EXHIBIT A – SPECIAL PROVISIONS

The following provisions supplement or modify the provisions of Items 1 through 11 of the Standard Contract, as provided herein:

A.1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

A.1.1. Additional Definitions as specified in **Standard Contract, 1.6.1.3.**, is hereby added to read:

A.1.1.1. 60-Day Review – An independent review of the child's progress towards achieving the goals and objectives of the treatment plan.

A.1.1.2. 90-Day Assessment– A clinical evaluation conducted by the subcontracted agent of the Provider (ref: Qualified Evaluator) to assess the suitability of the least restrictive level of care and/or review of residential psychiatric treatment as defined within § 39.407, F.S.. This evaluation, at a minimum, consists of a record review, face-to-face interview (65C-28.021 F.A.C.), and preparation of a written report of findings.

A.1.1.3. Ad Hoc Report – A report designed for a specific purpose, case, or situation, pulled on an as-needed basis.

A.1.1.4. Centers for Medicare and Medicaid Services (CMS) – The Department within the U.S. Department of Health and Human Services with responsibility for the Medicare, Medicaid, and State Children's Health Insurance Program.

A.1.1.5. Child and Adolescent Needs and Strengths (CANS) Trauma Comprehensive Assessment - A multi-purpose instrument developed to support decision making, including level of need and service planning to facilitate quality improvement initiatives to allow for the monitoring of outcomes of services. The tool assesses a child's needs and strengths.

A.1.1.6. Community Based Care Lead Agency (Lead Agency)– The Lead Agency delivers a comprehensive array of child protection and child welfare services as defined in s. 409.986 and 409.988, Florida Statutes (F.S.) to children and families, while ensuring each child's safety, well-being, and permanency.

A.1.1.7. Comprehensive Behavioral Health Assessments - An in-depth assessment of the child's emotional, social, behavioral, and developmental functioning within the family home, school, and community, as well as the clinical setting, as defined in 65C-30.001 F.A.C.

A.1.1.8. Comprehensive Placement Assessment- An assessment that determines the level of care needed by the child to ensure and match the child with the most appropriate placement in accordance with § 39.4022, F.S.

A.1.1.9. Full BQRTP Assessment – A clinical evaluation conducted by the subcontracted agent of the Provider to assess the child for placement in a BQRTP level of care as outlined in F.A.C., Rule 65C-28.021.

A.1.1.10. Initial Suitability Assessment – A clinical evaluation performed by a Qualified Evaluator of a child in the custody of the Department who is being referred for admission to residential psychiatric treatment to assess the suitability for residential treatment as defined within §39.407, F.S. Initial Suitability Assessments consist of a review of mental health treatment records, a face-to-face interview, contact with collaterals and/or providers who have pertinent information regarding the child.

A.1.1.11. Inter-Rater Reliability (IRR) - A measure of consistency and agreement between two or more raters or observers in their assessments.

A.1.1.12. Key Performance Indicator (KPI) Tool - A management tool that allows companies to monitor and analyze their most important performance data in real-time.

A.1.1.13. Medicaid – The medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C., §1396, and regulations there under, as administered in this state by the Department under Chapter 409, F.S.

A.1.1.14. Medical Director – A board certified physician serving members of the Seminole Tribe of Florida, designated by the Seminole Tribe of Florida.

A.1.1.15. Point of Contact (POC) - Also known as the Behavioral Health Coordinator, means the person or entity designated by each Community Based Care Lead Agency as the central point of contact for accessing residential treatment services.

A.1.1.16. Project Manager – An individual employed by the Provider, designated to be responsible for the management of the Contract.

A.1.1.17. Preliminary BQRTP Assessment - A clinical evaluation conducted by the subcontracted agent of the Provider to assess the child for placement in a BQRTP level of care as outlined in 65C-28.021 F.A.C. This Assessment, at minimum, consists of an attempted face-to-face interview with child, review of the Comprehensive Placement Assessment during the multidisciplinary team staffing, and evidence that supports the preliminary recommendation for placement.

A.1.1.18. Psychological Services Administrator for the Seminole Tribe of Florida (Psychological Services Administrator) - Someone who plans, coordinates, directs and supervises the psychology programs and staff at a state institution; provides clinical supervision and underwrites psychological services provided by psychologists for purposes of licensure, accreditation, and reimbursements; performs related work as required.

A.1.1.19. Quality Assurance – The process of assuring that the delivery of health care meets professionally recognized standards of health care.

A.1.1.20. Qualified Evaluator(s) (QE) – For the purposes of this Contract, a QE is defined as an evaluator who satisfies the requirements outlined in §39.407(6)(b)1- §39.407(6)(b)2., F.S., and refers to both Non-Seminole and Seminole Tribe QEs.

A.1.1.21. Seminole Tribe Qualified Evaluator (STQE) - QE specifically qualified and recognized by the Seminole Tribe to perform Assessments within the tribe's jurisdiction or for tribal children.

A.1.1.22. Qualified Evaluator Network (QEN) - A network consisting of Non-Seminole and Seminole Tribe QEs.

A.1.1.23. Quality Improvement Organization (QIO) – An organization certified through the CMS, Office of Clinical Standards and Quality to perform medical and utilization review functions required by law.

A.1.1.24. Quality Improvement Organization (QIO) like entity – A Quality Improvement Organization (QIO)-like entity is an organization that performs similar activities to a QIO and can be contracted to perform medical and utilization reviews.

A.1.1.25. Qualified Individual (QI) - the child's treating licensed clinical professional, a Qualified Evaluator outlined in §39.407(6), F.S., or a Comprehensive Behavioral Health Assessor who meets the qualifications as required in the Agency for Health Care Administration,

"Specialized Therapeutic Services Coverage and Limitations Handbook," March 2014, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-16546 .

A.1.1.26. Qualified Residential Treatment Program (QRTP) – As defined in FAC, Rule 65C-28.021, is a licensed child-caring agency that provides care for youth who have serious emotional or behavioral disorders or disturbances.

A.1.1.26.1. Behavioral Qualified Residential Treatment Program (BQRTP) as defined in 65C-46.0211, FAC, is a licensed child caring agency that provides services for youth who have serious emotional or behavioral disorders.

A.1.1.27. Reconsideration Suitability Assessment – An area request for a separate, second independent evaluation, due to the rationale that the original evaluation recommended a level of care that does not meet the current needs of the child.

A.1.1.28. Residential Treatment Center (RTC) – a placement for observation, diagnosis, or treatment of an emotional disturbance in a facility licensed in accordance with §394.875, F.S., or a hospital licensed under chapter 395, F.S.

A.1.1.28.1. Statewide Inpatient Psychiatric Program (SIPP) – Intensive psychiatric services, provided to children in a secure residential setting, that are designed to serve those high-risk youth that fail to benefit from acute inpatient or traditional outpatient treatment settings.

A.1.1.28.2. Therapeutic Group Home (TGH) – A Residential Treatment Center that offers a 24-hour residential program providing community-based mental health treatment and mental health support services to children who meet the criteria in §394.492(5) or (6), F.S., in a nonsecure, homelike setting.

A.1.1.29. Second Level Assessment – A review that may be recommended at the completion of a 60-day Independent Assessment and 90- Day Independent Assessment for those children in a Therapeutic Group Home conducted by a QE satisfying §39.407(6)(b)2. F.S.

A.1.1.30. State of Florida Observed Holidays – New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day and the Friday after Thanksgiving Day, and Christmas Day.

A.1.1.31. Telecommute – An arrangement where an employee works either part or all of their workweek from home or a location other than the standard place of work (office).

A.2. STATEMENT OF WORK

A.2.1. There are no additional provisions to this section of the Standard Contract.

A.3. PAYMENT, INVOICE AND RELATED TERMS

A.3.1. There are no additional provisions to this section of the Standard Contract.

A.4. GENERAL TERMS AND CONDITIONS

A.4.1. There are no additional provisions to this section of the Standard Contract.

A.5. RECORDS, AUDITS AND DATA SECURITY

A.5.1. There are no additional provisions to this section of the Standard Contract.

A.6. INSPECTIONS, PENALTIES, AND TERMINATION

A.6.1. There are no additional provisions to this section of the Standard Contract.

A.7. OTHER TERMS

A.7.1. There are no additional provisions to this section of the Standard Contract.

A.8. FEDERAL FUNDS APPLICABILITY

A.8.1. There are no additional provisions to this section of the Standard Contract.

A.9. CLIENT SERVICES APPLICABILITY

A.9.1. There are no additional provisions to this section of the Standard Contract.

A.10. PROPERTY

A.10.1. There are no additional provisions to this section of the Standard Contract.

A.11. AMENDMENT IMPACT

A.11.1. There are no additional provisions to this section of the Standard Contract.

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EXHIBIT B – SCOPE OF WORK

B.1. SCOPE OF SERVICE

The Provider shall deliver comprehensive services as specified in this Contract to support the State of Florida in conducting Suitability Assessments, Behavioral Qualified Residential Treatment Program Assessments, managing the QEs, and ensuring effective communication and support through a toll-free customer service system. The Provider shall develop and maintain educational and outreach materials, ensuring compliance with all relevant state and federal laws, particularly those governing child welfare and residential treatment services. The Provider shall establish and maintain QEs that are qualified to perform assessments on children in the care and custody of the Department, specifically those being placed or already in an RTC.

B.2. MAJOR CONTRACT GOALS

The major goals of this Contract are to ensure children in the child welfare system receive timely and accurate clinical assessments for residential treatment placements through a network of QEs. Additionally, the Provider shall support policy development, stakeholder collaboration, and continuous improvement of the QEs.

