in Rule 65E-14.001 and the cost-reimbursement contract standards promulgated in Rule 65E-14.020 render the existing standards in Rule 65E-14.004 unnecessary. Accordingly Rule 65E-14.004 is repealed.

This notice and additional information regarding this rulemaking activity is available at the following website: <http://www.myflfamilies.com/service-programs/substance-abuse/rule-development>.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Preliminary staff analysis of these rule amendments indicates a minimal change in current regulatory cost impact. No increase in the cost of regulatory compliance is expected.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 394.493(2), 394.674(4), 394.74, 394.78(1), (3), (5), (6), 394.9082(10), 397.321(5) FS.

LAW IMPLEMENTED: 394.493(2), 394.66(9), (12), 394.674(3), (4), 394.74, 394.76(4), (5), 394.77, 394.78(1), (3), (6) 394.9082, 397.03, 397.321(3)(c), (10), 397.431, 397.481, 402.73(7) FS.

A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: September 20, 2013, 9:30 am – 4:00 pm, Eastern

PLACE: This public hearing will be conducted via video-conference link to several Department of Children and Families regional locations. Individuals wishing to participate must attend one of the following locations.

1) Headquarters:

Department of Children and Families, 1317 Winewood Boulevard, Building 1, Room 132, Tallahassee, FL 32399

Contact: Jimmers Micallef, jimmers_micallef@dcf.state.fl.us, (850)717-4294

2) Department of Children and Families, Chappie James Building, 160 Governmental Center, Conference Room 501 C-D, Pensacola, Florida 32502

Contact: Susan Sweeney, susan_sweeney@dcf.state.fl.us, (850)595-8369

(Note: The Pensacola location is scheduled for 8:30 a.m. – 3:00 p.m. CENTRAL time)

3) Department of Children and Families, Circuit 14 Service Center, 2505 West 15th Street, Conference Room #23, Panama City, Florida 32401

Contact: Michael Van Bebber, Michael_VanBebber@dcf.state.fl.us, (850)691-0581

(Note: The Panama City location is scheduled for 8:30 a.m. – 3:00 p.m. CENTRAL time)

4) Department of Children and Families, Roberts Building, VTC Room 279, 5920 Arlington Expressway, Jacksonville, FL 32211

Contact: Herbert Hesel, herbert_hesel@dcf.state.fl.us, (904)485-9533

5) Department of Children and Families, 210 N. Palmetto Ave., Room 148, Daytona Beach, FL 32114

Contact: Herbert Hesel, herbert_hesel@dcf.state.fl.us, (904)485-9533

6) Department of Children and Families, 201 West Broward Blvd., Suite 201, Fort Lauderdale, FL 33301

Contact: Pat Kramer, pat_kramer@dcf.state.fl.us, (954)453-3426

7) Department of Children and Families, 401 N.W. 2nd Avenue, Room N-1007, Miami, FL 33128

Contact: Lourice Khoury, Lourice_khoury@dcf.state.fl.us, (786)257-5180

8) Department of Children and Families, 9393 North Florida Avenue, Tampa, FL 33612

Contact: April Teamer, april_teamer@dcf.state.fl.us, (813)337-5755

9) Department of Children and Families, 400 W. Robinson St., Room 1112, Orlando, FL 32801

Contact: Carolann Duncan, carolann_duncan@dcf.state.fl.us, (407)317-7010, ext. 7001

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 24 hours before the workshop/meeting by contacting: the contact person listed above for the location at which any accommodation is required. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Jimmers Micallef, Department of Children and Families, Substance Abuse and Mental Health Program, (850)717-4294, E-mail: jimmers_micallef@dcf.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

(Substantial rewording of Rule 65E-14.001 follows. See Florida Administrative Code for present text.)

65E-14.001 Applicability.

(1) This Chapter applies, except where inconsistent with State statutes, to all SAMH-Funded Entities as defined in paragraph (2)(w) of this rule when providing services using community substance abuse and mental health funds appropriated by the Legislature to the Department of Children and Families through the substance abuse and/or mental health budget entities.

(2) Definitions as used in this Chapter, unless the context clearly requires otherwise.

(a) "Acquisition cost" of an item means the net invoice price of the item including the cost of modifications, attachments, accessories, or auxiliary apparatus necessary to make the equipment usable for the purpose for which it was acquired, subject to the following special considerations:

1. An item's acquisition cost may include ancillary costs related to the acquisition, such as installation, transportation, taxes, duty or transit insurance, if the organization's standard accounting practice identifies such ancillary charges as acquisition costs.

2. If an item is purchased by trading in another item, the acquisition cost shall include the amount received for trade in plus any additional outlay.

3. The acquisition cost of an item of real property shall include the net price for purchase, construction or fabrication of the property; and shall exclude the cost of rental, alterations or renovations to the property.

(b) "Adult Family Members of the Household" means persons 18 years or older who are related by birth, marriage, or adoption and who live together in the same household.

(c) "Approved budget" means a budget, including any revised budget, which has been approved by the contractor's governing body and, where required, the department or Managing Entity.

(d) "Audit" means a single or program-specific audit in accordance with OMB Circular A-133 and Section 215.97, F.S.

(e) "Client Fees" means compensation received by a community substance abuse or mental health facility for services rendered to a specific individual from any source of funds, including local, state, federal and private sources.

(f) "Client Non-Specific Performance Contract" means a contract used to purchase units of service within Substance Abuse and Mental Health (SAMH) Cost Centers at unit cost rates, and where individual eligibility and service determinations, unless otherwise specified, are the responsibility of the contractor based on eligibility criteria and services purchased.

(g) "Client-Specific Performance Contract" means a contract which:

1. Contains quantitative or qualitative indicators, also known as performance measures, used to assess a provider's performance against a specified level of performance of an output or outcome; and

2. Is used to purchase services for specific individual(s) or group(s) which are either specified in the contract or otherwise approved by the department in advance of receiving service.

(h) "Cost Center" means a grouping of services that are similar in time, intensity, and function, and whose average unit cost is generally the same.

(i) "Equipment" means fixtures and other tangible personal property of a nonconsumable and nonexpendable nature, the value of which is \$1,000 or more and the normal expected life of which is one (1) year or more, and hardback-covered bound books that are circulated to students or the general public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is \$250 or more. For the purposes of this Chapter, "equipment" also includes intangible data processing applications and/or computer software, regardless of its value. The value of donated equipment shall be based upon the item's market value at the time of donation.

(j) "Facility" means land and buildings or any portion thereof, equipment, individually or collectively, or any other tangible capital asset, wherever located, and whether owned or leased by the organization.

(k) "First Party Payer" means the individual receiving services.

(l) "Idle capacity" means the unused capacity of partially used facilities. It is the difference between that which a facility could achieve under 100 percent operating time on a per-shift basis, less operating interruptions resulting from time lost for repairs, setups, unsatisfactory materials, and other normal delays, and the extent to which the

facility was actually used to meet demands during the accounting period. A multi-shift basis may be used if it can be shown that this amount of usage could normally be expected for the type of facility involved.

(m) "Idle facility" means a completely unused facility that is in excess to the organization's current needs.

(n) "Individual," means a person of any age who receives substance abuse and/or mental health services from an entity subject to the provisions of this Chapter. For the purposes of this Chapter, "individual" has the same meaning as "client," "patient" or "person" as used throughout Chapter 394, F.S. or Chapter 397, F.S.

(o) "Matching" means the value of third-party funds and in-kind contributions and resources received, expended and identified by a service provider operating under a contract with the department or a service provider operating under a subcontract with a Managing Entity to defray an amount established by statute or funding source of allowable costs of operating SAMH-funded programs pursuant to this Chapter.

(p) "Net Family Income" means gross family income less federal, state or local payroll taxes (income and Social Security). Deductions for payroll saving plans, bond purchases, or contributions to retirement systems may not be used to determine net income.

(q) "Ownership costs" means those costs incurred in relation to ownership of real and tangible personal property, including allowable interest, depreciation, taxes, insurance and normal maintenance.

(r) "Program income" means income earned by a service provider for activities where part of the cost of those activities is paid for by the department. Program Income does not include:

1. Revenues raised by a government contractor under its governing powers, such as taxes, special assessments, levies, fines, and fees; or

2. Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee of the SAMH-Funded Entity.

(s) "Programs" mean the Adult Substance Abuse, Children's Substance Abuse, Adult Mental Health, and Children's Mental Health programs administered by the Department of Children and Families.

(t) "Real property" means land, building, appurtenances thereto, fixtures and fixed equipment, structures, including additions, replacements, major repairs and renovations to real property which materially improve or change its functional use.

(u) "Regional plan" means the combined regional or circuit substance abuse and mental health plan approved by the department's SAMH regional administrator and governing bodies in accordance with section 394.75, F.S.

(v) "Related party" means an entity's business affiliates, officers and directors and their family members; employees; investors whose investments are accounted for by the equity method; employee benefit trusts that are managed by or under the trusteeship of the entity's board or management; and parties with which the entity may deal if one party controls or can significantly influence the management or operating policies of the other to an extent that one of the parties would be prevented from fully pursuing its own separate interest.

(w) "Substance Abuse and Mental Health (SAMH)-Funded Entity" means an entity under contract with the department or subcontracting with a department contractor, which receives public funds legislatively appropriated to the Substance Abuse and/or Mental Health program. This definition specifically includes behavioral health Managing Entities as defined in Section 394.9082, F.S., service providers operating under a contract with the department, and service providers operating under a subcontract with a Managing Entity.

(x) "Second Party Payer" or "Responsible Party" means any person legally responsible for the financial support of the individual receiving services, and may include parents of a minor individual; spouse, regardless of the age of either party; a guardian; representative payee or trustee in a fiduciary capacity for handling benefit payments, trusts and estates established or received for the financial support of the individual served.

(y) "Service Provider" means any agency or entity, as defined in Section 394.455(33), F.S., or Section 397.311, F.S., providing substance abuse and mental health services, programs or activities.

(z) "Sliding Fee Scale" means a schedule of fees for identified services based on a uniform schedule of discounts deducted from a service provider's usual and customary charges.

(aa) "Supply" means all tangible personal property other than "equipment" as defined in this Chapter.

(bb) "Third-party in-kind contribution" means property or services which benefit a state-supported service program or project, and which are contributed by non-state and federal third parties without charge to the SAMH-Funded Entity.

(cc) “Third Party Payer” means commercial insurers such as workers’ compensation, TRICARE, Medicare, Health Maintenance Organizations, Managed Care Organizations, or other payers liable, to the extent that they are required by contract or law, to participate in the cost of providing services to a specific individual.

(dd) “Usual and Customary” means the organization’s own charge for a given service which is in the range of charges by similar organizations for such services. These charges shall be consistent with the prevailing market rates in the community for comparable services.

Rulemaking Authority 394.74, ~~394.77~~, 394.78(1), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.77, 394.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.01, Amended 7-29-96, Formerly 10E-14.001, Amended 7-1-03, 12-14-03, 1-2-05, _____.

(Substantial rewording of Rule 65E-14.002 follows. See Florida Administrative Code for present text.)

65E-14.002 Retention and Access Requirements for Records.

This rule applies to all financial and programmatic records, supporting documents, statistical records, and other records of SAMH-Funded Entities which are necessary to document expenditures, income and assets of the entity.

(1) Length of Retention Period.

(a) Except as provided in paragraph (1)(b) of this rule, records shall be retained for seven years from the starting date specified in subsection (2) of this rule.

(b) If any litigation claim, negotiation, audit, or other action involving the records has been started before the expiration of the seven-year period, the records shall be retained until completion of the action and resolution of all issues which arise from such actions.

(2) Starting Date of Retention Period.

(a) Except as specified in paragraph (2)(b) of this rule, the retention period starts 90 days after the end of the contract period.

(b) The retention period for equipment and property records starts from the date of the equipment’s or property’s disposition or replacement.

(3) Access to Records.

(a) The department, any other state agency, the Florida Attorney General, the Florida Auditor General, the United States Department of Health and Human Services, the Comptroller of the United States, or any of their authorized representatives shall have the right of access to any books, documents, papers, or other records of a SAMH-Funded Entity which are pertinent to the organization’s use of substance abuse and mental health funds in order to make audits, examinations, excerpts, and/or transcripts.

(b) The rights of access in this rule shall not be limited to the required retention period, but shall last as long as the records are retained.

(4) Restrictions on Public Access. Unless required by federal or state statutes, a SAMH-Funded Entity may not impose subcontract terms which conflict with access to records as specified in subsection (3) of this rule. Representatives of the organizations requiring access shall be identified with official documentation.

Rulemaking Authority 394.78(1), (6), ~~394.77~~, 394.9082(10), 397.321(5) ~~397.03~~ FS. Law Implemented 394.77, 394.9082, 397.03 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.02, 10E-14.002, Amended 1-2-05, _____.

