# CHAPTER 65E-14
# COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES – FINANCIAL RULES


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**65E-14.001 Applicability.**

(1) This Chapter applies to all SAMH-Funded Entities as defined in paragraph (2)(r) 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 Community Substance Abuse and Mental Health Services budget entity.

(2) Definitions.

(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 or subcontractor's governing body and, where required, the department or Managing Entity.

(d) "Audit" means a single or program-specific audit in accordance with 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, (January 1, 2014), http://www.flrules.org/Gateway/reference.asp?No=Ref-06630, herein incorporated by reference, as specified in subsection 65E-14.003(1), F.A.C., and Section 215.97, F.S. Copies of this incorporated document may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700 and are also available at https://www.federalregister.gov/a/2013-30465.

(e) "Client Fees" means compensation received by a service provider for services rendered to a specific individual from any source of funds, including local, state, federal and private sources.

(f) "Covered Service" means a grouping of services that are similar in time, intensity, and function, and whose cost is generally the same.

(g) "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 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.

(h) "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.

(i) “First Party Payer” means the individual receiving services.

(j) “Individual,” means a person of any age who receives substance abuse 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 Chapters 394 or 397, F.S.

(k) “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.

(l) “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.

(m) “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.

(n) “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.

(o) “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.

(p) “Regional plan” means the combination of all substance abuse and mental health plans applicable to districts within each region as approved by the department’s SAMH regional administrator and governing bodies in accordance with Section 394.75, F.S.

(q) “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.

(r) “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 department to provide community substance abuse or mental health services. 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.

(s) “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.

(t) “Service Provider” means any agency or entity, as defined in Sections 394.455(44) or 397.311(42), F.S., providing substance abuse or mental health services, programs or activities.

(u) “Sliding Fee Scale” means a schedule of fees for identified services based on a uniform schedule of discounts deducted from a service provider’s established client charges pursuant to Section 394.674(4)(a), F.S.

(v) “Supplies” means all tangible personal property other than “equipment” as defined in this chapter.

(w) “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.

(x) “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.

*Rulemaking Authority 394.74, 394.78(1), 394.9082(3), 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, 7-27-14, 4-27-16.*

**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 a minimum of six years, or longer if required

by law, 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 six-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, 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), 394.9082(3) FS. Law Implemented 394.9082 FS. History–New 2-23-83, Amended 2-25-85, Formerly 10E-14.02, 10E-14.002, Amended 1-2-05, 7-27-14.*

**65E-14.003 Audits of SAMH-Funded Entities.**

(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 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C. When a financial audit is required to be performed by an independent auditor pursuant to 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C., the audit package shall contain the documents listed in paragraphs (1)(a)-(d), which are hereby incorporated by reference. Copies of these documents may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(a) CF-MH 1034, July 2014, Schedule of State Earnings with Instructions. https://www.flrules.org/Gateway/reference.asp?No=Ref-04187. This schedule identifies eligible local match to determine if requirements are met and computes amounts due to the department.

(b) CF-MH 1035, July 2014, Schedule of Related Party Transaction Adjustments https://www.flrules.org/Gateway/reference.asp?No=Ref-04203. This schedule indicates, by Covered Service, required related party transaction adjustments.

(c) CF-MH 1037, July 2014, Actual Expenses and Revenues Schedule with Instructions. https://www.flrules.org/Gateway/reference.asp?No=Ref-04189. This schedule displays expenditures by line-item category and revenues by source for each program and Covered Service 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 Covered Services 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 2014, Schedule of Bed-Day Availability Payments with Instructions https://www.flrules.org/Gateway/reference.asp?No=Ref-04188. 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.

(3) When 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C., 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 180 days after the end of the state's fiscal year or within 180 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 copies of 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, 394.78(1), (3), (5), 394.9082(3) FS. Law Implemented 394.74, 394.76(5), 394.77, 394.78(3), 394.9082 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, 7-27-14, 4-27-16.*

**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 7-27-14.*

**65E-14.005 Matching.**

This rule contains standards for Service Providers to satisfy 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; and,

(c) Costs supported by fees and program income.

(2) Unallowable for Matching. The following costs and expenditures may not be used to satisfy the match requirement.

