

RESOLUTION 2004 - 41

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AMENDING THE FISCAL YEAR 2004 MENTAL HEALTH TRUST FUND BUDGET TO RECEIVE UNANTICIPATED REVENUE AND AUTHORIZE ITS EXPENDITURE BY THE ST. JOHNS COUNTY MENTAL HEALTH DEPARTMENT.

WHEREAS, St. Johns County has a Mental Health Department which operates through a trust fund developed for the Department; and

WHEREAS, the County has historically received annual grants of funds to provide Mental Health services; and

WHEREAS, the County operating budget is annually prepared prior to knowing the actual amount of grant funds which may be received by the Mental Health Trust Fund; and

WHEREAS, St. Johns County, Florida, when preparing the budget for Fiscal Year 2004, did not anticipate receiving grant funds from the State of Florida above and beyond those projected by the Mental Health Department; and

WHEREAS, the Mental Health Department will receive additional grant funds for Fiscal Year 2004 which exceed budgeted grant amounts by \$92,617.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St. Johns County, Florida, that:

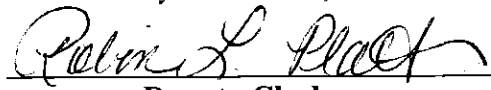
1. The above recitals are hereby adopted as findings of fact.
2. The Mental Health Trust Fund revenue and expenditure budgets shall be adjusted to account for unanticipated funds received from Grants in the amount of \$92,617 for Fiscal Year 2004.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 24th day of February, 2004.

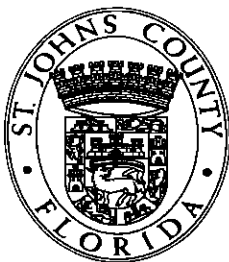
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: 
Karen R. Stern, Chair

ATTEST: Cheryl Strickland, Clerk

By: 
Deputy Clerk

RENDITION DATE 2/27/2004



**ST. JOHNS COUNTY
BOARD OF COUNTY COMMISSIONERS
BUDGET TRANSFER FORM**

February 24, 2004

(Board Meeting Date)

Date:	02/17/04	Dept Name:	Mental Health	Dept #:	1101	Fund #:	1109
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Increase:			Appropriate To:		
<i>Account No.</i>	<i>Title</i>	<i>Amount</i>	<i>Account No.</i>	<i>Title</i>	<i>Amount</i>
1109-33288	Family Safety 19CRG	\$43,730	1101-55508	Family Safety CMH	\$43,730
1109-33289	Family Safety 19SRG	40,431	1101-55509	Family Safety CSA	40,431
1109-33162	Federal Grant Rev.	7,470	1101-55510	Family Intervention	9,000
1109-33461	Health State	1,530	1101-55211	FSPIT Supplies	-544
1109-33472	State PTS/ FSPT/POS	-544			
TOTAL:		\$92,617	TOTAL:		\$92,617

Transfer to recognize and appropriate funds received from the State for the Mental Health Department.

Department Head

This request has been checked and is correct in every aspect including an adequate source of funds to complete the transfer:

Yes

X

No

Budget Officer

Recommendation of the County Administrator	Approved	Disapproved
Remarks:		

CONTRACT BETWEEN
STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
AND
ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS
FIRST AMENDMENT

This amendment is entered into between the State of Florida, Department of Children and Families, hereinafter referred to as the "department" and St. Johns County Board of County Commissioners, hereinafter referred to as the "provider".

The department wishes to amend the contract entered into between said parties on July 1, 2003, for the period July 1, 2003 through June 30, 2004, in order to increase funding and services and make technical changes, as follows:

I. Standard Contract, Section II. A., is hereby amended to read:

"A. Contract Amount

To pay for contracted services according to the terms and conditions of this contract in an amount not to exceed \$2,483,488.00, subject to the availability of funds. The State of Florida's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. Any costs or services paid for under any other contract or from any other source are not eligible for payment under this contract."

II. Attachment I, Section C., Paragraph 1. a. and b., are hereby deleted and the following inserted:

"a. 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 of this contract for a total dollar amount not to exceed \$2,483,488.00, subject to the availability of funds.

b. The department agrees to pay for the service units at the unit price(s) and limits listed on **Exhibits A-1 and A-2**, totaling \$2,346,093.00; and **Exhibits A-3 and A-4**, totaling \$53,234.00; and **Exhibit A-5**, totaling \$ 84,161.00."

III. Attachment I, Section D., Paragraph 7.e. (4) and (5) are hereby inserted:

"(4) **CBC Services**. The provider understands and agrees that the Family Safety SAMH Wrap Around dollars, \$43,730.00 (Category 104076, OCA 19CRG) and \$40,431.00 (Category 104076, OCA 19SRG), are for the purpose of providing **Community Based Care Services** in accordance with 65E-14, F.A.C. and the Guidelines for Child Welfare/Community-Based Care

Services Funded by the Community Mental Health Service Block Grant and the Substance Abuse Prevention and Treatment Block Grant, FY2003/04.

- (5) **FIS Services.** The provider understands and agrees that **\$9,000.00** of its Adult Substance Abuse funding (Category 100618, OCA 270G7) is for the purpose of providing **Family Intervention Specialists Services** in accordance with the Guidelines for Substance Abuse Family Intervention Specialists and 65E-14, F.A.C. The agency will establish a confidential registry of client Social Security numbers for tracking these services for ADM audit purposes.