(Substantial rewording of Rule 65E-14.003 follows. See Florida Administrative Code for present text.)

65E-14.003 Audits of SAMH-Funded Entities. ~~Contractors Participating in the Substance Abuse and Mental Health Programs.~~

(1) SAMH-Funded Entities shall engage an independent auditor to perform an annual single program or program-specific audit in accordance with Section 215.97, F.S., and OMB Circular A-133 Audits of States, Local Governments, and Non-Profit Organizations (revised to show changes published in the Federal Register June 27, 2003 and June 26, 2007), which is herein incorporated by reference. When a financial audit is required to be performed by an independent auditor pursuant to OMB Circular A-133, the audit package shall contain the following documents which are hereby incorporated by reference. Copies of these documents may be obtained from

the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(a) CF-MH 1034, July 2003, Schedule of State Earnings. This schedule identifies eligible local match to determine if requirements are met and computes amounts due to the department.

(b) CF-MH 1035, July 2003, Schedule of Related Party Transaction Adjustments. This schedule indicates, by Cost Center, required related party transaction adjustments.

(c) CF-MH 1037, August 2003, Program/Cost Center Actual Expenses & Revenues Schedule. This schedule displays expenditures by line-item category and revenues by source for each program and Cost Center funded with state substance abuse and mental health program appropriations. The schedule also identifies expenditures by line-item category and revenues by source for all other SAMH Cost Centers as a group, for all other programs as a group, and for administrative and support functions, and displays totals for the agency as a whole.

(d) CF-MH 1036, July 2003, Schedule of Bed-Day Availability Payments. This schedule ensures that bed-days paid for by the department on the basis of availability were not also paid for by a third-party contract or funds from a local government or another state agency for services that include bed-day availability or utilization. Programs that do not utilize availability based payment methodology are not required to submit this form.

(2) The schedules in subsection (1) of this rule shall be based on revenues and expenditures recorded during the state's fiscal year and shall be prepared in accordance with Generally Accepted Accounting Principles (GAAP) and state and federal requirements.

(3) When OMB Circular A-133 does not require an audit by an independent auditor, the SAMH-Funded Entity's chief financial officer shall prepare the schedules required in subsection (1) of this rule. If no chief financial officer exists, the entity's executive director shall prepare the required schedules.

(4) Service providers under subcontract with a Managing Entity shall submit all schedules listed in subsection (1) of this rule to the Managing Entity within 45 days after the end of the state's fiscal year or within 45 days of the end of the entity's funding period, whichever occurs sooner.

(5) Managing Entities and any other entities under direct contract with the department shall submit the schedules listed in paragraphs (1)(a) and (b) of this rule and a summary totaling all schedules listed in paragraphs (1)(c) and (d) of this rule prepared by the service providers under a Managing Entity subcontract. Managing Entities shall submit these schedules to the department annually within 180 days after the end of the state's fiscal year or within 180 days after the end of the entity's funding period, whichever occurs sooner.

(6) The department shall notify the SAMH-Funded Entity by certified mail, return receipt requested, of the amounts due the department resulting from an audit. Payment is due within 30 days after the date of receipt.
Rulemaking Authority 394.74, ~~394.77~~, 394.78(1), (3), (6), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.66(9), 394.76(5), 394.77, 394.78(3), 394.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.03, Amended 7-29-96, Formerly 10E-14.003, Amended 7-1-03, 12-14-03, _____.

65E-14.004 Program Income.

Rulemaking Authority 394.77, 394.78(1), 397.321(5) FS. Law Implemented 394.66(9), 394.77, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.04, Amended 7-29-96, Formerly 10E-14.004, Amended 7-1-03, Repealed _____.

(Substantial rewording of Rule 65E-14.005 follows. See Florida Administrative Code for present text.)

65E-14.005 Matching.

This rule contains standards for satisfying State requirements for matching.

(1) Allowable for Matching. With the exceptions listed in subsection (2) of this rule, matching requirements may be satisfied by any or all of the following:

(a) Allowable costs supported by non-State or Federal grants incurred by the service provider during the effective funding period;

(b) The value of third-party funds and in-kind contributions applicable to the matching requirement period;

(c) The value of volunteer services up to and including ten percent of the total budget for the service provider's entire organization, when a service provider does not receive sufficient tax support from a public agency or where that support does not meet the 25 percent match requirement; and

(d) Costs supported by fees and program income.

(2) Unallowable for Matching.

(a) Costs paid for by another State, Federal or other governmental agency contract or grant except as provided by State or Federal statute;

(b) Costs or third-party funds and in-kind contributions that are used to satisfy a matching requirement of another State contract or Federal grant;

(c) Expenditures of Medicaid Funds;

(d) Expenditures for services not related to the Cost Centers for substance abuse and mental health services specified in Rule 65E-14.021, F.A.C.;

(e) Unallowable costs specified in Rule 65E-14.017, F.A.C.;

(f) Income from sale of printed material, food, and books purchased with State funds; and

(g) Costs paid to Managing Entities for the administration of substance abuse and mental health services specified in Rule 65E-14.021, F.A.C.

(3) Not Requiring Matching. The following services and funds do not require local match:

(a) Deinstitutionalization projects, which are defined as adult mental health programs in the following Cost Centers as defined in Rule 65E-14.021, F.A.C.:

1. Case Management;

2. Florida Assertive Community Treatment (FACT) Teams;

3. Intensive Case Management;

4. Residential-Levels I, II, III and IV;

5. Short-term Residential Treatment, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility; and

6. Supportive Housing/Living.

(b) Services funded under Children's Mental Health (100435) and Purchased Residential Treatment Services (102780) appropriation categories.

(c) Substance Abuse and Mental Health Block Grant funds for local community mental health centers.

(d) The amount of Substance Abuse General Revenue funding in special categories 100618 and 100420, as determined by the following calculations:

1. For the most recent 12-month period available, calculate the number of clients served by the service provider that present with primary, secondary, or tertiary alcohol or drug problems as specified in the substance abuse enrollment and admission data in the department's Mental Health and Substance Abuse data system.

2. From the data, count the total number of persons presenting with alcohol as a primary, secondary, or tertiary problem.

3. Divide the total number of persons presenting by the number of clients served to arrive at the percentage of alcohol clients served.

4. Subtract the percentage of alcohol clients served from 1.00 to arrive at the percentage of drug abuse clients served.

5. Multiply the percentage of drug abuse clients served by the total amount of substance abuse funds in the contract to arrive at the amount that does not require match.

(4) Calculating the Total Match Amount.

(a) Add the amounts from paragraphs (3)(a), (b), (c) and subparagraph (3)(d)5. in this rule together and subtract that total from the total amount of the contract.

(b) Divide the result in paragraph (5)(a) in this rule by 3 to arrive at the total match amount required.

(c) Records. Costs and third-party funds and in-kind contributions counting towards satisfying a matching requirement must be verifiable from the service provider's records. These records must show how the value placed on third-party in-kind contributions was derived.

(5) Special Standards for Third-party In-kind Contributions.

(a) Third-party in-kind contributions shall conform to allowable cost provisions to satisfy a matching requirement.

(b) When a third-party in-kind contribution is made at a reduced charge, the service provider's records must provide documentation as specified in subsection (8) of this rule, to verify that portion of the cost donated.

(c) The values placed on third-party in-kind contributions for matching purposes shall conform to other appropriate sections of this rule.

(d) Documentation of in-kind contributions. All third-party in-kind contributions must be documented. The following standards will be applied to all claims for in-kind match:

1. Service. A statement from the employer of the person who provided the donated service detailing the nature of the service, basis for computing cost of those services, dates and number of hours the services were provided and certification that the services were provided and certification that the services were not and will not be paid for by the service provider but were donated at no charge. This statement should be prepared on the letterhead stationery of the donor and signed by a responsible party of that organization.

2. Volunteers. A statement from the volunteer certifying that required services were performed for the service provider free of charge and the minimum training and experience requirements were met for the service performed. Time logs should be prepared and signed by the volunteer. In addition, a schedule should be prepared by the service provider which indicates the basis for establishing the value of these services.

3. Supplies. A statement from the person or organization donating the supplies detailing the description, condition and value of the supplies and a certification that the donor was not and will not be paid for the supplies. This statement should be on the letterhead stationery of the donor. If no letterhead is available, the statement should include the name, address and telephone number of the donor, and signed by a responsible party of that organization.

4. Use of equipment. A signed statement from the owner of the equipment detailing the description of the loaned equipment, responsibilities for repairs, maintenance and insurance, beginning and ending dates of the use of the equipment; the valuation of the use of the equipment and a certification that no payment has been or will be received for the use of the equipment. This statement should be on appropriate letterhead stationery.

5. Use of building or space. A signed statement from the owner of the property, building or space detailing the description of the property; dimensions; times available and used; responsibilities for repairs, maintenance, insurance, utilities and janitorial services; the valuation of the use of the property and a certification that no payment has been or will be received for the use of the property. This statement should be on appropriate letterhead stationery.

(6) Valuation of Donated and Volunteer Services.

(a) Donated Services. When an employer other than the service provider furnishes free of charge the services of an employee in the employee's normal time of work, the services shall be valued at the employee's regular rate of pay including the employee's fringe benefits. If the service provider does not have those employees performing similar work, the rates shall be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(b) Volunteer Services. When, at the discretion of the service provider, volunteer services are used as local match, the individual must meet the training and experience requirement of employees placed in similar positions. These services are only allowable up to a maximum of ten percent of the contracted dollars inclusive of the required match. Time logs and all other required documentation must be available for audit purposes.

(c) Valuation of Donated Supplies and Loaned Equipment or Space.

1. If a third party donates supplies, the contribution shall be valued at the market value of the supplies at the time of donation.

2. If a third party donates the use of equipment or space, but retains title, the contribution shall be valued at the fair rental rate of the equipment or space.

(d) Valuation of donated equipment, building, and land. The fair market value at the time of donation of the equipment, building or land may be counted as matching. In all cases, the approval may be given only if purchase of the equipment, building or land would be approved as an allowable cost.

(7) Appraisal of Real Property.

(a) It will be necessary to establish the market value of land or a building or the fair rental rate of land or of space in a building. In cases where there is a dispute between the department and a service provider regarding the value of land or a building, or the fair rental rate of land or a building, the department shall require that the market value or fair rental rate be established by a certified real property appraiser and that the value or rate be certified by a responsible official of the party to which the property or its use is donated. The appraisal needs to include the appraiser's estimate of the remaining useful life of the property.

(b) A certified real property appraiser must have five years of professional experience in multipurpose appraisals of assets involving the establishment or reconstruction of the historical cost of such assets; and be a member in good standing of one of the following associations:

1. American Institute of Real Estate Appraisers;
2. American Association of Certified Appraisers;
3. American Society of Appraisers;
4. National Association of Independent Fee Appraisers;
5. National Society of Fee Appraisers; or
6. Society of Real Estate Appraisers.

(8) Documentation of in-kind contributions.

(a) All third-party in-kind contributions must be documented. The following standards will be applied to all claims for in-kind match:

1. Service. A statement from the employer of the person who provided the donated service detailing the nature of the service, basis for computing cost of those services, dates and number of hours the services were provided and certification that the services were provided and certification that the services were not and will not be paid for by the service provider but were donated at no charge. This statement should be prepared on the letterhead stationery of the donor and signed by a responsible party of that organization.

2. Volunteers. A statement from the volunteer certifying that required services were performed for the service provider free of charge and the minimum training and experience requirements were met for the service performed. Time logs should be prepared and signed by the volunteer. In addition, a schedule should be prepared by the service provider which indicates the basis for establishing the value of these services.

3. Supplies. A statement from the person or organization donating the supplies detailing the description, condition and value of the supplies and a certification that the donor was not and will not be paid for the supplies. This statement should be on the letterhead stationery of the donor. If no letterhead is available, the statement should include the name, address and telephone number of the donor, and signed by a responsible party of that organization.

4. Use of equipment. A signed statement from the owner of the equipment detailing the description of the loaned equipment, responsibilities for repairs, maintenance and insurance, beginning and ending dates of the use of the equipment; the valuation of the use of the equipment and a certification that no payment has been or will be received for the use of the equipment. This statement should be on appropriate letterhead stationery.

5. Use of building or space. A signed statement from the owner of the property, building or space detailing the description of the property; dimensions; times available and used; responsibilities for repairs, maintenance, insurance, utilities and janitorial services; the valuation of the use of the property and a certification that no payment has been or will be received for the use of the property. This statement should be on appropriate letterhead stationery.

(9) Service providers are responsible for meeting matching requirements for substance abuse and mental health funds, as specified in Chapter 394, Part IV, F.S., based on the total amount of contracted or subcontracted funds.

