

[65E-14 : COMMUNITY SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES - FINANCIAL RULES - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking](#)

65E-14.021 Schedule of Covered Services.

This rule provides guidelines and requirements applicable to service providers under direct contract with the Department or service providers under subcontracts with a Managing Entity.

(1) Unless specifically authorized otherwise in advance by the Department, service providers shall only use the following Substance Abuse and Mental Health (SAMH) Covered Services to report contracted or subcontracted substance abuse and mental health services.

- (a) Aftercare,
- (b) Assessment,
- (c) Care Coordination,
- (d) Case Management,
- (e) Community Action Treatment (CAT),
- (f) Comprehensive Community Service Team,
- (g) Crisis Stabilization,
- (h) Crisis Support/Emergency,
- (i) Day Care,
- (j) Day Treatment,
- (k) Drop-In/Self Help Centers,
- (l) Florida Assertive Community Treatment (FACT) Team,
- (m) HIV Early Intervention Services,
- (n) Incidental Expenses,
- (o) Information and Referral,
- (p) In-Home and Onsite,
- (q) Inpatient,
- (r) Intensive Case Management,
- (s) Intervention,
- (t) Medical Services,
- (u) Medication-Assisted Treatment,
- (v) Mental Health Clubhouse Services,
- (w) Outpatient,
- (x) Outreach,
- (y) Prevention – Indicated,
- (z) Prevention – Selective,
- (aa) Prevention – Universal Direct,
- (bb) Prevention – Universal Indirect,
- (cc) Recovery Support,
- (dd) Residential Level I,
- (ee) Residential Level II,
- (ff) Residential Level III,
- (gg) Residential Level IV,
- (hh) Respite Services,
- (ii) Room and Board with Supervision Level I,
- (jj) Room and Board with Supervision Level II,
- (kk) Room and Board with Supervision Level III,
- (ll) Room and Board with Supervision Level IV,
- (mm) Short-term Residential Treatment,

(nn) Substance Abuse Inpatient Detoxification,
(oo) Substance Abuse Outpatient Detoxification,
(pp) Supported Employment,
(qq) Supportive Housing/Living,
(rr) Treatment Accountability for Safer Communities (TASC), and
(ss) Any other SAMH Covered Services the department may establish pursuant to subsection (2) of this rule, to ensure adequate provision of service.

(2) The department may establish additional SAMH Covered Services for statewide use as necessary to ensure the adequate provision of services to individuals. At a minimum, the department shall notify affected parties of the department's intended action and provide an opportunity to comment at least 30 days prior to the establishment of a temporary SAMH Covered Service.

(3) Measurement Standards for Covered Services.

(a) Measurement standards document the amount of service delivery, regardless of the method of payment for the service provided pursuant to contracts with SAMH-Funded Entities. The following common measurement definitions shall apply to each SAMH Covered Service as specified in subsection (4) of this rule:

1. Direct Staff Hour.

a. This measure equals the actual time a staff person:

(I) Is available at the work site to perform assigned tasks, or

(II) Spends in face-to-face or direct telephone contact with an individual receiving services or a collateral contact where the contact is documented in the individual's service record, or

(III) Spends on activities directly associated with an individual receiving services, including case staffings and travel time if the travel is integral to a Covered Service allowable under this rule.

b. This measure may also include telephone contact with parents or teachers and actual time spent in a courtroom or juvenile detention facility on behalf of a child or adult.

c. Covered Services that are measured by this standard shall be reported on the basis of utilization, except for the following SAMH Covered Services, which shall be paid on the basis of availability.

(I) Paragraph (4)(h), Crisis Support/Emergency,

(II) Paragraph (4)(o), Information and Referral; and,

(III) Paragraph (4)(oo), Substance Abuse Outpatient Detoxification.

2. Non-Direct Staff Hour.

a. This measure indicates the time spent on activities that cannot be directly associated with an individual or group of individuals receiving services, but are integral to the program and described in the program description. This includes preparation for services and travel time, if travel is integral to a Covered Service allowable under this rule.

b. Covered Services that are measured by this standard shall be reported on the basis of utilization, except paragraph (4)(i), Drop-in/Self Help Centers, which shall be reported on the basis of availability.

3. Day.

a. This measure is determined by one of the following:

(I) The service provider's capacity to provide an actual bed for a period of twenty-four hours to individuals eligible for SAMH-funded services, or

(II) A day in which an individual receiving services is physically present at the midnight census, including the day the individual is admitted and excluding the day the individual is discharged.

b. Covered Services that are measured by this standard shall be reported on the basis of utilization, except for the following:

(I) Paragraph (4)(g), Crisis Stabilization,

(II) Paragraph (4)(mm), Short-term Residential Treatment; and,

(III) Paragraph (4)(nn), Substance Abuse Inpatient Detoxification.

4. Dosage.

a. This measure equals one dose of clinically prescribed medication received by an individual participating in programs under the Medication-Assisted Treatment Covered Service.

b. Dosage shall be reported on the basis of utilization.

(b) Covered Services reported on the basis of utilization require the service to be provided to or on behalf of an eligible individual, or by the commitment of actual direct or non-direct staff hours.

(c) Covered Services reported on the basis of availability require the service to be available for use, regardless of whether the service is actually used by an individual. Availability shall not include staff time spent serving a Medicaid eligible individual for a Medicaid eligible service, or staff time spent in another program or Covered Service other than the specific availability-based service in which they are listed on the duty roster.

(d) Definition of Hour.

1. Hourly units of measure are based upon the actual time spent providing services to or on behalf of an individual or individuals, rounded to the nearest fifteen-minute interval. The cumulative, rounded number of minutes shall be divided by sixty to derive the number of hourly units.

2. When intermittent services are provided to or on behalf of a specific individual during a single calendar day, the actual cumulative time spent providing the service during that day shall be rounded to the nearest fifteen-minute interval.

3. For the Case Management Covered Service defined in paragraph (4)(d) of this rule, if the time interval required by Medicaid is different than described above, a service provider may use the Medicaid time interval instead.

(e) Covered Services measured in terms of hours or days:

1. Shall not include the time direct service delivery staff are:

a. Absent from the work place, or

b. Attending training or orientation, unless the training or orientation is specifically required in contracts or subcontracts.

