EXHIBIT A1 – PROGRAM AND SERVICE SPECIFIC TERMS

A1.1 Acute Care Services Utilization Database (ACSU)

Defined pursuant to §394.9082(10), Fla. Stat

A1.2 Behavioral Health Network (BNet)

A statewide network of providers of Behavioral Health Services that serve children with mental health or substance use disorders, who are ineligible for Medicaid, and are determined eligible for Title XXI of the United States Public Health Services Act.

A1.3 Behavioral Health Services

Substance Abuse and Mental Health (SAMH) Services defined pursuant to § 394.9082(2)(a), F.S.

A1.4 Bed Count

The Network Service Provider's daily census, which reflects the number of beds occupied and the number of beds vacant.

A1.5 Block Grants

The Community Mental Health Block Grant (CMHBG), pursuant to 42 U.S.C. § 300x, et. seq. and the Substance Abuse Prevention and Treatment Recovery Services (SUPTRS) block grant, pursuant to 42 U.S.C. § 300x-21, et. seq.

A1.6 Community Prevention

Strategies and activities aimed at changing community conditions related to substance abuse. It is aimed at larger universal populations and selected sub-populations, does not track specific individuals and includes environmental strategies designed to change one (1) or more community conditions.

A1.7 Completed Treatment Plan/Service Plan

Network Services Providers shall ensure all treatment plan/service plans and treatment plan reviews/service plan reviews must be signed and dated by the client, legal guardian (as applicable for minors) and the service provider team member(s) to be considered complete. Exceptions to the requirement for signature of the client's legal guardian are outlined in Chapter 397 and 394 F.S.

A1.8 Consumer Satisfaction Survey

The SAMH Community Consumer Satisfaction Survey (SCCSS) is the survey instrument to be administered, collected, and submitted by the Network Service Provider as defined by the Managing Entity in this contract. The SCCSS meets the Federal data requirements of the Consumer-Oriented Mental Health Report Card.

A1.9 Continuous Quality Improvement (CQI)

An ongoing, systematic process of Internal and external improvements in service provision and administrative functions, taking into account both in process and end of process indicators, in order to meet the valid requirements of Individuals Served. For purposes of this contract, CQI shall include quality assurance functions including, but not limited to, periodic internal review activities conducted by the Network Service Provider and external review activities conducted by the Managing Entity and the Department to assure that the agreed upon level of service is achieved and maintained by the Managing Entity and its Network Service Providers. CQI shall also include assessing compliance with contract requirements, state and federal law and associated administrative rules, regulations, and operating procedures, and, validating quality improvement systems and findings.

A1.10 Co-occurring Disorder

Any combination of mental health and substance abuse in any individual, whether or not they have been already diagnosed.

A1.11 Coordinated System of Care

As defined by § 394.9082(2)(b), F.S.

A1.12 Crisis-Diversion Respite Services

A short-term residential alternative to inpatient psychiatric hospitalization for individuals experiencing an acute psychiatric episode.

A1.13 Cultural and Linguistic Competence

A set of congruent behaviors and policies that come together in a system, agency, or amongst professionals that enable effective work in cross-cultural situations that provide services that are respectful and responsive to both cultural and linguistic needs.

A1.14 DCF Data System Guidelines

A document promulgated by the Department that contains required data-reporting elements for substance abuse and mental health services, and which can be found at the DCF website.

A1.15 Department

Florida Department of Children and Families, unless otherwise stated.

A1.16 Electronic Health Record (EHR)

Defined pursuant to § 408.051(2)(a), F.S.

A1.17 Electronic Vault

An information technology system designed to store, manage, and track electronic versions of original and scanned documents, and to provide remote document access to Department staff.

A1.18 Evidence-Based Practice (EBP)

As defined by **Incorporated Document 2 - Evidence-Based Practice Guidelines**, which is incorporated herein by reference, and is available online.

A1.19 Incorporated Document

A document used to expand or more fully explain the terms and/or conditions of a contract which is incorporated as part of the original contract. Not all incorporated documents are directly applicable to all Network Service Providers, but are provided as reference and guidance.

A1.20 Indigent Psychiatric Medication Program, also known as the Indigent Drug Program (IDP)

Behavioral Health Services provided pursuant to § 394.676, F.S.

A1.21 Individual(s) Served

An individual who receives substance abuse or mental health services, the cost of which is paid, either in part or whole, by the Managing Entity with Department appropriated funds or local match (matching).

A1.22 Juvenile Incompetent to Proceed (JITP)

"Child," "juvenile", or "youth" as defined in § 985.03(7), F.S., deemed incompetent to proceed for accused crimes as specified in § 985.19, F.S.

A1.23 Local Match (Matching)

Pursuant to § 394.74(2)(b), F.S., and § 394.76, F.S.

A1.24 Managing Entity

As defined pursuant to § 394.9082(2)(e), F.S.

A1.25 Mental Health Services

As defined pursuant to § 394.67(16), F.S.

A1.26 Mental Health Treatment Facilities

Civil and forensic state Mental Health Treatment Facilities serving adults who have been committed for intensive inpatient treatment by a circuit court and pursuant to Chapter 394, or Chapter 916, Fla. Stat.

A1.27 Network Service Provider

A direct service agency providing Substance Abuse or Mental Health Services that is under contract with the Managing Entity and referred to collectively as the "Network." The Network shall consist of a comprehensive array of Behavioral Health Services and programs that are designed to meet the local need, are accessible and responsive to the needs of Individuals Served, their families, and community stakeholders and include the essential elements of a coordinated system of care specified in § 394.4573(2), F.S.

A1.28 Operational Costs

The allowable direct expenses incurred by a Network Service Provider in performing its contracted functions and delivering its contracted services.

