

ATTACHMENT [#]

This Attachment contains the terms and conditions governing the Community Action Team (CAT) which [Provider Name, Inc.], hereinafter referred to as "Network Service Provider," will administer in [County/ies]. The terms of this Attachment shall be effective July 1, 2020 and shall continue through expiration of the Standard Contract to which this document is attached.

Section 1. Definitions

- 1.1. Community Action Team (CAT): A multidisciplinary treatment team that provides services to children and young adults with a history of mental illness, multiple treatment failures, and who are at risk of out of home placement or return to out of home placement.

Section 2. Financial Consideration

2.1. Award Amount

- 2.1.1 [Provider Name] has been awarded an amount for costs associated with administration of the Community Action Team (CAT) at its agency, not to exceed the specified program funding as set forth in the Exhibit H - Funding Detail, for both current fiscal year and carry forward funds from previous fiscal years, if applicable. This award is subject to availability of funds from the Department of Children and Families.

2.2. Budget

- 2.2.1 The Network Service Provider shall submit a detailed, line-item budget to LSF Health Systems identifying for each line the allowable items for the program, the projected or budgeted amount for each line item and narrative supporting the reasonableness and necessity of any unusual items.
- 2.2.2 All budgets and revisions thereto are subject to approval by LSF Health Systems.
- 2.2.3 The Network Service Provider may revise a budget by submitting same to the assigned Network Manager via electronic mail for approval.
- 2.2.4 Approved budgets shall be maintained in the official contract file.
- 2.2.5 Modifications to the approved budget may not be effective retroactively.

2.3. Payment

- 2.3.1 This award shall be paid using a fixed rate methodology, subject to the availability of funds. The Network Service Provider shall comply with the terms of such methodology, including documentation and data reporting, as outlined in the body of the contract to which this document is attached.
- 2.3.2 The total monthly payment amount shall not exceed one-twelfth of the contract. The payment amount shall be included as a line item in the Network Service

Provider's Exhibit I Invoice under the regular contract with the following documentation provided as support.

- 2.3.2.1 The Network Service Provider shall submit a quarterly Expenditure Reconciliation Report using the form designated by LSF Health Systems which will outline expenses incurred by the CAT Team program. This report shall be submitted on or before the 10th of the month following the end of each quarter. The Managing Entity reserves the right to request monthly Expenditure Reconciliation reports after the third quarter depending on the Network Service Providers rate of spending.
 - 2.3.2.2 All funds paid under the fixed rate methodology must be accounted for through this reconciliation process and any funding not accounted for is subject to repayment to LSF Health Systems.
 - 2.3.2.3 LSF Health Systems reserves the right to request substantiating documentation to support the line items submitted by the Network Service Provider in the Expenditure Reconciliation Report.
 - 2.3.2.4 LSF Health Systems will audit substantiating documentation outlined on the Expenditure Reconciliation Report as part of its monitoring and oversight process.
- 2.3.3 A service unit is a bundle of one month of available CAT services as defined in this Attachment, provided to eligible individuals.
- 2.3.4 LSF Health Systems shall approve payments upon acceptance of the Persons Served and Performance Measure Report documenting compliance with achieving a minimum of 100 percent of the service targets specified each month.
- 2.3.4.1 If the Network Service Provider does not meet the deliverables during any invoice period, LSF Health Systems shall reduce the payment due for that period by \$2,000.00 for each individual less than target.
- 2.3.5 If the Network Service Provider does not meet an applicable performance measure during any invoiced period, LSF Health Systems shall reduce the payment due for that period by 1% of the invoice amount for each point less than target.
- 2.3.6 In the event of an invoice reduction, if the Network Service Provider subsequently exceeds the same performance measure during the subsequent invoice period by the same or greater percentage than in the reduced invoice period, the Network Service Provider may submit a supplemental invoice, demonstrating the measure has been subsequently attained and requesting payment of the reduced portion of the original invoice.
- 2.3.7 If the Network Service Provider does not meet the same performance measure for three or more consecutive months, LSF Health Systems shall apply the provisions of Financial Penalties as specified in the Standard Contract. Corrective active plans may result in a reduction in future funding under this program, at LSF Health Systems' sole discretion.