B.3. SERVICE AREA/LOCATIONS/TIMES

B.3.1. The Provider's administrative offices are located at the address specified in the **Standard Contract, 1.3.3.**

B.3.2. The Provider's administrative offices shall be open for 8:00 A.M. to 5:00 P.M., Eastern Standard Time, Monday through Friday, excluding State of Florida Observed Holidays

B.3.3. The Provider shall notify the Department's Contract Manager, in writing, thirty (30) calendar days, in advance, of any changes in the street or mailing address, telephone number, or electronic mail address, or facsimile number that affects the Department's ability to contact the Provider.

B.4. CLIENTS TO BE SERVED

The Provider shall serve children in out-of-home care who require assessments for potential placement into RTC. This includes assessments for placement in TGHs and BQRTPs. The Provider shall also process referrals for assessments submitted by the Department's contracted Lead Agencies.

B.5. CLIENT ELIGIBILITY

Eligible clients include children/adolescents in the custody of the Department who are being referred for admission to residential psychiatric treatment.

B.6. CLIENT DETERMINATION

Refer to **B.4 and B.5.**

B.7. EQUIPMENT

No equipment, property, or information technology resources shall be purchased with these Contract funds.

B.8. CONTRACT LIMITS

B.8.1. The Provider recognizes and agrees that any and all work performed without specific direction from the Department shall be deemed to be gratuitous and not subject to charge by the Provider or compensation by the Department.

EXHIBIT C – TASK LIST

The Provider shall perform all functions necessary for the proper delivery of services including, but not limited to, the following:

C.1. SERVICE TASKS

C.1.1. The Provider shall perform the following tasks and document completion of described tasks by completing and delivering all reports and deliverables as specified in **C.2.5. and D.1.1**.

C.1.2. Provider Licensing and Compliance. The Provider shall maintain all necessary licenses and certifications required to perform assessments and related services as outlined in this Contract.

C.1.2.1. The Provider shall have thorough knowledge and understanding of Florida Statutes, codes, and regulations governing child welfare and residential treatment services.

C.1.2.2. The Provider shall comply with all relevant state and federal laws, including the Florida Administrative Code and the requirements for RTCs.

C.1.3. Administrative Oversight. The Provider shall demonstrate high-quality administrative leadership and possess qualified professional knowledge regarding the quality assurance standards of the Florida Medicaid program, with the ability to design and implement cost-saving methodologies applicable to the QEN.

C.1.3.1. The Provider shall maintain an acceptable Quality Improvement Organization-like entity (QIO) status as approved by the CMS.

C.1.3.2. The Provider shall develop and maintain a QEN that meets the required standards and can perform assessments on children in the care and custody of the Department, especially those being placed in or already residing in an RTC. The Provider shall ensure that all assessments comply with the requirements for Suitability Assessments as set forth in section 39.407, Florida Statutes, and the standards applicable to Behavioral Qualified Residential Treatment Programs as prescribed in Rule 65C-28.021, Florida Administrative Code.

C.1.3.3. The Provider shall ensure that all QEs are adequately trained annually, onboarded, and compliant with the criteria set forth in this Contract.

C.1.3.4. The Provider shall collaborate and receive approval from the Department to establish and maintain procedures for conducting suitability assessments and assessments for BQRTPs. The Provider shall provide, upon Department request:

C.1.3.4.1. Coordination with the Department, and other state agencies, as required.

C.1.3.4.2. Assistance with consumer and practitioner inquiries and complaints related to the QEN.

C.1.3.4.3. Availability of staff to testify and provide supportive documentation in connection with civil or administrative litigation arising from the QEN.

C.1.3.4.4. QEN training materials.

C.1.3.4.5. Records of any complaints and grievances received by the Provider in relation to the activities of the Contract.

C.1.3.5. The Provider shall comply with the Health Insurance Portability and Accountability Act (HIPAA).

C.1.3.6. The Provider shall maintain secure digital document-upload and scanning capabilities,

support standard internet-based communications, and provide the Department with real-time online access to all relevant Provider databases, reports, and contract-related information at no cost to the Department. The Provider shall also furnish the Department with secure API access to required data, consistent with all applicable security and confidentiality standards.

C.1.3.7. The Provider shall have the necessary information technology to fully manage and report on the tasks and deliverables of this Contract, including the capacity (hardware, software, and personnel) sufficient to access and generate all data and reports needed for this Contract. Specifically, the following is required:

C.1.3.7.1. The Provider shall have the capability to provide electronic imaging and storage of all supporting suitability assessment documentation.

C.1.3.7.2. The Provider shall have protocols and internal procedures for ensuring system security and the confidentiality of recipient identifiable data.

C.1.3.7.3. Information systems and websites shall be compatible with common platforms and internet browsers.

C.1.3.8. The Provider shall develop and maintain a Disaster Recovery Plan for restoring the application of software and current master files and for hardware backup in the event the production systems are disabled or destroyed. The Disaster Recovery Plan shall limit service interruption to a period of 72 hours and shall ensure compliance with all requirements under this Contract. The records back-up standards and a comprehensive Disaster Recovery Plan shall be developed and maintained by the Provider for the entire period of this Contract.

C.1.3.8.1. The Provider shall maintain a Disaster Recovery and Business Continuity Plan designed to ensure continuity of operations and restoration of critical systems within seventy-two (72) hours of a disruption. The Provider shall maintain redundant network connectivity, secure data backup procedures, and failover capabilities sufficient to minimize service interruptions and prevent loss of data. The Provider shall maintain a Disaster Recovery Plan for restoring day-to-day operations, including alternative locations, for the Provider to conduct the requirements of this Contract.

C.1.3.8.2. The Provider shall maintain database backups in a manner that shall eliminate disruption of service or loss of data due to system or program failures or destruction.

C.1.3.8.3. The Disaster Recovery Plan shall be finalized no later than thirty (30) calendar days prior to the Contract effective date. The Department will review the Provider's Disaster Recovery Plan during the readiness review.

C.1.3.8.4. The Department reserves the right to direct the Provider to amend or update its Disaster Recovery Plan in accordance with the best interests of the state and at no additional cost to the Department.

C.1.3.8.5. The Provider shall make all aspects of the Disaster Recovery Plan available to the Department at all times.

C.1.4. Internal Quality Control Program Administrative and Clinical Requirements. The Provider shall implement a comprehensive Internal Quality Control (IQC) Program to ensure compliance with all contractual responsibilities. The IQC Program shall outline the administrative and clinical procedures used to monitor and ensure timely performance of all contractual functions.

C.1.4.1. Designated staff, qualified to oversee IQC activities, shall address and follow up on any performance issues that fall below professional standards.

C.1.4.2. The Provider shall implement a systematic process to identify and address areas for improvement in service delivery.

C.1.4.3. The IQC Program shall include secure methods for receiving and responding to client and Provider input, complaints, and grievances in a timely manner.

C.1.4.4. The Provider shall conduct an orientation for new employees, and ongoing training regarding QRTP, TGH and BQRTP and monitoring for all clinical staff, including physicians, therapists, and other relevant personnel.

C.1.4.5. Training shall be updated annually or as needed, based on quality review outcomes, IRR, and the Department's recommendations, in accordance with Florida Administrative Code 65C-28.021 Qualified Residential Treatment Programs.

C.1.4.6. The Provider shall conduct periodic evaluations of IRR to ensure consistency and accuracy in clinical assessments.

C.1.4.7. The Provider shall have established procedures to intervene when clinical performance does not meet required standards, including quality of work and professional conduct.

C.1.4.8. The Provider shall monitor at least one percent (1%) of the total Assessment volume or ten (10) Assessment cases (whichever is greater), per employee (includes work performed by clinical reviewers, physician reviewers, and temporary or contracted review staff), per month. This volume is excluding any Assessments submitted using a rules-based system. The Provider shall maintain a separate process for monitoring the accuracy and effectiveness of their rules-based certification system.

C.1.4.9. The Provider shall submit the sample Assessment cases to include the Initial, 60 day, 90 day and Reconsideration Assessments with the IRR evaluation criteria to the Department for approval.

C.1.4.10. The Provider shall have a written policy for escalation of technical problems or manpower problems or shortages that threaten to, or actually prevent, the meeting of the Provider's quality and/or timeliness requirements. The policy shall require escalation of the problem within the Provider's organization, if not resolved in a timely manner, and shall call for disciplinary action for any staff that does not perform according to the escalation policy.

C.1.5. QEN Management. The Provider shall manage the QEN and ensure a seamless integration and collaboration for the STQEs to become part of the Provider's system. The Department will provide the STQEs' contact information to the Provider.

C.1.5.1. The Provider shall onboard and train the STQEs within 60 business days of the Contract execution, and in the event of new hires, the Provider shall train the new STQEs within 60 business days of onboarding. The Provider shall issue a certificate to the STQEs upon completion of the training. The certificates shall be submitted to the Department in accordance with **D.1., Deliverables.**

C.1.5.2. The Provider shall onboard and train the Non-STQEs within 30 business days of the Contract execution, and in the event of new hires, the Provider shall train the new Non-STQEs within 30 business days of onboarding. The Provider shall issue a certificate to the Non-STQEs upon completion of the training. The certificates shall be submitted to the Department in accordance with **D.1., Deliverables.**

C.1.5.3. The Provider shall ensure that all QEs operate under a standard of documented good faith

efforts when conducting evaluations with children. This involves taking all reasonable steps, considering the child's age, intelligence, emotional development, stability, and demeanor, to facilitate the child's participation in a conversation with a QE, to determine whether a child meets the criteria for placement in a RTC or BQRTP, even if those efforts were not fully successful. The requirement is to gather the necessary information to assess whether the child meets the criteria for placement in a RTC or BQRTP.

C.1.5.3.1. The Provider shall ensure that these efforts are thoroughly documented, demonstrating that the QE made every possible attempt to engage the child. Documentation shall reflect that the QE considered the child's unique characteristics and employed strategies appropriate to the child's level of understanding and emotional state.