(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 Covered Services for substance abuse and mental health services specified in Rule 65E-14.021, F.A.C.;

(e) Unallowable costs specified in 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C.; and,

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

(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 Covered Services as defined in Rule 65E-14.021, F.A.C.:

1. Case Management;
2. Drop-In/Self Help Centers;
3. Florida Assertive Community Treatment (FACT) Teams;
4. Intensive Case Management;
5. Mental Health Clubhouse Services;
6. Recovery Support;
7. Residential Levels I, II, III and IV;
8. Room and Board with Supervision Levels I, II, and III;
9. Short-term Residential Treatment, except those acute care continuum programs supported with Baker Act funds and operated by a public receiving facility; and,
10. 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 General Revenue 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 (4)(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 paragraph (5)(d) 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 shall be prepared on the letterhead stationery of the donor and signed by the chief executive officer 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 shall be prepared and signed by the volunteer. In addition, a schedule shall 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 shall be on the letterhead stationery of the donor. If no letterhead is available, the statement shall 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 shall be on the owner's 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 shall be on the owner's 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. 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.

(8) 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.

*Rulemaking Authority 394.74, 394.9082(3) FS. Law Implemented 394.74, 394.76, 394.9082 FS. History–New 2-23-83, Amended 2-25-85, Formerly 10E-14.05, 10E-14.005, Amended 7-1-03, 12-14-03, 1-2-05, 7-27-14, 4-27-16.*

**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 7-27-14.*

**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 7-27-14.*

**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. 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) of 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 and maintenance procedures shall be in effect to prevent damage or loss of the property. Any loss or damage shall be investigated and fully documented.

(c) 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: 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 and maintenance procedures to prevent loss, damage, or theft of equipment. The SAMH-Funded Entity shall investigate and fully document any loss, damage, or theft.

(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 equals the amount of State support used to acquire property under a contract, subcontract or other funding agreement, divided by the total acquisition cost of the property. The State's share is expressed as a percentage. For the purposes of this rule, "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 of the equipment replaced. Divide the amount of State support used to acquire the replacement equipment by the total acquisition cost of the replacement equipment. The total is expressed as a percentage.

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 273.055, 394.74(1) 394.78(1), 394.9082(3) FS. Law Implemented 273.055, 394.74(2)(c), 394.78(5) FS. History–New 2-23-83, Amended 2-25-85, Formerly 10E-14.10, 10E-14.010, Amended 7-27-14.*

**65E-14.012 Contract Closeout, Suspension, and Termination.**

*Rulemaking Authority 394.74 FS. Law Implemented 394.74 FS. History–New 2-23-83, Amended 2-25-85, Formerly 10E-14.12, 10E-14.012, Repealed 7-31-12.*

**65E-14.014 SAMH-Funded Entity Responsibilities.**

(1) Each Managing Entity shall develop and implement a Care Coordination Policy applicable to its subcontracted service providers. Care Coordination policies and practices shall assure eligibility for services, the appropriateness of services, and the need for services. Care Coordination includes fiscal accountability as described in this rule. The Care Coordination Policy shall:

(a) Specify methods that shall be used to reduce, manage, and eliminate waitlists for services;

(b) Promote increased planning, use, and delivery of services to all individuals receiving services, including those with co-occurring substance abuse disorders and mental illnesses;

(c) Ensure access to and use of clinically appropriate services using screening, assessment and placement tools designed to identify appropriate level and intensity of care for an individual within a continuum of services;

(d) Promote the use of service outcome data to achieve desired outcomes;

(e) Include a methodology to ensure that people are served at the clinically indicated least restrictive level of care, and are diverted from higher levels of care when clinically indicated; and,

(f) Monitor and implement system changes to promote efficiencies.

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

(a) Complete the program's application process;

(b) Assist with required eligibility documentation; and,

(c) Provide guidance and assistance, if necessary, to appeal a denial of eligibility 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 paid under the insurance plan; or

(b) Recipients of Medicaid, or another publically funded health benefits assistance program, when the services provided are paid by said program.

(4) SAMH-Funded Entities may bill the department if services are provided to individuals who have lost Medicaid, or another publicly funded health benefits assistance program coverage for any reason during the period of non-coverage subject to the sliding fee scale requirements in Rule 65E-14.018, F.A.C.

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

(a) Procedures under which financial transactions and service provision are to be documented with sufficient clarity and detail to support audit compliance under Generally Accepted Accounting Principles;

(b) The type of services purchased and a description of the manner in which the services are to be provided;

(c) The setting, circumstance, and other operational aspects of the agreement;

(d) The billing and payment mechanism; third party billings and fee collection procedures which prevent duplicate payments for services provided;

(e) Documentation of the performance of billed services;

(f) The duration of the subcontract; and,

(g) The mechanism by which any overpayment will be recovered.

(6) 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.

(7) 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 all rules in Chapter 65E-14, F.A.C.