A1.29 Opioid Settlement Trust Fund

The purpose of the State Opioid Settlement Trust Fund within the Department is to abate the opioid epidemic in accordance with settlement agreements reached in opioid-related litigation and bankruptcy, as specified in General Appropriations Acts, pursuant to § 20.195, F.S.

A1.30 Payor Class

Defined pursuant to § 394.461(4)(b), Fla. Stat.

A1.31 Prevention

A process involving strategies aimed at the individual or the environment which preclude, forestall, or impede the development of substance abuse problems and promote healthy development of individuals, families, and communities.

A1.32 Program Description

The document the Network Service Provider prepares and submits to the Managing Entity for approval prior to the start of the contract period, which provides a detailed description of the services to be provided under the contract pursuant to Rule 65E-14.021, F.A.C. It includes, but is not limited to, a detailed description of each program and covered service funded in the contract, the geographic service area, service capacity, staffing information, and client and target population to be served.

A1.33 Projects for Assistance in Transition from Homelessness (PATH)

A federal grant established under 42 U.S.C. ss. 290cc-21 – 290cc-35 to support homeless individuals who are homeless or at risk of homelessness with mental illnesses, who may also have co-occurring substance abuse and mental health treatment needs.

A1.34 Protected Health Information (PHI)

Any information whether oral or recorded in any form or medium that is created or received by a health care Network Service Provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

A1.35 Risk Assessment

A process for evaluating the threat of damage, loss, liability, or other negative occurrence caused by external or internal vulnerabilities that may be avoided through pre-emptive action. An effective Risk Assessment prioritizes the extent and degree of appropriate monitoring activities conducted by the Managing Entity of Network Service Providers. Risk Assessment results shall guide annual monitoring plans including decisions regarding type (desk review, on-site), frequency (annual, quarterly, or monthly), and level of detail (aggregate or client level data). The Managing Entity's Risk Assessment for the SOC shall evaluate each Network Service provider on factors identified by an internal risk assessment committee in compliance with contractual and regulatory requirements.

A1.36 Safety Net

The publicly funded Behavioral Health Services and providers that have either historically received or currently receive funding appropriated to the Department by the General Appropriations Act (GAA). The Safety Net is intended to provide funding to Network Service Providers for expenditures that would otherwise be uncompensated costs for services provided to individuals in need of services.

A1.37 Stakeholders

Individuals or groups with an interest in the provision of treatment services for individuals with substance use, mental health, and co-occurring disorders in the county(ies) outlined in **Section B.3.1**. This includes, but is not limited to, the key community constituents included in § 394.9082(5)., F.S.

A1.38 State Mental Health Treatment Facilities

State Mental Health Treatment Facilities serve adults who have voluntarily admitted or court ordered for intensive inpatient treatment by a circuit court and pursuant to Chapter 394, F.S. or Chapter 916, F.S.

A1.39 Statewide Inpatient Psychiatric Programs (SIPP)

Medicaid-funded services to children under age 18 provided in a residential treatment center or hospital, licensed by the Agency for Health Care Administration (AHCA), which provides diagnostic and active treatment services in a secure setting. SIPP providers must be under contract with AHCA and provide these services in accordance with Chapter 394, F.S., Chapter 408, F.S., Chapter 409, F.S., and Rule 65E-9.008(4), F.A.C.

A1.40 Submission of Information

The Submission of Information form is the tool through which the Network Service Provider shall make a formal request of the Managing Entity to modify the terms under this contract including changes related to funding and programming.

A1.41 Submit

Unless otherwise specified, the term “Submit” as used in this Contract shall be construed to mean submission of a contractual requirement to the Managing Entity Network Manager.

A1.42 Substance Abuse and Mental Health Data System (SAMH Data System)

Collectively, the Department’s web-based data systems for reporting substance abuse and mental health services, including the Substance Abuse and Mental Health Information System (SAMHIS), the Performance Based Prevention System (PBPS), the Financial and Service Accountability Management System (FASAMS) or any replacement systems identified by the Department for the reporting of data by the Managing Entity and all Network Service Providers in accordance with this Contract.

A1.43 Substance Abuse Services

Any of the substance abuse prevention, treatment and clinical services defined in § 397.311(26), F.S.

A1.44 Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR)

A Substance Abuse and Mental Health Services Administration (SAMHSA) technical assistance initiative designed to help individuals increase earlier access to SSI and SSDI through improved approval rates on initial Social Security applications by providing training, technical assistance, and strategic planning to Network Service Providers.

A1.45 Temporary Assistance to Needy Families (TANF)

As defined by 42 U.S.C. ss. 601, et seq., and Chapter 414, F.S.

A1.46 Treatment Plan/Service Plan

The individualized treatment plan and/or service plan is an individual document developed by treatment staff and the client, which depicts goals and objectives for the provision of services within specific treatment environments.

A1.47 Treatment Plan/Service Plan Review

The treatment plan/service plan review is a process conducted to ensure that treatment goals, objectives and services continue to be appropriate to the client's needs and to assess the client's progress and continued need for services. The treatment plan/service plan review requires the participation of the client and legal guardian (as required) and the treatment team identified in the client's individualized treatment plan as responsible for addressing the treatment needs of the client. This must be completed in the timelines outlined in State and Federal Laws, Rules and Regulations. All efforts to meet timeframes shall be documented in progress notes (i.e. documentation of client session cancellations, client no-shows to appointments, etc.).

A1.48 Wait List

The Network Service Provider's requirement to track and provide wait list information in the manner provided by Managing Entity. A master list for the Network, maintained by a Managing Entity and shows:

A1.48.1 The number of individuals waiting for access to the recommended service or program;

A1.48.2 The length of time each individual has been on the waiting list; and

A1.48.3 The interim services provided to the individual.