C.1.5.3.2. In cases where these efforts are not fully successful, the documentation in consultation with the Lead Agency shall clearly indicate the steps taken and the reasons why the expected outcomes were not achieved. This documentation shall be included as part of the child's assessment and submitted to the Lead Agency.

C.1.5.3.3. The Provider shall be responsible for all required information being properly documented and maintained for all components of this Contract, including but not limited to: referrals, assessments, reviews, evaluations, assessment tools, reports, training materials, logs and records, and all other applicable information related to this Contract. The documentation shall be submitted to the Contract Manager in accordance with **C.2.5., Reports.**

C.1.5.3.4. The Department reserves the right to request any and all information, logs, documents, reports, and written or digital content related to the performance of this Contract from any party performing work on behalf of the Department. This includes, but is not limited to, all tasks and services provided under this Contract, at any time.

C.1.6. Referrals. The Provider shall receive the referrals for the Initial Suitability Assessments from the Department, or the Department's designee. Upon receiving the referral, the Provider shall ensure all pertinent information, including the child's identifying details and any relevant background necessary for conducting the assessment is documented accurately.

C.1.6.1. Referral Database. The Provider shall develop and maintain a database for the management of referral information. The Provider shall:

C.1.6.1.1. Input all relevant details into the database and assign a unique case number for tracking purposes.

C.1.6.1.2. Ensure the database is capable of categorizing referrals based on whether the assessment requires a Non-STQE or a STQE.

C.1.6.1.3. The Provider shall ensure the database is active and the Department can access the Referral database within 30 days of Contract execution.

C.1.6.2. Non-STQE Referral and Assessment Timeline. For referrals for children who do not fall under the jurisdiction of the Seminole Tribe, the Provider shall:

C.1.6.2.1. Select a Non-STQE from the approved panel of QEs within one (1) business day of receiving the referral.

C.1.6.2.2. Coordinate scheduling, confirm appointments, and notify the Non-STQE of any cancellations or changes.

C.1.6.2.3. Ensure the Non-STQE completes the Initial Suitability Assessment within seven (7) business days of receiving the referral.

C.1.6.2.4. Ensure the Non-STQE submits the assessment to the Provider within seven (7) business days of completing the assessment.

C.1.6.2.5. Review the assessment within three (3) business days and request any necessary edits.

C.1.6.2.6. Ensure the Non-STQE submits the requested edits within three (3) business days of receiving the request from the Provider.

C.1.6.3. **STQE Referral and Assessment Timeline.** For referrals involving children under the jurisdiction of the Seminole Tribe, the Provider shall:

C.1.6.3.1. Coordinate with the Psychological Services Administrator to select an STQE within three (3) business days of receiving the referral.

C.1.6.3.2. Ensure the STQE completes the assessment within seven (7) business days from the date of referral.

C.1.6.3.3. Ensure the STQE submits the Assessment to the Provider within seven (7) business days of completing the evaluation.

C.1.6.3.4. Review the Assessment within three (3) business days and request any necessary edits.

C.1.6.3.5. Ensure the STQE submits the requested edits within three (3) business days of receiving the request. None of the Performance Measures in **Attachment 1** apply to services rendered by the Provider to the Seminole Tribe.

C.1.6.3.6. Seminole Tribe Exclusions. No count of events or days unique to the Seminole Tribe shall be included in any aggregate count or percentage described in the **Monthly Performance Measures Compliance Reports.**

C.1.7. **Assessments.** The Provider shall ensure assessments are conducted to evaluate the suitability and ongoing needs of children in the care and custody of the Department, particularly those placed or considered for placement in RTCs, BQRTPs, or similar settings. The Provider shall ensure all assessments are conducted by QEs, or QIs, as appropriate. All assessments shall be clinically sound, evidence-based, and sufficient to support determinations of least restrictive placement in accordance with §39.407, F.S., and 65C-28.021, F.A.C.,

C.1.7.1. All assessments, including Initial Suitability Assessments, in-state 60-Day Independent Assessments, in-state 90-Day Assessments, Reconsideration Suitability Assessments, out-of-state 60-Day Independent Assessments and 90-Day Assessments, and BQRTP Assessments (unless otherwise specified in **C.1.7.7.**) shall include a comprehensive, documented review and analysis of the following:

C.1.7.1.1. The child's medical records, placement documentation, treatment plans, and progress notes, including but not limited to mental health records, educational records (for example: psychological evaluations, psychiatric evaluations, IEP, behavioral reports, and school performance data), when available and applicable.

C.1.7.1.2. Information provided during the interview with the child's caseworker, either prior to or at the time of the appointment. This information may include but is not limited to:

C.1.7.1.2.1. Demographic information, including the child's current living arrangements.

C.1.7.1.2.2. Reason for the referral and the desired outcome of residential treatment.

C.1.7.1.2.3. Permanency plan and goals for the child.

C.1.7.1.2.4. Discharge plan for the child following residential treatment.

C.1.7.1.2.5. Comprehensive Behavioral Health Assessments or individual and family history (when available and applicable) and bio-psychosocial evaluations.

C.1.7.1.2.6. Previous suicidal, self-destructive, or aggressive behaviors.

C.1.7.1.2.7. History of outpatient treatment and outcomes.

C.1.7.1.2.8. History of previous inpatient treatment and outcomes; and

C.1.7.1.2.9. Medication (current and history).

C.1.7.1.3. For In-State Assessments, the Provider shall conduct the assessment through a face-to-face clinical interview or secure video teleconference with the child. For Out-of-State Assessments, the interview may be conducted via telephone if video teleconferencing is not feasible.

C.1.7.1.4. The Provider shall ensure the QE makes and documents good faith efforts to directly contact and obtain input from relevant individuals to obtain insight/information into the child's behaviors, needs, etc., consistent with 65C-28.021, F.A.C. At a minimum, these individuals shall include, when available:

C.1.7.1.4.1. Parent(s) or legal guardian(s)

C.1.7.1.4.2. Current caregiver or foster parent

C.1.7.1.4.3. Child Welfare Case Manager

C.1.7.1.4.4. Guardian Ad Litem

C.1.7.1.4.5. Treating clinical professional(s)

C.1.7.1.4.6. Educational representatives (when applicable)

C.1.7.1.4.7. Department of Juvenile Justice staff (when available)

C.1.7.1.4.8. The child's attorney

C.1.7.1.5. The assessment shall clearly document:

C.1.7.1.5.1. Each individual contacted, including unsuccessful contact attempts, with documentation of the date, method, and outcome of each attempt.

C.1.7.1.5.2. The method and outcome of each contact.

C.1.7.1.5.3. Relevant information obtained from each relevant individual

C.1.7.1.6. The Provider shall ensure the CANS Trauma Comprehensive Assessment instrument is implemented and completed as part of the assessment process.

C.1.7.1.7. Required Assessment Output: Each assessment shall include, at a minimum, the following clearly labeled components:

C.1.7.1.7.1. Clinical summary of presenting needs.

C.1.7.1.7.2. Functional assessment across key areas of functioning including home, school, community, and placement stability.

C.1.7.1.7.3. Risk assessment (harm to self, harm to others, risk of placement disruption).

C.1.7.1.7.4. Analysis of prior treatment history and effectiveness.

C.1.7.1.7.5. Medical necessity determination aligned to §39.407, F.S.

C.1.7.1.7.6. Evaluation of least restrictive placement options, including why lower levels of care are not clinically appropriate based on assessment findings (when applicable and appropriate).

C.1.7.1.7.7. Clear placement recommendation.

C.1.7.1.7.8. Clinical rationale directly supporting the recommendation.

C.1.7.1.8. Assessment Submission and Review. The Provider shall be responsible for the submission of the typed assessment, following the completion of the assessment. The Provider shall:

C.1.7.1.8.1. Notify the Child Welfare Liaison or the POC with the name of the QE, the appointment details, any other relevant information, method for conducting the assessment within two (2) business days of referral.

C.1.7.1.8.2. Ensure the QE completes and submits the typed assessment(s) within the required timelines.

C.1.7.1.8.3. Ensure the QE applies standardized criteria in making their determinations.

C.1.7.1.8.4. Ensure the QE submits the assessment electronically or via facsimile.

C.1.7.1.8.5. Ensure that upon receipt of the assessment during business hour, the assessment is logged and dated immediately.

C.1.7.1.8.6. Ensure that if an assessment is received after business hours, it is logged and dated on the next business day.

C.1.7.1.8.7. Review all completed assessments and request any necessary edits.

C.1.7.1.8.8. Ensure no changes are made to the findings or recommendations within the assessment, except for those made by the authorized QEs.

C.1.7.1.9. Cancellations and Rescheduling. In the event a scheduled assessment is cancelled, by the Lead Agency, the Provider shall:

C.1.7.1.9.1. Reschedule the appointment via consultation with the POC, Child Welfare caseworker, the SIPP, the Residential Treatment Center, Department of Juvenile Justice, or Crisis Stabilization Unit Facility and any other relevant parties.

C.1.7.1.9.2. If the Provider cancels the assessment appointment, the rescheduling will be done at no cost to the Department.

C.1.7.1.9.3. The QE shall allow for a 15-minute grace period from a scheduled assessment appointment time before the appointment is cancelled due to a no-show.

C.1.7.1.10. Initial Suitability Assessment. The Initial Suitability Assessments are conducted to determine whether a child is appropriate for placement in an RTC based on their emotional and behavioral needs. The Provider shall conduct the Initial Suitability Assessment on the children in the care and custody of the Department, prior to placement in an RTC. The provider shall include all information obtained from required collaterals outlined in 65C-28.021, F.A.C.

C.1.7.1.10.1. The QE shall conduct a thorough evaluation of the child, which includes reviewing the child's background, medical history, and any other relevant documentation as outlined in **C.1.7**.

C.1.7.1.10.2. The assessment shall be completed within seven (7) business days from the date of referral.

C.1.7.1.10.3. The QE shall submit the assessment to the Provider within seven (7) business days of completing the evaluation.