(8) 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 394.78(1), (5), 394.9082(3) FS. Law Implemented 394.78(5), 394.9082 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, 7-27-14.*

**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 on the basis of the standards in subsection (3) of this rule, 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 the department determines on the basis of the standards in subsection (3) of this rule, 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 related party transactions shall be reviewed by the department for compliance with Generally Accepted Accounting Principles:

(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 fair market value of the space.

*Rulemaking Authority 394.78(1), 394.9082(3) FS. Law Implemented 394.78(3), 394.9082 FS. History–New 2-23-83, Amended 2-25-85, Formerly 10E-14.16, 10E-14.016, Amended 7-1-03, 7-27-14.*

**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 the accounting standards established by 2 C.F.R. §§200.0-.521, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, as incorporated by reference in Rule 65E-14.001, F.A.C., to account for the expenditure of funds.

(4) All SAMH-Funded Entities contracting directly with the department shall also report actual expenditure data on a monthly basis to the department according to the reporting requirements and templates included in the terms of each entity's contract.

*Rulemaking Authority 394.78(1), 394.9082(3) FS. Law Implemented 394.74, 394.77, 394.78(1), 394.9082 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, 7-27-14, 4-27-16.*

**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 Covered Services as defined in Rule 65E-14.021. F.A.C:

1. Case Management;
2. Crisis Stabilization, when charging a fee is contraindicated as specified in Section 394.674(2), F.S.;
3. Crisis Support/Emergency;
4. Drop-In/Self Help Centers;
5. Information and Referral;
6. Intensive Case Management;
7. Mental Health Clubhouse Services;

8. Outreach;
9. Prevention – Indicated;
10. Prevention – Selective;
11. Prevention – Universal Direct;
12. Prevention – Universal Indirect;
13. Substance Abuse Inpatient Detoxification; and,
14. Substance Abuse Outpatient Detoxification.

(b) It is not the intent of this rule 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 I.R.C. §36B(d)(2) (1986), https://www.flrules.org/Gateway/reference.asp?No=Ref-04195, with exceptions pursuant to 42 CFR §435.603(e), October 1, 2012, https://www.flrules.org/Gateway/reference.asp?No=Ref-04196, hereby incorporated by reference, copies of which may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(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) The service provider shall request a sliding fee payment from persons not eligible for Medicaid or receiving services ineligible under Medicaid; and whose household income is less than 150 percent of the federal poverty income guidelines 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.

(c) 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 and Sliding Fee Scale.

(a) Each service provider shall develop a uniform schedule of discounts and sliding fee scale, as specified in Section 394.674(4)(a), F.S.

(b) The uniform schedule of discounts shall be based on household income, financial assets and family size, as declared by the person or the person's guardian, relative to the family's percent of poverty level.

(c) 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.

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

(e) Nothing in this rule shall prevent a service provider from further discounting or writing off charges individually or in the aggregate.

(f) An individual's failure to make payment under a provider's sliding fee scale shall not prevent the individual from receiving services.

*Rulemaking Authority 394.493(2), 394.674(4), 394.78(1), 394.9082(3), 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 7-27-14.*

**65E-14.019 Methods of Paying for Services.**

(1) When purchasing substance abuse and mental health services pursuant to Rule 65E-14.021, F.A.C., the department or a Managing Entity shall use one or a combination of the payment methodologies provided for in subsection 65E-14.019(2), F.A.C. Each contract or subcontract shall specify the payment methodology or methodologies to be used.

(2) Pursuant to Section 394.74(2)(b), F.S., the following payment methodologies may be negotiated for use in a contract or subcontract:

(a) Fee-for-service rate: a method of making payment for services, based on a negotiated schedule of fees set by contract or subcontract.

(b) Case rate: a negotiated payment for a clinically-defined episode of care for an individual served, based on a contractually defined for package of services to be delivered within a defined period of time.

(c) Capitation rate: a negotiated monthly fee that is paid for an enrolled individual, whether or not the individual receives the services in that time period.

(d) Cost reimbursement: This payment methodology may be used to reimburse for operational start-up costs for new services; for specific service contracts when required by statute, grant or funding source; or for specific fixed capital outlay projects appropriated by the legislature.

(3) All supporting documentation shall comply with the Department of Financial Services Reference Guide for State Expenditures, February 2011, https://www.flrules.org/Gateway/reference.asp?No=Ref-04201, which is hereby incorporated by reference, a copy of which may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

(4) All contracts and subcontracts, regardless of payment methodology, shall comply with any requirements which are conditions of the receipt of state or federal grant funds as specified in the contract or subcontract.