- 2.3.8 Reimbursement shall be made for actual, allowable expenditures within the limits of the latest version of the approved budget at the time that the invoice is processed.
- 2.3.9 The Department of Children and Families CFOP 75-02 and Uniform Guidance govern fixed rate under this program. The provisions therein are incorporated herein by reference.
- 2.3.10 Mileage for travel will be reimbursed at a rate not to exceed \$0.445 per mile, the current rate established by the State of Florida.
- 2.3.11 Network Service Provider shall return to LSF Health Systems any unused CAT Team funds and unmatched grant funds, as documented in the final Expenditure Reconciliation Report, no later than 60 days following the ending date of the subcontract.
- 2.3.12 Services provided by the core CAT Team staff and funded by CAT contract dollars cannot be billed to any third-party payers. Services provided outside of the core CAT Team staff may be billed to Medicaid or private insurance, to the extent allowable under these programs. If there is an imperative need to provide these services or supports sooner than later, the CAT team should use CAT funds to meet this need, while pursuing third-party billing.
- 2.3.12.1 If an individual requires interventions outside the scope of a team's expertise, qualifications or licensure (i.e., eating disorder treatment, behavior analysis, psychological testing, substance abuse treatment, etc.), the team may refer to a qualified service provider. The CAT team shall work in concert with any referral providers, the individual and the family to integrate referral services into overall treatment and to monitor progress toward treatment goals.

Section 3. Program Administration

3.1. Program Objectives

- 3.1.1 The Network Service Provider shall not provide services to more than 75 individuals in any month.
- 3.1.2 The Network Service Provider shall not provide additional prevention, treatment or other ancillary support services beyond the scope of the Special Proviso Project authorized herein to otherwise eligible individuals under the authority of this Attachment.
- 3.1.2.1 The Network Service Provider may provide any such necessary additional services to an individual under the authority of a separate attachment or section of the contract to which this Attachment is attached for appropriate behavioral health services between the Network Service Provider and LSF Health Systems, if such contract exists, provided all service event data, all audit data, all expenditure data

and all required reports for both contracts clearly distinguishes the authority for the services provided.

3.2. CAT Model

- 3.2.1 The CAT team is required to utilize the High-Fidelity Wraparound Process as prescribed in Exhibit A. Additional resources can be found at the following link: <https://www.nwi.pdx.edu>
- 3.2.2 All members of the team must be trained in wraparound within three (3) months of employment or contract issuance, whichever is later.
- 3.2.3 For sustainability of the model, each team must have at least one coach who will certify additional team members as wraparound facilitators and champion the wraparound process in the agency. The following team members must be certified as a Wraparound Coach within 12 months of employment or contract issuance, whichever is later:
1. Team Lead/Supervisor, and/or;
 2. Therapist
- 3.2.4 The following team members need to be certified as a Wraparound facilitator within 12 months of employment or contract issuance, whichever is later:
1. Case Manager, and;
 2. Therapeutic Mentor
- 3.2.5 Wraparound coaches will participate in monthly coaching calls as provided by community wraparound champions.
- 3.2.6 Team Lead/Supervisor or designee shall attend Wraparound implementation or learning community meetings as offered or required.

3.3. Program Goals

- 3.3.1 The goal of this program is to address mental health and physical health care needs in cases where traditional mental health service interventions have not worked. The CAT program utilizes a multidisciplinary and person-centered approach to coordinate treatment interventions and natural supports tailored to the individual needs of youth or young adults, allowing them to remain successfully in their community. CAT services provided to youth, young adults, and their families are designed to:

- 3.3.1.1 Strengthen the family system, resulting in youth and young adults living at home and living successfully in the community;
 - 3.3.1.2 Improve school related outcomes such as attendance, grades and graduation rates;
 - 3.3.1.3 Decrease out-of-home placements;
 - 3.3.1.4 Improve family or youth functioning;
 - 3.3.1.5 Decrease substance use or abuse;
 - 3.3.1.6 Decrease psychiatric hospitalizations;
 - 3.3.1.7 Transition into age appropriate services; and
 - 3.3.1.8 Increase health and wellness.
- 3.3.2 The Network Service Provider must adhere to the requirements and consider best practice information described in the Department’s Guidance 32 - Community Action Treatment (CAT) Team. The guidance document is located on the Department’s website: <https://www.myflfamilies.com/service-programs/samh/managing-entities/> for the appropriate fiscal year.
- 3.4. Target Population
- 3.4.1 The Network Service Provider shall provide the services described herein to eligible individuals, per the provisions of the following section – Client Eligibility, and their families, including caregivers and guardians.
- 3.5. Client Eligibility
- 3.5.1 The Network Service Provider shall provide services to individuals aged 11 to 21 who are:
- 3.5.1.1 Otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S., and
 - 3.5.1.2 Have a mental health diagnosis or co-occurring mental health and substance abuse diagnosis, and
 - 3.5.1.3 Have one or more of the following accompanying characteristics:
 - a. The individual is at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
 - b. The individual has had two or more periods of hospitalization or repeated failures;
 - c. The individual has had involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or