2. Shall include time direct service delivery staff spend administering individual functional assessments and individual satisfaction surveys.

(4) The descriptions, applicable programs, measurements standards, and data elements for SAMH Covered Services are as follows:

(a) Aftercare.

1. Description – Aftercare activities occur after a treatment level of care is completed and include activities such as supportive counseling, life skills training, and relapse prevention for individuals with mental illness or substance use disorders to assist in their ongoing recovery. Aftercare services help individuals, families, and pro-social support systems reinforce a healthy living environment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service,

(II) Staff name and identification number,

(III) Recipient name and identification number,

(IV) Service date,

(V) Duration,

(VI) Service (specify),

(VII) Group Indicator; and,

(VIII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number,

(II) Staff name and identification number,

(III) Service date,

(IV) Duration; and,

(V) Service (specify).

(b) Assessment.

1. Description – This Covered Service includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person's individualized plan of care and to monitor recovery. Assessment specifically includes efforts to identify the person's key medical and psychological

needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, physical or sexual abuse, and trauma.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number,

(II) Staff name and identification number,

(III) Service date,

(IV) Duration,

(V) Covered Service,

(VI) Service (specify); and,

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number,

(II) Staff name and identification number,

(III) Service date,

(IV) Duration; and,

(V) Service (specify).

(c) Care Coordination.

1. Description – Care Coordination is a time-limited service that assists individuals with behavioral health conditions who are not effectively engaged with case management or other behavioral health services and supports for a successful transition to appropriate levels of care. Once engagement in the necessary community-based services is verified, care coordination services are terminated.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1. of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

(I) Covered Service,

(II) Staff name and identification number,

(III) Recipient name and identification number,

(IV) Service date,

(V) Duration,

(VI) Service (specify), and

(VII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Recipient name and identification number,

(II) Staff name and identification number,

(III) Service date,

(IV) Duration, and

(V) Service (specify).

(d) Case Management.

1. Description – Case management services consist of activities that identify the recipient’s needs, plan services, link the service system with the person, coordinate the various system components, monitor service delivery, and evaluate the effect of the services received. This covered service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service,
- (II) Staff name and identification number,
- (III) Recipient name and identification number,
- (IV) Service date,
- (V) Duration,
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,
- (II) Staff name and identification number,
- (III) Service date,
- (IV) Duration; and,
- (V) Service (specify).

(e) Community Action Treatment (CAT).

1. Description – This Covered Service, pursuant to section 394.495, F.S., provides community-based services to children ages 11 to 21 with a mental health disorder (including those with a co-occurring substance use diagnosis) who meet certain accompanying eligibility criteria identified by the statute. Children younger than 11 may be served if they display two or more of the aforementioned eligibility criteria. The team is available on nights, weekends, and holidays. Allowable services may include one or any combination of the following activities:

- a. Aftercare,
- b. Assessment,
- c. Care Coordination,
- d. Case Management,
- e. Crisis Support / Emergency,
- f. Information and Referral,
- g. In-Home and On-Site Services,
- h. Intensive Case Management,
- i. Intervention – Individual and Group,
- j. Medical Services,
- k. Outpatient – Individual and Group,
- l. Outreach,
- m. Recovery Support – Individual and Group,
- n. Supported Employment, and
- o. Supported Housing / Living,
- 2. Programs – Community Mental Health.

3. Measurement Standard: Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III), of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Staff name and identification number,
- (II) Recipient name and identification number,
- (III) Service date,
- (IV) Duration,
- (V) Service (specify), and
- (VI) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,

- (II) Staff name and identification number,
- (III) Service date,
- (IV) Duration, and
- (V) Service (specify).

(f) Comprehensive Community Service Team.

1. Description – This Covered Service is a bundled service package designed to provide short-term assistance and guide individuals to rebuild skills in identified roles in their environment through the engagement of natural supports, treatment services, and assistance of multiple agencies when indicated. Services provided under Comprehensive Community Service Teams may not be simultaneously reported to another Covered Service. Allowable bundled activities include the following Covered Services as defined in subsection (4) of this rule:

- a. Aftercare,
- b. Assessment,
- c. Care Coordination,
- d. Case Management,
- e. Information and Referral,
- f. In-home/Onsite,
- g. Intensive Case Management,
- h. Intervention,
- i. Outpatient,
- j. Outreach,
- k. Prevention – Indicated,
- l. Recovery Support,
- m. Supported Employment; and,
- n. Supported Housing.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

- (I) Staff name and identification number,
- (II) Service date,
- (III) Duration,
- (IV) Covered Service provided; and,
- (V) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Staff name and identification number,
- (II) Service date,
- (III) Duration; and,
- (IV) Covered Service provided.

(g) Crisis Stabilization.

1. Description – These acute care services, offered twenty-four hours per day, seven days per week, provide brief, intensive mental health residential treatment services. These services meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

2. Programs – Community Mental Health.

3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.

4. Data Elements:

- a. Service Documentation – Number of licensed bed-days.
- b. Audit Documentation – License:
 - (I) Beginning date,

(II) Ending date; and,

(III) Number of beds.

(h) Crisis Support/Emergency.

1. Description – This non-residential care is generally available twenty-four hours per day, seven days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: crisis/emergency screening, mobile response, telephone or telehealth crisis support, and emergency walk-in.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(I) of this rule.

4. Data Elements:

a. Service Documentation – Duty Roster:

(I) Staff name and identification number,

(II) Date,

(III) Hours on Duty – Beginning and ending time,

(IV) Covered Service,

(V) Program; and,

(VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

(I) Staff name and identification number,

(II) Date,

(III) Hours worked – Beginning and ending time,

(IV) Program,

(V) Covered Service; and,

(VI) Signature of Supervisor.

(i) Day Care.

1. Description – Day care services, in a non-residential group setting, provide for the care of children of persons who are participating in mental health or substance use treatment services. In a residential setting, day care services provide for the residential and care-related costs of a child living with a parent receiving residential services. This covered service must be provided in conjunction with another Covered Service provided to a person 18 years of age or older.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, reimbursing a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Covered Service,

(II) Program,

(III) Recipient (Parent) name and identification number and child’s date of birth; and,

(IV) Service date.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service,

(II) Recipient (Parent) name and identification number and child’s date of birth; and,

(III) Service date.