*Rulemaking Authority 394.74(2), 394.78(1), (5), 394.9082(3) FS. Law Implemented 394.74(2), 394.76(4), 394.78(1), (5), 394.9082 FS. History–New 7-1-03, Amended 12-14-03, 7-27-14.*

**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 a CF-MH 1038, July 2014, Line Item Operating Budget With Instructions, https://www.flrules.org/Gateway/reference.asp?No=Ref-04190, which is hereby incorporated by reference, to the department or Managing Entity, as appropriate, for approval no later than 90 days before the next state fiscal year.

(3) If there is a change in funding level for any service provider, the CF-MH 1038 shall be revised and approved prior to amending the entity's contract or subcontract.

(4) Once approved by the department or Managing Entity, the CF-MH 1038 shall be finalized and incorporated into the service contract or subcontract.

(5) Report of Expenditures and Request for Payment or Advance. The service provider shall request payment by preparing and submitting form CF-MH 1040, July 2014, Cost Reimbursement Report of Expenditures and Request for Payment or Advance, https://www.flrules.org/Gateway/reference.asp?No=Ref-04191, which is hereby incorporated by reference. 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 Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

*Rulemaking Authority 394.78(1), (5), 394.9082(3), 397.321(5) FS. Law Implemented 394.74(2)(c), (3)(d), (4), 394.78(1), (5), 394.9082, 397.321(10) FS. History–New 7-1-03, Amended 12-14-03, 7-27-14.*

**65E-14.021 Schedule of Covered Services.**

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.

(1) Unless specifically authorized otherwise in advance by the department, service providers shall only use the following Substance Abuse and Mental Health (SAMH) Covered Services to report contracted or subcontracted substance abuse and mental health services provided to adults 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;
(s) Mental Health Clubhouse Services;
(t) Outpatient;
(u) Outreach;
(v) Prevention – Indicated;
(w) Prevention – Selective;
(x) Prevention – Universal Direct;
(y) Prevention – Universal Indirect;
(z) Recovery Support;
(aa) Residential Level I;
(bb) Residential Level II;
(cc) Residential Level III;
(dd) Residential Level IV;
(ee) Respite Services;
(ff) Room and Board with Supervision Level I;
(gg) Room and Board with Supervision Level II;
(hh) Room and Board with Supervision Level III;
(ii) Short-term Residential Treatment;
(jj) Substance Abuse Inpatient Detoxification;
(kk) Substance Abuse Outpatient Detoxification;
(ll) Supported Employment;
(mm) Supportive Housing/Living;
(nn) Treatment Alternatives for Safer Communities (TASC); and,
(oo) Any other SAMH Covered Services the department may establish pursuant to subsection (2) of this rule to ensure adequate provision of service.

(2) The department may establish additional SAMH Covered Services 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 SAMH Covered Service.

(3) Measurement Standards for Covered Services.

(a) To account for services provided pursuant to contracts with SAMH-Funded Entities, the following common measurement definitions shall apply to each SAMH Covered Service as specified in subsection (4) of this rule:

1. Direct Staff Hour.

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

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

(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; or

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

b. This 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 or adult.

c. Covered Services that are measured by this standard shall be reported on the basis of utilization, except for the following SAMH Covered Services, which shall be paid on the basis of availability.

(I) Paragraph (4)(f), Crisis Support/Emergency;

(II) Paragraph (4)(l), Information and Referral; and,

(III) Paragraph (4)(kk), Substance Abuse Outpatient Detoxification.

2. Non-Direct Staff Hour.

a. This measure indicates the time spent on activities that cannot be directly associated with an individual or group of individuals receiving services, but are integral to the program and described in the program description. This includes preparation for services and travel time, if travel is integral to a Covered Service allowable under this rule.

b. Covered Services that are measured by this standard shall be reported on the basis of utilization, except paragraph (4)(i), Drop-in/Self Help Centers, which shall be reported on the basis of availability.

3. Day.

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

(I) The service provider's capacity to provide an actual bed for a period of twenty-four hours to individuals eligible for SAMH-funded services; or

(II) 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. Covered Services that are measured by this standard shall be reported on the basis of utilization, except for the following:

(I) Paragraph (4)(e), Crisis Stabilization;

(II) Paragraph (4)(ii), Short-term Residential Treatment; and,

(III) Paragraph (4)(jj), Substance Abuse Inpatient Detoxification.

4. Dosage.

a. This measure equals one dose of clinically prescribed medication received by an individual participating in programs under the Medication-Assisted Treatment Covered Service.

b. Dosage shall be reported on the basis of utilization.