d. The individual has poor academic performance or suspensions.

3.5.2 The Network Service Provider shall provide services to individuals aged less than 11 who are:

3.5.2.1 Otherwise eligible for publicly funded substance abuse and mental health services pursuant to s. 394.674, F.S.;

3.5.2.2 Have a mental health diagnosis or co-occurring substance abuse diagnosis; and

3.5.2.3 Have two or more of the accompanying characteristics listed above.

3.5.3 Network Service Providers may serve families who exceed the financial eligibility while applying a sliding fee scale in accordance with 394.674 F.S. and Ch. 65E-14.018, F.A.C., if no other option for treatment at this level is available (i.e. rural areas).

3.6. Client Determination

3.6.1 The Network Service Provider shall be responsible for a determination of individual eligibility in compliance with the criteria in the Client Eligibility section.

3.6.2 Client treatment cannot exceed 9 months.

3.6.2.1 Prior authorization is required for extension or readmission to the program at any point using LSF Health Systems' required form, CAT Extension/Readmission Authorization Form.

3.7. Service Tasks

3.7.1 The Network Service Provider shall participate in coordinated system of care activities sponsored by the Managing Entity to support systemic referral coordination, needs assessment, planning, development, data collection, resource sharing and related activities of the Managing Entity.

3.7.2 The Network Service Provider shall deliver services primarily in community settings outside the primary program site, including an individual's residence and appropriate community locations as determined by the needs and convenience of the individuals receiving services.

3.7.3 The Network Service Provider shall deliver services at the primary program site when, due to licensure requirements, specific clinical need or at the request of the individual receiving services, office-based services are in the best interest of the individual.

3.7.4 The Network Service Provider shall provide an array of mental health and co-occurring substance abuse services to eligible individuals per individualized Plans

of Care. CAT shall include a combination of the following services (dependent on individual client treatment plan/need):

- 3.7.4.1 Crisis intervention and round-the clock on-call coverage to assist with crisis intervention, referrals, or supportive counseling.
- 3.7.4.2 Case management to coordinate care with other key entities such as other service and support providers, child welfare, schools, corrections, or juvenile justice; to advocate on behalf of the family; and to provide access to a variety of services and supports, including but not limited to:
 - a. Primary medical and dental health care;
 - b. Basic needs such as housing and transportation;
 - c. Tutoring and educational services;
 - d. Employment and vocational services;
 - e. Legal services; and
 - f. Other behavioral health services as needed.
- 3.7.4.3 Licensed psychiatric evaluation services to determine the need for psychotherapeutic medication, to provide treatment recommendations and, if medication is prescribed, to provide medication management and review therapeutic effects and side effects.
- 3.7.4.4 Respite services providing short-term supervision of a juvenile away from the family to offer temporary relief as a planned event or to improve family stability in a time of crisis for a maximum of four hours per day.
- 3.7.4.5 Counseling, therapeutic mentoring and related therapeutic interventions in an individual, group or family setting;
- 3.7.4.6 Transition services to an adult system of care;
- 3.7.4.7 Transportation to medical appointments, court hearings, or other related activities outlined in the care plan.
- 3.7.4.8 Tutoring and remedial academic instruction to enhance educational performance.
- 3.7.4.9 Substance use or abuse interventions and treatment services for co-occurring mental health and substance use disorders; and
- 3.7.4.10 Training or coordination in parenting skills, behavior modification, family education and family support network development; behavior management; sober living or relapse prevention skill development. If applicable, in coordination with child welfare case manager and safety plan.