(j) Day Treatment.

1. Description – Day Treatment services provide a structured schedule of non-residential interventions to assist individuals to attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Activities emphasize rehabilitation, treatment, activities of daily living, and education services, using multidisciplinary teams to provide integrated programs of academic, therapeutic, and family services. For mental health programs, day treatment services must be provided for four or more consecutive hours per day. Substance abuse programs must follow the standards set forth in Rules 65D-30.0081 and 65D-30.009, F.A.C.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, reimbursing a maximum of four hours in a calendar day.
4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service,
 - (II) Program,
 - (III) Recipient name and identification number; and,
 - (IV) Service date.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
 - (k) Drop-in/Self-Help Centers.
 1. Description – These community centers, such as drop-in centers or recovery community organizations, provide a range of opportunities for persons with or a history of mental health and substance use conditions to independently develop, operate, and participate in social, recreational, self-help, harm reduction, and networking activities. This covered service may not be provided to a person less than 18 years old.
 2. Programs – Community Mental Health and Community Substance Abuse.
 3. Measurement Standard – Non-direct staff hour as defined in subparagraph (3)(a)2. of this rule.
 4. Data Elements:
 - a. Service Documentation:
 - (I) Number of Days,
 - (II) Time Sheet; and,
 - (III) Staff name and identification number.
 - b. Audit Documentation:
 - (I) Time Sheet; and,
 - (II) Staff name and identification number.
 - (l) Florida Assertive Community Treatment (FACT) Team.
 1. Description – A FACT team is comprised of slots for participants with a serious mental illness. For a provider to identify themselves as a FACT team, the provider must demonstrate adherence to assertive community treatment principles. FACT Teams provide non-residential services that are available twenty-four hours per day, seven days per week. Rehabilitative, support and therapeutic services are provided in the community, by a multidisciplinary team. This covered service may not be provided to a person less than 18 years old.
 2. Programs – Community Mental Health and Community Substance Abuse.
 3. Measurement Standard – Number of Enrolled Participants, notwithstanding the requirements of paragraph (3)(a) of this rule.
 4. Data Elements:
 - a. Enrollment Documentation:
 - (I) Date and number of enrolled participants,
 - (II) Services provided for participant,
 - (III) Program; and,
 - (IV) Staff identification and signature.
 - b. Audit Documentation – Time Sheet:
 - (I) Staff name and identification number,
 - (II) Date,
 - (III) Hours worked – Beginning and ending time,
 - (IV) Program,
 - (V) Covered Service; and,

(VI) Signature of Supervisor.

5. Reimbursement for this Covered Service shall be based upon the total value of a service provider’s FACT team contract divided by the number of contracted slots establishing the annual cost per participant. The annual cost per participant may be divided by 365 days per year to establish the daily enrollment cost.

(m) HIV Early Intervention Services.

1. Description - This Covered Service is a bundled service package to provide Human Immunodeficiency Virus (HIV) Early Intervention Services in accordance with 65D-30.004, F.A.C. Allowable HIV Early Intervention Services may include one or any combination of the following activities:

- a. Pretest counseling,
- b. Posttest counseling,
- c. Tests to confirm the presence of HIV,
- d. Tests to diagnose the extent of the deficiency in the immune system,
- e. Tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from HIV, including tests for hepatitis C (when provided to individuals with HIV),
- f. Therapeutic measures for preventing and treating the deterioration of the immune system and conditions arising from HIV, and
- g. Linkages to diagnostic tests, therapeutic measures, and HIV specific support services.

2. Programs – Community Substance Abuse

3. Measurement Standard: Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1., of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Staff name and identification number,
- (II) Recipient name and identification number,
- (III) Service date,
- (IV) Duration,
- (V) Service (specify), and
- (VI) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration, and
 - (V) Service (specify).
- (n) Incidental Expenses.

1. Description – This Covered Service reports temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized by the Managing Entity. Allowable purchases under this Covered Service includes: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the Department or Managing Entity.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Cumulative allowable expenses reported in actual dollars expended, notwithstanding the requirements of paragraph (3)(a) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service,
- (II) Program,
- (III) Recipient name and identification,
- (IV) Receipt for incurred incidental costs,
- (V) Authorization from the department or appropriate managing entity; and,
- (VI) Invoice date.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service,
- (II) Recipient name and identification number,
- (III) Invoice date,
- (IV) Receipt for incurred incidental costs,
- (V) Associated plan of care goal, and
- (VI) Authorization documentation.
- (o) Information and Referral.

1. Description – These services maintain information about resources in the community, link people who need assistance with appropriate service providers, and provide information about agencies and organizations that offer services. The information and referral process is comprised of: being readily available for contact by the individual, assisting the individual with determining which resources are needed, providing referral to appropriate resources, and following up to ensure the individual’s needs have been met, where appropriate.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(I) of this rule.
- 4. Data Elements:

a. Service Documentation – Duty Roster:

- (I) Staff name and identification number,
- (II) Date,
- (III) Hours on Duty – Beginning and ending time,
- (IV) Covered Service,
- (V) Program; and,
- (VI) Signature of Clinical Director.

b. Audit Documentation – Time Sheet:

- (I) Staff name and identification number,
- (II) Date,
- (III) Hours worked – Beginning and ending time,
- (IV) Program,
- (V) Covered Service; and,
- (VI) Signature of Supervisor.
- (p) In-Home and On-Site.

1. Description – Therapeutic services and supports, including early childhood mental health consultation, are rendered for individuals and their families in non-provider settings such as nursing homes, assisted living facilities, residences, schools, detention centers, commitment settings, foster homes, daycare centers, and other community settings.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
- 4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service,
- (II) Staff name and identification number,
- (III) Recipient name and identification number,
- (IV) Service date,
- (V) Duration,
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,
- (II) Staff name and identification number,

- (III) Service date,
- (IV) Duration; and,
- (V) Service (specify).
- (q) Inpatient.