C.1.7.1.10.4. The Provider shall review the assessment within three (3) business days and request any necessary edits.

C.1.7.1.11. The QE shall submit requested edits within three (3) business days after receiving the request.

C.1.7.1.12. The assessment shall provide a clear, clinically supported recommendation regarding the appropriate level of care, including justification for placement in, continuation of, or step up/step-down from residential treatment, supported by detailed findings and rationale. The assessment shall be submitted to the Lead Agency**.**

C.1.7.2. 60-Day Independent Assessments. The Provider shall conduct 60-Day Independent Assessments to assess the child's progress toward achieving the goals and objectives of their treatment plan. These Assessments are clinical interviews, required for evaluating whether the current placement continues to meet the child's needs, discharge recommendations, specific activities need to support the discharge as applicable, and for making any necessary adjustments to their care plan.

C.1.7.2.1. The Provider shall schedule the 60-Day Independent Assessment with the facility providing treatment to the child within 30 calendar days of receipt of referral.

C.1.7.2.2. The Provider's POC shall inform the facility of the need for a suitable space to conduct the 60-Day Independent Assessment.

C.1.7.2.3. The Provider shall inform the facility of the QE's need to assess the child's medical records, including the treatment plan, assessments, and progress notes.

C.1.7.2.4. If the QE did not perform the Initial Suitability Assessment, the Provider shall supply the QE with a copy of this report before the 60-Day Independent Assessment.

C.1.7.2.5. The QE shall review all relevant medical records, including the child's treatment plan, prior assessments, and any progress notes made available, as outlined in **C.1.7**.

C.1.7.2.6. The 60-Day Independent Assessment shall provide a comprehensive evaluation of the child's progress, including any recommendations for continued placement or necessary adjustments to the treatment plan.

C.1.7.2.7. The 60-Day Independent Assessment shall outline whether the current placement continues to be clinically appropriate and evaluates the child's progress toward achieving the goals and objectives of the treatment plan, or if alternative placements may better meet the child's needs. The 60-Day Independent Assessment shall be submitted to the Lead Agency.

C.1.7.2.8. The assessment shall incorporate, when available:

C.1.7.2.8.1. Input from the Multidisciplinary Team

C.1.7.2.8.2. Parent, caregiver, or foster parent feedback regarding the child's functioning and needs.

C.1.7.2.9. In cases where a previously recommended level of care has not been secured within 90 days due to system limitations (for example: waitlists, placement unavailability), the new assessment shall document whether the originally recommended level of care remains clinically appropriate, regardless of external system factors that may be in place for short-term support.

C.1.7.2.10. Clearly state whether any change in recommendation is due to true clinical improvement or external/system factors.

C.1.7.3. 90-Day Suitability Assessments. The Provider shall conduct 90-Day Suitability Assessments to evaluate the suitability of the least restrictive level of care and review the child's progress in residential psychiatric treatment.

C.1.7.3.1. The Provider shall schedule the 90-Day Suitability Assessment with the facility within 30 calendar days of receipt of referral.

C.1.7.3.2. The Provider's POC shall inform the facility of the need for a suitable space to conduct the assessment.

C.1.7.3.3. The Provider shall inform the facility of the QE's need to review the child's medical records.

C.1.7.3.4. If the QE did not perform the Initial Suitability Assessment, the Provider shall supply the QE with a copy of this report before the 90-Day Suitability Assessment. The QE shall review all relevant medical records, including the child's treatment plan, prior assessments, and any progress notes made available, as outlined in **C.1.7**.

C.1.7.3.5. The 90-Day Suitability Assessment shall provide details of the child's response to treatment, progress made toward treatment goals and determine if the child continues to need the same level of care offered by their current placement.

C.1.7.3.6. The 90-Day Suitability Assessment shall outline whether the current placement continues to be clinically appropriate or if alternative placements may better meet the child's needs. The 90-Day Suitability Assessment shall be submitted to the Lead Agency.

C.1.7.4. Second Level Review. For children in TGHs, a Second Level Review may be recommended at the completion of the 60-Day Independent Assessment and 90-Day Assessment conducted by a QE. The Provider shall report on the Second Level Reviews in the Monthly Billing and Tracking Report (**C.2.5., Reports**), for the service period the Second Level Reviews were conducted.

C.1.7.5. Reconsideration Suitability Assessments. When a second independent evaluation is required because the original assessment recommended a level of care that does not meet the child's current needs based on Lead Agency or judicial feedback, the Provider shall schedule the Reconsideration Assessment within eleven (11) calendar days of receiving the referral and participate in a formal staffing requested by the Lead Agency regarding the reconsideration. This reconsideration process applies to both in-state and out-of-state placements in residential mental health treatment.

C.1.7.5.1. The Provider shall conduct a separate Reconsideration Suitability Assessment if one or both of the following criteria are met:

C.1.7.5.1.1. Additional clinical information not available at the time has since been received

that warrants reconsideration of the QE's initial decision.

C.1.7.5.1.2. The child's mental health has significantly decompensated since the time of the Assessment (e.g., Baker Acts, self-injurious behavior).

C.1.7.5.2. The Provider shall receive the request for reconsideration via email from the POC.

C.1.7.5.3. The Provider shall review the request to ensure it is complete and contains all necessary information, as outlined in **C.1.7**.

C.1.7.5.3.1. If a reconsideration is court-ordered, the Provider shall require and verify a copy of the signed court order is included with the request for reconsideration.

C.1.7.5.4. The Provider shall make every effort to staff requests for reconsiderations within two (2) business days of receipt and notify the POC via email of the determination.

C.1.7.5.4.1. The email from the Provider shall indicate whether the request for reconsideration is approved or denied.

C.1.7.5.4.2. In the event the request for reconsideration is approved, the Provider shall include instructions on the additional steps and information needed for a new assessment, including but not limited to:

C.1.7.5.4.2.1. A reconsideration referral.

C.1.7.5.4.2.2. A signed authorization allowing the assessment to be conducted.

C.1.7.5.4.3. In the event the request for reconsideration is denied, the Provider shall include the rationale and reason for denial in the email.

C.1.7.5.5. The Reconsideration Suitability Assessment shall provide details of the child's response to treatment, progress made toward treatment goals and determine if the child continues to need the same level of care offered by their current placement.

C.1.7.5.6. The Reconsideration Suitability Assessment shall outline whether the current placement continues to be clinically appropriate or if alternative placements may better meet the child's needs. The Reconsideration Suitability Assessment shall be submitted to the Lead Agency.

C.1.7.5.7. **Reconsideration Tracking.** The Provider shall maintain and report data regarding Reconsideration Suitability Assessments and all assessments prescribed in Rule 65C-28.021, FAC. At a minimum, the Provider shall track:

C.1.7.5.7.1. Total reconsideration requests received;

C.1.7.5.7.2. Total reconsideration requests approved and denied;

C.1.7.5.7.3. Total Reconsideration Suitability Assessments completed;

C.1.7.5.7.4. Number of Reconsideration Suitability Assessments resulting in a recommendation different from the original assessment recommendation;

C.1.7.5.7.5. Original recommended level of care and final recommended level of care;

C.1.7.5.8. Reason for any change in recommendation, including but not limited to:

C.1.7.5.8.1. Additional clinical information received after the original assessment;

C.1.7.5.8.2. Significant change in the child's mental health, behavioral health, or functioning;

C.1.7.5.8.3. Court-ordered reconsideration;

C.1.7.5.8.4. Incomplete or unavailable information at the time of the original assessment; or

C.1.7.5.8.5. Other clinically relevant factors identified by the Qualified Evaluator.

C.1.7.6. BQRTP Assessments. The Provider shall conduct assessments specifically for children being considered for or placed in BQRTPs. These assessments will be used for determining the appropriateness and necessity of a child's placement in a BQRTP.

C.1.7.6.1. Preliminary BQRTP Assessments. The Provider shall ensure each Preliminary BQRTP Assessment is completed within three (3) business days from receipt of referral. The Preliminary BQRTP Assessments may be conducted by either a QE or QI only if the child is known to the QI.

C.1.7.6.1.1. The Provider shall attempt to make face-to-face contact with the child to conduct the Preliminary BQRTP Assessment. If the face-to-face contact is not feasible, alternative methods may be utilized.

C.1.7.6.1.2. The assessment shall include:

C.1.7.6.1.2.1. A review of the Comprehensive Placement Assessment.

C.1.7.6.1.2.2. Evidence supporting the preliminary recommendation for placement in a BQRTP.

C.1.7.6.1.2.3. This is the only assessment that does not require the CANS Trauma Comprehensive Assessment.

C.1.7.6.1.2.4. The Preliminary BQRTP Assessment shall be submitted to the Lead Agency.

C.1.7.6.2. Full BQRTP Assessments.

C.1.7.6.2.1. A QI may complete a full BQRTP Assessment when the QI has a preexisting clinical relationship with the child and the child has not received a QE recommendation for placement in a Psychiatric Residential Treatment Center or Therapeutic Group Home within the preceding ninety (90) days.

C.1.7.6.2.2. A Full BQRTP Assessment must be completed by a QE under the following circumstances:

C.1.7.6.2.2.1. The child does not have a preexisting clinical relationship with a QI; or

C.1.7.6.2.2.2. The child has received a QE recommendation for placement in a Psychiatric Residential Treatment Center or Therapeutic Group Home within the preceding ninety (90) days.

C.1.7.6.2.3. The Provider must submit the Full BQRTP Assessment to the Lead Agency within 30 days of the child's placement in a BQRTP. The components for the Full BQRTP Assessments are:

C.1.7.6.2.3.1. A detailed review of the child's records and placement documentation.

C.1.7.6.2.3.2. Examination of available treatment plans and progress notes.

C.1.7.6.2.3.3. A face-to-face clinical interview or secure video teleconference with the child.