In addition, the provider agrees that each **Family Intervention Specialist** will meet one of the following education and experience requirements:

A masters degree in a behavioral health field with two years experience in substance abuse treatment services, or

A bachelor's degree with a Certified Addiction Professional (CAP) certification and three years experience in substance abuse treatment services.

Any exception to these requirements will require the written approval of the District 4 Substance Abuse and Mental Health Program Supervisor.”

- IV. Attachment I, Exhibit A-1, Mental Health State Funding by Cost Center, Program and Activity, dated 07/01/03 (2 pages), is hereby deleted and a new Exhibit A-1, Mental Health State Funding by Cost Center, Program and Activity, dated 1/28/04 (2 pages), is hereby added.
- V. Attachment I, Exhibit A-2, Substance Abuse State Funding by Cost Center, Program and Activity, dated 07/01/03 (2 pages), is hereby deleted and a new Exhibit A-2, Substance Abuse State Funding by Cost Center, Program and Activity, dated 1/28/04 (2 pages), is hereby added.
- VI. Attachment I, Exhibit A-3, Mental Health-TANF State Funding by Cost Center, Program and Activity, dated 07/01/03 (2 pages), is hereby deleted and a new Exhibit A-3, Mental Health-TANF State Funding by Cost Center, Program and Activity, dated 1/28/04 (2 pages), is hereby added.
- VII. Attachment I, Exhibit A-4 Substance Abuse -TANF State Funding by Cost Center, Program and Activity, dated 07/01/03 (2 pages), is hereby deleted and a new Exhibit A-4 Substance Abuse -TANF State Funding by Cost Center, Program and Activity, dated 1/28/04 (2 pages), is hereby added.
- VIII. Attachment I, Exhibit A-5, State FSF Rate and Funding by Cost Center, dated 1/28/04 (1 page) is hereby added.
- IX. Attachment I, Exhibit B, Funding Detail, dated 03/05/03 (2 pages), is hereby deleted and a new Exhibit B, Funding Detail, dated 1/28/04 (2 pages), is hereby added.

- X. Attachment I, Exhibit E-3, Substance Abuse and Mental Health Services Family Safety Wraparound Monthly Invoice (1 page), is hereby added.
- XI. Attachment I, Exhibit H, Guidelines for Reporting Incidents and Deaths, dated 07/01/03 (4 pages), is hereby deleted and a new Exhibit H, Guidelines for Reporting Incidents and Deaths, dated 10/01/03 (4 pages), is hereby added.
- XII. Attachment II, dated 03/01/03 (3 pages), is hereby deleted and a new Attachment II, dated 06/27/03 (3 pages), is hereby added.
- XIII. All references to the Guide to Performance Contracting for Alcohol, Drug Abuse and Mental Health Services and "The Guide", either in whole or in part, are hereby changed to read Rule 65E-14 F.A.C. Community Substance Abuse and Mental Health Service – Financial Rules.

This amendment shall be effective February 6, 2004, or the date signed by both parties, whichever is later.

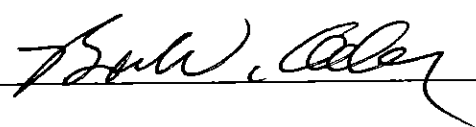
All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform to this amendment.

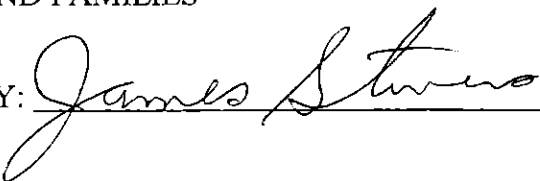
All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract. This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this twenty-two (22) page amendment to be executed by their undersigned officials as duly authorized.

PROVIDER:
ST. JOHNS COUNTY BOARD OF
COUNTY COMMISSIONERS

STATE OF FLORIDA
DEPARTMENT OF CHILDREN
AND FAMILIES

BY: 

BY: 

