

Provider Orientation and Expectations

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).

The information below will take you through the expectations of the network and orient you to critical processes.

Onboarding

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

- A.** New Provider Application (Template Available) accompanied by Debarment Form
- B.** Attestation of Compliance with Staff Screening (See Background Screening for more information.)
- C.** 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). (See Insurance Coverage for more information.)
- D.** 501(c)3 letter if you're a non-profit
- E.** A letter stating whether you handle persons served trust funds (act as representative payee for any federal benefits)
- F.** Copies of any Substance Abuse Licenses, if applicable
- G.** Copies of any AHCA Licenses, if applicable
- H.** Copy of Sliding Fee Scale based on the most recent Health and Human Services Federal Poverty Guidelines
- I.** Organizational Chart
- J.** Current List of Board of Directors and their contact information
- K.** Letter for Signature Authority – if not the CEO or Board President signing
- L.** If your agency is Accredited, an Accreditation Report

M. Service Delivery Narrative (Template Available), inclusive of incorporated documents:

1. Quality Assurance Plan
2. Strategic Plan
3. Memorandum of Understanding with a Federally Qualified Health Center
4. Reports from Other Funders/Stakeholders

N. Budget Proposal with Budget Narrative (Template Available)

O. Contact Information for Key Personnel (Template Available)

P. Auxiliary Aids and Services Plan

Q. Dun and Bradstreet Number

R. NPI Number

S. Registration in SAM.Gov

T. Registration in Sunbiz.org

U. Direct Deposit Form

Background 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:

- A.** 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);
- B.** Employment history checks (one time – prior to hiring);
- C.** Fingerprinting for all criminal record checks (once prior to hiring and subsequently every five years);

- D. Statewide criminal and juvenile delinquency records checks through the Florida Department of Law Enforcement (FDLE) (once prior to hiring and subsequently every five years);
- E. 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
- F. Security background investigation, which may include local criminal record checks through local law enforcement agencies (once prior to hiring and subsequently every five years).
- G. 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.
- H. 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."

Insurance Coverage

All Southeast Florida Behavioral Health Network, Inc. service providers are required to maintain a copy of their insurance certificate with the Department of Children and Families and Southeast Florida Behavioral Health Network, Inc. listed as **additionally insured** (not just certificate holders).

A. Certificate Addresses

1. Southeast Florida Behavioral Health Network, Inc.
1070 Indiantown Road, Suite 408
Jupiter, FL 33477
2. Department of Children and Families (Circuit 15)
111 South Sapodilla Avenue
West Palm Beach, FL 33401
3. Department of Children and Families (Circuit 19)

B. Coverage Limits

1. 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)**
2. 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)**
3. 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)**

Staff Training

The following staff training requirements apply agency-wide to all staff working at your organization. These are to be completed annually and all but "D" are available here: <https://www.myflfamilies.com/general-information/dcf-training/>

- A. The Provider shall provide the latest Departmental security awareness training (and form) to its staff who have access to Departmental, Carisk, or Managing Entity information.
- B. All employees are to complete training on serving our Customers who are Deaf or Hard-of-Hearing and sign the Deaf and Hard of Hearing Training Attestation Form. Employees will print their certificate of completion and attach it to their Deaf and Hard of Hearing Training Attestation Form.
- C. All Provider staff shall complete the HIPAA Training created by the Department of Children and Families on an annual basis and upon release of a new training thereafter.
- D. All Provider staff shall complete the Civil Rights Training created by SEFBHN on an annual basis, or as updated if requested sooner. Employees will sign an attestation that they completed the Civil Rights Training created by SEFBHN.

- E. All documentation of compliance with the preceding training requirements, including copies of the training certificates and required attestations, are maintained in the employee personnel files.

Incidents and Grievances

A. Incident Reporting

Any incidents occurring at a contracted agency (e.g. injuries, arrests, deaths, etc.) are required to be reported within one business day to the DCF Incident Reporting and Analysis System (IRAS).

The agency must get at least two appropriate staff registered in the IRAS System so they are able to report incidents as noted in Policy 302.00, Incident Reporting, which is available here: <http://go.boarddocs.com/fl/sefbhn/Board.nsf/goto?open&id=B4GU9X7AEEB8>

B. Grievance Reporting

It is the policy of Southeast Florida Behavioral Health Network to ensure all providers contracted with the agency have a consumer grievance policy and procedures in place, and make those procedures available to consumers at all times. It is also the policy of SEFBHN to be the next step for consumers and/or designee after they have exhausted all steps of the provider’s grievance process.

The agency must get at least two appropriate staff registered in the IRAS System so they are able to report incidents as noted in Policy 314.00, Consumer Grievances, which is available here: <http://go.boarddocs.com/fl/sefbhn/Board.nsf/goto?open&id=B4HL6R519F7B>

Most Common Required Reports (Compare to Final BASE Handbook for Variances)

Unless otherwise specified, all required reports are submitted through the Carisk Portal, Tools Menu, Upload Required Reports. Be sure to select the appropriate Report Type, Fiscal Year, Time Period, and if applicable to the report, Circuit.