1. Description – Inpatient services provided in psychiatric units within hospitals licensed as general hospitals and psychiatric hospitals under Chapter 395, F.S. They provide intensive treatment and stabilization to persons exhibiting behaviors that may result in harm to self or others due to mental illness or co-occurring mental illness and substance use disorder.

2. Programs – Community Mental Health.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Name of hospital,
- (II) Recipient name and identification number,
- (III) Clinical diagnosis,
- (IV) Service date; and,
- (V) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Name of hospital,
- (II) Recipient name and identification number,
- (III) Clinical diagnosis,
- (IV) Service date.

(r) Intensive Case Management.

1. Description – These services are typically offered to persons who are being discharged from an acute care setting, and need more professional care, and have contingency needs to remain in a less restrictive setting. The services include the same components as case management as described in subparagraph (4)(d)1., of this rule, but are provided at a higher intensity and frequency, and with lower caseloads per case manager sufficient to meet the needs of the individuals in treatment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Activity Log:

- (I) Covered Service,
- (II) Staff name and identification number,
- (III) Recipient name and identification number,
- (IV) Service date,
- (V) Duration,
- (VI) Service (specify); and,
- (VII) Program.

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,
- (II) Staff name and identification number,
- (III) Service date,
- (IV) Duration; and,
- (V) Service (specify).

(s) Intervention.

1. Description – Intervention services focus on reducing risk factors generally associated with the progression of substance misuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families. This covered service shall include clinical supervision provided to a service provider’s personnel by

a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
4. Data Elements:
 - a. Service Documentation – Activity Log:
 - (I) Covered Service,
 - (II) Staff name and identification number,
 - (III) Recipient name and identification number,
 - (IV) Service date,
 - (V) Duration,
 - (VI) Service (specify),
 - (VII) Group Indicator; and,
 - (VIII) Program.

- b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).
 - (t) Medical Services.

1. Description – Medical services provide primary psychiatric care, therapy, and medication administration provided by an individual licensed under the state of Florida to provide the specific service rendered. Medical services improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems, including mental status assessment. Medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(I) of this rule.
4. Data Elements:
 - a. Service Documentation – Service Ticket:
 - (I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration,
 - (V) Clinical diagnosis,
 - (VI) Covered Service,
 - (VII) Service (specify),
 - (VIII) Group Indicator; and,
 - (IX) Program.

- b. Audit Documentation – Recipient Service or Non-Recipient Chart:
 - (I) Recipient name and identification number or if non-recipient, participant’s name, address, and relation to recipient,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).
 - (u) Medication-Assisted Treatment.

1. Description – This Covered Service provides for the delivery of medications for the treatment of substance use disorders which are prescribed by a licensed health care professional. Services must be based upon a clinical assessment, and treatment and support services must be available for and offered to individuals receiving medications to support their ongoing recovery.

- 2. Programs – Community Substance Abuse.
- 3. Measurement Standard – Dosage, as defined in sub-subparagraph (3)(a)4.a. of this rule.
- 4. Data Elements:

- a. Service Documentation – Medication Administration Record:

- (I) Recipient name and identification number,
- (II) Dosage date,
- (III) Prescribed dosage,
- (IV) Clinical diagnosis,
- (V) Covered Service,
- (VI) Service (specify); and,
- (VII) Program.

- b. Audit Documentation – Recipient Service Chart:

- (I) Individual name and identification number,
- (II) Dosage date,
- (III) Dosage received; and,
- (IV) Covered Service.
- (v) Mental Health Clubhouse Services.

1. Description – Structured, evidence-based services both strengthen and/or regain the individual’s interpersonal skills, provide psycho-social support, develop the environmental supports necessary to help the individual thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are typically provided in a community-based program with trained staff and members working as teams to address the individual’s life goals and to perform the tasks necessary for the operations of the program. The emphasis is on a holistic approach focusing on the individual’s strengths and abilities while challenging the individual to pursue those life goals. This service would include, but not be limited to, clubhouses certified under the International Center for Clubhouse Development. This covered service may not be provided to a person less than 18 years old.

- 2. Programs – Community Mental Health.

- 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

- 4. Data Elements:

- a. Service Documentation – Duty Roster:

- (I) Staff name and identification number,
- (II) Date,
- (III) Hours on Duty – Beginning and ending time,
- (IV) Covered Service,
- (V) Program; and,
- (VI) Signature of Program Manager.

- b. Audit Documentation.

- (I) Staff name and identification number,
- (II) Date,
- (III) Hours worked – Beginning and ending time,
- (IV) Program,
- (V) Covered Service,
- (VI) Clubhouse Schedule,
- (VII) Daily consumer sign-in sheet with date; and,
- (VIII) Signature of Program Manager.
- (w) Outpatient.

1. Description – Outpatient services provide clinical interventions to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse use disorders. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Outpatient services may be provided to an individual or in a group setting. The maximum number of individuals allowed in a group session is 15. This covered

service shall include clinical supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:
 - a. Service Documentation – Service Ticket:
 - (I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration,
 - (V) Covered Service,
 - (VI) Service (specify),
 - (VII) Clinical Diagnosis,
 - (VIII) Group Indicator; and,
 - (IX) Program.
 - b. Audit Documentation – Recipient Service or Non-Recipient Chart:
 - (I) Recipient name and identification number or, if non-recipient, participant’s name, address, and relation to recipient,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Clinical diagnosis,
 - (V) Duration; and,
 - (VI) Service (specify).
 - (x) Outreach.

1. Description – Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals: encourage, educate, and engage prospective individuals who show an indication of substance misuse and mental health problems or needs. Individual enrollment is not included in Outreach services.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.
4. Data Elements:
 - a. Service Documentation – Time Sheet:
 - (I) Staff name and identification number,
 - (II) Description of activity, including time to plan and prepare,
 - (III) Duration,
 - (IV) Activity date,
 - (V) Program; and,
 - (VI) Covered Service.
 - b. Audit Documentation:
 - (I) Activity list,
 - (II) Duration; and,
 - (III) Supervisor’s staff schedule.
 - (y) Prevention – Indicated.