NAME: Ben W. Adams

NAME: James Stivers

TITLE: County Administrator

TITLE: District 4 SAMH Program Supervisor

DATE: 02/24/04

DATE: 3/03/04

**EXHIBIT A-1 MENTAL HEALTH
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name: <u>St. Johns County Board of County Commissioners</u>	Contract #: <u>DH547</u>	Date: <u>1/28/2004</u>	Revised #	
<u>ACTIVITY/COST CENTER</u> 1	<u>ADULT MENTAL HEALTH</u> 2	<u>APPROVED FLEXIBILITY %</u> 3	<u>CHILDRENS MENTAL HEALTH</u> 4	<u>APPROVED FLEXIBILITY %</u> 5
Emergency Stabilization			502004	503001
09. Inpatient	\$ _____	NA	\$ _____	NA
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
03. Crisis Stabilization	\$ <u>319,461.00</u>	NA	\$ <u>125,992.00</u>	NA
State Rate	\$ <u>N/A</u>		\$ <u>N/A</u>	
Bed Days Purchased	_____		_____	
04. Crisis Support/Emergency	\$ <u>53,667.00</u>		\$ <u>5,000.00</u>	
State Rate	\$ <u>38.15</u>		\$ <u>38.15</u>	
Staff Hours Purchased	_____		_____	
	_____		_____	
	_____		_____	
Total Emergency Stabilization	\$ <u>373,128.00</u>		\$ <u>130,992.00</u>	
Residential Care			502015	503010
18. Residential Level 1	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
19. Residential Level 2	\$ <u>185,468.00</u>		\$ _____	
State Rate	\$ <u>126.68</u>		\$ _____	
Days Purchased	_____		_____	
	_____		_____	
	_____		_____	
20. Residential Level 3	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
21. Residential Level 4	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
36. Room and Board w/Supervision Level 1	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
37. Room and Board w/Supervision Level 2	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
38. Room and Board w/Supervision Level 3	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
	_____		_____	
	_____		_____	
Total Residential Care	\$ <u>165,468.00</u>		\$ _____	
Case Management			502016	503011
02. Case Management	\$ <u>99,339.00</u>		\$ <u>20,368.00</u>	
State Rate	\$ <u>47.45</u>		\$ <u>47.45</u>	
Direct Svs Hrs Purchased	_____		_____	
	_____		_____	
10. Intensive Case Management	\$ <u>22,500.00</u>		\$ _____	
State Rate	\$ <u>60.00</u>		\$ _____	
Direct Svs Hrs Purchased	_____		_____	
	_____		_____	
28. Incidental Expenses	\$ <u>6,212.00</u>		\$ _____	
State Rate (\$50.00)	\$ <u>50.00</u>		\$ _____	
Units Purchased	_____		_____	
	_____		_____	
Total Case Management	\$ <u>128,051.00</u>		\$ <u>20,368.00</u>	
Outpatient Services			502017	503012
01. Assessment	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Contact Hours Purchased	_____		_____	
05. Day Care	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	
12. Medical Services	\$ <u>106,012.00</u>		\$ <u>9,100.00</u>	
State Rate	\$ <u>189.00</u>		\$ <u>189.00</u>	
Contact Hours Purchased	_____		_____	
	_____		_____	
Medication-Cash	_____		_____	
	_____		_____	
	_____		_____	

**EXHIBIT A-1 MENTAL HEALTH
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name:	Contract #:	DH547	Date:	Revised #
St. Johns County Board of County Commissioners			1/28/2004	
ACTIVITY/COST CENTER 1	ADULT MENTAL HEALTH 2	APPROVED FLEXIBILITY % 3	CHILDRENS MENTAL HEALTH 4	APPROVED FLEXIBILITY % 5
14. Outpatient - Individual	\$ 115,800.00		\$ 50,728.00	
State Rate	\$ 70.00		\$ 70.00	
Contact Hours Purchased	1,651		725	
35. Outpatient - Group	\$ 8,500.00		\$	
State Rate	\$ 17.50		\$	
Contact Hours Purchased	486			
06. Day/Night	\$ 12,240.00		\$	
State Rate	\$ 46.00		\$	
Days Purchased	266			
23. Sheltered Employment	\$		\$	
State Rate	\$		\$	
Days Purchased				
11. Intervention	\$		\$	
State Rate	\$		\$	
Direct Svs Hrs Purchased				
Total Outpatient Services	\$ 270,213.00		\$ 59,828.00	
Community Support	502018		503013	
17. Prevention/Intervention Day	\$		\$	
State Rate	\$		\$	
Days Purchased				
22. Respite Services	\$		\$	
State Rate	\$		\$	
Days Purchased				
07. Drop-In/Self Help	\$ 148,150.00		\$	
State Rate	\$ 296.30		\$	
Facility Day Purchased	500			
30. Information and Referral	\$		\$	
State Rate	\$		\$	
Staff Hours Purchased				
29. Aftercare	\$		\$	
State Rate	\$		\$	
Direct Svs Hrs Purchased				
08. In-Home and On Site	\$ 1,904.00		\$ 10,500.00	
State Rate	\$ 48.70		\$ 48.70	
Direct Svs Hrs Purchased	39		216	
25. Supported Employment	\$ 24,279.00		\$	
State Rate	\$ 49.00		\$	
Direct Svs Hrs Purchased	495			
26. Supported Housing/Living	\$ 130,677.00		\$	
State Rate	\$ 48.00		\$	
Direct Svs Hrs Purchased	2,722			
15. Outreach	\$		\$	
State Rate	\$		\$	
Non-Direct Svs Hrs Purchased				
16. Prevention	\$ 5,773.00		\$ 18,454.00	
State Rate	\$ 43.00		\$ 43.00	
Non-Direct Svs Hrs Purchased	134		429	
Total Community Support	\$ 310,783.00		\$ 28,954.00	
FACT Team				
34. FACT Team	\$	NA	\$	
State Rate	\$		\$	
Staff Hours Purchased				
Total FACT Team	\$ -		\$ -	
Total State Funds	\$ 1,247,643.00		\$ 240,142.00	