- 3.7.5 The Network Service Provider may provide Incidental Expense services, as defined in F.A.C. 65E-14.021(4)(k)4.b.(V) to or on behalf of specific individuals receiving services under this contract, to the extent the primary need for such services demonstrably supports the individual's recovery or resiliency goals as documented in the individual's plan of care. Examples of allowable types of Incidental Expense services are included in the Department's CAT Program Guidance. The DCF Region or where assigned Managing Entity will establish a process for the review and approval of Incidental service requests. Prior authorization is required for incidental requests in excess of \$1,000.00 using LSF Health Systems' required form.
- 3.7.6 If the family enrolled in CAT is involved with DCF or the CBC, a mandatory MDT (Multi-Disciplinary Team Meeting) must be scheduled within the first 30 days of enrollment and include all Child Welfare parties. This MDT will address the needs of the family and the expectations from CAT as well as the child welfare system. This must be documented in the client's chart.
- 3.7.7 During the course of treatment, if the family seems to be disengaging with CAT or there are significant concerns with behavior in the home, an MDT must be called with the appropriate Child Welfare partners and the family within two weeks of the concerned behaviors. This must be documented in the client's chart.
- 3.8. Service Times
- 3.8.1 Services shall be available and provided, as needed, 24-hour per day; seven days per week, including holidays.
- 3.8.2 The Network Service Provider may establish primary administrative office hours to include, at a minimum, 8:00 am through 5:00 pm, Monday through Friday, excluding state holidays.
- 3.8.2.1 Advance written approval by the LSF Health Systems and the Department of Children and Families is required for any changes in service times and any additional holidays that the Network Service Provider wants to observe.
- 3.9. Staffing and Professional Qualifications
- 3.9.1 The Network Service Provider shall maintain an adequate administrative organizational structure and support staff sufficient to discharge its contractual responsibilities.
- 3.9.2 The Network Service Provider shall maintain the following minimum programmatic Full-Time Equivalent (FTE) staff for the provision of the services described herein.

3.9.2.1 1.0 FTE Team Leader

- a. This position shall, at minimum, possess:
 - i. A Master degree in Behavioral Health Sciences, such as psychology, mental health counseling, social work, art therapy or marriage and family therapy; and
 - ii. An active license issued by the Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling; and
 - iii. A minimum of three years of experience working with children or adolescents with behavioral health needs.
- b. The Network Service Provider shall ensure staff in this position have received supplemental topic-specific training in family systems, crisis intervention, teenager or young adult suicide prevention and trauma-informed care.
- c. The Network Service Provider shall ensure staff in this position have received supplemental topic-specific training in co-occurring substance abuse and mental health disorders and treatment.

3.9.2.2 2.0 FTE Mental Health Clinicians

- a. This position shall, at minimum, possess:
 - i. A Master degree in Behavioral Health Sciences, such as mental health counseling, social work, art therapy or marriage and family therapy; and
 - ii. A preferred two years of experience working with children or adolescents with behavioral health needs.
- b. The Network Service Provider shall ensure staff in this position have received supplemental topic-specific training in family systems, crisis intervention, teenager or young adult suicide prevention and trauma-informed care.
- c. The Network Service Provider shall ensure staff in this position have received supplemental topic-specific training in co-occurring substance abuse and mental health disorders and treatment.

3.9.2.3 1.0 FTE Case Manager

- a. This position shall, at minimum, possess:

- i. A bachelor's degree with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related field which includes the study of human behavior and development; and a minimum of one year of experience working with children or adolescents with serious emotional disturbances; or
 - ii. A bachelor's degree with a major in another field and a minimum of three year of experience working with children with serious emotional disturbances.
- b. The Network Service Provider shall ensure staff in this position have received supplemental topic-specific training in family systems, crisis intervention, teenager or young adult suicide prevention and trauma-informed care.

3.9.2.4 3.0 FTE Therapeutic Mentors

- a. This position shall, at minimum, possess:
- i. Certification as a Certified Recovery Peer Specialist certified by the Florida Certification Board; or
 - ii. A Bachelor of Arts degree in a social services major, such as psychology, social work, education or vocation rehabilitation; or
 - iii. A minimum of one year experience working directly with children or adolescents with behavioral health needs.

3.9.2.5 0.25 FTE Psychiatrist or Advanced Registered Nurse Practitioner

- a. This position shall, at minimum, possess:
- i. An active license issued by the Florida Board of Medicine or the Florida Board of Nursing, as appropriate to the individual's specific profession.