1. Description – Indicated prevention services are provided to at-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental health or substance use disorders. Target recipients of indicated prevention services are at-risk individuals who do not meet clinical criteria for mental health or substance use disorders. Indicated prevention services preclude, forestall, or impede the development of mental health or substance use disorders. These services shall address the following specific prevention strategies, as defined in rule 65D-30.013, F.A.C.: education, alternative and problem identification and referral services.

2. Programs – Community Mental Health and Community Substance Abuse.
 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule, measured at a maximum of eight hours per calendar day.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Staff name,
- (II) Staff identifier number,
- (III) Name of Program,
- (IV) Activity Name,
- (V) Activity Description,
- (VI) Program Group Identifier,
- (VII) Activity Date,
- (VIII) Activity duration,
- (IX) Specific Prevention Strategy provided,
- (X) Participant name and identification number,
- (XI) Number of participants served; and,
- (XII) Staff time, including separate planning, preparation and travel time details.

b. Audit documentation:

- (I) Attendances records with date,
 - (II) Program Material; and,
 - (III) Activity name from the program manual.
- (z) Prevention – Selective.

1. Description – Selective prevention services are provided to a population subgroup whose risk of developing mental health or substance use disorders is higher than average. Target recipients of selective prevention services do not meet clinical criteria for mental health or substance use disorders. Selective prevention services preclude, forestall, or impede the development of mental health or substance use disorders. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, and problem identification and referral services.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service,
- (II) No change,
- (III) Program name and program group identifier,
- (IV) Description of activity, including time to plan and prepare,
- (V) Duration,
- (VI) Activity Date,
- (VII) Specific Prevention Strategy provided,
- (VIII) Number served; and,
- (IX) Staff time, including separate planning, preparation and travel time details.

b. Audit Documentation:

- (I) Attendance records with date,
 - (II) Program Material; and,
 - (III) Activity name from the program manual.
- (aa) Prevention – Universal Direct.

1. Description – Universal direct prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services preclude, forestall, or impede the development of mental health or substance use disorders. Universal direct services directly serve an identifiable group of participants who have not been identified on the basis

of individual risk. This includes interventions involving interpersonal and ongoing or repeated contact such as curricula, programs, and classes. These services shall address the following specific prevention strategies, as defined in rule 65D-30.013, F.A.C.: information dissemination, education, alternatives, or problem identification and referral services.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.
4. Data Elements:
 - a. Service Documentation – Time Sheet:
 - (I) Staff name and identification number,
 - (II) Program name and program group identifier,
 - (III) Description of activity, including time to plan and prepare,
 - (IV) Duration,
 - (V) Activity Date,
 - (VI) Specific Prevention Strategy provided,
 - (VII) Number served; and,
 - (VIII) Staff time, including separate planning, preparation and travel time details.
 - b. Audit Documentation:
 - (I) Attendance records with date,
 - (II) Program Material; and,
 - (III) Activity name from the program manual.

1. Description – Universal indirect prevention services are provided to the general public or a whole population that has not been identified on the basis of individual risk. These services preclude, forestall, or impede the development of mental health or substance use disorders. Universal indirect services support population-based programs and environmental strategies such as changing laws and policies. These services can include programs and policies implemented by coalitions. These services can also include meetings and events related to the design and implementation of components of the strategic prevention framework, including needs assessments, logic models, and comprehensive community action plans. These services shall address the following specific prevention strategies, as defined in Rule 65D-30.013, F.A.C.: information dissemination, education, community-based processes, and environmental strategies.

2. Programs – Community Mental Health and Community Substance Abuse.
3. Measurement Standard – Non-Direct Staff Hour, as defined in subparagraph (3)(a)2. of this rule.
4. Data Elements:
 - a. Service Documentation – Time Sheet:
 - (I) Staff name and identification number,
 - (II) Description of activity, including time to plan and prepare,
 - (III) Duration,
 - (IV) Activity Date,
 - (V) Specific Prevention Strategy provided, as defined in rule 65D-30.013, F.A.C.,
 - (VI) Number of attendees,
 - (VII) Staff time including separate planning, preparation and travel time details; and,
 - (VII) For media campaigns, identify the campaign name, number of buys, days and times, and copies of media content.
 - b. Audit Documentation:
 - (I) Meeting minutes with date,
 - (II) Meetings materials; and,
 - (III) Agenda with date.

1. Description – This Covered Service is comprised of nonclinical activities that assist individuals and families in recovering from substance use and mental health conditions. Activities include social support, linkage to and coordination among service providers, life skills training, recovery planning, coaching, education on mental illness and substance use disorders, assisting individuals using

digital therapeutics approved by the United States Food and Drug Administration, and other supports that facilitate increasing recovery capital and wellness contributing to an improved quality of life. Recovery capital is the personal, family, social, community resources and natural supports that promote recovery. These activities may be provided prior to, during, and after treatment. These services support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. This Covered Service shall include supervision provided to a service provider’s personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service, or by a certified peer specialist who has at least 2 years of full-time experience as a peer specialist at a licensed behavioral health organization. This Covered Service must be provided by a Certified Recovery Peer Specialist pursuant to Section 397.417, F.S. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.
- 4. Data Elements:
 - a. Service Documentation – Activity Log:
 - (I) Covered Service,
 - (II) Staff name and identification number,
 - (III) Recipient name and identification number,
 - (IV) Service date,
 - (V) Duration,
 - (VI) Service (specify),
 - (VII) Clinical diagnosis,
 - (VIII) Group Indicator; and,
 - (IX) Program.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).

1. Description – These licensed services provide a structured, live-in, non-hospital setting with supervision on a twenty-four hours per day, seven days per week basis. For adult mental health, Residential Treatment Facilities Level IA and IB, as defined in Rule 65E-4.016, F.A.C., are reported under this Covered Service. For children with serious emotional disturbances, Level 1 services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis stabilization setting. Residential Treatment Centers, as defined in Rule 65E-9.002, F.A.C. are reported under this Covered Service. For substance use treatment, Residential Level 1, as defined in Rule 65D-30.007, F.A.C., provides a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
- 4. Data Elements:
 - a. Service Documentation – Census Log:
 - (I) Covered Service,
 - (II) Program,
 - (III) Clinical diagnosis,
 - (IV) Documentation of medications, if applicable,
 - (V) Recipient name and identification number,
 - (VI) Service date; and,
 - (VII) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
- (ee) Residential Level II.