(10) Client-specific unit cost performance contracts or subcontracts shall not require local matching funds.

Rulemaking Authority 394.74, 394.76, 397.03, 397.321(5) FS. Law Implemented 394.457(3), 394.74, 394.76, 397.03, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.05, 10E-14.005, 10E-4.06, 10E-14.006, Amended 7-29-96, Formerly 10E14.007, Formerly 65E-14.006, 65E-14.007, Amended 9-17-97, 7-1-03, 12-14-03, 1-2-05,_____.

65E-14.006 Valuation of Donated and Volunteer Services.

Rulemaking Authority 394.76, 397.03 FS. Law Implemented 394.76, 397.03 FS. History—New 2-23-84, Amended 2-25-85, Formerly 10E-14.06, 10E-14.006, Repealed_____.

65E-14.007 Appraisal of Real Property.

Rulemaking Authority 394.74, 397.321(5) FS. Law Implemented 394.74, 397.481 FS. History—New 2-23-83, Formerly 10E-14.07, Amended 7-29-96, Formerly 10E-14.007, Amended 9-17-97, 7-1-03, Repealed_____.

(Substantial rewording of Rule 65E-14.010 follows. See Florida Administrative Code for present text.)

65E-14.010 Property.

(1) This rule applies to items of real property, equipment, supplies and to items of intellectual property as defined in Sections 815.03(10) and 815.03(11), F.S., which are acquired with state support. To be considered acquired with state support, some or all of the items' acquisition cost must be both:

(a) An allowable cost within the SAMH-Funded Entity's Line Item Operating Budget; and

(b) Either directly supported by substance abuse and mental health funds or included in the SAMH-Funded Entity's match requirement valuation in compliance with Rule 65E-14.005, F.A.C.

(2) If a SAMH-funded entity acquires, remodels, constructs, improves or expands real property with State support, the department shall be entitled to recover an amount bearing the same ratio as determined by contract, subcontract or other funding agreement to the current value of the property. This right shall remain for twenty years after the acquisition, remodeling, construction, improvement or expansion is completed.

(3) This rule does not apply to:

(a) Property for which only depreciation or interest is charged; or

(b) Property donated entirely as a third-party in-kind contribution and not used toward satisfying a matching requirement.

(4) SAMH-Funded Entities may follow their own property management policies and procedures provided such policies and procedures observe the requirements of this rule.

(5) Title to Real Property, Equipment, and Supplies. Subject to the obligations and conditions set forth in this rule, title to real property, equipment, supplies and intellectual property acquired with State support shall vest, upon acquisition, in the SAMH-Funded Entity unless otherwise specified in terms of the contract or subcontract.

(6) Real Property. Except as otherwise provided by State statutes, real property subject to this rule shall be subject to the following requirements, in addition to any other requirements imposed by contract or subcontract terms:

(a) Use.

1. So long as the property is owned by the same SAMH-Funded Entity or its successor in law, it must be used for the originally authorized purpose for a period of twenty years or for as long as specifically authorized for that purpose, whichever is less.

2. If the property is no longer needed for the authorized purpose in less than 20 years, the SAMH-Funded Entity may request approval from the department to use the property for alternative purposes. Allowable alternative purposes shall be limited to:

a. Services, programs or projects supported by other State contracts; and

b. Activities not supported by other State contracts but having purposes consistent with the original authorized purpose.

3. The department shall no longer have a claim to property held by the same SAMH-Funded Entity for the original or an approved alternative purpose after twenty years.

(b) Transfer of Title. A SAMH-Funded Entity may request department approval to transfer title to an eligible third party for continued use for authorized purposes in accordance with paragraph (6)(a) of this rule. If approved, the terms of the transfer shall provide that the transferee shall assume all the rights and obligations of the transferor set forth in this rule or in other contract or subcontract terms.

(c) Disposition. When the real property is no longer to be used as provided in paragraphs (6)(a) and (b) or this rule, the SAMH-Funded Entity shall either:

1. Sell the property and pay the department an amount computed by multiplying the State's share of the property times the proceeds from sale, after deducting actual and reasonable expenses related to the sale, including repairs, if needed, from the sale's proceeds; or

2. Retain title to the property and pay the department an amount computed by multiplying the fair market value of the property by the state's share of the property.

(7) Real Property Records and Management.

(a) Real property records shall be maintained accurately and shall include the following minimum requirements:

1. A legal description of the property including any physical location address, building situated thereon as well as any other improvement;

2. Identification of the contract, subcontract or other funding agreement under which the recipient acquired the property and the authorized purpose for which the property will be used;

3. The information needed to calculate the State's share of the property;

4. Acquisition date and all elements of the cost of the property;

5. Condition of the property at acquisition; and

6. The date information in subparagraphs (7)(a)1. through 5. of this rule was reported to the department.

(b) A control system shall be in effect to insure adequate safeguards to prevent damage or loss of the property.

Any loss or damage shall be investigated and fully documented.

(c) Adequate maintenance procedures shall be implemented to keep the property in good condition.

(d) Where property is to be sold and the State is entitled to all or part of the proceeds, the department shall establish procedures for the conduct of the sale.

(8) Equipment and Supplies.

(a) Use of Equipment: Basic Rule. A SAMH-Funded Entity shall use any equipment acquired with State support in the program for which it was acquired. In the event equipment is no longer needed for the original program, the SAMH-Funded Entity shall request department approval to use the equipment, if needed, in other programs currently or previously sponsored by the department.

(b) The useful life of equipment shall be determined at the time of its acquisition and be specified in contract, subcontract or other funding document. In case of a sale or transfer of the purchased equipment, the department shall be entitled to recover the same ratio to the then value of the item for the period of time specified as useful life. The department will have no interest in the item beyond the period of time specified as useful life.

(c) Use by Other Entities. When the SAMH-Funded Entity can no longer use the equipment as required by paragraph (6)(a) of this rule, it may request department approval to make the item available to other entities for use in programs currently or previously sponsored by the department.

(9) Replacement of Equipment.

(a) A SAMH-Funded Entity may exchange equipment for replacement items if needed. If the original item is sold or included as a trade-in for the replacement item, any proceeds realized shall be applied to the acquisition cost of the replacement item and the transaction shall be one which a prudent person would make in like circumstances.

(b) If the replacement cost includes an additional outlay which is charged as a cost to either State funds or match requirement, the replacement item shall be subject to the same property requirements or exemptions applicable to the original item.

(10)Disposition of Equipment. When original or replacement equipment is no longer to be used in programs currently or previously sponsored by the department, a SAMH-Funded Entity shall dispose of the item as follows:

(a) The entity may retain or sell the item and shall notify the department in advance of such actions.

1. If the item is retained, the department shall have a right to an amount calculated by multiplying the current market value by the State's share of the item.

2. If the item is sold, the department shall have a right to an amount calculated by multiplying the proceeds from the sale by the State's share of the item. Expenses related to actual and reasonable expenses related to the sale, not to exceed fifteen percent of the total sale proceeds, may be deducted from the amount otherwise due the department. When the State is entitled to all or part of the proceeds, the department shall establish procedures for the conduct of the sale.

(b) Equipment management requirements. Until disposition takes place, a SAMH-Funded Entity shall comply with the following minimum requirements for managing equipment and any replacement items:

1. Property records shall be maintained accurately. For each item, the records shall include:

a. A description of the item including the manufacturer's model number, if any;

b. An identification number, such as the manufacturer's serial number;

c. Identification of the contract, subcontract or other funding agreement under which the entity acquired the item;

d. The information needed to calculate the State's share of the item;

e. Acquisition date and unit acquisition cost;

f. Location, use, and condition of the item; and

g. The date information in sub-subparagraphs (10)(b)1.a. through f. of this rule was reported to the department.

2. A SAMH-Funded Entity shall conduct a physical inventory of equipment and reconcile the results with the property records at least once each State fiscal year to verify the existence, current utilization, and continued need

for the item. The SAMH-Funded Entity shall investigate and determine the causes of any differences between the physical inventory and quantities in the accounting records. The SAMH-Funded Entity shall submit a copy of the annual inventory to the Managing Entity or department as appropriate, along with any disposition records, within 30 days after completion of the inventory.

3. A SAMH-Funded Entity shall implement a control system to insure adequate safeguards to prevent loss, damage, or theft of equipment. The SAMH-Funded Entity shall investigate and fully document any loss, damage, or theft.

4. A SAMH-Funded Entity shall implement adequate maintenance procedures to keep equipment in good condition.

(11) Unused Supplies.

(a) This section applies to supplies acquired with State support which have not been used in the program for which they were acquired at the time State support for the program is terminated for any reason.

(b) The SAMH-Funded Entity shall notify the department of the quantity, type and fair market value of unused supplies. If the unused supplies exceed \$1,000 in total aggregate fair market value and are not needed for any other program funded by the department, the SAMH-Funded Entity may either retain or sell the supplies, and shall credit the State as follows:

1. Retained supplies. The credit is computed by multiplying the State's share of the supplies by their current market value.

2. Sold supplies. The credit is computed by multiplying the State's share of the supplies by the proceeds from any sale. Expenses related to actual and reasonable expenses related to the sale, not to exceed fifteen percent of the total sale proceeds, may be deducted from the amount otherwise due the department.

(12) Valuation of the State's Share. Several sections of this rule require a valuation of the State's share of real property, equipment, supplies or intellectual property acquired with state support. The following methods determine the valuation:

(a) The State's share of real property is a percentage based on the proportion of State support to the total costs of acquisition of the property under a contract, subcontract or other funding agreement during the contract period to which the acquisition cost of the property was charged. For the purposes of this subsection, "costs under a contract, subcontract or other funding agreement" means only allowable costs which are either supported by the funding document or counted towards satisfying an included match requirement. Notwithstanding any conflicting standards in Rule 65E-14.005, F.A.C., the value of third-party in kind contributions may not be included in the valuation of the State's share.

(b) Replacement equipment. The State's share of replacement equipment is

1. Step 1. Determine the State's share, percentage, of the equipment replaced.

2. Step 2. Determine the percentage of the replacement equipment's cost that was covered by the amount received for trade-in or the sales proceeds from the equipment replaced.

3. Step 3. Multiply the step 1 percentage by the step 2 percentage.

4. Step 4. If an additional outlay for the replacement equipment was charged as a cost either to State funds or to required matching funds, calculate the State's share attributable to that additional outlay as explained. Add that additional percentage to the step 3 percentage.

(13) Copyrights.

(a) Works Under Contracts. Unless otherwise provided by the terms of the contract, a SAMH-Funded Entity may copyright or permit others to copyright, any appropriately copyrightable material developed specifically for or in the course of contract or subcontract performance.

(b) State of Florida Rights. If any copyrightable material is developed specifically for or in the course of contract or subcontract performance, the State of Florida shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the work for state government purposes. A contractor awarding a subcontract may reserve a similar right for itself with respect to copyrightable material developed.

Rulemaking Authority 394.74, 394.78(1), 394.9082(10), ~~397.03~~ FS. Law Implemented 394.74, 394.9082(10) ~~397.03~~ FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.10, 10E-14.010, Amended _____.

(Substantial rewording of Rule 65E-14.014 follows. See Florida Administrative Code for present text.)

65E-14.014 ~~Contractor's~~ Financial Management Responsibilities.

(1) Each Managing Entity shall develop and implement a Utilization Management Policy applicable to its subcontracted service providers. Utilization Management policies and practices shall assure eligibility for services, the appropriateness of and need for services, and efficiency of service delivery on a case-by case basis. Utilization Management includes fiscal accountability as described in this rule. The Utilization Management Policy shall:

- (a) Specify methods which shall be used to reduce, manage, and eliminate waitlists for services;
- (b) Promote increased planning, use, and delivery of evidence-based services to all individuals receiving services, including those with co-occurring substance abuse disorders and mental illnesses;
- (c) Ensure clinically appropriate access to and use of mental health and substance abuse services;
- (d) Promote the use of service outcome data to achieve desired outcomes;
- (e) Monitor and implement system changes to promote efficiencies; and
- (f) Include processes for prior review and authorization of services and retrospective analysis of service utilization and costs.

(2) The service provider shall assist clients who may be eligible for Medicaid or other benefits programs to:

- (a) Complete the program's application process;
- (b) Assist with required eligibility documentation; and
- (c) If necessary, appeal a denial of eligibility and/or coverage.

(3) SAMH-Funded Entities shall not bill the department for services provided to:

- (a) Individuals who have third party insurance coverage when the services provided are covered under the insurance plan; or
- (b) Recipients of Medicaid, or another publically funded health benefits assistance program, when the services provided are covered by said program, regardless of limitation.

(4) SAMH-Funded Entities may bill the department if services are provided to:

- (a) Individuals who have lost Medicaid, or another publically funded health benefits assistance program coverage for any reason during the period of non-coverage; or
- (b) Individuals subject to the sliding fee scale requirements in Rule 65E-14.018, F.A.C.

