

MEMORANDUM OF AGREEMENT
Between
Florida Alcohol and Drug Abuse Association, Inc.
and
Broward County, Florida

This Memorandum of Agreement is entered into between the **Florida Alcohol and Drug Abuse Association, Inc.**, hereinafter referred to as the “**Association**” and **Broward County, Florida**, located at 325 S.W. 28th Street, Fort Lauderdale, Florida 33315, hereinafter referred to as the “**Provider**.”

1. PURPOSE

This Agreement serves to define the terms and conditions of the relationship between the **Association** and the **Provider** for the Medication-Assisted Treatment (MAT) Program and the provision of screening/education, medical assessment, and administration of Food and Drug Administration (FDA)-approved medication to treat substance use disorders. Medications include extended-release injectable naltrexone to treat alcohol and opioid-addicted individuals and methadone, buprenorphine, injectable buprenorphine, and oral naltrexone to treat opioid-addicted individuals in community-based drug treatment programs. Eligible medications and unit cost rates for the **Provider** are identified in Attachment C – Payment Schedule.

2. EFFECTIVE AND ENDING DATES

This Agreement shall be effective July 1, 2022, or the last party signature date, whichever is later. The service performance period under this Agreement shall commence on July 1, 2022, or the effective date of this Agreement, whichever is later, and shall end at the close of the day, Eastern Standard Time, on June 30, 2023, subject to the survival of terms provisions of Section 9.4. This Agreement may be renewed at the discretion of the **Association**.

3. AGREEMENT DOCUMENT

This Agreement is composed of the documents referenced in this section including:

- This standard Agreement
- Attachment A – Provider Eligibility
- Attachment B – Scope of Work
- Attachment C – Payment Schedule
- Attachment D – Compliance Requirements
- Attachment E – Business Associate Agreement
- Attachment F – Provider Allocation Agreement – Allocation/Target Spend Rates
- Attachment G – Employee Eligibility Affidavit
- Attachment H – Civil Rights Compliance Checklist

4. STATEMENT OF WORK

The **Provider** shall perform all tasks and provide units of deliverables, including reports, findings, and drafts, as specified in this Agreement. The **Association** reserves the right to increase or decrease the volume of services and to add tasks that are incidental or complementary to the original scope of services. When such increase or decrease occurs, except where the method of payment is prescribed by law, compensation will be equitably adjusted by the **Association** to the extent that funds may be available. Such increase or decrease shall be reduced to writing through a formal amendment to this Agreement.

The Scope of Work is included in Attachment B.

5. PAYMENT, INVOICE AND RELATED TERMS

The **Association** shall pay for services performed by the **Provider** during the service performance period of this Agreement according to the terms and conditions of this Agreement in an amount not to exceed that set forth in the allocation as described in the Provider Allocation Acknowledgement – Allocation/Target Spend Rates, Attachment F, subject to the availability of funds and satisfactory performance of all terms by the **Provider**.

5.1. Method of Payment

The **Provider** shall be paid in accordance with Attachment C, Payment Schedule.

5.2. Financial Consequences

If the **Provider** fails to perform in accordance with this Agreement or perform the minimum level of service required by this Agreement, the Association will apply financial consequences, which may include but are not limited to refusing payment, withholding payments until deficiency is cured, tendering only partial payments, or termination of this Agreement per Section 8 and requisition of services from an alternate source. Any payment made in reliance on the **Provider's** evidence of performance, which evidence is subsequently determined to be erroneous, will be immediately due as an overpayment in accordance with Section 5.3, to the extent of such error.

5.3. Overpayments and Offsets

The **Provider** shall return to the **Association** any overpayments due to unearned funds or funds disallowed that were disbursed to the **Provider** by the **Association** and any interest attributable to such funds. Should repayment not be made promptly upon discovery by the **Provider** or its auditor or upon written notice by the **Association**, the **Provider** will be charged interest at the lawful rate of interest on the outstanding balance until returned. Payments made for services subsequently determined by the **Association** to not be in full compliance with Agreement requirements shall be deemed overpayments. The **Association** shall have the right at any time to offset or deduct from any payment due under this or any other agreement or any amount due to the **Association** from the **Provider**. If this Agreement involves federal or state financial assistance, the following applies: The **Provider** shall return to the **Association** any unused funds; any accrued interest earned; and any unmatched grant funds, as detailed in the Final Financial Report, no later than 60 days following the ending date of this Agreement.