**EXHIBIT A-2 SUBSTANCE ABUSE
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name: <u>St. Johns County Board of County Commissioners</u>	Contract #: <u>DH547</u>	Date: <u>1/28/2004</u>	Revised # _____	
ACTIVITY/COST CENTER 1	ADULT SUBSTANCE ABUSE 2	APPROVED FLEXIBILITY % 3	CHILDRENS SUBSTANCE ABUSE 4	APPROVED FLEXIBILITY % 5
Detoxification	603005		602001	
32. Outpatient Detoxification	\$ _____	NA	\$ _____	NA
State Rate	\$ _____		\$ _____	
Direct Svs Hrs Purchased	_____		_____	
24. Substance Abuse Detoxification	\$ <u>136,095.00</u>	NA	\$ _____	NA
State Rate	\$ <u>204.94</u>		\$ _____	
Bed Days Purchased	<u>664</u>		_____	
Total Detoxification	\$ <u>136,095.00</u>		\$ _____	
Treatment and Aftercare	603007		602003	
01. Assessment	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Contact Hours Purchased	_____		_____	
04. Crisis Support/Emergency	\$ <u>72,996.00</u>		\$ <u>22,376.00</u>	
State Rate	\$ <u>38.15</u>		\$ <u>38.15</u>	
Staff Hours Purchased	<u>1,913</u>		<u>587</u>	
12. Medical Services	\$ <u>7,560.00</u>		\$ <u>1,134.00</u>	
State Rate	\$ <u>189.00</u>		\$ <u>189.00</u>	
Contact Hours	<u>40</u>		<u>6</u>	
14. Outpatient - Individual	\$ <u>84,231.00</u>		\$ <u>59,749.00</u>	
State Rate	\$ <u>70.00</u>		\$ <u>70.00</u>	
Contact Hours Purchased	<u>1,203</u>		<u>854</u>	
35. Outpatient - Group	\$ <u>23,000.00</u>		\$ <u>16,258.00</u>	
State Rate	\$ <u>17.50</u>		\$ <u>17.50</u>	
Contact Hours Purchased	<u>1,314</u>		<u>929</u>	
22. Respite Services	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Contact Hours Purchased	_____		_____	
29. Aftercare-Individual	\$ <u>3,793.00</u>		\$ <u>3,350.00</u>	
State Rate	\$ <u>63.20</u>		\$ <u>63.20</u>	
Direct Svs Hrs Purchased	<u>60</u>		<u>53</u>	
Aftercare-Group	\$ _____		\$ <u>379.00</u>	
State Rate	\$ _____		\$ <u>15.80</u>	
Direct Svs Hrs Purchased	_____		<u>24</u>	
02. Case Management	\$ <u>3,990.00</u>		\$ _____	
State Rate	\$ <u>47.45</u>		\$ _____	
Direct Svs Hrs Purchased	<u>84</u>		_____	
08. In-Home & On Site	\$ <u>12,880.00</u>		\$ <u>3,360.00</u>	
State Rate	\$ <u>48.70</u>		\$ <u>48.70</u>	
Direct Svs Hrs Purchased	<u>264</u>		<u>69</u>	
11. Intervention-Individual	\$ <u>11,152.00</u>		\$ <u>1,078.00</u>	
State Rate	\$ <u>48.00</u>		\$ <u>48.00</u>	
Direct Svs Hrs Purchased	<u>232</u>		<u>22</u>	
Intervention-Group	\$ <u>922.00</u>		\$ <u>1,230.00</u>	
State Rate	\$ <u>12.00</u>		\$ <u>12.00</u>	
Direct Svs Hrs Purchased	<u>77</u>		<u>103</u>	
25. Supported Employment	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Direct Svs Hrs Purchased	_____		_____	
26. Supported Housing/Living	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Direct Svs Hrs Purchased	_____		_____	
27. TASC	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Direct Svs Hrs Purchased	_____		_____	
05. Day Care	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased	_____		_____	

**EXHIBIT A-2 SUBSTANCE ABUSE
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name: St. Johns County Board of County Commissioners

Contract #:

DH547

Date: 1/28/2004

Revised #

ACTMVTY/COST CENTER 1	ADULT SUBSTANCE ABUSE 2	APPROVED FLEXIBILITY % 3	CHILDRENS SUBSTANCE ABUSE 4	APPROVED FLEXIBILITY % 5
06. Day/Night	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
18. Residential Level 1	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
19. Residential Level 2	\$ 141,000.00		\$ _____	
State Rate	\$ 141.00		\$ _____	
Days Purchased	1,000			
20. Residential Level 3	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
21. Residential Level 4	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
36. Room and Board w/Supervision Level 1	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
37. Room and Board w/Supervision Level 2	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
38. Room and Board w/Supervision Level 3	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Days Purchased				
13. Methadone Maintenance	\$ _____			
State Rate	\$ _____			
Dosages Purchased				
15. Outreach	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Non-Direct Svs Hrs Purchased				
28. Incidental Expenses	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Units Purchased				
Total Treatment/Aftercare	\$ <u>361,524.00</u>		\$ <u>108,914.00</u>	
Prevention	603006		602002	
30. Information and Referral	\$ _____		\$ _____	
State Rate	\$ _____		\$ _____	
Staff Hours Purchased				
16. Prevention	\$ 22,240.00		\$ 41,535.00	
State Rate	\$ 42.00		\$ 42.00	
Non-Direct Svs Hrs Purchased	530		988	
17. Prevention/Intervention Day			\$ 188,000.00	
State Rate			\$ 90.00	
Days Purchased			2,088	
Total Prevention	\$ <u>22,240.00</u>		\$ <u>229,535.00</u>	
Fact Team				
34. FACT Team	\$ _____	NA		
State Rate	\$ _____			
Staff Hours Purchased				
Total FACT Team	\$ _____		\$ _____	
Total State Funds	\$ <u>519,858.00</u>		\$ <u>338,448.00</u>	

**EXHIBIT A-3 MENTAL HEALTH-TANF
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name: St. Johns County Board of County Commissioners