3.9.2.6 0.5 FTE Registered Nurse or Licensed Practical Nurse

- a. This position shall, at minimum, possess:
- i. An active license issued by the Florida Board of Medicine or the Florida Board of Nursing, as appropriate to the individual's specific profession.

3.9.2.7 1.0 FTE Support Staff

- 3.9.3 The Network Service Provider must have these staff as part of the team; however, the number of staff and the functions they perform may vary by team in response to local needs and as approved by LSF Health Systems.
 - 3.9.4 If at the time of hire or assignment, a staff member cannot provide documentation of training received within the previous two years in the supplemental topics required by the previous sections, the Network Service Provider shall deliver training on the topic within 30 days of hire or assignment.
 - 3.9.5 The Network Service Provider shall document that staff has adequate education and all other training necessary to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines.
 - 3.9.6 The Network Service Provider may only subcontract individual professionals for client services by staff in the Psychiatrist or Advanced Registered Nurse Practitioner and Registered Nurse or Licensed Practical Nurse positions.
 - 3.9.7 The Network Service Provider must inform the Network Manager when positions become vacant.
- 3.10. The Network Service Provider shall maintain the following clinical documentation for individuals served in the program.
- 3.10.1 **Pre-Admission Assessment and Orientation Documentation**
 - 3.10.1.1 Network Service Providers conduct a pre-admission assessment to gauge the client's commitment to CAT prior to or upon placement into CAT.
 - 3.10.1.2 The following orientation information shall be provided to the client and his or family:
 - a. Introduction to CAT;
 - b. A description of services to be provided;
 - c. CAT programmatic goals;
 - d. Information on client rights;
 - e. HIPPA and limits to confidentiality;
 - f. Program rules;
 - g. Client grievance procedures
 - 3.10.2 **Intake Documentation Requirements**
 - 3.10.2.1 The file contains basic demographic information, which includes; Name, address, telephone number, marital status, sex, race, date of birth, names and addresses of client's next of kin or guardian, referral source and presenting problem.

3.10.2.2 The file contains, if applicable, a time-specific statement authorizing release of confidential information, signed and dated by the client or guardian, which designates the agency to receive the information, purpose of the disclosure, how much and what kind of information to be disclosed, statement that the consent is subject to revocation at any time and date which consent will expire if not revoked before.

3.10.3 Assessment Documentation Requirements

3.10.3.1 An initial assessment is completed within 30 days of admission with the young person and their family to identify treatment needs, strengths and preferences for the purpose of developing an individualized Plan of Care. Network Service Providers are encouraged to use a variety of reliable and valid screening and assessment tools as part of the assessment process, with emphasis on co-occurring mental health and substance use disorders. The initial assessment must also be completed for individuals transferred from another program to the CAT team within the same agency

- a. The initial assessment shall include the following with client input:
 - i. Presenting problem(s);
 - ii. Client's perception of strengths/abilities related to potential recovery;
 - iii. Social history: Support, family, peer relationships, and current living conditions;
 - iv. Emotional or mental health;
 - v. Substance use;
 - vi. Medical history;
 - vii. Educational level;
 - viii. Past or current sexual, psychological, or physical abuse or trauma;
 - ix. Cultural or spiritual influences;
 - x. Legal history and status;
 - xi. Involvement in leisure and recreational activities;
 - xii. Services agencies with whom the client has been involved; involvement or need for involvement in social support systems;
 - xiii. A clinical summary, with analysis of the assessment results and recommendations for care.

3.10.3.2 Within 30 days of an individual's admission to services, the Network Service Provider shall complete the North Carolina Family Assessment Scale for General Services and Reunification® (NCFAS-G+R) as the required initial assessment to assist in identifying areas of focus in treatment.

- a. The Network Service Provider shall ensure the initial assessment process includes participation by the individual receiving services and his or her family, including parents, legal guardians and caregivers. Refer to the CAT Guidance Document for considerations in serving young adults.
- b. In addition, the Network Service Provider shall work with the individual receiving services and their parent/legal guardian as part of the assessment process to obtain information from other key entities, such as child welfare, the Department of Juvenile Justice, Department of Corrections, and Department of Education. Efforts to coordinate with other key entities during the assessment process shall be documented in progress notes. See the CAT Guidance Document for guidance regarding coordination with other key entities.

