



## Solicitation 2022-001

### First Episode Psychosis – Volusia Team

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#### Responses to Written Questions

September 17, 2021

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Q1. Is this recurring funding?

A1. The available funding is Mental Health Supplemental Block Grant and is in LSFHS' Schedule of Funds as "Non-Recurring". DCF has indicated that these funds will be available for two to three years. We do not have confirmation at this time.

Q2. What is the reimbursement methodology?

A2. This award shall be paid using a fixed-rate methodology. The total monthly payment shall be one-twelfth of the fixed rate portion of the contract and 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.

1. The Network Service Provider shall submit a quarterly **Exhibit O - Expenditure Reconciliation Report** using the form designated by LSF Health Systems which will outline expenses incurred by the First Episode Psychosis program in Volusia County. 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 **Exhibit O - Expenditure Reconciliation reports** after the third quarter depending on the Network Service Providers rate of spending.
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.
3. LSF Health Systems reserves the right to request substantiating documentation to support the line items submitted by the Network Service Provider in the **Exhibit O - Expenditure Reconciliation Report**.
4. LSF Health Systems will audit substantiating documentation outlined on the **Exhibit O - Expenditure Reconciliation Report** as part of its monitoring and oversight process.



- Q3. Is the eligible population limited to only those clients who do not have Medicaid or private insurance?
- A3. The agency must ensure that the Financial eligibility is verified, and the Financial Attestation documents a household and annual income that is eligible for LSFHS State Funding. The agency must ensure that all consumers who have a third-party insurance and the covered service is billable to the third-party insurance, are not billed to LSFHS.
- Q4. What data will we be required to submit and with what frequency?
- A4. The Network Service Provider is required to enter actual services provided each month, using the covered services available in the LSF Health Systems Contract System into the LSF Health Systems Data System as required by the contract.

The Network Service Provider must also submit a Quarterly Services Report by the 10th of the month following the quarter. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.