A. All Provider Reporting Requirements

Ongoing Reports	Due Date	Report Type to Use
Response to Validation Reports and Performance Improvement Plans	As Requested	Performance Improvement Plan
Incident Report	Per SEFBHN’s policy and procedures	N/A – Reported to IRAS System

Ongoing Reports (Continued)	Due Date	Report Type to Use
Request to use ME Logo for Publicity (not Sponsorship)	As Requesting	N/A - Email request to logouseagerequests@sefbhn.org
Transition Plan	As Requested	Other Report, Document Name: Transition Plan
All Evaluations, Assessments, Surveys, Monitoring or Other Reports / Corrective Action Plans from Other Stakeholders and/or Funders	10 days following Provider's Receipt	Other Stakeholder Report
Request to Change Service Location	At least 30 days prior to date of requested change	Other Report, Document Name: Location Change Request
Other Requested Deliverables	As Requested	TBD
Monthly Reports	Due Date	Report Type to Use
Auxiliary Aid Service Record	5 days or next business days following the end of the month	Auxiliary Aids Service Record
Monthly Data Required by CFOP 155-2	10 days or next business day following the end of the month for which services were rendered	N/A – Entered into EIA
Invoice and Supporting Documentation	10 days or next business day following the end of the month for which payment is being requested	N/A – Entered into EIA
Final Invoice and Supporting Documentation	30 days after the end of each state fiscal year or 30 days after the last contractual month of services, whichever comes first	N/A – Entered into EIA
Quarterly Reports	Due Date	Report Type to Use
Consumer Satisfaction Survey	25% of annual requirement must be submitted each quarter	N/A – Submitted through Survey
	Oct, Jan, Apr, Jul	

Annual Reports	Due Date	Report Type to Use
Service Delivery Narrative	Upon Request	Service Delivery Narrative
Budget Proposal: Projected Covered Service Operating and Capital Budget; Covered Service Personnel Detail Report; Agency Service Capacity Report; Budget Narrative	Upon Request	Budget Proposal and Budget Narrative
Attestation of Compliance with Annual Training Requirements	Within 30 days of contract execution and July 30 for each subsequent contract year	Attestation of Compliance - HR Training
Attestation of Compliance with Employee Screening	Within 30 days of contract execution and July 30 for each subsequent contract year	Attestation of Compliance - HR Screening
Sliding Fee Scale	Within 30 days after the beginning of each fiscal year	Sliding Fee Scale
Memorandum of Understanding with a Federally Qualified Health Center	Prior to October 1 (and as Updated)	Federally Qualified Health Center MOU
Civil Rights Compliance Checklist	June 1 Each Fiscal Year and as Requested	Civil Rights Compliance Checklist
Emergency Preparedness Plan	Within 30 days after contract execution and by June 1 of each contract year	Emergency Preparedness Plan
Insurance Certificates	July 1 (and as Updated)	Liability Insurance Cert (DCF addl insd) AND Liability Insurance Cert (SEFBHN addl insd)

Annual Reports (Continued)	Due Date	Report Type to Use
Accreditation Report or Plan to get Accredited	July 1 (and as Updated) for Accreditation Report; October 1 (and as Updated) for Plan	Accreditation Report

B. Local Match Reports

Monthly Reports	Due Date	Report Type to Use
Local Match Calculation Form and Annual Match Plan (N/A IF FOR PROFIT OR GOVERNMENTAL AGENCY)	Within 30 days of contract execution and July 30 for each subsequent contract year	Local Match Calculation Form and Annual Match Plan

C. National Voter Registration Act of 1993 Data Reports

Quarterly Reports	Due Date	Report Type to Use
National Voter Registration Act of 1993 Data Reporting	Quarterly by the 7 th of the Month	National Voter Registration Act Data
*Only applicable to agencies providing client specific adult-based services	Apr, Jul, Oct, Jan	

D. Equipment and Tangible Property Reports

Annual Reports	Due Date	Report Type to Use
Property Inventory List	June 30 th or last day of each contract year	Property Inventory List
Closeout Inventory	May 30 th of final contract year or 30 days prior to termination	Closeout Inventory

E. Financial Reconciliation Reports

Monthly Reports	Due Date	Report Type to Use
Financial Reconciliation for: [NAME PROGRAM]	10 days or next business days following the end of the month	Financial Reconciliation OR Financial Reconciliation (GPRA) OR Financial Reconciliation (Prevention)

Quarterly Reports	Due Date	Report Type to Use
Financial Reconciliation for: [NAME PROGRAM]	10 days or next business days following the end of the quarter	Financial Reconciliation OR Financial Reconciliation (GPRA) OR Financial Reconciliation (Prevention)
	Oct, Jan, Apr, Jul	
Bi-Annual Reports	Due Date	Report Type to Use
Financial Reconciliation for: [NAME PROGRAM]	10 days or next business days following the end of the mid-year point	Financial Reconciliation OR Financial Reconciliation (GPRA) OR Financial Reconciliation (Prevention)
	Jan	