(5) In no event shall Medicaid, another publically funded health benefits assistance program, or the department be billed for the same service provided to the same individual on the same day.

(6) A service provider operating a facility licensed as a crisis stabilization unit, detoxification facility, short-term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than sixteen beds shall not bill or knowingly access Medicaid Fee-For-Services programs for any services for recipients while in these facilities.

(7) A service provider operating a children's residential treatment center of greater than 16 beds shall not bill or knowingly access Medicaid Fee-For-Service programs for any services for recipients in these facilities except as permitted by Florida Medicaid policy.

(8) In all subcontracts with service providers, a Managing Entity shall specify:

- (a) The manner in which financial transactions and service provisions are to be documented;
- (b) Clearly auditable financial transaction procedures and service documentation procedures;
- (c) The type of services purchased and a description of the manner in which the services are to be provided;
- (d) The setting, circumstance, and other operational aspects of the agreement;
- (e) The billing and payment mechanism; third party billings and fee collection procedures which prevent duplicate payments for services provided;
- (f) Documentation of the performance of billed services;
- (g) The duration of the subcontract; and
- (h) The mechanism by which any overpayment will be recovered.

(9) A SAMH-Funded Entity shall refund to the department any amount paid for:

- (a) Ineligible services;
- (b) Services to individuals which exceed the standards set forth under subsections (3) and (4) in this rule;
- (c) Services not actually provided;

(d) Undocumented services;

(e) Services provided to a Medicaid-eligible individual prior to becoming a Medicaid recipient when those services are subsequently covered under a retroactive Medicaid reimbursement determination; and

(f) Any amount owed because of a violation of contract or rules.

(10) The review and approval of contracts or subcontracts by the department or by a Managing Entity shall not diminish the responsibility for each SAMH-Funded Entity to perform in accordance with these rules.

(11) Financial monitoring of service providers shall include a review of a representative sample of individual recipient records for each type of service provided. Monitoring shall include verification of the following:

(a) That billing adequately reflects the contracted dollar amounts for each service provided;

(b) Compliance with provision of services to eligible persons per priority population criteria as defined in Section 394.674, F.S. and financial eligibility criteria specified in subsection (3) of this rule; and

(c) Verification that the number of service units purchased equals service event data reported to the Managing Entity and the department's service event data reporting system.

Rulemaking Authority 394.74, 394.78(1), (6), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.14, Amended 7-29-96, Formerly 10E-14.014, Amended 8-17-97, 7-1-03,_____.

(Substantial rewording of Rule 65E-14.016 follows. See Florida Administrative Code for present text.)

65E-14.016 Transactions Resulting in Additional Cost to the Program.

(1) Transactions between a SAMH-Funded Entity and a related party that appear to result, as determined by the department, in additional cost to the program shall be reimbursed to the SAMH-Funded Entity in an amount equal to the eligible cost which would have been allowed had no related party been involved. Any cost in excess of what would have been allowable by the department shall be disallowed.

(2) If, in the judgment of the department, related party involvement has caused an increase in cost, the department shall have access to the financial records of the related party in order to determine the allowable cost of the transaction. If the department is not allowed full and unrestricted access to the records of the related party, all payments to the related party questioned by the department shall be disallowed.

(3) The following standards apply to related party transactions which may be questioned by the department:

(a) Transactions between a SAMH-Funded Entity and related party who have common ownership or control.

(b) The existence of a related party primarily for the benefit or purpose of a SAMH-Funded Entity. Primary benefit or purpose is defined to be when fifty percent or more of the gross revenues of the related party are received from or for the SAMH-Funded Entity or fifty percent of the expenditures of the related party are made to or for the benefit of the SAMH-Funded Entity. The department shall carefully review the documentation provided in all such situations before making a decision. The final determination shall rest with the department.

(c) If real or personal property has ever been transferred between a related party and a SAMH-Funded Entity, reimbursement for the use of the property transferred shall not exceed the lower of fair market value or actual cost to the transferor.

(d) If a related party leases property to a SAMH-Funded Entity and subsequently makes a cash or in-kind donation to the lessee, the department shall disallow any amount that exceeds the lower of the market value lease cost or the ownership costs of the related party.

(e) A SAMH-Funded Entity which leases property or delivers services to another SAMH-Funded Entity shall do so at cost. The cost incurred shall be reasonable and delivered at the lowest available cost for the service. The lowest available cost shall be documented by evidence that the SAMH-Funded Entity solicited services from other entities and selected the lowest cost available. Documentation for the decision shall be maintained by the SAMH-Funded Entity for review by the department.

(f) If a SAMH-Funded Entity loans money to any other party and subsequently leases property or buys services from the same party, the SAMH-Funded Entity and the second party shall be deemed to be related parties.

(g) If a SAMH-Funded Entity leases property from a related party, any cost in excess of fair market value shall be considered an unallowable cost.

(h) Space donated by a related party in a building previously owned by a SAMH-Funded Entity or by a related party who exists primarily for the benefit of the SAMH-Funded entity shall be valued for match and reimbursable cost purposes at the lesser of ownership costs of the donor or fair market value of the space.

Rulemaking Authority 394.78(1), 394.9082(10) ~~394, Part IV, Section 1~~ FS. Law Implemented 394, Part IV, Section 1 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.16, 10E-14.016, Amended 7-1-03,_____.

(Substantial rewording of Rule 65E-14.017 follows. See Florida Administrative Code for present text.)

65E-14.017 Cost Principles.

(1) Applicability. The following principles shall apply to all SAMH-Funded Entities unless otherwise specified.

(2) For contracts or subcontracts, these principles shall be used in determining the costs of work performed, identifying the appropriate use of state funds and local matching funds, and accounting for the expenditure of such funds.

(3) All SAMH-Funded Entities shall use subsections (4) and (5) of this rule to account for the expenditure of funds.

(4) General Principles.

The following documents are hereby incorporated by reference, copies of which may be obtained from the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700:

(a) Title 2 CFR , part 215, Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations (OMB Circular A-110);

(b) Title 2 CFR , part 230, Cost Principles for Non-Profit Organizations (OMB Circular A-122); and

(c) OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

(5) Reporting Requirements and Enforcement

(a) All SAMH-Funded Entities contracting directly with the department shall report actual expenditure data for Program Costs and Administrative Costs on a monthly basis to the department. The department shall assess financial consequences if the SAMH-Funded Entity fails to perform in accordance with the contract or department rules.

(b) All SAMH-Funded Entities contracting directly with the department shall include a reconciliation of actual Program and Administrative Costs to the annual cost allocation plan in the entity's required annual audit. The annual audit shall include a statement of compliance attesting to whether the entity is materially in compliance with their submitted cost allocation plan.

Rulemaking Authority 394.78(1), 394.9082(10), 397.321(5) FS. Law Implemented 394.74, 394.77, 394.78(1), 394.9082, 397.481 FS. History—New 2-23-83, Amended 2-25-85, Formerly 10E-14.17, Amended 7-29-96, Formerly 10E-14.017, Amended 9-17-97, 7-1-03,_____.

(Substantial rewording of Rule 65E-14.018 follows. See Florida Administrative Code for present text.)

65E-14.018 Sliding Fee Scale.

(1) Definitions and Intent.

(a) The service provider shall make a determination of ability to pay in accordance with the sliding fee scale for all individuals seeking substance abuse or mental health services. Payment of fees shall not be a pre-requisite to treatment or the receipt of services. The sliding fee scale shall not apply to services provided under the following Cost Centers as defined in Rule 65E-14.021, F.A.C.:

1. Information and Referral;

2. Outreach;

3. Crisis Stabilization;

4. Residential and Outpatient Detoxification;

5. Primary Prevention; and

6. Prevention/Intervention.

(b) It is not the intent of this section to prohibit or regulate the collection of fees on behalf of an individual from third party payers and commercial insurers such as Workers' Compensation, TRICARE, Medicaid, or Medicare.

However, service providers shall make every reasonable effort to identify and collect benefits from third party payers for services rendered to eligible individuals.

(c) For the purposes of this rule, household income is defined by s. 36B(d)(2) of the Internal Revenue Code of 1986, with exceptions pursuant to Title 42 CFR, part 435.603(e).

(2) General Provisions.

(a) Each service provider shall develop a sliding fee scale, that is updated annually, in conjunction with the Federal Poverty Guidelines, and applies to individuals receiving services that are paid for by state, federal, or local matching funds.

(b) If payments from a third party payer, individual or responsible party exceed the maximum allowable rate for a cost center, as set by Rule 65E-14.021, F.A.C., the individual or responsible party shall be refunded the excess recovered.

(c) The service provider shall inform individuals and responsible parties of the following:

1. The state laws that require the assessment and collection of fees;
2. The amount the person is expected to pay;
3. Their right to request an adjustment;
4. Expectations of the service provider regarding payment for services;
5. Their right to request a review of actions taken by the service provider with regard to their payment; and
6. That the failure to make a payment will not prevent them from continuing in service.

(d) The service provider shall require payment of a sliding fee from persons not eligible for Medicaid and whose household income as determined by subsection (5)(f), of this rule, and in accordance with section 409.9081, F.S. Nominal co-payments for the following substance abuse and mental health services shall apply:

1. Outpatient treatment services – \$3 per day.
2. Residential treatment services – \$2 per day.

(e) The service provider shall require persons meeting the criteria listed below to contribute to their treatment costs consistent with the provisions of Section 409.212, F.S.:

1. Persons who receive optional supplementation payments or are receiving a supplemental security income check;
2. Persons determined to be eligible for optional supplementation by the department; and
3. Persons who meet program eligibility criteria for assisted living facilities, foster care family placements, long-term residential care, or any other special living arrangements.

(3) Fee Liability Exceptions. The following parties shall not be liable for payment of fees:

(a) Parents of minors, when the minor has been permanently committed to the department and parental rights have been permanently terminated; or

(b) Parents of a minor, when the minor has requested and is receiving services without parental consent.

(4) Uniform Schedule of Discounts.

(a) A sliding fee scale that reflects the uniform discounts in paragraph (b) below, shall be applied to the entity's maximum allowable rate for a cost center, as set by Rule 65E-14.021, F.A.C.

(b) The applicable discount to be applied to a service provider's maximum allowable rate for a cost center, as set by Rule 65E-14.021, F.A.C., to create the scale is determined at the intersection of the row for percentage of poverty level with the column for the applicable type of uniform discount.

(c) Individuals who are liable for a reduced charge based on the sliding fee scale may not be billed by the organization for the difference in cost for the service provided.

<u>Uniform Discounts</u>	<u>Uniform Discounts</u>
<u>Upper Limit Percent of Poverty Level</u>	<u>Standard Discount Percentage</u>
<u>0% to 150%</u>	<u>Co-pay</u>
<u>165%</u>	<u>98%</u>
<u>180%</u>	<u>96%</u>
<u>195%</u>	<u>91%</u>
<u>210%</u>	<u>83%</u>

<u>225%</u>	<u>72%</u>
<u>240%</u>	<u>58%</u>
<u>255%</u>	<u>41%</u>
<u>270%</u>	<u>21%</u>
<u>285%</u>	<u>12%</u>
<u>300% and above</u>	<u>7%</u>

1. The “Percent of Poverty Level” shall be calculated by dividing the household income by the U.S. Department of Health and Human Services Annual Update of the Health and Human Services Poverty Guidelines. The poverty guidelines establish poverty income levels for various family sizes.

2. The total charges to an individual shall not exceed 5% of gross household income.

3. Nothing in this section shall prevent a service provider from further discounting or writing off charges individually or in the aggregate.

Rulemaking Authority 394.493(2), 394.674(4), 394.78(1), 394.9082(10), 397.321(5) FS. Law Implemented 394.493(2), 394.674(3), (4), 394.74(3)(c), 394.9082, 397.431 FS. History—New 7-1-03, Amended _____.

(Substantial rewording of Rule 65E-14.019 follows. See Florida Administrative Code for present text.)

65E-14.019 Methods of Paying for Services.

(1) Unit Cost Performance Contracts. When purchasing substance abuse and mental health services on a unit cost basis, the department and/or a Managing Entity may use the following methods of payment:

(a) Client Non-specific Performance Contracts. These contracts shall be used to purchase units of service within SAMH Cost Centers at unit cost rates. Individual eligibility and service determinations, unless otherwise specified, are the responsibility of the SAMH-Funded Entity based on eligibility criteria and services purchased.

(b) Client-specific Performance Contracts.

1. These contracts may be used to purchase services for a specific individual or group, but only in the following circumstances:

a. When specialized services are needed from a SAMH-Funded Entity to serve individuals in more than one district;

b. When specialized services are not available from any entity with whom the department or a Managing Entity already has client non-specific performance contracts or subcontracts; or

c. When emergency care is required and providers with whom the department or a Managing Entity has client non-specific performance contracts have no available capacity.