6. GENERAL TERMS AND CONDITIONS GOVERNING PERFORMANCE

6.1. Compliance with Statutes, Rules and Regulations

In performing its obligations under this Agreement and as a licensed substance abuse services organization, the **Provider** shall without exception be aware of and comply with all State and Federal laws, rules, Department of Children and Families Operating Procedures (CFOPs), and regulations relating to its performance under this Agreement as they may be enacted or amended from time-to-time, as well as any court or administrative order, judgment, settlement or compliance agreement involving the **Association** which by its nature affects the services provided under this Agreement.

6.2. State Policies

The **Provider** shall comply with the policies set forth in the Florida Department of Financial Services' Reference Guide for State Expenditures available at <https://myfloridacfo.com/docs-sf/accounting-and->

[auditing-libraries/state-agencies/referenceguideforstateexpenditures4a8dd8e7f6fd4eae3eb12363d341f74.pdf?sfvrsn=ae70963d_2](https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/cfo-memos/cfomemo-02-referenceguideforstateexpenditures.pdf?sfvrsn=ae70963d_2) and active Comptroller/Chief Financial Officer Memoranda issued by the Division of Accounting and Auditing and available at https://myfloridacfo.com/docs-sf/accounting-and-auditing-libraries/state-agencies/cfo-memos/cfomemo-02-referenceguideforstateexpenditures.pdf?sfvrsn=46e79d16_2

6.3. Independent Contractor, Subcontracting and Assignments

In performing its obligations under this Agreement, the **Provider** shall, at all times, be acting in the capacity of an independent contractor and not as an officer, employee, or agent of the **Association** or the State of Florida. Neither the **Provider** nor any of its agents, employees, subcontractors or assignees shall represent to others that it is an agent of or has the authority to bind the **Association** by virtue of this Agreement, unless specifically authorized in writing to do so.

The **Association** will not furnish services of support (e.g., office space, office supplies, telephone service, secretarial or clerical support) to the **Provider**, or its subcontractor or assignee, unless specifically agreed to by the **Association** in this Agreement. All deductions for social security, withholding taxes, income taxes, contributions to unemployment compensation funds and all necessary insurance for the **Provider**, the **Provider's** officers, employees, agents, subcontractors, or assignees shall be the sole responsibility of the **Provider** and its subcontractors. The parties agree that no joint employment is intended and that, regardless of any provision directing the manner of provision of services, the **Provider** and its subcontractors alone shall be responsible for the supervision, control, hiring and firing, rates of pay and terms and conditions of employment of their own employees.

The **Provider** shall not subcontract for any of the work contemplated under this Agreement without prior written approval of the **Association**, which shall not be unreasonably withheld. The **Provider** shall take such actions as may be necessary to ensure that it and each subcontractor of the **Provider** will be deemed to be an independent contractor and will not be considered or permitted to be an officer, employee, or agent of the State of Florida.

The **Provider** is responsible for all work performed and for all commodities produced pursuant to this Agreement whether actually furnished by the **Provider** or by its subcontractors. Any subcontracts shall be evidenced by a written document. The **Provider** further agrees that the **Association** shall not be liable to the subcontractor in any way or for any reason relating to this Agreement.

The **Provider** shall include, in all subcontracts (at any tier) the substance of all clauses contained in this Agreement that mention or describe subcontract compliance, as well as all clauses applicable to that portion of the **Provider's** performance being performed by or through the subcontract.

To the extent that a subcontract provides for payment after **Provider's** receipt of payment from the **Association**, the **Provider** shall make payments to any subcontractor within seven (7) working days after receipt of full or partial payments from the **Association** in accordance with section 287.0585, F.S., unless otherwise stated in the agreement between the **Provider** and subcontractor. Failure to pay within seven (7) working days will result in a penalty that shall be charged against the **Provider** and paid by the **Provider** to the subcontractor in the amount of one-half of one percent (0.5%) of the amount due per day from the expiration of the period allowed for payment. Such penalty shall be in addition to actual payments owed and shall not exceed fifteen (15%) percent of the outstanding balance due.

6.4. Provider Indemnity

The **Provider** shall be fully liable for the actions of its agents, employees, partners, or subcontractors and

shall fully indemnify, defend, and hold harmless the State and the **Association**, and their officers, agents, and employees, from suits, actions, damages, and costs of every name and description, including attorneys' fees, arising out of or by reason of the execution of this Agreement or arising from or relating to any alleged act or omission by the **Provider**, its agents, employees, partners, or subcontractors in relation to this Agreement provided, however, that the **Provider** shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the **Association**.

Except to the extent permitted by section 768.28, F.S., the paragraph above is not applicable to contracts executed between the **Association** and state agencies or subdivisions defined in section 768.28(2), F.S. Nothing herein is intended to serve as a waiver of sovereign immunity by any party nor shall anything included herein be construed as consent to be sued by third parties in any matter arising out of this Agreement or any other contract. Provider is a state agency or political subdivision as defined in Chapter 768.28, Florida Statutes, and shall be fully responsible for the acts and omissions of its agents or employees to the extent permitted by law.

