| Provider Name: | | Effective: | 7/1/2025 | Amend. #: | N/A |
|---------------------------------|----------------------------|---------------------------------------|--|--|---|
| Contract No.: | FLXXX | Retroactive to: | | | |
| Covered Service/Project Code | Unit of Measurement | Program 1 - Adult Mental Health | Program 2 - Adult Substance Abuse | Program 3 - Children's Mental Health | Program 4 - Children's Substance Abuse |
| 01 Assessment | Direct Staff Hour | | | | |
| 02 Case Management | Direct Staff Hour | | | | |
| 02 Case Management [Forensic] | Forensic Direct Staff Hour | | | | |
| 03 Crisis Stabilization | Bed-Day | | | | |
| 04 Crisis Support/Emergency | Direct Staff Hour | | | | |
| 05 Day Care | Direct Staff Hour (4 hour) | | | | |
| 06 Day Treatment | Direct Staff Hour (4 hour) | | | | |
| 07 Drop-In/Self Help Ctr. | Non-Direct Staff Hour | | | | |
| 08 In-Home & Onsite | Direct Staff Hour | | | | |
| 09 Inpatient | Day (24 hour) | | | | |
| 10 Intensive Case Mgmt. | Direct Staff Hour | | | | |
| 11 Intervention (Indiv.) | Direct Staff Hour | | | | |
| 11 Intervention (Indiv.) [FSPT] | FSPT Direct Staff Hour | | | | |
| 12 Medical Services | Direct Staff Hour | | | | |
| 13 Medication-Assisted Tx; | Dosage | | | | |
| 14 Outpatient (Indiv.) | Direct Staff Hour | | | | |
| 15 Outreach | Non-Direct Staff Hour | | | | |
| 18 Residential I | Day (24 hour) | | | | |
| 18 Residential I [Forensic] | Forensic Day (24 hour) | | | | |
| 19 Residential II | Day (24 hour) | | | | |
| 19 Residential II [Forensic] | Forensic Day (24 hour) | | | | |
| 19 Residential II [PIL] | PIL Day (24 hour) | | | | |
| 19 Residential II [STGC] | STGC Day (24 hour) | | | | |
| 20 Residential III | Day (24 hour) | | | | |
| 20 Residential III [Forensic] | Forensic Day (24 hour) | | | | |
| 21 Residential IV | Day (24 hour) | | | | |
| 21 Residential IV [Forensic] | forensic Day (24 hour) | | | | |
| 22 Respite Services | Direct Staff Hour | | | | |
| 24 Inpatient Detoxification | Bed-Day | | | | |
| 25 Supported Employment | Direct Staff Hour | | | | |
| 26 Supportive Housing/Living | Direct Staff Hour | | | | |

| Provider Name: | XXX | Effective: | 7/1/2025 | Amend. #: | N/A |
|--|---------------------------------|---------------------------------------|--|--|---|
| Contract No.: | FLXXX | Retroactive to: | | | |
| Covered Service/Project Code | Unit of Measurement | Program 1 - Adult Mental Health | Program 2 - Adult Substance Abuse | Program 3 - Children's Mental Health | Program 4 - Children's Substance Abuse |
| 27 TASC | Direct Staff Hour | | | | |
| 28 Incidental Expenses | Dollar Spent | | | | |
| 28 Incidental Expenses [FSPT] | FSPT Dollar Spent | | | | |
| 28 Incidental Expenses [Uncontracted] | Dollar Spent | | | | |
| 29 Aftercare (Indiv.) | Direct Staff Hour | | | | |
| 30 Information and Referral | Direct Staff Hour | | | | |
| 30 Information and Referral [FSPT] | FSPT Direct Staff Hour | | | | |
| 32 Outpatient Detoxification | Direct Staff Hour (4 hour) | | | | |
| 35 Outpatient (Group) | Direct Staff Hour | | | | |
| 36 R&B with Sup. I | Day (24 hour) | | | | |
| 37 R&B with Sup. II | Day (24 hour) | | | | |
| 37 R&B with Sup. II [PIL] | PIL Day (24 hour) | | | | |
| 37 R&B with Sup. II [PIL - Enhanced Rate] | PIL Enhanced Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC] | STGC Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - B] | STGC - B Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - B Enhanced Rate] | STGC - B Enhanced Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - L] | STGC - L Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - L Enhanced Rate] | STGC - L Enhanced Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - N] | STGC - N Day (24 hour) | | | | |
| 37 R&B with Sup. II [STGC - N Enhanced Rate] | STGC - N Enhanced Day (24 hour) | | | | |
| 37 R&B with Sup. II [OTPR] | OTPR Day (24 hour) | | | | |
| 38 R&B with Sup. III | Day (24 hour) | | | | |
| 39 Short-term Residential | Bed-Day | | | | |
| 40 MH Clubhouse | Direct Staff Hour | | | | |
| 42 Intervention (Group) | Direct Staff Hour | | | | |
| 42 Intervention (Group) [FSPT] | FSPT Direct Staff Hour | | | | |
| 43 Aftercare (Group) | Direct Staff Hour | | | | |
| 44 Comprehensive Community Service Team (Indiv.) | Direct Staff Hour | | | | |
| 45 Comprehensive Community Service Team (Group) | Direct Staff Hour | | | | |
| 46 Recovery Support (Indiv.) | Direct Staff Hour | | | | |
| 47 Recovery Support (Group) | Direct Staff Hour | | | | |