2. Individuals or groups to be served shall either be specified in the contract or subcontract or otherwise approved by the department in advance of receiving service.

(2) Cost Reimbursement Contracts.

(a) Funds paid to a SAMH-Funded Entity shall be treated as “restricted funds” as defined by Generally Accepted Accounting Principles and reported as such in the entity’s annual audit and any other financial report requested by the department or Managing Entity.

(b) All supporting documentation shall comply with the Department of Financial Services Reference Guide for State Expenditures, which is hereby incorporated by reference, and any requirements which are conditions of the receipt of state or federal grant funds as specified in the contract or subcontract.

(3) Nothing in paragraphs (1) and (2) of this rule shall be construed to preclude the department from developing and demonstrating alternative financing systems for substance abuse and mental health services in accordance with section 394.76(4), F.S. and section 394.9082, F.S.

Rulemaking Authority 394.493(2), 394.74(2), ~~394.76(4)~~, 394.78(1), (6), 394.9082(10), 397.321(5) FS. Law Implemented 394.66(9), (12), 394.74(2), 394.76(4), 394.78(1), (6), 394.9082 FS. History—New 7-1-03, Amended 12-14-03, _____.

(Substantial rewording of Rule 65E-14.020 follows. See Florida Administrative Code for present text.)

65E-14.020 Cost Reimbursement Method of Payment.

(1) This rule establishes requirements applicable to service providers under direct contract with the department or service providers under subcontracts with a Managing Entity regarding the implementation of a cost reimbursement method of payment for substance abuse and mental health services.

(2) Required Fiscal Reports. If a contract or subcontract with a service provider requires a cost reimbursement method of payment, the service provider shall prepare and submit the following fiscal reports to the department or Managing Entity, as appropriate, for approval no later than 90 days before the next state fiscal year:

(a) CF-MH 1038 (July 2011), Line-Item Operating Budget, which is hereby incorporated by reference. This budget displays projected expenditures by line-item category, along with the amount of each line item to be reimbursed through the contract or subcontract and through other funds.

(b) CF-MH 1039, (July 2011), Budget Narrative, which is hereby incorporated by reference. The narrative shall explain and justify the need for each identifiable component that constitutes a proposed line-item category.

(3) If there is a change in funding level for any service provider, the fiscal reports required by paragraph (2) of this rule shall be revised and approved prior to amending the entity's contract or subcontract.

(4) These fiscal reports, once approved by the department or Managing Entity, shall be finalized and incorporated into the service contract or subcontract.

(5) Report of Expenditures & Request for Payment or Advance. The service provider shall request payment by preparing and submitting form CF-MH 1040, (July 2011), Cost Reimbursement Report of Expenditures & Request for Payment or Advance. This form shall show actual, allowable expenditures by line-item category or negotiated rates for reimbursement. Requests for payment shall be based on and cannot exceed the amounts specified in the line-item budget and shall be for the purposes specified in the budget narrative.

(6) For cost reimbursement contracts or subcontracts, program income shall be retained by the service provider and used in accordance with the approved Line Item Operating Budget.

(7) All forms incorporated by reference in this rule may be obtained from the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

Rulemaking Authority 394.78(1), (6), 394.9082(10), 397.321(5) FS. Law Implemented 394.66(9), 394.74(2)(c), (3)(d), (4), 394.78(1), (6), 394.9082, 397.321(10) FS. History—New 7-1-03, Amended 12-14-03,_____.

(Substantial rewording of Rule 65E-14.021 follows. See Florida Administrative Code for present text.)

65E-14.021 Unit Cost Method of Payment.

This rule provides guidelines and requirements applicable to service providers under direct contract with the department or service providers under subcontracts with a Managing Entity. This section address requirements specific to the implementation of a unit cost method of payment for substance abuse and mental health services.

(1) Unless specifically authorized otherwise in advance by the department, service providers shall only use the following Substance Abuse and Mental Health (SAMH) Cost Centers to account for the expenditure of state funds, client fees, and other funds earned and used to provide substance abuse and mental health services to adults and/or children.

(a) Aftercare;

(b) Assessment;

(c) Case Management;

(d) Comprehensive Community Service Team

(e) Crisis Stabilization;

(f) Crisis Support/Emergency;

(g) Day Care;

(h) Day Treatment;

(i) Drop-In/Self Help Centers;

(j) Florida Assertive Community Treatment (FACT) Team;

(k) Incidental Expenses;

(l) Information and Referral;

(m) In-Home and On-Site;

(n) Inpatient;

- (o) Intensive Case Management;
- (p) Intervention;
- (q) Medical Services;
- (r) Medication-Assisted Treatment for Substance Use;
- (s) Mental Health Clubhouse Services;
- (t) Outpatient;
- (u) Outreach;
- (v) Prevention/Intervention;
- (w) Primary Prevention;
- (x) Recovery Support;
- (y) Residential Level I;
- (z) Residential Level II;
- (aa) Residential Level III;
- (bb) Residential Level IV;
- (cc) Respite Services;
- (dd) Room and Board with Supervision Level I;
- (ee) Room and Board with Supervision Level II;
- (ff) Room and Board with Supervision Level III;
- (gg) Short-term Residential Treatment;
- (hh) Substance Abuse Inpatient Detoxification;
- (ii) Substance Abuse Outpatient Detoxification;
- (jj) Supported Employment;
- (kk) Supportive Housing/Living;
- (ll) Treatment Alternatives for Safer Communities (TASC); and

(mm) Any other SAMH Cost Centers the department may establish temporarily pursuant to subsection (2) of this rule to ensure adequate provision of service.

(2) The department may temporarily establish additional SAMH Cost Centers for statewide use as necessary to ensure the adequate provision of services to individuals. At a minimum, the department shall notify affected parties of the department's intended action and provide an opportunity to comment at least 30 days prior to the establishment of a temporary Cost Center.

(3) Other Cost Centers.

(a) For all client non-specific performance contracts and subcontracts and those client-specific performance contracts and subcontracts where unit rates are set pursuant to paragraph (8)(a) if an entity also provides direct services to individuals which are not defined in a SAMH Cost Center as established in subsection (1) of this rule, it shall establish a Non-SAMH Cost Center to account for all expenditures and revenues related to these services.

(b) To identify indirect costs allocable to all SAMH Cost Centers, the entity shall establish an Administration Cost Center, subject to the provisions of subsection 65E-14.017(5), F.A.C., to account for the general administrative overhead costs that indirectly contribute to or benefit the SAMH Cost Centers.

(c) To account for costs such as billing and data processing that indirectly contribute to or benefit both SAMH Cost Centers and the Administration Cost Center, the entity may establish an Other Support Cost Center or may include such costs in the Administration Cost Center.

(d) A provider's total expenditures for services in all SAMH Cost Centers, any Non-SAMH Cost Centers, the Administration Cost Center and the Other Support Cost Center shall equal the total expenditures reported in the entity's fiscal reports and audit.

(4) Unit Measurements:

(a) Types of Units. The following units of measure apply to each SAMH Cost Center as specified in paragraph (5) of this rule:

1. Direct Staff Hour.

a. This unit of measure equals the actual time a staff person:

(I) Is available at the work site to perform assigned tasks.

(II) Spends in face-to-face or direct telephone contact with an individual receiving services or a collateral contact where the contact is documented in the individual's service record.

(III) Spends on activities directly associated with an individual receiving services, including case staffings and travel time if the travel is integral to a service event otherwise allowable under this rule.

b. For children's mental health or substance abuse services, this unit of measure may also include telephone contact with parents or teachers and actual time spent in a courtroom or juvenile detention facility on behalf of a child.

c. This unit shall be paid on the basis of utilization, except for the following SAMH Cost Centers:

(I) Paragraph (5)(f), Crisis Support/Emergency;

(II) Paragraph (5)(j), Florida Assertive Community Treatment (FACT) Team;

(III) Paragraph (5)(l), Information and Referral; and

(IV) Paragraph (5)(ii), Substance Abuse Outpatient Detoxification.

2. Non-Direct Staff Hour.

a. This unit of measure equals the actual time spent on activities that cannot be directly associated with an individual receiving services, but are integral to the program and described in the program description.

b. Non-Direct Staff Hour units shall be paid on the basis of utilization, unless a SAMH Cost Center specified in subsection (5) authorizes otherwise.

3. Day.

a. This unit of measure is determined by one of the following:

(I) The availability of an actual bed available for a period of twenty-four hours to individuals eligible for SAMH-funded services;

(II) A day in which a facility is open for use a minimum of 4 hours per day; or

(III) A day in which an individual receiving services is physically present at the midnight census, including the day the individual is admitted and excluding the day the individual is discharged.

b. Day units shall be paid on the basis of utilization, except for the following SAMH Cost Centers:

(I) Paragraph (5)(e), Crisis Stabilization;

(II) Paragraph (5)(i), Drop-in/Self Help Centers,

(III) Paragraph (5)(gg), Short-term Residential Treatment; and Paragraph (5)(hh), Substance Abuse Inpatient Detoxification.

4. Dosage.

a. This unit of measure equals one dose of clinically prescribed medication received by an individual participating in programs under the Medication-Assisted Treatment for Substance Use Cost Center.

b. Dosage units shall be paid on the basis of utilization.

(b) Units paid on the basis of utilization require the service to be provided to or on behalf of an eligible individual, or by the commitment of actual direct or non-direct staff hours before payment may be made.

(c) Units paid on the basis of availability require the service to be available for use, regardless of whether the service is actually used by an individual.

(d) Definition of Hour.

1. Hourly units of measure are based upon the actual time spent providing services to or on behalf of an individual or individuals, rounded to the nearest fifteen-minute interval. The cumulative, rounded number of minutes shall be divided by sixty to derive the number of hourly units.

2. When intermittent services are provided to or on behalf of a specific individual during a single calendar day, the actual cumulative time spent providing the service during that day shall be rounded to the nearest fifteen-minute interval.

3. For services provided under the Case Management Cost Center defined in subsection (5)(c) of this rule, if the time interval required by Medicaid is different than described above, a provider may use the Medicaid time interval instead.

(e) Units of service measured in terms of hours or days:

1. Shall not include the time direct service delivery staff are

a. Absent from the work place;

b. Attending training or orientation, unless the training or orientation is specifically required in contracts or subcontracts. This exclusion does not apply to services under the following SAMH Cost Centers:

- (I) Primary Prevention, as defined in paragraph (5)(x) of this rule; or
- (II) Prevention/Intervention, as defined in paragraph (5)(w) of this rule.

c. Involved in supervision, clinical supervision, administrative, or charting activities. This exclusion does not apply to services under the following SAMH Cost Centers:

- (I) Primary Prevention, as defined in paragraph (5)(x) of this rule; or
- (II) Prevention/Intervention, as defined in paragraph (5)(w) of this rule.

2. Shall include time direct service delivery staff spend administering individual functional assessments and individual satisfaction surveys.

(5) The descriptions, applicable programs, units of measure, and documentation requirements for SAMH Cost Centers are as follows:

(a) Aftercare.

1. Description – Aftercare activities include individual participation in daily activity functions that were adversely affected by mental illness or substance abuse impairments. Relapse prevention issues are important in assisting the individual’s recognition of triggers and warning signs of regression. Aftercare services help families and pro-social support systems reinforce a healthy living environment.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Cost center;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify);
- (VII) Group Indicator; and
- (VIII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and
- (V) Service (specify).

5. Maximum Unit Cost Rate: \$63.21.

(b) Assessment.

1. Description – This Cost Center includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person’s individualized plan of treatment and to monitor recovery. Assessment specifically includes efforts to identify the person’s key medical and psychological needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, and physical or sexual abuse or trauma.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

- (I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration;

(V) Cost center;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$85.91.

(c) Case Management.

1. Description – Case management services consist of activities that identify the recipient’s needs, plan services, link the service system with the person, coordinate the various system components, monitor service delivery, and evaluate the effect of the services received.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Service date;

(V) Duration;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$63.21.

(d) Comprehensive Community Service Team

1. Description- This Cost Center includes bundled services designed to provide short-term assistance and guide individuals in rebuilding skills in identified roles in their environment through the engagement of natural supports, treatment services, and assistance of multiple agencies when indicated. Services provided under this Cost Center may not be invoiced separately to any other Cost Center. Allowable bundled services include activities within the following SAMH Cost Centers as defined in subsection (5) of this rule:

a. Aftercare,

b. Assessment,

c. Case Management,

d. Direct Prevention

e. Information and Referral,

f. In-home/On-Site,

g. Intensive Case Management,

h. Intervention,

i. Outpatient,

- j. Outreach,
- k. Prevention/Intervention
- l. Recovery Support,
- m. Supported Employment, and
- n. Supported Housing.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration;

(V) Cost center;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum unit cost rate: \$ 37.86

(e) Crisis Stabilization.