3.10.4 **Initial Plan of Care, Master Plan of Care, and Master Plan of Care Review Requirements**

3.10.4.1 Within 30 days of an individual's admission to services, the Network Service Provider shall complete an Initial Plan of Care or the Master Plan of Care to guide the provision of services by the CAT team.

3.10.4.2 At a minimum, the Initial Plan of Care shall:

- a. Be developed with the participation of the individual receiving services and his or her family, including caregivers and guardians;
- b. Specify the CAT services and supports to be provided by CAT Team members, to include a focus on engagement, stabilization and a safety planning if needed; and
- c. Include a brief initial discharge planning discussion to include general goals to be accomplished prior to discharge.

3.10.4.3 If an initial plan of care was completed within the 30 days of admission; the Network Service Provider shall complete the Master Plan of Care within 60 days of admission.

3.10.4.4 The Master Plan of care shall include the following:

- a. Be reviewed and updated, if needed with the participation of the individual receiving services and his or her family, including caregivers and guardians as appropriate;
- b. Be strength-based and build on assets and resources;

- c. Be individualized, developmentally appropriate to age and functioning level;
- d. Consider and address needs in various life domains, as appropriate;
- e. Integrative of substance abuse and mental health treatment when indicated;
- f. Specify measurable treatment goals and target dates for the CAT services and supports;
- g. Specify the staff member(s) responsible for completion of each treatment goal; and
- h. Inclusive of a plan for discharge, to include how CAT services will provide the resources and tools for successful transition from CAT services.

3.10.4.5 If the Network Service Provider develops an Initial Plan of Care within 30 days that meets the requirements of the Master Plan of Care and considers the results initial NCFAS-G+R assessment, the Initial Plan of Care is not required to be revised. However, it must be reviewed within 60 days of admission with the individual receiving services and their parent/legal guardian. The Network Service Provider must document that the Initial Plan of Care was reviewed with the individual being served and their parent/ legal guardian and request that they sign the plan at the time of review. Once the Initial Plan of Care is reviewed at 60 days, it becomes the Master Plan of Care.

3.10.4.6 Once established at 60 days, the Master Plan of Care must be reviewed and revised as needed every three months thereafter until discharge, or more frequently as needed to address changes in circumstances impacting treatment and discharge planning. All reviews and updates to the Master Plan of Care must include active participation of the individual receiving services and his or her family, and other key entities serving the individual as appropriate. See the CAT Guidance Document for guidance regarding coordination with other key entities.

3.10.4.7 The Initial Plan of Care, the Master Plan of Care and all updates must be signed by the person receiving services and his or her parent/ legal guardian, if applicable. If the individual receiving services or their parent/legal guardian refuses to sign, the Network Service Provider shall document on the Plan that they refused to sign and why.

3.10.4.8 The initial Plan of Care, the Master Plan of Care and subsequent reviews and updates must be completed for individuals transferred from another program to the CAT team within the same agency.

3.10.5 Progress Notes Requirements

- 3.10.5.1 The file contains documentation of progress notes at least monthly, unless the client's care plans indicates less frequent need.
- 3.10.5.2 The progress notes contain the dates of contact with client, and as needed, client's family, natural supports, and involved service or resource agencies.
- 3.10.5.3 The progress notes contain a description of client progress, or lack thereof, relative to the care plan.
- 3.10.5.4 The progress notes contain a description of any modification to the care plan resulting from such factors as changes in client's needs, changes in resources and new assessment findings.

3.10.6 Discharge Requirements

- 3.10.6.1 Within seven days of an individual's discharge from services, the Network Service Provider shall complete a Discharge Summary containing the following items, at minimum:
 - a. The reason for the discharge;
 - b. A summary of CAT services and supports provided to the individual;
 - c. A summary of resource linkages or referrals made to other services or supports on behalf of the individual; and
- 3.10.6.2 A summary of the individual's progress toward each treatment goal in the Master Plan of Care.