Contract #: DH547

Date: 1/28/2004 Revision # _____

ACTIVITY/COST CENTER 1	ADULT MENTAL HEALTH 2	CHILDRENS MENTAL HEALTH 3
Emergency Stabilization	502004	503001
04 Crisis Support/Emergency	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Staff Hours Purchased	_____	_____
Total Emergency Stabilization	\$ _____	\$ _____
Residential Care	502015	503010
18 Residential Level 1	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
19 Residential Level 2	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
20 Residential Level 3	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
21 Residential Level 4	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
36. Room and Board w/Supervision Level 1	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
37. Room and Board w/Supervision Level 2	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
38. Room and Board w/Supervision Level 3	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
Total Residential Care	\$ _____	\$ _____
Case Management	502016	503011
02. Case Management	\$ _____	\$ _____
State Rate	\$ _____ 47.45	\$ _____
Direct Svs Hrs Purchased	_____	_____
10. Intensive Case Management	\$ _____	\$ _____
State Rate	\$ _____ 60.00	\$ _____
Direct Svs Hrs Purchased	_____	_____
28. Incidental Expenses	\$ _____	\$ _____
State Rate (\$50.00)	\$ _____ 50.00	\$ _____
Units Purchased	_____	_____
Total Case Management	\$ _____ 6,409.00	\$ _____
Outpatient Services	502017	503012
01. Assessment	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Contact Hours Purchased	_____	_____
05 Day Care	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
14. Outpatient - Individual	\$ _____	\$ _____
State Rate	\$ _____ 70.00	\$ _____
Contact Hours Purchased	_____	_____

**EXHIBIT A-3 MENTAL HEALTH-TANF
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name: <u>St. Johns County Board of County Commissioners</u>	Contract #: <u>DH547</u>	Date: <u>1/28/2004</u> Revision # _____
ACTIVITY/COST CENTER 1	ADULT MENTAL HEALTH 2	CHILDRENS MENTAL HEALTH 3
35. Outpatient - Group	\$ _____	\$ _____
State Rate	\$ <u>17.50</u>	\$ _____
Contact Hours Purchased	_____	_____
06. Day/Night	\$ _____	\$ _____
State Rate	\$ <u>46.00</u>	\$ _____
Days Purchased	_____	_____
11. Intervention	\$ _____	\$ _____
State Rate-Individual	\$ <u>48.00</u>	\$ _____
State Rate-Group	<u>12.00</u>	_____
Total Outpatient Services	\$ <u>27,681.00</u>	\$ _____
Community Support	502018	503013
17. Prevention/Intervention Day		\$ _____
State Rate		\$ _____
Days Purchased		_____
22. Respite Services	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
29. Aftercare	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Direct Svs Hrs Purchased	_____	_____
08. In-Home and On Site	\$ _____	\$ _____
State Rate	\$ <u>48.70</u>	\$ _____
Direct Svs Hrs Purchased	_____	_____
25. Supported Employment	\$ _____	\$ _____
State Rate	\$ <u>49.00</u>	\$ _____
Direct Svs Hrs Purchased	_____	_____
26. Supported Housing/Living	\$ _____	\$ _____
State Rate	\$ <u>48.00</u>	\$ _____
Direct Svs Hrs Purchased	_____	_____
15. Outreach	\$ _____	\$ _____
State Rate	\$ <u>40.00</u>	\$ _____
Non-Direct Svs Hrs Purchased	_____	_____
16. Prevention	\$ _____	\$ _____
State Rate	\$ <u>43.00</u>	\$ _____
Non-Direct Svs Hrs Purchased	_____	_____
Total Community Support	\$ <u>10,588.00</u>	\$ _____
Total State Funds	\$ <u>44,678.00</u>	\$ _____

**EXHIBIT A-4 SUBSTANCE ABUSE-TANF
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name St Johns County Board of County Commisloners Contract No. DH547 Date: 1/28/2004 Revision No.: _____

ACTIVITY/COST CENTER 1	ADULT SUBSTANCE ABUSE 2	CHILDRENS SUBSTANCE ABUSE 3
	603007	602003
Treatment and Aftercare		
01. Assessment	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Contact Hours Purchased	_____	_____
04. Crisis Support/Emergency	\$ _____	\$ _____
State Rate	\$ _____ 38.15	\$ _____
Staff Hours Purchased	_____	_____
14. Outpatient - Individual	\$ _____	\$ _____
State Rate	\$ _____ 70.00	\$ _____
Contact Hours Purchased	_____	_____
35. Outpatient - Group	\$ _____	\$ _____
State Rate	\$ _____ 17.50	\$ _____
Contact Hours Purchased	_____	_____
22. Respite Services	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Contact Hours Purchased	_____	_____
29. Aftercare	\$ _____	\$ _____
State Rate	\$ _____ 63.20	\$ _____
Direct Svs Hrs Purchased	_____	_____
02. Case Management	\$ _____	\$ _____
State Rate	\$ _____ 47.45	\$ _____
Direct Svs Hrs Purchased	_____	_____
08. In-Home & On Site	\$ _____	\$ _____
State Rate	\$ _____ 48.70	\$ _____
Direct Svs Hrs Purchased	_____	_____
11. Intervention	\$ _____	\$ _____
State Rate	\$ _____ 48.00	\$ _____
Direct Svs Hrs Purchased	_____	_____
25. Supported Employment	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Direct Svs Hrs Purchased	_____	_____
26. Supported Housing/Living	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Direct Svs Hrs Purchased	_____	_____
27. TASC	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Direct Svs Hrs Purchased	_____	_____
05. Day Care	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
06. Day/Night	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
18. Residential Level 1	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
19. Residential Level 2	\$ _____	\$ _____
State Rate	\$ _____ 141.00	\$ _____
Days Purchased	_____	_____
20. Residential Level 3	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
21. Residential Level 4	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____