1. Description – These acute care services, offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

2. Programs – Adult Mental Health and Children’s Mental Health.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Number of licensed bed-days.

b. Audit Documentation – License:

(I) Beginning date;

(II) Ending date; and

(III) Number of beds.

5. Maximum Unit Cost Rate: \$291.24.

(f) Crisis Support/Emergency.

1. Description – These non-residential care services are generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in subsection (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

(I) Staff name and identification number;

(II) Date;

(III) Hours on Duty – Beginning and ending time;

(IV) Cost center;

(V) Program; and

(VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Date;

(III) Hours worked – Beginning and ending time;

(IV) Program;

(V) Cost center; and

(VI) Signature of Supervisor.

5. Maximum Unit Cost Rate: \$43.17.

(g) Day Care.

1. Description – Day care services provide a structured schedule of activities for children of persons who are participating in mental health or substance abuse day treatment service or residential services.

2. Programs – Adult Mental Health and Adult Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule, reimbursing a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient (Parent) name and identification number and child's date of birth; and

(IV) Service date.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient (Parent) name and identification number and child's date of birth; and

(III) Service date.

5. Maximum Unit Cost Rate: \$7.57.

(h) Day Treatment.

1. Description – Day Treatment services provide a structured schedule of non-residential services for four or more consecutive hours per day. Activities for children and adult mental health programs are designed to assist individuals to attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Activities for substance abuse programs emphasize rehabilitation, treatment, and education services, using multidisciplinary teams to provide integrated programs of academic, therapeutic, and family services.

2. Programs – Adult Mental Health, Children's Mental Health, Adult Substance Abuse, and Children's Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule, reimbursing a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification number; and

(IV) Service date.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$17.87.

(i) Drop-in/Self-Help Centers.

1. Description – These centers are intended to provide a range of opportunities for persons with severe and persistent mental illness to independently develop, operate, and participate in social, recreational, and networking activities.

2. Programs – Adult Mental Health.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Number of Days.

b. Audit Documentation – Occupancy License:

(I) Beginning date; and

(II) Ending date.

5. Maximum Unit Cost Rate: \$296.30 for programs with capacity to serve thirty individuals, and a ten percent rate increase for capacity to serve each additional five individuals.

(j) Florida Assertive Community Treatment (FACT) Team.

1. Description – These non-residential evidence-based services are available twenty-four hours per day, seven days per week, and include community-based treatment, rehabilitation, and support services provided by a multidisciplinary team to persons with severe and persistent mental illness.

2. Programs – Adult Mental Health and Adult Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

(I) Staff name and identification number;

(II) Date;

(III) Hours on Duty – Beginning and ending time;

(IV) Cost center;

(V) Program; and

(VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Date;

(III) Hours worked – Beginning and ending time;

(IV) Program;

(V) Cost center; and

(VI) Signature of Supervisor.

5. Maximum Unit Cost Rate: \$45.47.

(k) Incidental Expenses.

1. Description – This Cost Center reimburses temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized in advance by the Managing Entity. Allowable uses of these funds include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other costs as approved by the Managing Entity.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – \$50.00

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification;

(IV) Receipt for incurred incidental costs;

(V) Pre-approval from the appropriate managing entity; and

(VI) Invoice date.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number;

(III) Invoice date;

(IV) Receipt for incurred incidental costs;

(V) Associated treatment plan goal; and

(VI) Department authorization documentation.

5. Maximum Unit Cost Rate: \$50.00.

(l) Information and Referral.

1. Description – These services maintain information about resources in the community, link people who need assistance with appropriate service providers, and provide information about agencies and organizations that offer services. The information and referral process involves: being readily available for contact by the individual; assisting the individual with determining which resources are needed; providing referral to appropriate resources; and following up to ensure the individual's needs have been met, where appropriate.

2. Programs – Adult Mental Health, Children's Mental Health, Adult Substance Abuse, and Children's Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

(I) Staff name and identification number;

(II) Date;

(III) Hours on Duty – Beginning and ending time;

(IV) Cost center;

(V) Program; and

(VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Date;

(III) Hours worked – Beginning and ending time;

(IV) Program;

(V) Cost center; and

(VI) Signature of Supervisor.

5. Maximum Unit Cost Rate: \$34.75.

(m) In-Home and On-Site.

1. Description – Therapeutic services and supports, including early childhood mental health consultation, are rendered in non-provider settings such as nursing homes, assisted living facilities, residences, school, detention centers, commitment settings, foster homes, daycare centers, and other community settings.

2. Programs – Adult Mental Health, Children's Mental Health, Adult Substance Abuse, and Children's Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Service date;

(V) Duration;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$70.20.

(n) Inpatient.

1. Description – Inpatient services provided in psychiatric units within hospitals licensed under Chapter 395, F.S. as general hospitals and psychiatric specialty hospitals. They are designed to provide intensive treatment to persons exhibiting violent behaviors, suicidal behaviors, and other severe disturbances due to substance abuse or mental illness.

2. Programs – Adult Mental Health and Children’s Mental Health.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Name of hospital;

(II) Recipient name and identification number;

(III) Clinical diagnosis;

(IV) Service date; and

(V) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Name of hospital;

(II) Recipient name and identification number;

(III) Clinical diagnosis;

(IV) Service date.

5. Maximum Unit Cost Rate: \$456.00.

(o) Intensive Case Management.

1. Description – Case management services consist of activities aimed at assessing recipient needs, planning services, linking the service system to a recipient, coordinating the various system components, monitoring service delivery, and evaluating the effect of services received. These services are typically offered to persons who are being discharged from a hospital or crisis stabilization unit who are in need of more professional care and who will have contingency needs to remain in a less restrictive setting.

2. Programs – Adult Mental Health and Children’s Mental Health.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Service date;

(V) Duration;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$72.21.

(p) Intervention.

1. Description – Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Service date;

(V) Duration;

(VI) Service (specify);

(VII) Group Indicator; and

(VIII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$67.44.

(q) Medical Services.

1. Description – Medical services are provided by a Psychiatrist or Psychiatric Advanced Registered Nurse Practitioner under the supervision of a Psychiatrist. The services provide primary psychiatric care, therapy, and medication administration to improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems. Included is psychiatric mental status assessment. For adults with mental illness, medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis. This service includes medication administration of psychotropic drugs, including Clozaril and other medications.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(I), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration;

(V) Clinical diagnosis;

(VI) Cost center ;

(VII) Service (specify);

(VIII) Group Indicator; and

(IX) Program.

b. Audit Documentation – Recipient Service or Non-Recipient Chart:

(I) Recipient name and identification number or if non-recipient, participant’s name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$369.55.

(r) Medication-Assisted Treatment for Substance Use.

1. Description – This Cost Center provides for the delivery of medications for the treatment of substance use or abuse disorders which are prescribed by a licensed health care professional. Services must be based upon a clinical assessment and provided in conjunction with substance abuse treatment.

2. Programs –Adult Substance Abuse, Children’s Substance Abuse.

3. Unit of Measure – Dosage.

4. Data Elements:

a. Service Documentation – Medication Administration Record:

(I) Recipient name and identification number;

(II) Dosage date;

(III) Prescribed dosage;

(IV) Clinical diagnosis;

(V) Cost center;

(VI) Service (specify); and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Individual name and identification number;

(II) Dosage date;

(III) Dosage received; and

(IV) Cost center.

5. Maximum Unit Cost Rate: \$13.63.

(s) Mental Health Clubhouse Services.

1. Description – Structured, evidence-based services designed to both strengthen and/or regain the individual’s interpersonal skills, provide psycho-social therapy toward rehabilitation, develop the environmental supports necessary to help the individual thrive in the community and meet employment and other life goals and promote recovery from mental illness. Services are typically provided in a community-based program with trained staff and members working as teams to address the individual’s life goals and to perform the tasks necessary for the operations of the program. The emphasis is on a holistic approach focusing on the individual’s strengths and abilities while challenging the individual to pursue those life goals. This service would include, but not be limited to, clubhouses certified under the International Center for Clubhouse Development.

2. Programs – Adult Mental Health.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster.

(I) Staff name and identification number;

(II) Date;

(III) Hours on Duty – Beginning and ending time;

(IV) Cost Center;

(V) Program; and

(VI) Signature of Program Manager.

b. Audit Documentation.

(I) Staff name and identification number;

(II) Date;

(III) Hours worked – Beginning and ending time;

(IV) Program;

(V) Cost Center;

(VI) Clubhouse Schedule;

(VII) Daily census log with date; and

(VIII) Signature of Program Manager.

5. Maximum Unit Cost Rate: \$37.71.

(t) Outpatient.

1. Description – Outpatient services provide a therapeutic environment, which is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Outpatient services may be provided to an individual or in a group setting. The group size limitations applicable to the Medicaid program shall apply to all Outpatient services provided by a SAMH-Funded Entity.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration;

(V) Cost center;

(VI) Service (specify);

(VII) Clinical Diagnosis;

(VIII) Group Indicator; and

(IX) Program.

b. Audit Documentation – Recipient Service or Non-Recipient Chart:

(I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient;

(II) Staff name and identification number;

(III) Service date;

(IV) Clinical diagnosis;

(V) Duration; and

(VI) Service (specify).

5. Maximum Unit Cost Rate: \$91.09.

(u) Outreach.

1. Description – Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective individuals who show an indication of substance abuse and mental health problems or needs. Individual enrollment is not included in Outreach services.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Non-Direct Staff Hour, as defined in subparagraph (4)(b)2., of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Description of activity, including time to plan and prepare;

(III) Duration;

(IV) Activity date;

(V) Program; and

(VI) Cost center.

b. Audit Documentation:

(I) Activity list;

(II) Duration; and

(III) Supervisor’s staff schedule.

5. Maximum Unit Cost Rate: \$43.20.

(v) Prevention/Intervention.

1. Description – These services are participant-specific programs for children and adolescents. These services are formally affiliated with one or more schools, and operated under the authority of a County School Board. Services shall be individualized and may be provided in a self-contained classroom, a regular classroom, as a component of a full service school or in a family or service provider setting outside the school. Services include multiple, structured contacts over time to specific individuals or groups having identified behavioral, biological or environmental risk characteristics. This Cost Center also includes services to children and adolescents who are at risk for substance abuse problems and receive targeted prevention services in non-school based programs. For substance abuse, primary targets for prevention programs or services are those individuals who do not meet treatment criteria. This Cost Center does not include relapse prevention.

2. Programs – Children’s Mental Health and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule, reimbursed at a maximum of four hours per calendar day.

4. Data Elements:

a. Level II Prevention Service Documentation – Activity Log

(I) Staff name;

(II) Staff identifier number;

(III) Name of Program;

(IV) Activity Name;

(V) Program Activity (from the program manual);

(VI) Supplemental Program Activity (contract negotiated);

(VII) Activity Description;

(VIII) Program Group Identifier;

(IX) Activity Date;

(X) Activity duration;

(XI) Participant Names;

(XII) Participant Identifier; and

(XIII) Cost Center.

b. Level II Prevention Audit documentation – Time Sheet

(I) Staff Name;

(II) Staff Identifier;

(III) Staff Attendance by Date; and

(IV) Duration of Staff attendance by date

5. Maximum Unit Cost Rate: \$23.10.

(w) Primary Prevention.

1. Description – Primary Prevention services are non-participant-specific activities providing programs and services that preclude, forestall or impede the development of substance and mental health problems and include increasing public awareness through information dissemination, education, alternative-focused activities; and problem identification and referral. These activities may be directed either at Level I prevention programs where the participant is not identifiable or at Level II prevention programs where the participant has been identified for prevention education. For substance abuse activities, targets for prevention programs or services are those individuals who do not meet clinical criteria for treatment. Activities may include time participating in training in order to provide evidence based programs and practices, program developer consultation, data collection, data entry and activities related to preparing for service delivery. This Cost Center does not include relapse prevention services.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Non-Direct Staff Hour, as defined in subparagraph (4)(a)2., of this rule.