1. Description – Level II facilities are licensed, structured rehabilitation-oriented group facilities that have twenty-four hours per day, seven days per week, supervision. Level II facilities house persons who have significant deficits in independent living skills and need extensive support and supervision. For adults with a mental illness, Residential Treatment Facilities Level II, as defined in Rule 65E-4.016, F.A.C., are reported under this Covered Service. For children with serious emotional disturbances, Level II services provide intensive therapeutic behavioral and treatment interventions. Therapeutic Foster Homes are reported under this Covered Service. For substance use treatment, Level II, as defined in Rule 65D-30.007, F.A.C., services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation and may include formal school and adult educational programs.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service,
- (II) Program,
- (III) Clinical diagnosis,
- (IV) Recipient name and identification number,
- (V) Service date; and,
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
- (ff) Residential Level III.

1. Description – These licensed facilities provide twenty-four hours per day, seven days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living. For adults with a mental illness, Residential Treatment Facilities Level III, as defined in Rule 65E-4.016, F.A.C., are reported under this Covered Service. For substance use treatment, Level III, as defined in Rule 65D-30.007, F.A.C., provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Cost center,
- (II) Program,
- (III) Recipient name and identification number,
- (IV) Clinical diagnosis,
- (V) Service date; and,
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Cost center,
- (II) Recipient name and identification number; and,
- (III) Service date.

(gg) Residential Level IV.

1. Description – This type of facility may have less than twenty-four hours per day, seven days per week on-premise supervision. It is primarily a support service and, as such, treatment services are not included in this Covered Service, although such treatment services may be provided as needed through other Covered Services. Level IV includes satellite apartments, satellite group homes, and therapeutic foster homes. For adults with a mental illness, Residential Treatment Facilities Level IV, as defined in paragraph 65E-4.016, F.A.C., are reported under this Covered Service. For substance use treatment, Level IV, as defined in Rule 65D-30.007, F.A.C., provides a range of assessment, rehabilitation, treatment, and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the individuals served, the emphasis is on rehabilitation or treatment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

(I) Covered Service,

(II) Program,

(III) Recipient name and identification number,

(IV) Clinical diagnosis,

(V) Service date; and,

(VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

(I) Cost center,

(II) Recipient name and identification number; and,

(III) Service date.

(hh) Respite Services.

1. Description – Respite care services support the family or other primary care giver by providing time-limited, temporary relief, including overnight stays, from the ongoing responsibility of care giving.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Service Ticket:

(I) Recipient name and identification number,

(II) Staff name and identification number,

(III) Service date,

(IV) Clinical Diagnosis of client,

(V) Duration,

(VI) Covered Service,

(VII) Respite service type, and,

(VIII) Program.

b. Audit Documentation – Recipient Service Chart:

(I) Covered Service,

(II) Recipient name and identification number; and,

(III) Service date.

(ii) Room and Board with Supervision Level I.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level I as defined in paragraph (4)(dd) of this rule.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service,
 - (II) Program,
 - (III) Recipient name and identification,
 - (IV) Clinical diagnosis,
 - (V) Service date; and,
 - (VI) Residential type.
- b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
- (jj) Room and Board with Supervision Level II.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level II as defined in paragraph (4)(ee) of this rule. This Covered Service is not applicable for provider facilities which meet the definition of an Institute for Mental Disease as defined by Title 42 CFR, Part 435.1010.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
- 4. Data Elements:

- a. Service Documentation – Census Log:
 - (I) Covered Service,
 - (II) Program,
 - (III) Recipient name and identification,
 - (IV) Clinical diagnosis,
 - (V) Service date; and,
 - (VI) Residential type.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
- (kk) Room and Board with Supervision Level III.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Residential Level III as defined in paragraph (4)(ff) of this rule.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II) of this rule.
- 4. Data Elements:

- a. Service Documentation – Census Log:
 - (I) Covered Service,
 - (II) Program,
 - (III) Recipient name and identification,
 - (IV) Clinical diagnosis,
 - (V) Service date; and,
 - (VI) Residential type.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service,
 - (II) Recipient name and identification number; and,
 - (III) Service date.
- (ll) Room and Board with Supervision Level IV.

1. Description – This Covered Service solely provides for room and board with supervision on a twenty-four hours per day, seven days per week basis. It corresponds to Respite Services as defined in this rule.

- 2. Programs – Community Mental Health and Community Substance Abuse.
- 3. Measurement Standard – Day, as defined in sub-sub-subparagraph (3)(a)3.a.(II), of this rule.
- 4. Data Elements:

- a. Service Documentation – Census Log:
 - (I) Covered Service,
 - (II) Program,
 - (III) Recipient name and identification,
 - (IV) Clinical diagnosis,
 - (V) Service date, and
 - (VI) Residential type.
- b. Audit Documentation – Recipient Service Chart:
 - (I) Covered Service,
 - (II) Recipient name and identification number, and
 - (III) Service date.
 - (mm) Short-term Residential Treatment.

1. Description – These individualized, stabilizing acute and immediately sub-acute care services provide short and intermediate duration intensive mental health residential services on a twenty-four hours per day, seven days per week basis, as provided for in Rule Chapter 65E-12, F.A.C. These services shall meet the needs of individuals who are experiencing an acute or immediately sub-acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

- 2. Programs – Community Mental Health.
- 3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.
- 4. Data Elements:

- a. Service Documentation:
 - (I) Number of licensed days; and,
 - (II) Clinical diagnoses of clients.
- b. Audit Documentation – License:
 - (I) Beginning date,
 - (II) Ending date; and,
 - (III) Number of beds.
 - (nn) Substance Abuse Inpatient Detoxification.

1. Description – These programs utilize medical and clinical procedures to assist adults, and adolescents with substance use disorders in their efforts to withdraw from the physical effects of substance use. Residential detoxification and addiction receiving facilities provide emergency screening, evaluation, short-term stabilization, and treatment in a medically supervised.