**EXHIBIT A-4 SUBSTANCE ABUSE-TANF
STATE FUNDING BY COST CENTER, PROGRAM AND ACTIVITY**

Agency Name St. Johns County Board of County Commissioners Contract No. DH547 Date: 1/28/2004 Revision No.:

ACTIVITY/COST CENTER 1	ADULT SUBSTANCE ABUSE 2	CHILDRENS SUBSTANCE ABUSE 3
36. Room and Board w/Supervision Level 1	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
37. Room and Board w/Supervision Level 2	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
38. Room and Board w/Supervision Level 3	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
15. Outreach	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Non-Direct Svs Hrs Purchased	_____	_____
28. Incidental Expenses	\$ _____	\$ _____
State Rate (\$50.00)	\$ _____	\$ _____
Units Purchased	_____	_____
10. Intensive Case Management	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Direct Svs Hrs Purchased	_____	_____
Total Treatment/Aftercare	\$ 8,556.00	\$ -
Prevention	603006	602002
16. Prevention	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Non-Direct Svs Hrs Purchased	_____	_____
17. Prevention/Intervention Day	\$ _____	\$ _____
State Rate	\$ _____	\$ _____
Days Purchased	_____	_____
Total Prevention	\$ -	\$ -
Total State Funds	\$ 8,556.00	\$ -

STATE FSF RATE AND FUNDING BY COST CENTER

Agency Name : St. Johns County Board of County Commissioners Contract #:DH547 Date: 1/28/2004

COST CENTERS	FSP(104076)-ADAMHTF CMH BLOCK GRANT	FSP (104076)-ADAMHTF SAPT BLOCK GRANT
1. Assessment State Rate	\$ 60.00	\$ 60.00
2. Case Management State Rate	\$ 47.45	47.45
4. Crisis Support/Emergency State Rate	\$ 35.11	# 35.11
5. Day Care State Rate	\$ 30.00	\$ 30.00
6. Day-Night State Rate	\$ 46.00	\$ 46.00
8. In-home and On-site State Rate	\$ 48.70	\$ 48.70
10. Intensive Case Management State Rate	\$ 60.00	\$ 60.00
11. Intervention State Rate	\$ 48.00	\$ 48.00
12. Medical Services State Rate	\$ 189.00	\$ 189.00
13. Methadone State Rate		\$ 12.97
14. Outpatient - Individual State Rate	\$ 70.00	\$ 70.00
15. Outreach State Rate	\$ 40.00	\$ 40.00
16. Prevention State Rate	\$ 43.00	\$ 43.00
17. Prev/Interv - Day State Rate		\$
18. Residential Level 1 State Rate	\$ 250.00	\$ 250.00
19. Residential Level 2 State Rate	\$ 126.68	\$ 141.00
20. Residential Level 3 State Rate	\$ 50.00	\$ 50.00
21. Residential Level 4 State Rate	\$ 40.00	\$ 40.00
22. Respite Services State Rate	\$ 12.00	\$ 12.00
23. Sheltered Employment State Rate	\$ 49.00	
24. Detox State Rate		\$ 204.94
25. Supported Employment State Rate	\$ 49.00	\$ 49.00
26. Supported Housing/Living State Rate	\$ 48.00	\$ 48.00
28. Incidental Expenses State Rate	\$ 50.00	\$ 50.00
29. Aftercare State Rate	\$ 63.20	63.20
30. Information and Referral State Rate	\$ 60.00	\$ 60.00
32. Outpatient Detox State Rate		\$
35. Outpatient - Group State Rate	\$ 17.00	\$ 17.00
36. Room and Board with Supervision 1 State Rate	\$	\$
37. Room and Board with Supervision 2 State Rate	\$ 126.68	\$ 126.68
38. Room and Board with Supervision 3 State Rate	\$	\$
Total State Funds	\$ 43,730.00	\$ 40,431.00

**EXHIBIT B
FUNDING DETAIL**

Provider Name: St. Johns County Board of County **Contract #** DH547 **DATE:** 1/28/2004 **Revision #** _____