4. Data Elements:

a. Level I Prevention Target Service Documentation – Time Sheet:

- (I) Cost center;
- (II) Staff name and identification number;
- (III) Description of activity, including time to plan and prepare;
- (IV) Duration;
- (V) Activity Date; and
- (VI) Program.

b. Level I Prevention Target Audit Documentation:

- (I) Attendance records with date;
- (II) Program Material;
- (III) Agenda with date;
- (IV) Duration of activity;
- (V) Advertisements; and
- (VI) Supervisor Instructions

c. Level II Prevention Target Service Documentation – Activity Log

- (I) Cost center;
- (II) Staff name and identification number;
- (III) Participant name and identification number;
- (IV) Service date;
- (V) Duration; and
- (VI) Program.

d. Level II Prevention Target Audit documentation – Participant Record Service Chart

- (I) Recipient name and identification number;
- (II) Staff name and identification number;
- (III) Service date;
- (IV) Duration; and
- (V) Service (specify)

5. Maximum Unit Cost Rate: \$43.20.

(x) Recovery Support

1. Description – These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. For Adult Mental Health and Children’s Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children’s Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements-

a. Service Documentation – Activity Log:

- (I) Cost center;
- (II) Staff name and identification number;
- (III) Recipient name and identification number;
- (IV) Service date;
- (V) Duration;
- (VI) Service (specify);
- (VII) Clinical diagnosis;
- (VIII) Group Indicator; and
- (IX) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Unit Cost Rate: \$38.99

(y) Residential Level I.

1. Description – These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis. A nurse is on duty in these facilities at all times. For adult mental health, these services include group homes. Group homes are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four hours per day, seven days per week basis. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support unit setting, including residential treatment centers. Medicaid Residential Treatment Centers and Residential Treatment Centers are reported under this Cost Center. On-call medical care shall be available for substance abuse programs. Level 1 provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(III).

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Clinical diagnosis;

(IV) Documentation of medications, if applicable;

(V) Recipient name and identification number;

(VI) Service date; and

(VII) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$241.10 for Adult Mental Health, Adult Substance Abuse, and Children’s Substance Abuse; \$330.00 for Children’s Mental Health. The unit cost for either adult’s or children’s services may be increased by \$8.21 if services include psychotropic medication.

(z) Residential Level II.

1. Description – Level II facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For children with serious emotional disturbances, Level II services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level II, and Therapeutic Foster Home – Level 2 are reported under this Cost Center. For substance abuse, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation, and may include formal school and adult educational programs.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in s sub-sub-subparagraph (4)(a)3.a(III).

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Clinical diagnosis;

(IV) Recipient name and identification number;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$174.03.

(aa) Residential Level III.

1. Description – These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For children with serious emotional disturbances, Level III services are specifically designed to provide sparse therapeutic behavioral and treatment interventions. Therapeutic Group Home, Specialized Therapeutic Foster Home – Level I, and Therapeutic Foster Home – Level 1 are reported under this Cost Center. For adults with serious mental illness, this Cost Center consists of supervised apartments. For substance abuse, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in subsection (4)(a)3.a(III)..

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification number;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$108.35.

(bb) Residential Level IV.

1. Description – This type of facility may have less than twenty-four hours per day, seven days per week on-premise supervision. It is primarily a support service and, as such, treatment services are not included in this SAMH Cost Center, although such treatment services may be provided as needed through other SAMH Cost Centers. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For children with serious emotional disturbances, Level IV services are the least intensive and restrictive level of residential care provided in group or foster home settings, therapeutic foster homes, and group care. Regular therapeutic foster care can be provided either through Residential Level IV “Day of Care: Therapeutic Foster Home” or by billing in-home/non-provider setting for a child in a foster home.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(III).

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification number;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$49.72.

(cc) Respite Services.

1. Description – Respite care services are designed to sustain the family or other primary care giver by providing time-limited, temporary relief from the ongoing responsibility of care giving.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Clinical Diagnosis of client;

(V) Duration;

(VI) Cost center;

(VII) Service (specify); and

(VIII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$12.84.

(dd) Room and Board with Supervision Level I.

1. Description – This Cost Center solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level I as defined in paragraph (5)(y) of this rule. This Cost Center is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(III), of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$238.13.

(ee) Room and Board with Supervision Level II.

1. Description – This Cost Center solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level II as defined in paragraph (5)(bb) of this rule. This Cost Center is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(III), of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$155.61.

(ff) Room and Board with Supervision Level III.

1. Description – This Cost Center solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level III as defined in subsection (5)(cc) of this rule. This Cost Center is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, part 435.1010.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(III), of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$103.08.

(gg) Short-term Residential Treatment.

1. Description – These individualized, stabilizing acute and immediately sub-acute care services provide short and intermediate duration intensive mental health residential and habilitative services on a twenty-four hours per day, seven days per week basis. These services shall meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

2. Programs – Adult Mental Health.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(I), of this rule.

4. Data Elements:

a. Service Documentation –

(I) Number of licensed days; and

(II) Clinical diagnoses of clients.

b. Audit Documentation – License:

(I) Beginning date;

(II) Ending date; and

(III) Number of beds.

5. Maximum Unit Cost Rate: \$291.24.

(hh) Substance Abuse Inpatient Detoxification.

1. Description – These programs utilize medical and clinical procedures to assist adults, children, and adolescents with substance abuse problems in their efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and addiction receiving facilities provide emergency screening, evaluation, short-term stabilization, and treatment in a secure environment.

2. Programs – Adult Substance Abuse and Children’s Substance Abuse.

3. Unit of Measure – Day, as defined in sub-sub-subparagraph (4)(a)3.a(I), of this rule.

4. Data Elements:

a. Service Documentation –

(I) Number of Days; and

(II) Clinical diagnoses and age of clients.

b. Audit Documentation – License:

(I) Beginning date;

(II) Age of clients;

(III) Documentation of children’s Crisis Stabilization Unit license, if applicable;

(IV) Ending date; and

(V) Number of beds.

5. Maximum Unit Cost Rate: \$204.94. The maximum unit cost rate for a Juvenile Addiction Receiving Facility that is integrated with a Children’s Crisis Stabilization Unit shall be the Crisis Stabilization maximum unit cost rate established in paragraph (5)(e) of this rule.

(ii) Substance Abuse Outpatient Detoxification.

1. Description – These services utilize medication or a psychosocial counseling regimen that assists recipients in their efforts to withdraw from the physiological and psychological effects of the abuse of addictive substances.

2. Programs – Adult Substance Abuse and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a(I), of this rule, to a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Cost center;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart

(I) Cost center;

(II) Recipient name and identification number; and

(III) Service date.

5. Maximum Unit Cost Rate: \$19.72.

(jj) Supported Employment.

1. Description – Supported employment services are evidence-based community-based employment services in an integrated work setting which provides regular contact with non-disabled co-workers or the public. A job coach provides longer-term, ongoing support for as long as it is needed to enable the recipient to maintain employment. Children ages 16-18 may be served under this cost center.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number ;

(IV) Clinical diagnosis;

(V) Service date;

(VI) Duration; and

(VII) Service (specify).

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(VI) Service (specify).

5. Maximum Unit Cost Rate: \$51.99.

(kk) Supportive Housing/Living.

1. Description – Supported housing/living is an evidence-based approach to assist persons with substance abuse and mental illness in the selection of permanent housing of their choice. These services also provide the necessary services and supports to assure continued successful living in the community and transitioning into the community. For children with mental health problems, supported living services are a process which assists adolescents in housing arrangements and provides services to assure successful transition to independent living or with roommates in the community. Services include training in independent living skills. For substance abuse, services provide for the placement and monitoring of recipients who are participating in non-residential services; recipients who have completed or are completing substance abuse treatment; and those recipients who need assistance and support in independent or supervised living within a “live-in” environment. Children ages 16-18 may be served under this Cost Center.

2. Programs – Adult Mental Health, Children’s Mental Health, Adult Substance Abuse, and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Clinical diagnosis;

(V) Service date;

(VI) Duration; and

(VII) Service (specify).

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$51.99, if rent and commodities are not included in the services; or \$62.92 if rent and commodities are included.

(ll) Treatment Alternatives for Safer Communities (TASC).

1. Description – TASC provides for identification, screening, court liaison, referral and tracking of persons in the criminal justice system with a history of substance abuse or addiction.

2. Programs – Adult Substance Abuse and Children’s Substance Abuse.

3. Unit of Measure – Direct Staff Hour, as defined in sub-sub-subparagraph (4)(a)1.a.(II), of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Cost center;

(II) Staff name and identification number;

(III) Recipient name and identification number;

(IV) Service date;

(V) Duration;

(VI) Clinical Diagnosis;

(VII) Service (specify); and

(VIII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number;

(II) Staff name and identification number;

(III) Service date;

(IV) Duration; and

(V) Service (specify).

5. Maximum Unit Cost Rate: \$63.44.

(6) Budgeting and Accounting for Revenues and Expenditures.

(a) The SAMH-Funded Entity shall budget and account for revenues and expenditures in the SAMH Cost Centers for substance abuse and mental health services and a Non-SAMH Cost Center for all other services provided by the entity.

(b) The SAMH-Funded Entity shall develop a written plan for allocating direct and indirect costs to Cost Centers which complies with the cost principles established in Rule 65E-14.017, F.A.C. The entity’s chief financial officer or equivalent shall assert that the cost plan is reasonable and complies with these cost principles.

(c) Revenue shall be accounted for in the Cost Center where it is generated. If it is not possible to determine the Cost Center where revenue is generated, the revenue shall be allocated to Cost Centers pursuant to a written methodology.

(d) Managing Entity Required Fiscal Reports. Each Managing Entity shall submit the Projected Cost Center Operating and Capital Budget, as identified in paragraph (10)(b) of this rule. This report displays projected line-item expenditures for Cost Centers by program and projected revenues by funding source by Cost Center for the Managing Entity’s entire budget, including program and administrative expenditures. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other SAMH Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the Managing Entity’s and its subcontracted service providers as a whole.

(e) Service Provider Required Fiscal Reports.

1. All service providers shall prepare and submit the following proposed fiscal reports to the department or Managing Entity, as appropriate, for approval prior to the start of the contract or subcontract period:

a. Projected Cost Center Operating and Capital Budget, as identified in paragraph (10)(b) of this rule. This report displays projected line-item expenditures for Cost Centers by program and projected revenues by funding source by Cost Center for the SAMH-Funded Entity’s entire budget. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the service provider’s organization as a whole.

b. Personnel Detail Record, as identified in paragraph (10)(a) of this rule. This report displays the proposed allocation of staff time and corresponding salary expenses to Cost Centers by program and reconciles with the salary amounts in the Projected Cost Center Operating and Capital Budget. This report displays each Cost Center funded through the state substance abuse and mental health program contract or subcontract. It also displays all other

SAMH Cost Centers as a group, all other programs as a group, and administrative and support functions separately. Totals are provided for the service provider's organization as a whole.

c. Agency Capacity Report, as identified in paragraph (10)(c) of this rule. This report displays the SAMH-Funded Entity's projected direct service staffing and facility capacity in terms of units of service, total costs, and unit cost rate or rates for each SAMH Cost Center funded in the contract or subcontract.

d. Program Description, as identified in paragraph (10)(e).

(I) General Information. This report includes a narrative or graphic description of the following:

(i) Services provided by the SAMH-Funded Entity;

(ii) A chart of the SAMH-Funded Entity's major organizational units; and

(iii) Names and contact information for the Chief Executive Officer, Chief Operating Officer, and Chief Finance Officer.

(II) Detailed Information. This shall include a narrative description of the following for each program and each SAMH Cost Center funded in the contract or subcontract:

(i) A general description of the services to be provided;

(ii) Geographic area to be served;

(iii) Target populations to be served, including the projected number of individuals for each target population;

(iv) Primary referral sources;

(v) List of facility licenses;

(vi) Average length of individual participation;

(vii) Minimum qualifications for each type of service delivery position;

(viii) Staffing levels by type of service delivery position, unless the unit cost rate for the Cost Center is negotiated pursuant to paragraph (8)(b) of this rule;

(ix) Service capacity – beds funded in the contract or subcontract;

(x) Admissions and discharge criteria; and

(xi) Name and contact information for the program/service director.

(III) Service Locations. This shall include the following:

(i) Addresses of all service locations where contracted or subcontracted services will be provided;

(ii) Days and hours of operation for each service location; and

(iii) Listing of all contracted or subcontracted Cost Centers provided at each service location.

(IV) A Service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance of the end of any quarter in which a change in the Program Description occurs, except changes that pertain to primary referral sources, average length of client participation, or staffing levels by type of service delivery position.

(V) A service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance prior to any changes to the Program Description pertaining to service capacity, admissions and discharge criteria, or service location.

2. If a service provider proposes different unit cost rates for each program applicable to a Cost Center, the fiscal reports in subparagraphs (8)(d)1.a. through c. of this rule, shall display information separately for each program. If the entity proposes the same rate for every program applicable to a Cost Center, these reports may combine the information for all programs for that Cost Center.

3. If the department or Managing Entity sets the unit cost rates under the provisions in subsection (8)(b) of this rule for all of the Cost Centers covered by a contract or subcontract, the service provider may submit an Alternative Projected Operating and Capital Budget, as identified in paragraph (10)(d) of this rule. The form shall display costs by line-item and total revenues by fund source for all SAMH Cost Centers funded through the contract or subcontract as a group, all other SAMH Cost Centers as a group, and a Non-SAMH Cost Center in lieu of the Cost Center-specific documents specified in subparagraphs (8)(d)1.a. through c. of this rule.