| Provider Name: | XXX | Effective: | 7/1/2025 | Amend. #: | N/A |
|--|--------------------------------|---------------------------------------|--|--|---|
| Contract No.: | FLXXX | Retroactive to: | | | |
| Covered Service/Project Code | Unit of Measurement | Program 1 - Adult Mental Health | Program 2 - Adult Substance Abuse | Program 3 - Children's Mental Health | Program 4 - Children's Substance Abuse |
| 48 Prevention – Indicated | Direct Staff Hour | | | | |
| 49 Prevention – Selective | Non-Direct Staff Hour | | | | |
| 50 Prevention – Universal Direct | Non-Direct Staff Hour | | | | |
| 51 Prevention – Universal Indirect | Non-Direct Staff Hour | | | | |
| 52 Care Coordination | Direct Staff Hour | | | | |
| 53 HIV Early Intervention Services | Direct Staff Hour | | | | |
| 54 Room and Board with Supervision Level IV | Day (24 hour) | | | | |
| A0 Forensic Multidisciplinary Team [Weekly] | Weekly Census Rate per client | | | | |
| A1 BNET | Monthly Census Rate per client | | | | |
| A2 FIT Team | Monthly Census Rate per client | | | | |
| A3 Central Receiving System [Assessment - Enhanced Rate] | Direct Staff Hour | | | | |
| A3 Central Receiving System [Medical Services - Enhanced Rate] | Direct Staff Hour | | | | |
| A3 Central Receiving System [Outpatient Indv Enhanced Rate] | Direct Staff Hour | | | | |
| A4 Care Coordination [Supportive Housing/Living - Monthly] | Monthly Census Rate per client | | | | |
| A5 First Episode Team | Monthly Census Rate per client | | | | |
| A6 Self-Directed Care | Monthly Census Rate per client | | | | |
| A7 Federal Project Grant | Monthly Fixed Rate | | | | |
| A7 Federal Project Grant [MAT - Buprenorphine] | Dosage | | | | |
| A7 Federal Project Grant [MAT - Weekly Methadone] | Weekly Census Rate per client | | | | |
| A7 Federal Project Grant [MAT - Weekly] | Weekly Census Rate per client | | | | |
| A7 Federal Project Grant [MAT - Weekly Buprenorphine] | Weekly Census Rate per client | | | | |
| A7 Federal Project Grant [MAT - Multiple Tablets Dispensed] | Dosage | | | | |
| A7 Federal Project Grant [MAT - Sublocade] | Sublocade Dosage | | | | |
| A7 Federal Project Grant [MAT - Brixadi - Weekly] | Brixadi Dosage | | | | |
| A7 Federal Project Grant [MAT - Brixadi - Monthly] | Brixadi Dosage | | | | |
| A8 Local Diversion Forensic Project | Daily Bed Availability Rate | | | | |
| A9 Disaster Behavioral Health | Monthly Fixed Rate | | | | |
| B1 Network Eval. & Dvlpmt. | Dollar Spent | | | | |
| B2 Transition Voucher [Supportive Housing/Living - Monthly] | Monthly Census Rate per client | | | | |
| B3 Cost Reimbursement | Dollar Spent | | | | |
| B4 CAT Team | Monthly Census Rate per client | | | | |

XXX Provider Name: Effective: Amend. #: N/A 7/1/2025 FLXXX Contract No.: Retroactive to: Program 2 -Program 4 -Program 1 -Program 3 -Adult Children's Adult Mental Children's **Covered Service/Project Code** Unit of Measurement Substance Substance Mental Health Health Abuse Abuse **B5 FACT Team** Weekly Census Rate per client B6 Provider Proviso Projects Monthly Fixed Rate B6 Provider Proviso Projects [Transitional Beds] Daily Bed Availability Rate Monthly Fixed Rate B7 Wraparound B7 Wraparound Projects [Case Management - Wraparound Clients] Daily Rate per client served B8 FFPSA Training Projects Monthly Fixed Rate B9 Intermediate Level FACT (FACT-I) Teams Weekly Census Rate per client C0 Other Bundled Projects Monthly Fixed Rate C0 Other Bundled Projects [MAT - Weekly] Weekly Census Rate per client C0 Other Bundled Projects [Drop-In/Self Help Centers - Daily] Day (24 hour) C0 Other Bundled Projects [RTH] Daily Bed Availability Rate C0 Other Bundled Projects [Residential Enhanced Rate] Day (24 hour) C0 Other Bundled Projects [MAT - Brixadi - Weekly] Brixadi Dosage C0 Other Bundled Projects [MAT - Brixadi - Monthly] Brixadi Dosage C0 Other Bundled Projects [MAT - Duval] Dosage C0 Other Bundled Projects [MAT - Multiple Tablets Dispensed] Dosage C0 Other Bundled Projects [MAT – Sublocade] Sublocade Dosage C1 Sustainability Payment for Emergency Response Monthly Fixed Rate C2 Community Action Treatment (CAT) Teams for Ages 0-10 Monthly Census Rate per client C3 Family Well-Being Treatment Teams Monthly Census Rate per client