SUBSTANCE ABUSE

Budget Entity 60910603			Budget Entity 60910602		
G/A-COMM SUBSTANCE ABUSE SVCS (100618)	OCA	AMOUNT	G/A-CHILD SUBSTANCE ABUSE SVCS (100420)	OCA	AMOUNT
603005-DETOXIFICATION			602001-DETOXIFICATION/ARF		
General Revenue/ADMTF **	270G5	\$ 136,095.00	General Revenue/ADMTF **	270G1	
Tobacco Settlement Trust Fund	27ME5		Tobacco Settlement Trust Fund	27ME1	
603006-PREVENTION SERVICES			602002-PREVENTION SERVICES		
ADAMHTF Prevention Services ***	27PR6	\$ 22,240.00	Prevention Services ***	27PR2	\$ 229,535.00
TANF / FGTF	39TC2		Prevention Partnership Services ***	27PR3	
603007-TREATMENT & AFTERCARE			Prevention Services - SIG***	27F02	
General Revenue/ADMTF/TSTF/G&DIF **	270G7	\$ 265,631.00	602003-TREATMENT & AFTERCARE		
GR/TSTF/O&MTF	27ME7		GR/TSTF/O&MTF	27ME3	
ADAMTF Services to Women ***	27WOM	\$ 73,818.00	General Revenue/ADMTF/CASA TF **	270G3	\$ 108,914.00
ADAMTF Intravenous Drug Usage ***	27HIV	\$ 22,075.00	ADMTF Administrative Expenditures	27AD3	
ADMTF Administrative Expenditures	27AD7		FGTF TANF	39TC1	
FGTF TANF	39TC0	\$ 8,556.00	FGTF TANF Front Porch	39FPA	
FGTF TANF Front Porch	19FPS		FGTF Other		
FGTF Other					
TOTAL 100618		\$ 528,415.00	TOTAL 100420		\$ 338,449.00
SUBSTANCE ABUSE PROGRAMS (105512)			Budget Entity 60910304		
603006-PREVENTION SERVICES			G/A FAMILY SAFETY SAMH WRAP AROUND (104076)		
General Revenue	27ME6		304007 - OUT OF HOME CARE SUPPORT		
603007-TREATMENT & AFTERCARE			ADMH Trust Fund **	19SRG	\$ 40,431.00
General Revenue	270G7				
TOTAL 105512		\$ -	TOTAL 104076		\$ 40,431.00
GRAND TOTAL ADULT SUBSTANCE ABUSE PROGRAM		\$ 528,415.00	GRAND TOTAL CHILD SUBSTANCE ABUSE PROGRAM		\$ 378,880.00

GRAND TOTAL CONTRACT **\$ 2,483,488.00**

MATCH CALCULATIONS APPLICABLE TO CONTRACT

FUNDS NOT REQUIRING MATCH		TOTAL FUNDS REQUIRING MATCH	\$ 1,577,198
FSP WRAPAROUND (104076) 19CRG	\$ 43,730.00		
FSP WRAPAROUND (104076) 19SRG	\$ 40,431.00		
Adult Mental Health (100610)	\$ 232,578.00	LOCAL MATCH REQUIRED	\$ 525,733
Child Mental Health (100435)	\$ 14,706.00		
Adult Substance Abuse (Alcohol) not requiring Match	\$ 378,926.40	ADDITIONAL LOCAL MATCH	
Child Substance Abuse (Alcohol) not requiring Match	\$ 195,918.85	GRAND TOTAL LOCAL MATCH	\$ 525,733
TOTAL FUNDS NOT REQ MATCH	\$ 906,290.24		

* Community Mental Health Block Grant
 **Expenditures must be Substance Abuse Prevention and Treatment Block Grant eligible.
 *** Substance Abuse Prevention and Treatment Block Grant - Funding Agreement- RESTRICTIONS APPLY

EXHIBIT E-3

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
Family Safety Wraparound MONTHLY INVOICE

For DCF Use Only

Date Initial

Invoice Received

Goods/Svs Received

Goods/Svs Insp & Appv.

Approved for Payment

Signature Date

AGENCY NAME:

MAILING ADDRESS:

DATE OF SERVICE:

PART 1 - SERVICE INVOICE

Table with 6 columns: COST CENTER, STATE RATE, Y-T-D UNITS PAID, NUMBER OF UNITS THIS MONTH, TOTAL NUMBER OF UNITS, MAXIMUM AMOUNT DUE. Rows 1-15.

TOTAL

MAXIMUM AMOUNT DUE, AMOUNT RECEIVED Y-T-D, DIFFERENCE (col A - col B), PRORATED SHARE, PAY THE LESSOR OF COLUMN C OR COLUMN D

PART 2 - FUNDING DETAIL

TR-51 FEDERAL ID#: PROGRAM: CONTRACT NO.:

Table with 10 columns: LI, ORG. CODE, EO, OBJ CODE, AMT DUE, TR-DT, INV.#, CAT., FUND, OCA. Rows 1-5.

TOTAL AMOUNT OF STATE PAYMENT \$

I certify the above to be accurate and in agreement with the agency's records and with the terms of the contract. Additionally, I certify that all client demographic, enrollment and service event data has been submitted to the department as required, and that all clients for whom services are billed have been determined to be eligible for Family Safety Wraparound services in accordance with program requirements.

Provider's Signature

Title and Date

DCF Contract Manager's Signature

Title and Date

EXHIBIT H

GUIDELINES FOR REPORTING INCIDENTS AND DEATHS

June 16, 2003

TO: District Management Team and All Supervisors
FROM: Nancy Dreicer, Administrator, District 4
SUBJECT: **GUIDELINES FOR REPORTING INCIDENTS AND DEATHS**

The purpose of this memorandum is to reinforce the importance of your **immediately** notifying me of certain incidents and deaths as defined below.

INCIDENT

An occurrence involving Departmental clients, employees, property or facilities licensed or under contract with the Department that may place the Department at risk or generate public reaction or media coverage, requires the direct intervention of senior level management.

REPORTABLE DEATH

- **Suicide** of a client or an on-duty employee.
- **Death of a child under the age of 18** and:

The child or any member of the child's family has previously come to the attention of the Department through a prior child abuse/neglect report; or

The child's death occurred, or is suspected of having occurred, as a result of abuse or neglect at a DCF residential facilities; or

The death is alleged or known to have occurred as a result of abuse or neglect, as defined in Chapter 415, F.S.; or

The child or a sibling was receiving services through one of the programs regulated by or contracted with the Department.