(b) Covered Services reported 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.

(c) Covered Services reported on the basis of availability require the service to be available for use, regardless of whether the service is actually used by an individual. Availability shall not include staff time spent serving a Medicaid eligible individual for a Medicaid eligible service, or staff time spent in another program or Covered Service other than the specific availability-based service in which they are listed on the duty roster.

(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 the Case Management Covered Service defined in paragraph (4)(c) of this rule, if the time interval required by Medicaid is different than described above, a service provider may use the Medicaid time interval instead.

(e) Covered Services measured in terms of hours or days:

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

a. Absent from the work place; or

b. Attending training or orientation, unless the training or orientation is specifically required in contracts or subcontracts.

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

(4) The descriptions, applicable programs, measurements standards, and data elements for SAMH Covered Services 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 – Community Mental Health and Community Substance Abuse.

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

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service;

(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).
(b) Assessment.
1. Description – This Covered Service 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(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).
(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. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
4. Data Elements:
a. Service Documentation – Activity Log:
(I) Covered Service;
(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).
(d) Comprehensive Community Service Team.
1. Description – This Covered Service is a bundled service package 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 Comprehensive Community Service Teams may not be simultaneously reported to another Covered Service. Allowable bundled activities include the following Covered Services as defined in subsection (4) of this rule:

a. Aftercare;
b. Assessment;
c. Case Management;
d. Information and Referral;
e. In-home/On-Site;
f. Intensive Case Management;
g. Intervention;
h. Outpatient;
i. Outreach;
j. Prevention – Indicated;
k. Recovery Support;
l. Supported Employment; and,
m. Supported Housing.

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

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

4. Data Elements:

a. Service Documentation – Service Ticket:
(I) Staff name and identification number;
(II) Service date;
(III) Duration;
(IV) Covered Service provided; and,
(V) Program.

b. Audit Documentation – Recipient Service Chart:
(I) Staff name and identification number;
(II) Service date;
(III) Duration; and,
(IV) Covered Service provided.

(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 – Community Mental Health.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(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.

(f) Crisis Support/Emergency.

1. Description – This non-residential care is 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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(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) Covered Service; and,

(VI) Signature of Supervisor.

(g) Day Care.

1. Description – Day care services, in a non-residential group setting, provide for the care of children of persons who are participating in mental health or substance abuse services. In a residential setting, day care services provide for the residential and care-related costs of a child living with a parent receiving residential services. This covered service must be provided in conjunction with another Covered Service provided to a person 18 years of age or older.

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

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;

(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) Covered Service;

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

(III) Service date.

(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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;

(II) Program;

(III) Recipient name and identification number; and,

(IV) Service date.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service;

(II) Recipient name and identification number; and,

(III) Service date.

(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. This covered service may not be provided to a person less than 18 years old.

2. Programs – Community Mental Health.

3. Measurement Standard – Non-direct staff hour as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation:

(I) Number of Days;

(II) Time Sheet; and,

(III) Staff name and identification number.

b. Audit Documentation:
(I) Time Sheet; and,
(II) Staff name and identification number.
(j) Florida Assertive Community Treatment (FACT) Team.
1. Description – A FACT team is comprised of slots for participants with a severe and persistent mental illness. Participants are enrolled on a weekly basis. For a provider to identify themselves as a FACT team, the provider must demonstrate adherence to assertive community treatment principles. FACT Teams provide non-residential services that are available twenty-four hours per day, seven days per week. Rehabilitative, support and therapeutic services are provided in the community, by a multidisciplinary team. This covered service may not be provided to a person less than 18 years old.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Number of Enrolled Participants, notwithstanding the requirements of paragraph (3)(a) of this rule.
4. Data Elements:
a. Enrollment Documentation:
(I) Date and weekly number of enrolled participants;
(II) Services provided for participant;
(III) Program; and,
(IV) Staff identification and signature.
b. Audit Documentation – Time Sheet:
(I) Staff name and identification number;
(II) Date;
(III) Hours worked – Beginning and ending time;
(IV) Program;
(V) Covered Service; and,
(VI) Signature of Supervisor.
5. Reimbursement for this Covered Service shall be based upon weekly enrollment costs according to the following formula.
a. The total value of a service provider's FACT team contract shall be divided by the contracted number of slots to establish the annual cost per participant.
b. The annual cost per participant shall be divided by 52 weeks per year to establish the weekly enrollment cost.
(k) Incidental Expenses.
1. Description – This Covered Service reports temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized by the Managing Entity. Allowable uses of this Covered Service include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the department or Managing Entity.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Cumulative allowable expenses reported in actual dollars expended, notwithstanding the requirements of paragraph (3)(a) of this rule.
4. Data Elements:
a. Service Documentation – Census Log:
(I) Covered Service;
(II) Program;
(III) Recipient name and identification;
(IV) Receipt for incurred incidental costs;
(V) Authorization from the department or appropriate managing entity; and,
(VI) Invoice date.
b. Audit Documentation – Recipient Service Chart:
(I) Covered Service;
(II) Recipient name and identification number;
(III) Invoice date;
(IV) Receipt for incurred incidental costs;
(V) Associated treatment plan goal; and,
(VI) Authorization documentation.
(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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;