C.1.7.6.2.3.4. Interviews with collateral contacts knowledgeable about the child's condition, in line with 65C-28.021 F.A.C. and as outlined in **C.1.7.1.4.**

C.1.7.6.2.3.5. Completion of the CANS Trauma Comprehensive Assessment.

C.1.7.6.2.4. The full assessment shall meet the requirements and support the 60-day court review as outlined in 65C-28.021(9)(a), F.A.C.

C.1.7.6.3. 90-Day BQRTP Assessments. The Provider shall conduct 90-Day Assessments to evaluate the suitability of the least restrictive level of care and review the child's progress in a BQRTP.

C.1.7.6.3.1. The Provider shall schedule the 90-Day BQRTP Assessment with the facility within 30 calendar days of receipt of referral.

C.1.7.6.3.2. The Provider's POC shall inform the facility of the need for a suitable space to conduct the assessment.

C.1.7.6.3.3. The Provider shall inform the facility of the QE's need to review the child's medical records.

C.1.7.6.3.4. The QE shall review all relevant medical records, including the child's treatment plan, prior assessments, and any progress notes made available, as outlined in **C.1.7.**

C.1.7.6.3.5. The 90-Day BQRTP Assessment shall provide details of the child's response to treatment, progress made toward treatment goals and determine if the child continues to need the same level of care offered by their current placement.

C.1.7.6.3.6. The 90-Day BQRTP Assessment shall outline whether the current placement continues to be clinically appropriate or if alternative placements may better meet the child's needs. The assessment shall be submitted to the Lead Agency.

C.1.7.6.4. Reconsideration for BQRTP. When a second independent evaluation is required because the BQRTP Assessment recommended a level of care that no longer meets the child's current needs, the Provider shall:

C.1.7.6.4.1. Receive the BQRTP Reconsideration request from the POC, via email.

C.1.7.6.4.2. Schedule the Reconsideration Suitability Assessment within five (5) calendar days of receiving the referral. The assessment shall take place in a setting appropriate to the child's current location.

C.1.7.6.4.3. The Provider shall notify the POC of the reconsideration appointment. The POC will ensure all supporting documentation has been provided.

C.1.7.6.4.4. The Provider shall participate in a reconsideration staffing as requested by the Lead Agency.

C.1.7.6.4.5. The Provider shall conduct a separate, Reconsideration Suitability Assessment if it has been determined one (or more) of the following criteria have been met:

C.1.7.6.4.5.1. There are missing components in the clinical reports.

C.1.7.6.4.5.2. The child has experienced a decompensation in mental, emotional, or behavioral health functioning.

C.1.7.6.4.5.3. The QE did not recommend a BQRTP placement, but the court has ordered the child to be placed in a BQRTP setting.

C.1.7.7. Assessment Criteria and Instrument Development.

C.1.7.7.1. The Provider shall develop the criteria and instruments for the Initial Assessment, 60-Day Independent Assessment, and 90-Day Assessment. The criteria and Suitability Assessment instruments shall be submitted to the Department for prior approval.

C.1.7.7.2. The Provider shall ensure that all assessment tools, methodologies, and clinical criteria are consistent with nationally recognized evidence-based practices.

C.1.7.7.3. The Provider shall conduct, at a minimum, an annual review and update of all assessment instruments and criteria to ensure alignment with current research, clinical standards, and state and federal requirements.

C.1.7.7.4. The Department reserves the right to require modifications to ensure alignment with evolving best practices.

C.1.7.7.5. The instruments used by QEs shall include the following:

C.1.7.7.5.1. Identifying information for the child, family, and key individuals, such as the Guardian Ad-Litem and Child Welfare Caseworker.

C.1.7.7.5.2. The reason for the assessment.

C.1.7.7.5.3. Results from the record review.

C.1.7.7.5.4. Results from face-to-face, secured video conference and/or telephonic interviews.

C.1.7.7.5.5. Suitability Assessment criteria.

C.1.7.7.5.6. Findings and recommendations, including the recommended intensity of services.

C.1.7.7.6. The Provider shall create a KPI tool to report performance outcomes to the Department. The KPI tool shall be submitted to the Department for review and approval within thirty (30) business days of Contract execution. The Department reserves the right to modify the tool. The KPI assessments, including the Initial 60-Day and 90-Day Assessments, Preliminary, and Full Assessments for Behavioral Qualified Residential Treatment Programs (BQRTP), shall present recommendations separated by Lead Agency.

C.1.8. Toll-Free Customer Service System. The Provider shall establish and maintain a toll-free customer service telephone system to support all aspects of the services outlined in this Contract. The system shall meet the following requirements:

C.1.8.1. The Provider shall develop and implement a complaint resolution and customer service tracking system. This system shall categorize and track two types of caller issues: clinical and

non-clinical.

C.1.8.2. The toll-free customer service telephone system shall be operational 24 hours a day, 7 days a week. The Provider shall ensure that the toll-free system is fully functional within 30 days of Contract execution. The Provider shall provide the Department with the toll-free number 15 days prior to the activation date.

C.1.8.3. The toll-free line shall be staffed by trained customer service representatives during regular business hours, from 8:00 AM to 5:00 PM Eastern Standard Time (EST), Monday through Friday, excluding State of Florida observed holidays.

C.1.8.4. Outside of regular business hours, the Provider shall implement a messaging system that informs callers of the business hours and provides an option to leave a message. Callers shall not experience a busy signal during regular business hours.

C.1.8.5. The customer service program shall be equipped to handle inquiries from non-English speaking callers, the hearing impaired, and individuals requiring special assistance.

C.1.8.6. All telephone calls received outside of normal business hours shall be returned by the next business day.

C.1.8.7. The Provider shall respond to all written inquiries as promptly as possible, and no later than one (1) business day after receipt.

C.1.8.8. The Provider shall create a tracking system to log inquiries and complaints by service type and provider, detailing how each inquiry or complaint was resolved.

C.1.8.9. The Provider shall document any procedural actions taken in response to complaints. The Provider shall maintain formal, written, and dated procedures for this process. This documentation shall be included in the Monthly Billing and Tracking Report (**C.2.5, Reports**) submitted to the Department.

C.1.9. Development and Maintenance of Training Materials. The Provider shall develop and maintain comprehensive training materials to be used by other providers and Department staff. These materials shall encompass procedures for all aspects of the suitability process as outlined in this Contract, providing clear descriptions of all elements covered.

C.1.9.1. All training materials—including manuals, brochures, handouts, agendas, and presentation slides—shall be submitted to the Department for approval prior to their use or distribution. Once approved, the materials shall be posted on the Provider's website for accessibility.

C.1.9.2. The Provider shall review and update all training materials on an annual basis to ensure accuracy and relevance.

C.1.9.3. The Provider is required to submit recommendations to the Department for revisions or improvements to the instructional materials on an ongoing basis, as the need for updates is identified.

C.1.9.4. Either the Provider or the Department may produce and distribute any of the Provider's training materials, as necessary.

C.2. ADMINISTRATIVE TASKS

C.2.1. Staffing

C.2.1.1. General Staffing Requirements. The Provider shall ensure that staff are knowledgeable

about Florida's mental health and substance abuse resources, relevant regulations, and the child welfare and juvenile justice systems.

C.2.1.1.1. Staff shall possess a working knowledge of Florida's Medicaid behavioral health care system and relevant federal and state laws.

C.2.1.1.2. The Provider is required to conduct all services under this Contract in a timely, efficient, productive, and professional manner, consistent with representing the State.

C.2.1.1.3. Recruitment of highly qualified staff is necessary to implement the services required by this Contract.

C.2.1.1.4. The Provider shall employ a sufficient number of staff fluent in English and Spanish.

C.2.1.1.5. The Provider shall employ or Contract with interpreters as needed to fulfill the Contract's requirements.

C.2.1.1.6. The Provider shall maintain up-to-date copies of licenses and board certifications for all staff and subcontracted personnel in a centralized administrative file.

C.2.1.1.7. The Provider shall provide staff turnover rates to the Department upon request.

C.2.1.1.8. If the Department identifies insufficient staffing levels, the Provider will be notified in writing and will have 30 calendar days to address the deficiencies.

C.2.1.1.9. The Provider shall make staff available for meetings with Department staff as required, with the frequency and format (in-person or telephone) agreed upon by both parties.

C.2.1.1.10. At a minimum, the Provider shall meet with the Department monthly to discuss Contract status, performance, revisions, and planning.

C.2.1.1.11. The Provider shall notify the Department within one (1) business day of any staff that conduct evaluations or in a leadership position's resignations, dismissals, or personnel changes.

C.2.1.1.12. Immediate notification is required if the Project Manager or Medical Director positions become vacant, with information on the replacement provided within ten (10) business days.

C.2.1.1.13. The Department reserves the right to participate in and approve the hiring of any key staff positions.

C.2.1.1.14. Staff shall be available at the Provider's office location during normal business hours (8:00 AM to 5:00 PM, Eastern Time, Monday through Friday, excluding State of Florida observed holidays).

C.2.1.1.15. The Provider shall maintain a sufficient percentage of clinical review staff at the office location, as defined by the Department.

C.2.1.1.16. The Provider shall obtain Department approval for staff to telecommute.

C.2.1.1.17. The Department reserves the right to approve or disapprove the number of staff allowed to telecommute.

C.2.1.1.18. **Staffing Levels.** Staffing levels shall be sufficient to fulfill the responsibilities of this Contract. The Department may require the Provider to recruit additional staff if completion timeframes are not met. The Provider shall request Department approval in

writing if substituting any key staff, either permanently or temporarily. The request shall include a rationale for the substitution.

C.2.1.1.18.1. Project Manager. The Provider shall employ a minimum of one (1) Project Manager responsible for the development and management of the QEN program.