6.5. Insurance

The **Provider** shall maintain continuous adequate liability insurance coverage during the existence of this Agreement and any renewal(s) and extension(s) thereof. By execution of this Agreement, the **Provider** accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the **Provider** and the patients to be served under this Agreement. Upon the execution of this Agreement, the **Provider** shall furnish the **Association** written verification supporting both the determination and existence of such insurance coverage and shall furnish verification of renewal or replacement thereof prior to the expiration or cancellation. The **Association** reserves the right to require additional insurance as specified in this Agreement.

6.6. Notice of Legal Actions

The **Provider** shall notify the **Association** of potential or actual legal actions taken against the **Provider** related to services provided through this Agreement or that may impact the **Provider's** ability to deliver the contractual services, or that may adversely impact the **Association**. The **Provider** shall notify the **Association's** Agreement Manager within ten (10) days of **Provider** becoming aware of such actions or potential actions or from the day of the legal filing, whichever comes first.

6.7. Intellectual Property

All intellectual property, inventions, written or electronically created materials, including manuals, presentations, films, or other copyrightable materials, arising in relation to **Provider's** performance under this Agreement, and the performance of all of its officers, agents and subcontractors in relation to this Agreement, are works for hire for the benefit of the **Association** and the Office of State Courts Administrator (OSCA), fully compensated for by the Agreement funding amount, and that neither the **Provider** nor any of its officers, agents, or subcontractors may claim any interest in any intellectual property rights accruing under or in connections with the performance of this Agreement.

6.8. Publicity

Without limitation, the **Provider** and its employees, agents, and representatives will not, without prior **Association** written consent in each instance, use in advertising, publicity, or any other promotional endeavor any **Association** mark, the name of the **Association**, the name of any officer or employee of the **Association**, or represent, directly or indirectly, that any product or service provided by the **Provider** has been approved or endorsed by the **Association**.

6.9. Sponsorship

In publicizing, advertising, or describing the sponsorship of the program, the **Provider** shall include the following statement: "Sponsored by (**Provider's** name), the Florida Alcohol and Drug Abuse Association and the State of Florida, Office of State Courts Administrator." If the sponsorship reference is in written material, the words "Florida Alcohol and Drug Abuse Association" and "State of Florida, Office of State Courts Administrator" shall appear in at least the same size letters or type as the name of the organization.

6.10. Employee Gifts

The **Provider** agrees that it will not offer to give or give any gift to any **Association** employee during the service performance period of this Agreement and for a period of two years thereafter. The **Provider** will ensure that its subcontractors, if any, comply with these provisions.

6.11. Mandatory Reporting Requirements

The **Provider**, as a licensed substance abuse services organization, and any subcontractor must comply with and inform its employees of the following mandatory reporting requirements. Each employee of the **Provider**, and of any subcontractor, providing services in connection with this Agreement who has any knowledge of a reportable incident shall report such incident as follows:

- A reportable incident is defined in CFOP 180-4, which is hereby incorporated by reference and can be obtained from the **Association's** Director of Contracts.
- In accordance with CFOP 215-6, the **Provider** must report critical incidents to DCF through the Incident Reporting and Analysis System (IRAS) within one (1) business day and notify **Association** staff when one of the following incidents occurs:
 - A. Adult death involving an accident, homicide, suicide, or undetermined cause of death.
 - B. Employee arrest involving staff, contractors, or volunteers.
 - C. Employee misconduct by staff, contractors, or volunteers that results in a potential liability to DCF, death or harm to patients, or violates any statute, rule, regulation, or policy.
 - D. Security incidents, either intentional or unintentional, resulting in compromised data security, a threat to physical safety or personnel, property, or technology.
 - E. Sexual abuse/battery that involves unsolicited or non-consensual sexual activity by one patient to another patient, an employee or contractor to another individual or patient, or a patient to an employee regardless of consent of the patient.
 - F. Significant injury to patients or staff requiring immediate medical or surgical evaluation or treatment.
 - G. Suicide attempts.
 - H. Other major events that are likely to have significant impacts on patients, DCF, or providers.

Patient-related incidents must be reported in the **Association** web-based data systems hereinafter referred to as the **FADAA Data Portal** and continually monitored through the point of resolution or closure of the incident/issue. Incidents involving significant injury to staff, employee arrest or misconduct, or security incidents for individuals working with extended-release injectable naltrexone patients must be reported to **Association** within one (1) business day. The **Provider** shall keep **Association** staff apprised through the point of resolution or closure of the incident/issue, including any corrective actions, if appropriate.