(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) Covered Service; and,

(VI) Signature of Supervisor.

(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 – Community Mental Health and Community Substance Abuse.

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

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service;

(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).

(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 – Community Mental Health.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II), 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.

(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 – Community Mental Health.

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

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service;

(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).

(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. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

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

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

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service;

(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).

(q) Medical Services.

1. Description – Medical services provide primary psychiatric care, therapy, and medication administration provided by an individual licensed under the state of Florida to provide the specific service rendered. Medical services are designed to improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems, including 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.

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

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(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).
(r) Medication-Assisted Treatment.
1. Description – This Covered Service 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 – Community Substance Abuse.
3. Measurement Standard – Dosage, as defined in sub-subparagraph (3)(a)4.a. of this rule.
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) Covered Service;
(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) Covered Service.
(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. This covered service may not be provided to a person less than 18 years old.
2. Programs – Community Mental Health.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) 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) Covered Service;
(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) Covered Service;
(VI) Clubhouse Schedule;
(VII) Daily consumer sign-in sheet with date; and,
(VIII) Signature of Program Manager.
(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. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(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).
(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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)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) Covered Service.
b. Audit Documentation:
(I) Activity list;
(II) Duration; and,
(III) Supervisor's staff schedule.
(v) Prevention – Indicated.

1. Description – Indicated prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorders or substance use disorders. Target recipients of indicated prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance abuse disorders. Indicated prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: education, alternative and problem identification and referral services.

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

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, measured at a maximum of eight hours per calendar day.

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Staff name;

(II) Staff identifier number;

(III) Name of Program;

(IV) Activity Name;

(V) Activity Description;

(VI) Program Group Identifier;

(VII) Activity Date;

(VIII) Activity duration;

(IX) Specific Prevention Strategy provided;

(X) Participant name and identification number;

(XI) Number of participants served; and,

(XII) Staff time, including separate planning, preparation and travel time details.

b. Audit documentation:

(I) Attendances records with date;

(II) Program Material; and,

(III) Activity name from the program manual.

(w) Prevention – Selective.

1. Description – Selective prevention services are provided to a population subgroup whose risk of developing mental health or substance abuse disorders is higher than average. Target recipients of selective prevention services do not meet clinical criteria for mental health or substance abuse disorders. Selective prevention services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, and problem identification and referral services.

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

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

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Covered Service;

(II) No change.

(III) Program name and program group identifier;

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

(V) Duration;

(VI) Activity Date;

(VII) Specific Prevention Strategy provided;

(VIII) Number served; and,

(IX) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

(I) Attendance records with date;

(II) Program Material; and,

(III) Activity name from the program manual.

(x) Prevention – Universal Direct.

1. Description – Universal direct prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance abuse disorders. Universal direct services directly serve an identifiable group of participants who have not been identified on the basis of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as

curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, or problem identification and referral services.

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

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

4. Data Elements:

a. Service Documentation – Time Sheet:

(I) Staff name and identification number;

(II) Program name and program group identifier;

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

(IV) Duration;

(V) Activity Date;

(VI) Specific Prevention Strategy provided;

(VII) Number served; and,

(VIII) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

(I) Attendance records with date;

(II) Program Material; and,

(III) Activity name from the program manual.

(y) Prevention – Universal Indirect.

1. Description – Universal indirect prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services are designed to preclude, forestall, or impede the development of mental health or substance use disorders. Universal indirect services support population-based programs and environmental strategies such as changing laws and policies. These services can include programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models, and comprehensive community action plans. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, community-based processes, and environmental strategies.

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

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)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) Specific Prevention Strategy provided, as defined in Rule 65D-30.013, F.A.C.;

(VI) Number of attendees;

(VII) Staff time including separate planning, preparation and travel time details; and,

(VII) For media campaigns, identify the campaign name, number of buys, days and times, and copies of media content.

b. Audit Documentation:

(I) Meeting minutes with date;

(II) Meetings materials; and,

(III) Agenda with date.