- 2. Programs – Community Substance Abuse.
- 3. Measurement Standard –Day, as defined in sub-sub-subparagraph (3)(a)3.a.(I) of this rule.
- 4. Data Elements:

- a. Service Documentation:
 - (I) Number of Days; and,
 - (II) Clinical diagnoses and age of clients.
- b. Audit Documentation – License:
 - (I) Beginning date,
 - (II) Age of clients,
 - (III) Documentation of children’s Crisis Stabilization Unit license, if applicable,
 - (IV) Ending date; and,
 - (V) Number of beds.
 - (oo) Substance Abuse Outpatient Detoxification.

1. Description – These services utilize medication or a psychosocial counseling regimen that assists recipients in their efforts to withdraw from the physiological and psychological effects of of addictive substances.

2. Programs – Community Substance Abuse.
 3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(I) of this rule, to a maximum of four hours in a calendar day.

4. Data Elements:

a. Service Documentation – Census Log:

- (I) Covered Service,
- (II) Program,
- (III) Recipient name and identification,
- (IV) Clinical diagnosis,
- (V) Service date; and,
- (VI) Residential type.

b. Audit Documentation – Recipient Service Chart:

- (I) Covered Service,
 - (II) Recipient name and identification number,
 - (III) Service date and duration; and,
 - (IV) Staff name and identification number.
- (pp) Supported Employment.

1. Description – Supported employment is an evidence-based approach that assists individuals with gaining competitive integrated employment. Supported employment can be a team-based approach and focuses on the full range of community jobs that match the job seeker’s strengths and preferences. Job supports are individualized and include: job development, job placement, and long-term job coaching.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard – Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(III) of this rule.

4. Data Elements:

a. Service Documentation – Time Sheet:

- (I) Covered Service,
- (II) Staff name and identification number,
- (III) Recipient name and identification number,
- (IV) Clinical diagnosis,
- (V) Service date,
- (VI) Duration; and,
- (VII) Service (specify).

b. Audit Documentation – Recipient Service Chart:

- (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (VI) Service (specify).
- (qq) Supportive Housing/Living.

1. Description – Supported housing/living is an evidence-based approach to assist persons with substance use and mental illness in the selection of permanent housing of their choice. These services also provide the necessary supports to transition into independent community living and assure continued successful living in the community. For children with mental health challenges, supported living services are a process which assist adolescents in selecting and maintaining housing arrangements and provides services, such as training in independent living skills, to assure successful transition to independent living or with roommates in the community. For substance use treatment, services provide for the housing and monitoring of recipients who are participating in non-residential services, recipients who have completed or are completing substance use treatment, and those recipients who need assistance and support in independent or supervised living within a “live-in” environment.

2. Programs – Community Mental Health and Community Substance Abuse.

3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
4. Data Elements:
 - a. Service Documentation – Time Sheet:
 - (I) Covered Service,
 - (II) Staff name and identification number,
 - (III) Recipient name and identification number,
 - (IV) Clinical diagnosis,
 - (V) Service date,
 - (VI) Duration; and,
 - (VII) Service (specify).
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).
- (rr) Treatment Accountability for Safer Communities (TASC).
 1. Description – TASC provides for identification, screening, court liaison, referral and tracking of persons in the criminal justice system with a history of substance use or addiction.
 2. Programs – Community Substance Abuse.
 3. Measurement Standard –Direct Staff Hour, as defined in sub-sub-subparagraph (3)(a)1.a.(II) of this rule.
 4. Data Elements:
 - a. Service Documentation – Time Sheet:
 - (I) Covered Service,
 - (II) Staff name and identification number,
 - (III) Recipient name and identification number,
 - (IV) Service date,
 - (V) Duration,
 - (VI) Clinical Diagnosis,
 - (VII) Service (specify); and,
 - (VIII) Program.
 - b. Audit Documentation – Recipient Service Chart:
 - (I) Recipient name and identification number,
 - (II) Staff name and identification number,
 - (III) Service date,
 - (IV) Duration; and,
 - (V) Service (specify).
 - (5) Budgeting and Accounting for Revenues and Expenditures.
 - (a) The SAMH-Funded Entity shall budget and account for revenues and expenditures in the SAMH Covered Services for substance abuse and mental health services.
 - (b) The SAMH-Funded Entity shall develop a written plan for allocating direct and indirect costs to Covered Services which complies with the cost principles established in Rule 65E-14.017, F.A.C. The entity’s chief financial officer or equivalent shall assert that the cost plan is reasonable and complies with these cost principles.
 - (c) Revenue shall be accounted for in the Covered Service where it is generated. If it is not possible to determine the Covered Service where revenue is generated, the revenue shall be allocated to Covered Services pursuant to a written methodology, maintained by the provider, in accordance with Generally Accepted Accounting Principles.
 - (d) Managing Entity Required Fiscal Reports. Each Managing Entity shall submit the CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget, <https://www.flrules.org/Gateway/reference.asp?No=Ref-04192>, hereby incorporated by reference, to

the department.

(e) Service Provider Required Fiscal Reports.

1. All service providers shall prepare and submit the following proposed fiscal reports to the department or Managing Entity, as appropriate, for approval prior to the start of the contract or subcontract period:

a. CF-MH 1042, July 2014, SAMH Projected Operating and Capital Budget, <https://www.flrules.org/Gateway/reference.asp?No=Ref-04192>, as incorporated by paragraph (5)(d) of this rule.

b. CF-MH 1043, July 2014, Agency Capacity Report, <https://www.flrules.org/Gateway/reference.asp?No=Ref-04193>, hereby incorporated by reference.

c. CF-MH 1045, Oct 2015, <http://www.flrules.org/Gateway/reference.asp?No=Ref-06538>, Program Description, hereby incorporated by reference.

(I) A service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance of the end of any quarter in which a change in the Program Description occurs, except changes that pertain to primary referral sources, average length of client participation, or staffing levels by type of service delivery position.

(II) A service provider shall give the department or Managing Entity, as appropriate, notification ten calendar days in advance prior to any changes to the Program Description pertaining to service capacity, admissions and discharge criteria, or service location.