4. Once a contract or subcontract has been signed, the service provider shall submit a final version of the reports specified in subparagraphs (7)(e)1. and 3. of this rule.

(7) When rates for a SAMH Cost Center are established in accordance with paragraph (8)(a) or (b) of this rule, the maximum unit cost rate shall be established using cost models that take into account:

(a) The classification and number of service delivery personnel;

(b) Salary and benefit levels for service delivery personnel; and
(c) Ratio of personnel costs for service delivery to operating and administrative overhead costs of providing services.

(8) Setting Unit Cost Rates.

(a) Negotiated Unit Cost Rates Based on Projected Costs and Units of Service.

1. The department or Managing Entity and a service provider may agree to unit rates that are based on projected expenditures and number of units of service to be furnished during the contract or subcontract period, not to exceed maximum state rates.

2. The unit cost rates shall be determined using the fiscal reports required in subparagraphs (8)(d)1.a. through c. of this rule. The service provider shall also submit a budget narrative explaining any major changes in projected expenditures from the previous year, including any proposed changes to the quality or quantity of service to be provided.

3. When calculating the projected unit cost rate for each Cost Center on the Agency Capacity Report, the service provider shall use the number of units derived using the following minimum productivity and utilization standards:

a. Direct Staff Hour – Annualized Standard Units: 1,252 hours per FTE; Standard Percentage: 60.19 percent.

(I) Exceptions:

(i) For paragraph (5)(f) Crisis Support Emergency, and (5)(m) Information and Referral – Annualized Standard Units: 2,080 hours per FTE; Standard Percentage: 100 percent.

(ii) For paragraph (5)(k) FACT – Annualized Standard Units: 1,788 hours per FTE; Standard Percentage: 85.96 percent.

(iii) For paragraph (5)(t) Mental Health Clubhouse – Annualized Standard Units: 1,768 hours per FTE; Standard Percentage: 85 percent.

(iv) For paragraphs (5)(g) Day care, (5)(h) Day Treatment, (5)(x) Prevention/Intervention, and (5)(jj) Substance Abuse Outpatient Detoxification – Annualized Standard Units to be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 90 percent.

b. Non-Direct Staff Hour – Annualized Standard Units: 1,430 hours per FTE; Standard Percentage: 68.75 percent.

c. Day – Annualized Standard Units: 365 Days; Standard Percentage: 100 percent.

(I) Exceptions:

(i) For paragraph (5)(j) Drop-in/Self help Centers– Annualized Standard Units: To be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 100 percent.

(ii) For paragraphs (5)(z) – (5)(cc) Residential I-IV, (5)(ee) – (5)(gg) Room and Board with Supervision I-III Annualized Standard Units: 365 Days; Standard Percentage: 85 percent.

d. Dosage – Annualized Standard Units: To be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 100 percent

4. Nothing herein shall preclude the department or Managing Entity from using audited data on actual expenditures to analyze the projected unit cost rates submitted by a SAMH-Funded Entity.

(b) The department may approve a unit cost rate for a Cost Center exceeding the maximum rate established pursuant to subsection (5) of this rule if it can be demonstrated that the needed service cannot otherwise be purchased at the maximum rate within the geographic area.

1. The department’s Regional Substance Abuse and Mental Health Program Administrator may approve a service provider’s request to exceed a maximum rate by up to five percent.

2. The department’s Director of Substance Abuse and Mental Health Program may approve a service provider’s request to exceed a maximum rate in excess of five percent.

(c) For client-specific performance contracts and subcontracts and for client non-specific performance contracts and subcontracts under \$200,000 annually, in lieu of negotiating unit rates under the provisions of paragraph (a) above, the department may instead set a unit cost rate at a level not in excess of a region’s average or median unit cost rate negotiated under the provisions of paragraph (a) for the same year. If no such rate exists for a particular Cost Center, the department may set a rate not to exceed the Cost Center’s maximum unit cost rate established pursuant to subsection (5) of this rule or the SAMH-Funded Entity’s usual and customary charge, whichever is less.

(d) Special Rates for Group Treatment. The maximum unit rate for Outpatient Services provided as group treatment shall be equal to twenty-five percent of the maximum unit rate for Outpatient Services provided to an individual as specified in paragraph (5)(u) of this rule.

(9) Payment for Service.

(a) Eligibility for Payment.

1. Allowable Units. A service provider shall invoice only for units of services that:

a. Are within a Cost Center that has been contractually specified;

b. Have been delivered during the contract period; and

c. Have been delivered to an eligible, properly enrolled person belonging to a target population designated pursuant to Section 394.674(1), F.S.

2. Unallowable Units. A service provider shall not invoice for any costs or service units paid for under any other contract or from any other source.

3. For Medicaid purposes, the department shall not be considered a liable third party payer for Mental Health and Substance Abuse program payments funded through the department, and a Medicaid enrolled contractor shall not bill the department for Medicaid covered services provided to Medicaid eligible recipients. To ensure that the department does not reimburse for any Medicaid service to a Medicaid eligible individual, the SAMH-Funded Entity shall deduct all Medicaid services from the total number of units of services specified on a request for payment.

(b) Request for Payment.

1. Prorated Payments.

a. After any initial advance period allowable under Section 216.181(16)(b), F.S., a SAMH-Funded Entity shall request payment based on actual units of service delivered. The department or Managing Entity shall pay for actual units of service delivered, up to the prorated share as calculated by dividing the balance of remaining contracted funds by the number of months remaining in the contract period.

b. The SAMH-Funded Entity's final request for payment for each state fiscal year shall reconcile the actual units provided during the contract or subcontract period with the number of units paid for with SAMH funds.

2. Funding Flexibility for Individual Cost Centers.

a. Unless otherwise specified by this rule, a service provider may invoice and be paid up to fifteen percent more than the non-TANF funding amount specified in the contract or subcontract for an individual Cost Center within a program; however, a service provider may not invoice and be paid more than the aggregate non-TANF funding amount provided in the contract or subcontract for all Cost Centers within the program, but not across programs. The department or Managing Entity may combine Cost Centers into groups within a program, and the aggregate amount of payment that may not be exceeded is the total contract amount associated with the Cost Centers within each group, but not across groups.

b. A service provider may request approval from the department's Regional Substance Abuse and Mental Health Program Administrator to increase the funding flexibility in sub-subparagraph (9)(b)2.a. of this rule from fifteen percent to up to thirty percent for an individual Cost Center within a program.

c. The department's Director of the Substance Abuse and Mental Health Program Office may exclude specific Cost Centers from the funding flexibility specified in subparagraph (9)(b)a. or b. of this rule. Payment for units of service in any excluded Cost Center shall not exceed the contract or subcontract amount, and the contracted or subcontracted funds are restricted to payment for units of service in only that Cost Center.

d. In addition, the department's Regional Substance Abuse and Mental Health Program Administrator may determine that a local extraordinary need exists to provide a precise number of service units in a particular Cost Center and may exclude a specific Cost Center from funding flexibility. Such determination shall be based upon a finding in the region's Substance Abuse and Mental Health Plan.

e. When contracting with a specific service provider, the Regional Substance Abuse and Mental Health Program Administrator may deny non-TANF flexibility for all Cost Centers if the service provider is currently under a corrective action plan or has failed to implement a corrective action plan pursuant to Rule 65-29.001, F.A.C., or if the Director of the Substance Abuse and Mental Health Program Office approves a justification for exclusion submitted by the Regional Substance Abuse and Mental Health Program Administrator.

f. With TANF funds, the service provider may invoice and be paid an amount for any individual Cost Center specified for TANF funding not to exceed the total amount of TANF funds provided in the contract or subcontract

for all such Cost Centers within a program or group of Cost Centers within a program. However, the aggregate amount invoiced and paid for all such Cost Centers shall not exceed the total amount of TANF funds provided in the contract or subcontract for the program or for the group of Cost Centers. The contract or subcontract shall specify the unit cost rate for each TANF-funded Cost Center at the same rate as for non-TANF funding, but shall not specify the number of TANF units or the amount of TANF funding for individual Cost Centers.

3. Financial Penalties. The department shall apply the provisions of Rule 65-29.001, F.A.C. if a service provider fails to comply with an approved corrective action plan in response to a finding of unacceptable performance, nonperformance, or noncompliance to the terms and conditions of a contract or subcontract.

4. Deducting Units Paid for by Other Sources of Funds. When preparing a request for payment for services provided, the service provider shall:

a. Indicate the total number of units of service billed to or paid for by the department, third-party payors, or local matching funds.

b. Then deduct the units of service billable to Medicaid or other third party payors; and

c. Deduct the units of service paid for with local matching funds.

5. Submission of Request for Payment.

a. The service provider's invoice packet shall include a properly completed request for payment and any associated worksheets as specified in subsection (10) of this rule.

b. For Cost Centers paid for on the basis of utilization, the year-to-date number of units of service reported on a request for payment or any associated worksheet shall not exceed the total number of units reported and accepted in the department's data system pursuant to Rule 65E-14.022, F.A.C. This requirement shall not apply to services under the Prevention Coalitions Cost Center in paragraph (5)(x) of this rule.

c. For Cost Centers paid for on the basis of utilization, the year-to-date number of units of service reported on the request for payment or any associated worksheet as billable to Medicaid shall be no fewer than the number reported and accepted in the department's data system, and the year-to-date number of units reported on the request for payment as provided to TANF individuals and billed to the department shall not exceed the number reported and accepted in the department's data system. If the department, through no fault of the service provider, is unable to validate compliance with this requirement within ten days of receipt of the request for payment, the processing of the service provider's request for payment shall not be delayed further.

d. For Cost Centers paid for on the basis of availability, the year-to-date number of units reported on a request for payment or any associated worksheet shall not exceed the prorated share of contracted units.

(c) Overpayments by the department. Upon notification of overpayments by the department, an SAMH-Funded Entity shall have thirty days to remit the amount of the overpayment to the department.

(d) Service Documentation.

1. Service providers shall establish procedures for documenting and reporting service events in such a manner as to provide a clear and distinguishable audit trail. Such procedures shall ensure that documents and reports are complete and accurate, service documentation requirements are met for each Cost Center, and the department is not billed for unallowable units or more units than are eligible to be paid.

2. If a service provider fails to meet the individual eligibility and service delivery regulatory requirements of a federal or state funding source provided by the department and the service provider receives payment from the department for such service, the amount of the payment shall be considered an overpayment and be remitted to the department or offset by the service provider providing additional contracted substance abuse or mental health services of comparable or more value that comply with the individual eligibility and service delivery regulatory requirements.

(10) The following forms are hereby incorporated by reference, copies of which may be obtained from the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700:

(a) CF-MH 1041, July 2006, Personnel Detail Record;

(b) CF-MH 1042, July 2006, Projected Cost Center Operating and Capital Budget;

(c) CF-MH 1043, July 2006, Agency Capacity Report;

(d) CF-MH 1044, August 2003, Alternative Projected Operating and Capital Budget.

(e) CF-MH 1045, July 2010, Program Description;

(f) CF-MH 1047, July 2011, Monthly Request for Non-TANF Payment/Advance;

(g) CF-MH 1058, July 2011, Monthly Request for TANF Payment/Advance;

(h) CF-MH 1046, July 2011, Worksheet for Request for Payment, for use with forms CF-MH 1047 and CF-MH 1058;

(i) CF-MH 1048, July 2011, Integrated Rate/Purchase of Service Invoice; and

(j) CF-MH 1049, July 2011, Integrated Rate/Purchase of Services Invoice Attachment.

Rulemaking Authority 394.78(1), (6), 394.9082(10), 397.321(5) FS. Law Implemented 216.181(16), 394.66(9), (12), 394.74(2)(b), (3)(d), (e), (4), 394.77, 394.78(1), (6), 394.9082, 397.321(10), 402.73(7) FS. History—New 7-1-03, Amended 12-14-03, 1-2-05,_____.

(Substantial rewording of Rule 65E-14.022 follows. See Florida Administrative Code for present text.)

65E-14.022 Data Requirements.

The following document is hereby incorporated by reference, copies of which may be obtained from the Substance Abuse and Mental Health Program Office, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700: CFP 155-2, August 2011, Mental Health and Substance Abuse Measurement and Data Pamphlet, 10th Edition Version 2.

Rulemaking Authority 394.78(1), 397.321(5) FS. Law Implemented 394.66(9), 394.74(3)(e), 394.77, 397.321(3)(c), (10) FS. History—New 7-1-03, Amended 12-14-03., 1-2-05,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Jimmers Micallef

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Esther Jacobo, Interim Secretary

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 21, 2013

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: July 20, 2012