(z) 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. This Covered Service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. 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 – Community Mental Health and Community Substance Abuse.

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

4. Data Elements:

a. Service Documentation – Activity Log:
(I) Covered Service;
(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).
(aa) 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 Covered Service. 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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:
(I) Covered Service;
(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) Covered Service;
(II) Recipient name and identification number; and,
(III) Service date.
(bb) 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 Covered Service. 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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:
(I) Covered Service;
(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) Covered Service;
(II) Recipient name and identification number; and,
(III) Service date.
(cc) 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 Covered Service. For adults with serious mental illness, this Covered Service 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
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.
(dd) 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 Covered Service, although such treatment services may be provided as needed through other Covered Services. 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:
a. Service Documentation – Census Log:
(I) Covered Service;
(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.
(ee) 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(VII) Service (specify); and,
(VIII) Program.
b. Audit Documentation – Recipient Service Chart:
(I) Covered Service;
(II) Recipient name and identification number; and,
(III) Service date.
(ff) Room and Board with Supervision Level I.
1. Description – This Covered Service 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 (4)(aa) of this rule. This Covered Service 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:
a. Service Documentation – Census Log:
(I) Covered Service;
(II) Program;
(III) Recipient name and identification;
(IV) Clinical diagnosis;
(V) Service date; and,
(VI) Residential type.
b. Audit Documentation – Recipient Service Chart:
(I) Covered Service;
(II) Recipient name and identification number; and,
(III) Service date.
(gg) Room and Board with Supervision Level II.
1. Description – This Covered Service 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 (4)(bb) of this rule. This Covered Service 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 – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
4. Data Elements:
a. Service Documentation – Census Log:
(I) Covered Service;
(II) Program;
(III) Recipient name and identification;
(IV) Clinical diagnosis;
(V) Service date; and,
(VI) Residential type.
b. Audit Documentation – Recipient Service Chart:
(I) Covered Service;
(II) Recipient name and identification number; and,
(III) Service date.
(hh) Room and Board with Supervision Level III.
1. Description – This Covered Service 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 paragraph (4)(cc) of this rule. This Covered Service 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 – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II)of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Covered Service;

(II) Program;

(III) Recipient name and identification;

(IV) Clinical diagnosis;

(V) Service date; and,

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service;

(II) Recipient name and identification number; and,

(III) Service date.

(ii) 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. This covered service may not be provided to a person less than 18 years old.

2. Programs – Community Mental Health.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(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.

(jj) 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 – Community Substance Abuse.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(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.

(kk) 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 – Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(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) Covered Service;
(II) Program;
(III) Recipient name and identification;
(IV) Clinical diagnosis;
(V) Service date; and,
(VI) Residential type.
b. Audit Documentation – Recipient Service Chart:
(I) Covered Service;
(II) Recipient name and identification number;
(III) Service date and duration; and,
(IV) Staff name and identification number.
(ll) 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.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
4. Data Elements:
a. Service Documentation – Time Sheet:
(I) Covered Service;
(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).
(mm) 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.
2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:
a. Service Documentation – Time Sheet:
(I) Covered Service;
(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).
(nn) 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 – Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:
a. Service Documentation – Time Sheet:
(I) Covered Service;
(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) Budgeting and Accounting for Revenues and Expenditures.
(a) The SAMH-Funded Entity shall budget and account for revenues and expenditures in the SAMH Covered Services for substance abuse and mental health services.
(b) The SAMH-Funded Entity shall develop a written plan for allocating direct and indirect costs to Covered Services 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 Covered Service where it is generated. If it is not possible to determine the Covered Service where revenue is generated, the revenue shall be allocated to Covered Services pursuant to a written methodology, maintained by the provider, in accordance with Generally Accepted Accounting Principles.
(d) Managing Entity Required Fiscal Reports. Each Managing Entity shall submit the CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget, https://www.flrules.org/Gateway/reference.asp?No=Ref-04192, hereby incorporated by reference, to the department.
(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. CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget, https://www.flrules.org/Gateway/reference.asp?No=Ref-04192, as incorporated by paragraph (5)(d) of this rule.
b. CF-MH 1043, July 2014 Agency Capacity Report, https://www.flrules.org/Gateway/reference.asp?No=Ref-04193, hereby incorporated by reference.
c. CF-MH 1045, Oct 2015 http://www.flrules.org/Gateway/reference.asp?No=Ref-06538, Program Description, hereby incorporated by reference.
(I) 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.
(II) 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 rate methodologies or rates for each program applicable to a Covered Service the fiscal reports in sub-subparagraphs (5)(e)1.a. through c. of this rule, shall display information separately for each program. If the entity proposes the same rate methodologies and rate for every program applicable to a Covered Service; these reports may combine the information for all programs for that Covered Service.
3. Once a contract or subcontract has been signed, the service provider shall submit a final version of the reports specified in

sub-subparagraphs (5)(e)1.a. through c. of this rule.