- **Death of an on-duty employee.**
- **Death of a client in a cluster facility.**
- **Death of a client in a facility licensed by the Department.**

EXHIBIT H

Guidelines for Reporting Incidents and Deaths
Page 2

- **Death from other than natural causes**, under suspicious circumstances or when criminal violence is involved.
- **A series of deaths within a facility** clearly in excess of normal expectancy for which there is no readily identifiable cause or explanation.

PROCEDURES

- ❖ **Immediately** report to my office any of the above incidents and deaths.
- ❖ **Complete** the attached form entitled "Incident/Death Report."
- ❖ **For Departmental Reporting by Employees:**
 - ⇒ **During working hours, e-mail** the report (include "Receipt" to your message) to James Stivers, SAMH Program Supervisor (email: James_Stivers@dcf.state.fl.us), copying his Staff Assistant, Shawn Broderick.
 - ⇒ **During non-working hours**, immediately report deaths to the **District Duty Officer at 904/723-2238**, followed by e-mailing an incident report to my office with a copy to your EMT member and supervisor.
- ❖ **For Departmental Provider Agencies:**
 - ⇒ **During working hours, e-mail** the report (include "Receipt" to your message) to the following internet addresses below:

James_Stivers@dcf.state.fl.us
Linda_Starrett@dcf.state.fl.us
 - ⇒ **Where internet e-mail is inaccessible, fax** the report to SAMH Program Supervisor (904/723-2181 or Suncom 841-2181). Ensure receipt of your fax by calling Shawn Broderick (904/723-2014 or Suncom 841-2014).
- ❖ **Follow-Up Report**

For incidences **other than Family Safety investigations**, a follow-up report to District Administration is required. This follow-up will ensure that DCF staff, and/or contracted staff, has adequately addressed the concerns which generated the incident report. District Administration will initiate the request for follow-up. A copy of this form is also attached.

Atch: 1. Incident Report
2. Incident Follow-Up Report

EXHIBIT H

DEATH/INCIDENT NOTIFICATION REPORT

TYPE OF INCIDENT:

DATE AND TIME OF INCIDENT:

COUNTY:

UNIT:

PROGRAM:

FACILITY NAME AND ADDRESS:

TYPE OF FACILITY:

IDENTIFYING INFORMATION

For Client/Clients Incidents:

Name Age Race Sex Witness or Participant?

For Employee Incidents:

Name Social Security No Witness or Participant?

BRIEF DESCRIPTION OF INCIDENT

IMMEDIATE OR CORRECTIVE ACTION

REPORTING INFORMATION

Employee Name:
Supervisor's Name:
Address:

Title:
Title:

Phone:

Date/Time First Aware:

Date/Time Reported:

Individuals Notified: (Place an "X" where appropriate)

- Media Coverage? (Specify)
District Administration
State Attorney
Medical Examiner
Abuse Registry
Human Rights Advocacy
Law Enforcement
Parent/Guardian
Licensure
Other (Specify)

DO NOT WRITE BELOW THIS LINE

Report Forwarded by:
Address and Phone:

Title:

EXHIBIT H

FOLLOW-UP REPORT

THIS DOCUMENT IS SUBJECT TO CONFIDENTIALITY REQUIREMENTS AND SHOULD BE HANDLED ACCORDINGLY.

TYPE OF INCIDENT:

DATE AND TIME OF INCIDENT:

PROGRAM:

FACILITY NAME AND ADDRESS:

TYPE OF FACILITY:

DESCRIBE IN SUMMARY FORM THE CORRECTIVE LEGAL, MEDICAL, DISCIPLINARY OR OTHER ACTIONS TAKEN SINCE THE INCIDENT WAS REPORTED.

REPORTING INFORMATION

Report Forwarded by:
Address and Phone:

Title:

Date:

Reviewed by: _____
(Signature)

Title:

Date: _____

DO NOT WRITE BELOW THIS LINE

Approved by: _____
(Signature)

Title:

Date: _____

ATTACHMENT II

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, limited scope audits as defined by OMB Circular A-133, as revised, or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department of Financial Services or the Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

In the event the recipient expends \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in Federal awards in its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. In determining the Federal awards expended in its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families. The determination of amounts of Federal awards expended should be in accordance with guidelines established by OMB Circular A-133, as revised. An audit of the recipient conducted by the Auditor General in accordance with the provisions of OMB Circular A-133, as revised, will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2)(1), Florida Statutes.

In the event the recipient expends a total amount of state financial assistance equal to or in excess of \$300,000 in any fiscal year of such recipient, the recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Executive Office of the Governor, the Department of Financial Services and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. In determining the state financial assistance expended in its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(7), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2)(d), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the Department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

A. Contract manager for this contract (2 copies)

B. Department of Children & Families
ASFMI
Building 2, Room 301
1317 Winewood Boulevard
Tallahassee, FL 32399-0700

- C. Copies of the reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by Part I of this agreement shall be submitted, when required by Section .320(d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to the Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320(d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Auditing Clearinghouse), at the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

and other Federal agencies and pass-through entities in accordance with Sections .320(e) and (f), OMB Circular A-133, as revised.

- D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:

Auditor General's Office
Room 401, Pepper Building
111 West Madison Street
Tallahassee, Florida 32399-1450

Providers, when submitting audit report packages to the Department for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2) Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, the Department of Financial Services, or the Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department or its designee, the Department of Financial Services, or the Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.