3.11. Outcomes and Performance Measures

- 3.11.1 The Network Service Provider shall demonstrate satisfactory delivery of minimum levels of service through submission of the Persons Served and Performance Measure Report.
 - 3.11.1.1 The Network Service Provider shall attain a minimum of 100 percent of the service targets specified each month.
 - a. In the event the Network Service Provider fails to achieve this minimum performance measure, LSF Health Systems shall apply the provisions of Payment section.
- 3.11.2 The Network Service Provider shall provide services to no less than 35 eligible individuals per month. To accommodate phase-in of a new program, however:

- 3.11.2.1 During the first month after execution of this Contract, the Network Service Provider shall provide services to no less than 10 eligible individuals per month.
- 3.11.2.2 During the second month after execution of this Contract, the Network Service Provider shall provide services to no less than 20 eligible individuals per month.
- 3.11.2.3 During the third month after execution of this Contract, the Network Service Provider shall provide services to no less than 25 eligible individuals per month.
- 3.11.2.4 The Network Service Provider shall provide services to no less than 35 individuals each month thereafter.
- 3.11.3 Individuals receiving services shall attend an average of 80% percent of school days. (Department Measure MH012)
 - 3.11.3.1 Calculate the percentage of available school days attended by all individuals served during the reporting period.
 - a. Include all individuals served age 15 and younger.
 - b. Include only those individuals age 16 and older who are actually enrolled in a school or vocational program.
 - c. For individuals in alternative school settings, such as virtual and home school, school attendance may be estimated based on specific requirements applicable to the setting. Examples include the percentage of work completed within a specified time-period; adherence to a schedule as reported by the parent or documentation of reporting mechanism.
 - d. Do not include individuals for whom school attendance in an alternative education setting cannot be determined.
 - e. Do not include any days an individual is considered medically excused as a result which in a crisis stabilization unit.
 - 3.11.3.2 The numerator is the sum of the total number of school days attended for all individuals.
 - 3.11.3.3 The denominator is the sum of the total number of school days available for all individuals.
- 3.11.4 Effective once the Network Service Provider discharges a minimum of 10 individuals each fiscal year, 80% of individuals receiving services shall improve their level of functioning between admission to discharge, (Program-Specific Measure), as determined by:

- 3.11.4.1 The Children's Functional Assessment Rating Scales (CFARS) if the individual is under 18 years of age or the Functional Assessment Rating Scale (FARS), if the individual is 18 years of age or older.
- a. Measure improvement is based on the change between the admission and discharge assessment scores completed using the CFARS or FARS, as determined by the age of the individual.
 - b. The numerator is the total number of individuals whose discharge score is less than their admission assessment score. Scores are calculated by summing the score for all questions for each person discharged during the current fiscal year-to-date. A decrease in score from the admission score to the discharge score indicates that the level of functioning has improved.
 - c. The denominator is the total number of individuals discharged with an admission and discharge assessment during the current fiscal year-to-date.
- 3.11.5 Individuals served will spend a minimum of 90% of days living in a community setting. (Program-Specific Measure)
- 3.11.5.1 The numerator is the sum of all days in which all individuals receiving services qualify as "living in a community setting."
- 3.11.5.2 The denominator is the sum of all days in the reporting period during which all individuals were enrolled for services under this Contract.
- 3.11.5.3 "Living in a community setting" excludes any days spent in jail, detention, a crisis stabilization unit, homeless, a short-term residential treatment program, a psychiatric inpatient facility or any other state mental health treatment facility.
- 3.11.5.4 For children under 18 years of age, days spent on runaway status, in a residential level one treatment facility, or in a wilderness camp are also excluded.
- 3.11.6 Effective once the Network Service Provider discharges a minimum of 10 individuals each fiscal year, 65% of individuals and families receiving services shall demonstrate improved family functioning as demonstrated by an improvement in the Child Well-Being domain between admission and discharge, as determined by:
- 3.11.6.1 The North Carolina Family Assessment Rating Scale for General Services and Reunification (NCFAS-G+R), if the individual is under eighteen (18).

- a. Calculate the percentage of individuals who increased their family functioning in the Child Well-Being Domain by at least one point from admission to discharge, as measured by the NCFAS-G+R.
- b. The numerator is the number of individuals whose score on the Child Well-Being domain at discharge is at least one point higher than their score on the Child Well-Being domain at admission during the current fiscal year-to-date.
- c. The denominator is the total number of individuals receiving services who were discharged during the current fiscal year-to-date and for whom the NCFAS-G+R was used at admission.
- d. The NCFAS-G+R is not required for individuals ages 18 or older.

3.12. Required Reporting

3.12.1 Persons Served and Performance Measure Report: A monthly report, submitted on **the Department's template**.

3.12.1.1 The Network Service Provider shall submit the report electronically and include the following attestation: "I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency."