2. If a service provider proposes different rate methodologies or rates for each program applicable to a Covered Service the fiscal reports in sub-subparagraphs (5)(e)1.a. through c. of this rule, shall display information separately for each program. If the entity proposes the same rate methodologies and rate for every program applicable to a Covered Service; these reports may combine the information for all programs for that Covered Service.

3. Once a contract or subcontract has been signed, the service provider shall submit a final version of the reports specified in sub-subparagraphs (5)(e)1.a. through c. of this rule.

(6) Setting Rates.

(a) Negotiated Rates.

1. The department or Managing Entity and a service provider shall negotiate rate methodologies and rates that are based on projected expenditures and number of units of service to be furnished during the contract or subcontract period using the fiscal reports required in sub-subparagraphs (5)(e)1.a. through c. of this rule.

2. Negotiations shall take into account the rates paid to the service provider for the most recent completed state fiscal year. The service provider shall submit a budget narrative explaining any major changes in projected expenditures from the previous year, including any proposed changes to the quality or quantity of service to be provided.

3. When proposing projected rates on the Agency Capacity Report, the service provider shall use the number of units derived using the following minimum productivity and utilization standards:

a. Direct Staff Hour – Annualized Standard Units: 1,252 hours per FTE; Standard Percentage: 60.19 percent.

(I) Exceptions:

(II) For paragraph (4)(h), Crisis Support/Emergency, and paragraph (4)(o), Information and Referral – Annualized Standard Units: 2,080 hours per FTE; Standard Percentage: 100 percent.

(III) For paragraph (4)(l), FACT – Annualized Standard Units: 1,788 hours per FTE; Standard Percentage: 85.96 percent.

(IV) For paragraph (4)(v), Mental Health Clubhouse – Annualized Standard Units: 1,768 hours per FTE; Standard Percentage: 85 percent.

(V) For paragraph (4)(i), Day care; paragraph (4)(j), Day Treatment; paragraph (4)(y), Prevention – Indicated; and paragraph (4)(oo), Substance Abuse Outpatient Detoxification – Annualized Standard Units to be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 90 percent.

b. Non-Direct Staff Hour – Annualized Standard Units: 1,430 hours per FTE; Standard Percentage: 68.75 percent, except for paragraph (4)(k). Drop-in/Self help Centers – Annualized Standard Units: To be established through negotiation between the department or Managing Entity and the service provider; Standard Percentage: 100 percent.

c. Day – Annualized Standard Units: 365 Days or 366 Days during Leap Year; Standard Percentage: 100 percent, except paragraphs (4)(dd) - (gg). Residential I-IV; paragraphs(4)(ii) - (ll), Room and Board with Supervision I-III Annualized Standard Units: 365 Days; Standard Percentage: 85 percent.

d. Dosage – Annualized Standard Units: To be established through negotiation between the department or Managing Entity and

the service provider; Standard Percentage: 100 percent.

4. Nothing herein shall preclude the department or Managing Entity from using audited data on actual expenditures to analyze the projected rates submitted by a SAMH-Funded Entity.

(b) For contracts and subcontracts under \$200,000 annually, in lieu of negotiating rates under the provisions of paragraph (6)(a), above, the Managing Entity may instead set a rate at a level not in excess of a region's average or median rate negotiated under the provisions of paragraph (6)(a), for the same year. If no such rate exists for a particular Covered Service, the Managing Entity may set a rate not to exceed the SAMH-Funded Entity's established client charges.

(7) Payment for Service.

(a) Eligibility for Payment.

1. A service provider shall invoice only for Covered Services that:

- a. Are within a contractually specified Covered Service; and,
- b. Have been delivered during the contract period.

2. A service provider shall not invoice for any Covered Services paid for under any other contract or from any other source.

3. For the purposes of payment, the department shall not be considered a liable third party payer for Medicaid or other publically funded benefits assistance program. A Medicaid enrolled Service Provider shall not bill the department for Medicaid covered services provided to a Medicaid eligible recipient. A SAMH-Funded Entity shall not bill the department for:

a. Any Covered Service that is partially compensated by Medicaid, or another publically funded benefits program source. This shall include any difference in a service provider's rate for a Covered Service and any discount or contracted rate payable by another source, or

b. An individual's share of service cost, when that cost is reimbursable by Medicaid, or another publically funded benefits program.

4. Nothing in this paragraph shall be construed to prevent payment for Covered Services that are not covered by Medicaid or another publically-funded benefits assistance program, or provided to an individual who has depleted other fund sources.

(b) Financial Penalties. The department or a Managing Entity shall apply the provisions of rule 65-29.001, F.A.C, if a service provider fails to comply with an approved corrective action plan in response to a finding of unacceptable performance, nonperformance, or noncompliance to the terms and conditions of a contract or subcontract.

(c) The SAMH-Funded Entity's invoice packet shall include a signed attestation by the fiscal agent identified in the entity's contract or subcontract that, to the best of the fiscal agent's knowledge at the time of invoice submission, no other payor source was available or approved to reimburse the entity for the services submitted for reimbursement.

(d) Upon notification of overpayments by the department, an SAMH-Funded Entity shall have thirty days to remit the amount of the overpayment to the department.

(e) Service Documentation.

1. Service providers shall establish procedures for documenting and reporting service events in such a manner as to provide a clear and distinguishable audit trail. Such procedures shall ensure that documents and reports are complete and accurate, service documentation requirements are met for each Covered Service, and the department is not billed for unallowable units or more units than are eligible to be paid.

2. If a service provider fails to meet the individual eligibility and service delivery regulatory requirements of a federal or state funding source provided by the department and the service provider receives payment from the department for such service, the amount of the payment shall be considered an overpayment and be remitted to the department or offset by the service provider providing additional contracted substance abuse or mental health services of comparable or more value that comply with the individual eligibility and service delivery regulatory requirements.

Rulemaking Authority 394.78(1), (5), 394.9082(3), 397.321(5), 402.73 FS. Law Implemented 394.74(2)(b), (3)(d), (e), (4), 394.77, 394.78(1), (5), 394.9082, 397.321(10), 402.73(1) FS. History—New 7-1-03, Amended 12-14-03, 1-2-05, 7-27-14, 6-28-15, 4-27-16, 3-5-23.