

New Provider List of Required Documents

Hello and thank you for your interest in joining the Southeast Florida Behavioral Health Network, Inc. network of Providers for Substance Abuse and Mental Health Services in Palm Beach (Circuit 15), Indian River (Circuit 19), St. Lucie (Circuit 19), Okeechobee (Circuit 19), and Martin Counties (Circuit 19).

Below is a list of documents you will need in order to enter into a contract with our organization.

- New Provider Application (Template Available) accompanied by Debarment Form
- A copy of your insurance certificate with the Department of Children and Families and Southeast Florida Behavioral Health Network, Inc. listed as **additionally insured** (not just certificate holders).
 - Certificate Addresses
 - Southeast Florida Behavioral Health Network, Inc.
1070 Indiantown Road, Suite 408
Jupiter, FL 33477
 - Department of Children and Families (Circuit 15)
111 South Sapodilla Avenue
West Palm Beach, FL 33401
 - Department of Children and Families (Circuit 19)
2520 Orange Ave
Fort Pierce, FL 34947
 - Coverage Limits
 - Comprehensive General Liability Insurance (broad form coverage), specifically including premises, fire and legal liability to cover the Provider and all its employees. The limits of the Provider's coverage shall be no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000. **(REQUIRED)**
 - If the Provider operates a motor vehicle, comprehensive automobile liability insurance coverage with limits no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000. **(CONDITIONAL)**
 - If the Provider provides any professional services or provides or administers any prescription drug or medication or controlled substance: professional liability insurance coverage, including medical malpractice liability and errors and omissions coverage, to cover all employees and shall not exclude claims resulting from physical and sexual abuse. The limits of the coverage shall be

no less than \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000. **CONDITIONAL**

- 501(c)3 letter if you're a non-profit
- A letter stating whether you handle persons served trust funds (act as representative payee for any federal benefits)
- Copies of any Substance Abuse Licenses, if applicable
- Copies of any AHCA Licenses, if applicable
- Copy of Sliding Fee Scale based on the most recent Health and Human Services Federal Poverty Guidelines
- Organizational Chart
- Current List of Board of Directors and their contact information
- Letter for Signature Authority – if not the CEO or Board President signing
- If your agency is Accredited, an Accreditation Report
- Service Delivery Narrative (Template Available), inclusive of incorporated documents:
 - Quality Assurance Plan
 - Strategic Plan
 - Memorandum of Understanding with a Federally Qualified Health Center
 - Reports from Other Funders/Stakeholders
- Budget Proposal with Budget Narrative (Template Available)
- Contact Information for Key Personnel (Template Available)
- Auxiliary Aids and Services Plan
- Dun and Bradstreet Number
- NPI Number
- Registration in SAM.Gov
- Registration in Sunbiz.org

- Direct Deposit Form
- Attestation of Compliance with Staff Screening

The Provider shall ensure the following conditions are met by **all staff** utilized by the Provider and its subcontractors. This is **in addition to** meeting the screening requirements of Florida law stating specific individuals are to be screened in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards specified by sections 435.04, 110.1127, and subsection 39.001(2), F.S. As a condition of initial and continued employment **of all agency staff** screening shall include but not be limited to:

- Use the E-verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors' employees performing under this Contract (one time – prior to hiring);
- Employment history checks (one time – prior to hiring);
- Fingerprinting for all criminal record checks (once prior to hiring and subsequently every five years);
- Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE) (once prior to hiring and subsequently every five years);
- Federal criminal records checks from the Federal Bureau of Investigation via the Florida Department of Law Enforcement (once prior to hiring and subsequently every five years); and
- Security background investigation, which may include local criminal record checks through local law enforcement agencies (once prior to hiring and subsequently every five years).
- Attestation by each employee, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435 and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer. This should be accomplished using an Affidavit of Good Moral Character, completed once prior to hiring and subsequently every five years.
- The Department requires, as applicable, the use of the Office of Inspector General's Request for Reference Check form (CF 774), which states: "As part of the screening of an applicant being considered for appointment to a career service, selected exempt service, senior management, or OPS



position with the Department of Children and Families or a Contract Provider Agency, a check with the Office of Inspector General (IG) required to determine if the individual or has been a subject of an investigation with the IG's Office. The request will only be made on the individual that is being recommended to be hired for the position if that individual has previously worked for the Department or a Contract Provider, or in that individual is being promoted, transferred or demoted within the Department or Agency.”