3.12.2 Quarterly Supplemental Data Report: In order to assist the Department with system-wide programmatic analysis of the CAT model, the Managing Entity shall require CAT Network Service Providers to submit quarterly supplemental data, submitted on **the Department's template**.

3.12.3 Return on Investment Report:

3.12.3.1 The Network Service Provider shall submit a quarterly report within 10 calendar days after the completion of each state fiscal year quarter documenting the actual return on investment achieved and describing the methodology by which the return on investment amount was determined. The report should be submitted on the Department's template.

3.12.4 Expenditure Reconciliation Report: A quarterly detailed cumulative reports of program expenses which are used to track all expenses associated with the grant and reconcile these expenditures with the payments made to the grantee. The financial reports track both grant award-funded and match-funded expenses and encourages program expenditure planning and projection.

3.12.5 Waitlist Report: In order to assist the Department with system-wide programmatic analysis of the CAT model, the Managing Entity shall require CAT Network Service Providers to submit monthly waitlist data on the Managing Entity's template.

3.12.6 Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.

3.12.7 Reporting Schedule

3.12.7.1 The Network Service Provider shall submit reports electronically in accordance with the reporting schedule as specified in Table 1.

Table 1. Reporting Schedule		
Report Title	Report Due Date(s)	Report Recipient(s)
Persons Served and Performance Measure Report	10 th of each month following the month of service provision	LSF Health Systems Network Manager and Director of Program Operations
Waitlist Report	10 th of each month following the month of service provision	
Return on Investment Report	July 10 th , October 10 th , January 10 th , April 10 th	LSF Health Systems Network Manager and Director of Program Operations
Expenditure Report	October 10 th , January 10 th , April 10 th , July 10 th	
Quarterly Supplemental Data Report	October 10 th , January 10 th , April 10 th , July 10 th	

3.13. The Network Service Provider shall participate in all CAT program conference calls, meetings or other oversight events scheduled by LSF Health Systems and the Department.

Section 4. Documentation

4.1. Costs

4.1.1 Professional Services Rendered: Invoices for professional services must include a general statement of the services provided, the time period covered by the invoice, the hourly rate, the number of hours worked and the total payment required. Evidence of payment of the invoice must also be included.

- 4.1.2 Postage and Reproduction Expenses: Outside vendors purchases must include invoices with evidence of payments made or receipts with itemization. In-house postage and reproduction must be supported by usage logs or similar reports.
 - 4.1.3 Travel: Travel reimbursements shall be made in accordance with the Department's CFOP 40-1, § 287.058(1)(b), Fla. Stat. and §112.061, Fla. Stat. Receipts for direct expenses (e.g., airfare, car rental, parking, tolls) shall be provided in support of such expenses. For mileage reimbursements, submissions shall include date(s) of travel, amount of mileage (support of mileage may include either map routes or odometer readings), purpose of travel, origin and destination.
 - 4.1.4 General Expenses not otherwise Specified: Receipts or invoices with evidence of payment should be provided.
- 4.2. Services Rendered
- 4.2.1 The Network Service Provider shall maintain records documenting the total number of clients and names/unique identifiers of clients to whom services were rendered and the date(s) on which services were provided. The Network Service Provider shall make such information available to LSF Health Systems upon request and during monitoring of the program administration.
 - 4.2.2 The Network Service Provider is required to enter actual services provided, using the covered services available in the LSF Health Systems Contract System into the LSF Health Systems Data System as required by the contract.
- 4.3. Client Charts
- 4.3.1 Client Charts shall be maintained in accordance with the applicable parameters established by the appropriate guidance outlined in this attachment.

Section 5. Miscellaneous

- 5.1. This Contract is pursuant to the authority under a Specific Appropriation of the General Appropriations Act. Under this Contract, the Network Service Provider shall implement the Special Proviso Project described in this Attachment.
- 5.2. Other contractual requirements in effect under the remaining portions of this contract apply to the administration of the program described herein.
- 5.3. Renewal of the provisions of this Attachment and the program it governs are contingent on performance under the terms and subject to availability of funding from the Department.
- 5.4. The provisions of this Attachment are subject to revision and amendment by LSF Health Systems.
- 5.5. Any ambiguity in this Attachment shall be interpreted to permit compliance with laws, regulations and codes in effect within the State of Florida.