C.2.1.1.18.1.1. The Project Manager shall have at least five (5) years of experience in behavioral health, substance abuse, or psychotherapeutic services and be a licensed practitioner of the healing arts.

C.2.1.1.18.1.2. The Project Manager shall have a minimum of five (5) years of recent management experience in behavioral health utilization management or affiliated programs.

C.2.1.1.18.1.3. The Project Manager is responsible for recruiting and retaining qualified staff to conduct the QEN program and reporting outcomes to the Department.

C.2.1.1.18.1.4. The Project Manager may work from a remote location.

C.2.1.1.19. QEN Program Manager. The Provider shall recruit one (1) full-time QEN Program Manager dedicated to developing and managing the QEN System.

C.2.1.1.19.1. The Project Manager may fulfill this role at the Provider's discretion.

C.2.1.1.19.2. The QEN Program Manager shall possess at least a master's degree in a health or human services-related field and have three (3) years of experience in behavioral health or child welfare.

C.2.1.1.20. Qualified Evaluator (QE). The Provider shall maintain a minimum network of at least 20 Qualified Evaluators, as defined in §39.407(6), Florida Statutes. Each QE shall be a Florida-licensed psychiatrist or psychologist with at least three (3) years of experience in diagnosing and treating serious emotional disturbances in children and adolescents, with no conflict of interest with any inpatient or Residential Treatment Center.

C.2.1.1.20.1. QEs shall be available 24/7 to complete assessments outside regular business hours, using either existing staff or subcontracted services.

C.2.1.1.20.2. The Provider shall continuously evaluate the sufficiency of the QE network based on referral volume, timeliness, availability, geographic coverage, and other service delivery trends. When such trends indicate that additional QEs are necessary to meet contract requirements, the Provider shall take action to increase the QE network. The Department may require the Provider to increase the number of QE's in the network when factors indicate that additional QE's are necessary to meet contract requirements. The Department will provide written notice to the Provider identifying the need for additional QE's, and the Provider shall increase the QE network within 60 business days of the Department's written notice.

C.2.1.1.20.3. The Provider shall also staff at least one (1) Seminole Tribe Qualified Evaluator, subject to availability, who will serve children who are members of the Seminole Tribe.

C.2.1.1.20.4. The Provider shall specify in each Monthly Summary Report the total number of

QEs, distinguishing between Non-STQEs and STQEs, who are part of the QEN. This includes the Qualified Evaluator for placement in a Residential Treatment Center, other than a therapeutic group home, or a hospital shall be a psychiatrist, or a psychologist licensed in this state who has at least 3 years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual or perceived conflict of interest with any inpatient facility or residential treatment center or program. Also, the Qualified Evaluator for placement in a Therapeutic Group Home shall be a psychiatrist licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, or a mental health counselor licensed under chapter 491 who has at least 2 years of experience in the diagnosis and treatment of serious emotional or behavioral disturbance in children and adolescents and who has no actual or perceived conflict of interest with any residential treatment center or program

C.2.1.1.21. Additional Staffing Requirements.

C.2.1.1.21.1. All non-clinical Managers shall have at least a Bachelor's degree and four (4) years of experience in their job function.

C.2.1.1.21.2. The Provider shall recruit one (1) full-time customer service representative with a minimum of two (2) years of experience to assist in the day-to-day activities of the QEN program.

C.2.1.1.21.3. The Provider shall employ appropriate resources to support the QEN Program Manager.

C.2.1.1.21.4. The Provider shall maintain the organizational and professional capability to assume responsibility for managing the volume of work contained in this Contract, twenty-four (24) hours per day/ seven (7) days per week. The Provider shall establish and maintain a required site/office location in Florida where all required monitoring documentation is securely kept. The Provider shall maintain, for the duration of this Contract, one or more office locations that are conducive to meeting the responsibilities identified in this Contract. The Department shall prior approve any changes to the Provider office location or when any of the Provider contractual obligations will be performed at a different site other than the designated office location.

C.2.2. Professional Qualifications. See **C.2.1.**

C.2.3. Subcontracting. This Contract allows the Provider to subcontract for the provision of all services under this Contract, subject to the provisions of **Standard Contract Part 1, Section 4.** The subcontractor at any tier level shall comply with the E- Verify clause as subject to the same requirements as the Provider.

C.2.3.1. Written requests by the Provider to subcontract for the provision of services under this Contract shall be routed through the Department's Contract Manager for approval.

C.2.3.2. The request to subcontract shall be reviewed and if approved, approval shall be in writing by the Department's Contract Manager prior to procurement of the subcontract. Payment to the Provider shall not be authorized until Department's Contract Manager approval is obtained.

C.2.3.3. A copy of each executed subcontract shall be provided to the Department's Contract

Manager within twenty (20) business days of the execution date of the subcontract. Payment to the Provider shall not be authorized until Department's Contract Manager is in receipt of each executed subcontract.

C.2.3.4. The Department's Contract Manager shall review any request to amend any subcontract prior to the execution of the amendment and if approved, approval shall be in writing.

C.2.3.5. A copy of each subcontract amendment shall be provided to the Department's Contract Manager twenty (20) business days of the execution date of the subcontract amendment.

C.2.3.6. The Department's agreement to allow these services to be subcontracted does not in any way alter the Provider's responsibility to the Department for all work performed under this Contract.

C.2.3.7. An exception to this is the QEN, which may not be subcontracted.

C.2.4. Records and Documentation. The Provider shall maintain and deliver the following records and completed documentation to the Contract Manager, as required:

ADMINISTRATIVE DOCUMENTS				
#	**Title**	**Due Date**	**# Copies**	**Contents**
1.	Civil Rights Compliance Checklist	Due on or prior to Contract begin date	1 hard copy	**Form CF-0946**
2.	Statement of No Involvement	Due on or prior to Contract begin date	1 hard copy	**Form CF 1130**
3.	Certification Regarding Debarment	Due on or prior to Contract begin date	1 hard copy	**Form CF 1125**
4.	Authorized Signature Authority for the Provider's Representative to Sign Contract	Due on or prior to Contract begin date	1 hard copy	Authorized Signature Authority for the Provider's Representative to sign Contract
5.	Authorized Signature Authority for the Provider's Representative to Sign Invoices	Due on or prior to Contract begin date	1 hard copy	Authorized Signature Authority for the Provider's Representative to Sign Invoices
6.	General Liability Insurance	Due on or prior to Contract begin date and annually	1 hard copy	Certificate of Insurance

7.	Security Agreement Form	Upon staff employment by the Provider and	1 hard copy	**Form CF-114**
FEDERAL DOCUMENTS				
#	**Title**	**Due Date**	**# Copies**	**Contents**
8.	Executive Compensation Report	Due on or prior to Contract begin date and annually before May 1	1 hard copy	**Form PCMT-08**
FISCAL DOCUMENTS				
#	**Title**	**Due Date**	**# Copies**	**Contents**
9.	Financial and Compliance Audit	**See Attachment 3**	**See Attachment 3**	**See Attachment 3**

C.2.4.1. All source documents or supporting documentation used to determine compliance with performance measures and deliverables; and

C.2.4.2. Copies of travel logs and requests for reimbursement for staff travel, including Authorization to Incur Travel DFS- AA-13 Voucher for Reimbursement of Traveling Expenses DFS-AA-15.

C.2.5. Reports. The Provider shall maintain and deliver the following reports to the Contract Manager to document the completion of deliverables as specified in **D.1**. that shall be received by the Contract Manager prior to or concurrent with the Request for Payment and approved by the Contract Manager prior to authorizing payment in accordance with the listed schedule. If the due date for a report falls on a State of Florida approved holiday or weekend, the report will be due the next business day.

MONTHLY REPORTS SCHEDULE			
#	**Title**	**Due Date**	**# Copies**
1.	Monthly Performance Measures Compliance Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 electronic copy
2.	Monthly Billing and Tracking	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 electronic copy
3.	KPI Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 electronic copy
4.	Monthly Summary Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 electronic copy

5.	Ad Hoc Report	As needed, within five business days of Department's request.	1 electronic copy
ANNUAL REPORTS SCHEDULE			
5.	Annual KPI Report	Due Annually with Final SFY Invoice	1 electronic copy
6.	Annual Summary Report	Due Annually with Final SFY Invoice	1 electronic copy

C.2.5.1. Acceptance of required reports shall constitute a separate act and shall be approved by the Contract Manager as such. The Department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the limits set forth in this Contract. The Provider shall, without additional compensation, correct or revise any incomplete, inadequate, or unacceptable reports.

C.2.5.2. The Provider shall work with the Department to ensure the reliability of data collected through established reporting formats appropriate to the program.

C.2.5.3. The Department, at its option, may allow additional time for the Provider to remedy the objections noted by the Department, or the Department may, after giving the Provider a reasonable opportunity to make a report complete, adequate, or acceptable to the Department declare this Contract to be in default.

C.2.5.4. Extensions of due dates for reports, documents, and deliverables as outlined in this Contract shall be granted to the Provider upon prior written request from the Provider and with approval by the Contract Manager.

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EXHIBIT D – DELIVERABLES

D.1. DELIVERABLES

D.1.1. The Provider shall maintain and deliver the following to the Contract Manager to document the completion of deliverables. Documentation of the completed deliverable shall be received by the Contract Manager by the listed due date and prior to the Request for Payment for approval by the Contract Manager prior to authorizing payment. If the due date falls on a State of Florida approved holiday or weekend, the deliverable documentation will be due the next state business day.