(6) Setting Rates.

(a) Negotiated Rates.

1. The department or Managing Entity and a service provider shall negotiate rate methodologies and rates that are based on projected expenditures and number of units of service to be furnished during the contract or subcontract period using the fiscal reports required in sub-subparagraphs (5)(e)1.a. through c. of this rule.

2. Negotiations shall take into account the rates paid to the service provider for the most recent completed state fiscal year. The service provider shall 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 proposing projected rates 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:

(II) For paragraph (4)(f) Crisis Support/Emergency, and (4)(l) Information and Referral – Annualized Standard Units: 2,080 hours per FTE; Standard Percentage: 100 percent.

(III) For paragraph (4)(j) FACT – Annualized Standard Units: 1,788 hours per FTE; Standard Percentage: 85.96 percent.

(IV) For paragraph (4)(s) Mental Health Clubhouse – Annualized Standard Units: 1,768 hours per FTE; Standard Percentage: 85 percent.

(V) For paragraphs (4)(g) Day care; (4)(h) Day Treatment; (4)(v) Prevention – Indicated; and (4)(kk) 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, except for paragraph (4)(i) 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.

c. Day – Annualized Standard Units: 365 Days or 366 Days during Leap Year; Standard Percentage: 100 percent, except paragraphs (4)(aa)-(dd) Residential I-IV; (4)(ff)(hh) 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 rates submitted by a SAMH-Funded Entity.

(b) For contracts and subcontracts under $200,000 annually, in lieu of negotiating rates under the provisions of paragraph (6)(a) above, the Managing Entity may instead set a rate at a level not in excess of a region's average or median rate negotiated under the provisions of paragraph (6)(a) for the same year. If no such rate exists for a particular Covered Service, the Managing Entity may set a rate not to exceed the SAMH-Funded Entity's established client charges.

(7) Payment for Service.

(a) Eligibility for Payment.

1. A service provider shall invoice only for Covered Services that:

a. Are within a contractually specified Covered Service; and,

b. Have been delivered during the contract period.

2. A service provider shall not invoice for any Covered Services paid for under any other contract or from any other source.

3. For the purposes of payment, the department shall not be considered a liable third party payer for Medicaid or other publically funded benefits assistance program. A Medicaid enrolled Service Provider shall not bill the department for Medicaid covered services provided to a Medicaid eligible recipient. A SAMH-Funded Entity shall not bill the department for:

a. Any Covered Service that is partially compensated by Medicaid, or another publically funded benefits program source. This shall include any difference in a service provider's rate for a Covered Service and any discount or contracted rate payable by another source; or

b. An individual's share of service cost, when that cost is reimbursable by Medicaid, or another publically funded benefits program.

4. Nothing in this paragraph shall be construed to prevent payment for Covered Services that are not covered by Medicaid or another publically-funded benefits assistance program, or provided to an individual who has depleted other fund sources.

(b) Financial Penalties. The department or a Managing Entity 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.

(c) The SAMH-Funded Entity's invoice packet shall include a signed attestation by the fiscal agent identified in the entity's contract or subcontract that, to the best of the fiscal agent's knowledge at the time of invoice submission, no other payor source was

available or approved to reimburse the entity for the services submitted for reimbursement.

(d) 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.

(e) 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 Covered Service, 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.

(8) All forms incorporated by reference in subsection (5) of this rule may be obtained from the Office of Substance Abuse and Mental Health, 1317 Winewood Blvd., Building 6, Tallahassee, Florida 32399-0700.

*Rulemaking Authority 394.78(1), (5), 394.9082(3), 397.321(5), 402.73 FS. Law Implemented 394.74(2)(b), (3)(d), (e), (4), 394.77, 394.78(1), (5), 394.9082, 397.321(10), 402.73(1) FS. History–New 7-1-03, Amended 12-14-03, 1-2-05, 7-27-14, 6-28-15, 4-27-16.*

**65E-14.022 Data Requirements.**

*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, Repealed 9-3-14.*