F. Financial Audit and Audit Schedules

Annual Reports	Due Date	Report Type to Use
Schedule of State Earnings	Submit within 165 days after the end of the state's fiscal year (June 30th)	Schedule of State Earnings
Actual Expenses & Revenues Schedule	Submit within 165 days after the end of the state's fiscal year (June 30th) and, as requested	Schedule of Actual Expenses and Revenues
Schedule of Related Party Transaction Adjustments	Submit within 165 days after the end of the state's fiscal year (June 30th)	Schedule of Related Party Transaction Adjustments
Schedule of Bed-Day Availability Payments	Submit within 165 days after the end of the state's fiscal year (June 30th)	Schedule of Bed-Day Availability Payments
Certification of Compliance with Financial Compliance Audit Requirements	If an audit is not required: Submit within 165 days after the end of the state's fiscal year (June 30th)	Financial Audit Certificate of Compliance
Financial and Compliance Audit	Refer to the Financial and Compliance Audit Chapter of the CORE Handbook	Financial and Compliance Audit

Auxiliary Aids Services Records

- A. Providers are required to appoint a Single Point of Contact (SPOC) to handle auxiliary aids and are required monthly whether any auxiliary aids were provided to persons receiving services.
- B. Your agency Auxiliary Aids Plan should be posted on your agency website. You can review the statewide plan and use it as a model for your own agency plan. The link to access the DCF Statewide Auxiliary Aids Plan is: <https://www.myflfamilies.com/service-programs/individual-with-disability/docs/DCFStatewideAuxiliaryAidsandServicesPlan.pdf>
- C. Your agency website should also include information regarding who at your agency can be contacted if an individual want to request special accommodations.
- D. The Auxiliary Aids Monthly Summary Report must be completed monthly even if there were no auxiliary aids provided during the reporting month. This report is completed electronically and the link is as follows. The DCF Statewide Plan also include instructions for completing this report. https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html
- E. Auxiliary Aids must be documented utilizing the following forms (also available in the DCF statewide plan)
 - 1. Customer or Companion Communication Assessment and Auxiliary Aid and Service Record
 - 2. Customer or Companion Request* For Free Communication Assistance or Waiver of Free Communication Assistance
 - 3. Customer or Companion Request Feedback Form

Funding/Invoicing

Review PowerPoint from Carisk with instructions on how to invoice.

Basic Overview of Common SEFBHN Provider Data Reporting Requirements

This is a high-level overview of what to expect as an SEFBHN provider as it relates to data reporting requirements. Please note this is not a comprehensive list and only covers key requirements. Because each contract is different, there may be additional reporting requirements or less reporting requirements based on the type of services being funded or the funding sources used.

A. Service Level Data for Billing

SEFBHN contracts require the submission of service-level data to our data portal. Information on each service provided is submitted either manually or by uploading specially formatted XML files which certain EMR systems can generate (note this is not a common feature among EMR systems).

See DCF's specifications for data submission and details on formatting of XML documents here (please note that most of this information is only relevant for providers that chose to upload their service data via XML files, for most providers entering the data into our dedicated data portal is an easier option that does not require any technical expertise): [155-2 v14 - For SAMH Providers - Florida Department of Children and Families \(myflfamilies.com\)](#)

B. Data on Persons Served

Agencies providing direct services (includes treatment services, case management, recovery support, etc.) are required to submit demographic data and clinical data (e.g. diagnoses, substances used, level of care, income information, etc.) to monitor performance on admission, every 90 days of service, and upon discharge for all persons served to our data portal.

C. Waiting List Data

Agencies are required to submit data on individuals who are put on a waiting list for a contracted service. For example, if an individual seeking outpatient treatment is not able to be seen for more than 2 weeks then they must be registered into our network waiting list until they receive services.

D. Consumer Satisfaction Surveys

Depending on the number of individuals served per year, a minimum number of DCF consumer satisfaction surveys are required to be collected from persons receiving services each year. This information was pulled from FASAMs Pamphlet 155-2, Chapter 5, dated 9/9/21 and is uniquely applicable to each program in your contract (Adult Mental Health, Children's Mental Health, Adult Substance Use Disorder, and Children's Substance Use Disorder).

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Table 1: Number of Individuals to Be Served in Prior Fiscal Year and Minimum Survey Sample Size	
Total Number of Persons Served per Program Area	Recommended Minimum Sample Size to Be Surveyed per Program Area
Less than 59	All
59 - 74	51
75 - 100	63
101 - 150	80
151 - 200	109
201 - 250	132
251 - 300	152
301 - 350	169
351 - 500	184
501 - 750	218
751 - 1,000	254
1,001 - 1,500	278
1,501 - 2,000	306
2,001 and over	322

E. Additional Requirements for Certain Federal Funding and Grants

Other reporting requirements may involve the separate submission of data in state data systems based on the requirements of such grants. Some requirements can include completion of data collection and submission after the individuals has completed services.