DELIVERABLES				
#	**Deliverable Details**	**Due Date**	**# of copies**	**Section Reference**
1.	20 QEs, 1 of which shall be a STQE, Verified by Monthly Summary Report must identify the total number of QEs, distinguish between Non-STQEs and STQEs, and include any trends or actions related to QE network sufficiency.	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 Electronic copy	**C.2.1.1.20.**
2.	Initial Suitability Assessments (Including Preliminary BQRTP) (QEN) Verified by Monthly Summary Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 Electronic copy	**C.1.7.1.7.**
3.	60-Day Independent Assessments and 90-Day Assessments (QEN) and Reconsideration Assessments Verified by Monthly Summary Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 Electronic copy	**C.1.7.2., C1.7.3. and C.1.7.5.**
4.	BQRTP Full and Reconsideration Assessments Verified by Monthly Summary Report	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 Electronic copy	**C.1.7.6.2. and C.1.7.6.4.**

5.	KPI Tool	Due within 30 business days of Contract execution	1 Electronic copy	**Section C.1.7.8.2.**
6.	Delivery of Required and Complete Reports	Due by the 15th calendar day following the end of the month for which payment is being requested.	1 Electronic copy	**Section C.1.5.3.3. and C.2.5.**
7.	Disaster Recovery Plan	Finalized no later than thirty (30) calendar days prior to the Contract effective date.	1 Electronic copy	**Section C.1.3.8.**

D.1.2. The Department reserves the right to reject reports, documents and/or deliverables as incomplete, inadequate, or unacceptable according to the limits set forth in this Contract. The Provider shall, without additional compensation, correct or revise any incomplete, inadequate, or unacceptable reports, documents and/or deliverables.

D.2. MINIMUM LEVEL OF SERVICE FOR DELIVERABLES

The minimum level of service for each deliverable shall be:

D.2.1. Services shall be delivered by the dates set out in **D.1.1**.

D.2.2. Evidence of proper completion of each deliverable through submission of require documentation set out in **D.1.1.**

D.2.3. Services shall be in compliance with **D.1.2**., as applicable.

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EXHIBIT E – MINIMUM PERFORMANCE MEASURES

E.1. MINIMUM PERFORMANCE MEASURES

E.1.1. For Minimum Performance Measures, see **Attachment 1, Monthly Performance Measures Compliance Report.**

E.2. PERFORMANCE EVALUATION METHODOLOGY

E.2.1. Mathematical Formula - For Mathematical Formula, see **Attachment 1, Monthly Performance Measures Compliance Report.**

E.2.2. Collection Methodology - For Collection Methodology, see **Attachment 1, Monthly Performance Measures Compliance Report**.

E.2.3. **Performance Standards Statement -** By execution of this Contract, the Provider hereby acknowledges and agrees that its performance under the Contract shall meet the standards set forth above and will be bound by the conditions set forth in this Contract. If the Provider fails to meet these standards, the Department will impose financial consequences as outlined in **Exhibit F**. If performance deficiencies are not resolved to the satisfaction of the Department within a reasonable period, not to exceed six (6) months, and if no extenuating circumstances can be documented by the Provider to the Department's satisfaction, the Department must terminate the Contract. The Department has the sole authority to determine whether there are extenuating or mitigating circumstances.

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EXHIBIT F – METHOD OF PAYMENT

F.1. MINIMUM FINANCIAL SPECIFICATIONS

F.1.1. The Provider shall be compensated in the manner set forth herein:

F.1.1.1. This is a fixed price (unit cost) Contract. The Department shall pay the provider for the delivery of service units provided in accordance with the terms and conditions of this Contract for a total dollar amount not to exceed $**TBD**, subject to the availability of funds.

F.2. FUNDING INFORMATION

F.2.1. This Contract is funded by and subject to annual legislative appropriations and Department approval for continued funding with the Provider for services. The annual funding levels, subject to the availability of funds, are as follows:

State Fiscal Year (SFY)	**Funding Amount**
2026-2027	$TBD
2027-2028	$TBD
2028/2029	$TBD
TOTAL	

F.2.2. The Department shall pay the Provider on a monthly basis, in arrears, for the on-going delivery of services, at the unit cost outlined in **Table 1**, Qualified Evaluator Network, below and in accordance with the terms of this Contract. The State of Florida's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the Legislature.

SFY 2026-2027 January 1, 2027 – June 30, 2027 (six months)						
ASSESSMENT TYPE	**MINIMUM NUMBER OF ASSESSMENTS PER MONTH**	**ESTIMATED MAXIMUM NUMBER OF ASSESSMENTS PER YEAR**	**PRICE PER ASSESSMENT**	**TOTAL PRICE PER MONTH**	**TOTAL FOR SFY**	**DOCUMENTATION**
Initial Suitability Assessments (Including BQRTP Assessments) (QEN)	25	492	**$**	**$**		Verified by Monthly Assessment Report
60-Day & 90-Day Assessments (including BQRTP Assessments) (QEN)	25	705	**$**	**$**		Verified by Monthly Assessment Report
Coordination of Admin Rescheduling Fee (QEN)	10	205	**$**	**$**		Verified by Monthly Assessment Report
Total for SFY						**$**

SFY 2027 - 2028						
ASSESSMENT TYPE	**MINIMUM NUMBER OF ASESSMENTS PER MONTH**	**ESTIMATED MAXIMUM NUMBER OF ASSESSMENTS PER YEAR**	**PRICE PER ASSESSMENT**	**TOTAL PRICE PER MONTH**	**TOTAL FOR SFY**	**DOCUMENTATION**
Initial Suitability Assessments (Including BQRTP Assessments) (QEN)	25	985	**$**	**$**		Verified by Monthly Assessment Report
60-Day & 90-Day Assessments (including BQRTP Assessments) (QEN)	25	1410	**$**	**$**		Verified by Monthly Assessment Report
Coordination of Admin Rescheduling Fee (QEN)	10	410	**$**	**$**		Verified by Monthly Assessment Report
Total						**$**

SFY 2028 - 2029						
ASSESSMENT TYPE	**MINIMUM NUMBER OF ASESSMENTS PER MONTH**	**ESTIMATED MAXIMUM NUMBER OF ASSESSMENTS PER YEAR**	**PRICE PER ASSESSMENT**	**TOTAL PRICE PER MONTH**	**TOTAL FOR SFY**	**DOCUMENTATION**
Initial Suitability Assessments (Including BQRTP Assessments) (QEN)	25	985	**$**	**$**		Verified by Monthly Assessment Report
60-Day & 90-Day Assessments (including BQRTP Assessments) (QEN)	25	1410	**$**	**$**		Verified by Monthly Assessment Report
Coordination of Admin Rescheduling Fee (QEN)	10	410	**$**	**$**		Verified by Monthly Assessment Report
Total						**$**

SFY 2029 – 2030 July 1, 2029 – December 31, 2029 (Six months)						
ASSESSMENT TYPE	**MINIMUM NUMBER OF ASESSMENTS PER MONTH**	**ESTIMATED MAXIMUM NUMBER OF ASSESSMENTS PER YEAR**	**PRICE PER ASSESSMENT**	**TOTAL PRICE PER MONTH**	**TOTAL FOR SFY**	**DOCUMENTATION**

Initial Suitability Assessments (Including BQRTP Assessments) (QEN)	25	492	**$**	**$**		Verified by Monthly Assessment Report
60-Day & 90-Day Assessments (including BQRTP Assessments) (QEN)	25	705	**$**	**$**		Verified by Monthly Assessment Report
Coordination of Admin Rescheduling Fee (QEN)	10	205	**$**	**$**		Verified by Monthly Assessment Report
Total						**$**

F.2.3. At the beginning of each Contract year, the total Assessment volume for the previous Contract Year will be computed by the Department. If the annual volume for the individual categories of services varies by a rate of five percent (5%) or more from the estimated maximum volumes in the table above, the Department will amend this Contract to reflect the agreed upon volumes and pricing.

F.2.4. Coordination of Admin Rescheduling Fee

F.2.4.1. The Department will pay the Provider at the rate listed in Table 1, Qualified Evaluator Network (QEN), above, for costs associated with the scheduling process for cancellations that meet one of the following conditions:

F.2.4.2. Notification of the assessment time and date was provided to the Child Welfare Liaison or the POC within the contractual timeframe and the child was not brought to the appointment as scheduled.

F.2.4.3. The Qualified Evaluator confirmed the time and date of the appointment with the residential treatment facility, and the child was not at the facility for the scheduled appointment.

F.2.4.4. The Provider was not notified of the cancellation at least twenty-four (24) hours in advance of the appointment.

F.2.4.5. The Provider shall maintain tracking documentation to verify that billed charges meet the conditions outlined above.

F.2.5. Billing Reconsiderations

F.2.5.1. The Department will pay the Provider at the rate listed in Table 1, Qualified Evaluator Network (QEN), above, for costs associated with a request for reconsideration. Billing volumes for reconsiderations will be included in the 90-day Assessment line.

F.3. INVOICE REQUIREMENTS

F.3.1. The Provider shall request payment on a monthly basis through submission of a properly completed invoice, **Monthly Request for Payment, Attachment 2,** within fifteen (15) calendar days following the end of the month for which payment is being requested.

F.3.2. Payments may be authorized only for service units and expenses on the invoice, which are in accord with the above, and other terms and conditions of this Contract. The service units and expenses for which payment is requested may not either by themselves, or

cumulatively by totaling service units or expenses on previous invoices, exceed the total number of units and expense authorized by this Contract. If the Provider is unable to meet the invoice submission deadlines specified in this Contract, the Provider shall notify the Department's Contract Manager, in writing, explaining the circumstances and requesting an extension to the deadline.

F.3.3. Notwithstanding the provisions of § 215.422(1), F.S., the Department shall have ten (10) working days to inspect and approve the Request for Payment.

F.3.4. A performance bond in the amount specified in Table 2, Performance Bond Requirements, below shall be furnished to the Department by the Provider for the specified Contract term.

Table 2 Performance Bond

Contract Term	Estimated Annual Contract Amount	Performance Bond Amount
Contract Year 1 (January 1, 2027 – June 30, 2027)	$TBD	$TBD
Contract Year 2 (July 1, 2027 – June 30, 2028)	$TBD	$TBD
Contract Year 3 (July 1, 2028 – June 30, 2029)	$TBD	$TBD
Contract Year 4 (July 1, 2029 – December 31, 2029)	$TBD	$TBD

F.3.5. A performance bond in the amount of three percent (3%) of the total annual amount of this Contract shall be furnished to the Department by the Provider. The bond must be furnished to the Department's Office of Child and Family Well-Being, 2415 N. Monroe Street, Suite 400, Tallahassee, FL 32303, within thirty (30) calendar days after execution of this Contract and prior to commencement of any work under the resulting Contract. Thereafter, the bond shall be furnished to the Department's Contract Manager on an annual basis, thirty (30) calendar days prior to the new Contract year and be in the amount of three percent (3%) of the current annual Contract amount. The performance bond must not contain any provisions that shorten the time for bringing an action to a time less than that provided by the applicable Florida Statute of Limitations. See section 95.03, Florida Statutes.

F.3.6. No payments will be made to the Provider until the performance bond is in place and approved by the Department, in writing. The performance bond shall remain in effect for the full term of this Contract, including any renewal period. The Department shall be named as the beneficiary of the Provider's bond. The bond shall provide that the insurer or bonding company(s) pay losses suffered by the Department directly to the Department.

F.3.7. The cost of the performance bond will be borne by the Provider.

F.3.8. Should the Provider terminate this Contract, prior to the end of this Contract period, an assessment, against the bond, will be made by the State to cover the costs of issuing a new solicitation and selecting a new Provider. The Provider agrees that the Department's damages in the event of termination by the successful Provider shall be considered to be for the full amount of the bond. The Department need not prove the damage amount in exercising its right of recourse against the bond.

F.4. ADDITIONAL FINANCIAL CONSEQUENCES

The following financial consequences apply in addition to the Financial Consequences provided in **Section 6.1** of this Contract.

F.4.1. In addition to the financial penalties set out in Rule 65-29.001, F.A.C., for failure to comply with a requirement for corrective action, the Department shall assess financial consequences for failure to meet the performance measures outlined in **Attachment 1**, Monthly Performance Measures Compliance Report. Financial consequences shall be applied based upon the remedies identified in **Attachment 1**.

F.4.2. Upon the Department's decision to impose financial consequences, written notification will be sent to the Provider. Notification will outline the performance measures for which financial consequences are being imposed, the Department's concerns, the amount of the financial consequence and the month the deduction will be made on the invoice. The Contract Manager will deduct the amount of financial consequences imposed from the Provider's next monthly invoice as specified in the written notification.

F.4.3. In the event that an extenuating circumstance beyond the control of the Provider affects the timely submission of a service unit, the Provider may request an extension of that specific due date as follows:

F.4.3.1. Extenuating circumstances will not be considered for the late submission of the final invoice as described in **F.4.**

F.4.3.2. The Provider's representative possessing Contract signature authority shall attest to and document the extenuating circumstance to the Contract Manager by the specified due date of the deliverable or service unit on Provider letterhead.

F.4.3.3. This written request shall detail the steps that the Provider has put into place to submit the required deliverable or service unit timely and provide a specific proposed due date for submission of the late deliverable or service unit.

F.4.3.4. This individual shall also detail the steps to avoid a future recurrence of such extenuating circumstance.

F.4.3.5. Submission of said attestation to the Contract Manager does not constitute acceptance of the attestation.

F.4.3.6. It is specifically intended by the parties that acceptance, in writing by the Contract Manager, of the required attestation documenting the extenuating circumstance beyond the control of the Provider shall constitute a separate act and shall occur, if at all, within seven (7) calendar days following receipt of the attestation.

F.4.3.7. Barring Department acceptance of extenuating circumstances beyond the control of the Provider, the Department's Contract Manager shall assess financial consequences against the Provider for each performance measure not met.

F.4.4. Submission of an unacceptable invoice, supporting documentation, or report:

F.4.4.1. An unacceptable invoice or supporting documentation contains inaccurate or incomplete information or supporting documentation as specified in **Exhibit F**, **Method of Payment**.

F.4.4.2. An unacceptable report contains inaccurate or incomplete information or data and relates to any report the Provider is required to submit. The report may relate to tasks, activities, deliverables, data collection or analysis, or performance measures as specified in **C.2.5.**, **Reports.**

F.4.4.3. Financial Consequences will be assessed for the month that performance

measures are not met.

F.4.4.4. Additional financial consequences will not exceed eight (8) percent of the total invoice during any invoice period.

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ATTACHMENT 1

Performance Measure Compliance Report

Reporting Period: FROM:_____TO:_____

#	MINIMUM PERFORMANCE MEASURE	%	FINANCIAL CONSEQUENCES/REMEDIES	REMEDY APPLIED (IF APPLICABLE)
1.	One hundred percent (100%) Qualified Evaluators collectively satisfy §39.407(6)(b)1. and 2., F.S. and shall be a Florida-licensed psychiatrist or psychologist who has at least three (3) years of experience in the diagnosis and treatment of serious emotional disturbances in children and adolescents and who has no actual conflict of interest with any inpatient or residential treatment center or program.		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	
2.	Ninety-five percent (95%) of Initial Assessments (including Preliminary BQRTP Assessments) shall be completed within five (5) business days of receipt of request. The final report shall be generated and sent to the Provider within three (3) business days and forwarded to all necessary parties. The Department will perform a random five percent (5%) sample to verify services were provided according to this Contract. **Section C.1.2**		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	
3.	Ninety-five percent (95%) of 90-day Assessments and Reconsideration Assessments shall be completed within 14 business days of receipt of request. The final report shall be generated and sent to the Provider within three (3) business days and forwarded to all necessary parties. The Department will perform a random five percent (5%) sample to verify services were provided according to this Contract. **Section C.1.3**		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	

4.	BQRTP Full and Reconsideration Assessments - Ninety-five percent (95%) of 60- & 90-day Assessments shall be completed within 14 business days of receipt of request. The final report shall be generated and sent to the Provider within three business days and the Provider shall submit the final report electronically to the Department, or their designee, within three (3) business days of receipt. The Department will perform a random, five percent (5%) sample to verify services were provided according to this Contract. **Section C.1.3**		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	
5.	Ninety percent (90%) of sampled assessments shall include all required components as outlined **C.1.7**, including: • documented outreach to relevant individuals, • required assessment components, • clinical rationale supporting recommendations The Department will perform a random, five percent (5%) sample of assessments to verify compliance.		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	
Reports				
5.	KPI Tool **Section C.1.7.8.2.**		The monthly invoice payment will be reduced by 5% of the invoice total for each month that this standard is not met.	
6.	The Provider shall submit accurate and complete monthly reports, quarterly reports, and annual reports to the Department within the contractual timeframe.		If the required complete reports are not received by the 20th calendar day following the end of the month for which payment is being requested, the monthly	

			invoice payment will be reduced by 2% of the invoice total. If the required complete reports are not received by the 30th calendar day following the end of the month for which payment is being requested, the monthly invoice payment will be reduced by 5% of the invoice total. These reductions will apply for each month that the reporting standard is not met.	
Records				
7.	The Provider shall submit to the Department or its designee, all records and data generated by this Contract no later than 60 calendar days following the expiration of this Contract.		The Department may withhold the final monthly payment amount until all records are submitted.	
8.	The Provider shall comply with public records laws, in accordance with §119.0701, Florida Statutes.		**$5,000.00** for each incident in which the Provider does not comply with a public records request.	
9.	Disaster Recovery Plan shall be finalized no later than thirty (30) calendar days prior to the Contract effective date.		The Provider's monthly invoice payment will be reduced by five percent (5%) of the invoice total, for each month that this standard is not met.	

Name of Person Completing Form _____ Signature of Person Completing Form _____ Date _____

ATTACHMENT 2

REQUEST FOR PAYMENT

PROVIDER NAME: _____ **PROVIDER NUMBER:** _____
ADDRESS: _____ **CONTRACT #:** _____
_____ **TELEPHONE:** _____

In accordance with the contract, all required reports must be submitted by the required due dates prior to the submission of this Request for Payment. If required reports or this Request for Payment were not submitted by the required due dates or did not meet the described content requirements, financial consequences will be applied by the Contract Manager.

#	Service Dates:	Service Unit	Maximum # of Units	# of Units Delivered	Unit Price	Balance	Amount Requested
1.		Initial Suitability Assessments (Including BQRTP Assessments) (QEN)					
2.		60-Day & 90-Day Assessments (Including BQRTP Assessments) (QEN)					
3.		Coordination of Admin Rescheduling Fee (QEN)					
Amount Requested						**Total**	$

I CERTIFY THAT THIS REQUEST FOR PAYMENT IS AN ACCURATE REFLECTION OF THE ACTIVITIES FOR THIS PERIOD, THAT THE AMOUNT REQUESTED IS ONLY FOR ALLOWABLE EXPENDITURES SPECIFIED IN THE LINE ITEM BUDGET USED TO ESTABLISH THE UNIT COST OF THESE SERVICES, AND THAT ALL EXPENDITURES ARE DIRECTLY RELATED TO THE PURPOSES OF THIS CONTRACT.

_____ _____ _____
Original Authorizing Signature **Title** **Date**

FOR DEPARTMENT USE ONLY	**FOR DEPARTMENT USE ONLY**
DATE SERVICES PROVIDED: _____	
DATE DELIVERABLE RECEIVED: _____	OCA:_____AMOUNT:_____
DATE DELIVERABLE REVIEWED & APPROVED BY	OCA:_____AMOUNT:_____
CONTRACT MANAGER: _____	OCA:_____AMOUNT: _____
DATE INVOICE RECEIVED: _____	
DATE PAYMENT APPROVED:_____	
AUTHORIZING SIGNATURE:_____	**TOTAL AUTHORIZED:** _____
TITLE: Contract Manager TELEPHONE: _____	