Other reportable incidents shall be reported to the Department of Children and Families' Office of Inspector General through the Internet at <http://www.dcf.state.fl.us/admin/ig/rptfraud1.shtml> or by completing a Notification/Investigation Request (Form CF 1934) and emailing the request to the Office of

Inspector General at IG.Complaints@myflfamilies.com. The **Provider** and subcontractor may also mail the completed form to the Office of Inspector General, The Centre, Suite 400-I, 2415 Monroe Street, Tallahassee, Florida 32303 or via email to HQW.IG.Single.Audit@myflfamilies.com.

6.12. Employment Screening

The **Provider** shall ensure that all staff utilized by the **Provider** and its subcontractors (hereinafter, "Contracted Staff") that are required by Florida law and by CFOP 60-25, Chapter 2, which is hereby incorporated by reference to be screened in accordance with chapter 435, F.S., are of good moral character and meet the Level 2 Employment Screening standards specified by sections 435.04, 110.1127, and subsection 39.001(2), F.S., as a condition of initial and continued employment. The **Provider** shall maintain documentation to support it has met all the employment screening requirements as set forth by the State of Florida and any and all licensing requirements.

7. RECORDS, AUDITS AND DATA SECURITY

7.1. Records, Retention, Audits, Inspections, and Investigations

The **Provider** shall establish and maintain books, records, and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the **Association** under this Agreement. Upon demand, at no additional cost to the **Association**, the **Provider** will facilitate the duplication and transfer of any records or documents during the term of this Agreement and the required retention period. These records shall be made available at all reasonable times for inspection, review, copying, or audit by State or other personnel duly authorized by the **Association**.

Retention of all patient records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this Agreement shall be maintained by the **Provider** during the term of this Agreement and retained for a period of six (6) years after completion of the Agreement or longer when required by law. In the event an audit is required under this Agreement, records shall be retained for a minimum period of six (6) years after the audit report is issued or until resolution of any audit findings or litigation based on the terms of this Agreement, at no additional cost to the **Association**.

A financial and compliance audit shall be provided to the **Association** as specified in this Agreement.

The **Provider** shall comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by The Office of the Inspector General (section 20.055, F.S.).

No record may be withheld nor may the **Provider** attempt to limit the scope of any of the foregoing inspections, reviews, copying, transfers or audits based on any claim that any record is exempt from public inspection or is confidential, proprietary or trade secret in nature; provided, however, that this provision does not limit any exemption to public inspection or copying to any such record.

7.2. Inspections and Corrective Action

The **Provider** shall permit all persons who are duly authorized by the **Association** or OSCA to inspect and copy any records, papers, documents, facilities, goods and services of the **Provider** which are relevant to this Agreement, and to interview any patients, employees and subcontractor employees of the **Provider** to assure the **Association** of the satisfactory performance of the terms and conditions of this Agreement. Following such review, the **Association** may direct the development, by the **Provider**, of a corrective action plan where appropriate. The **Provider** hereby agrees to timely correct all deficiencies identified in the **Association's** direction. This provision will not limit the **Association's** choice of remedies under law, rule, or this Agreement.

7.3. Health Insurance Portability and Accountability Act (HIPAA)

In compliance with 45 C.F.R. § 164.504(e), the **Provider** shall comply with the provisions of Attachment E to this Agreement, governing the safeguarding, use and disclosure of Protected Health Information created, received, maintained, or transmitted by the **Provider** or its subcontractors incidental to the **Provider's** performance of this Agreement. **Provider** compliance with this mandate will be monitored during on-site administrative and clinical record reviews by **Association** at its discretion.

7.4. Data Security

The **Provider**, as a licensed substance abuse services organization, shall comply with the following data security requirements whenever the **Provider** or its subcontractors have access to the **FADAA Data Portal** or maintain any patient or other confidential information in electronic form:

- An appropriately skilled individual shall be identified by the **Provider** to function as its Data Security Officer. The Data Security Officer shall act as the liaison to the **Association's** security staff and will maintain an appropriate level of data security for the information the **Provider** is collecting or using in the performance of this Agreement. An appropriate level of security includes approving and tracking all **Provider** employees that request or have access to any data system or information. The Data Security Officer will ensure that user access to the data system or information has been removed from all terminated **Provider** employees.
- The **Provider** shall require all staff involved with the MAT program, including medical, clinical, billing, and administrative staff, having access to the **FADAA Data Portal**, to complete the Florida Department of Children and Families security awareness and HIPAA trainings annually. Proof of training must be maintained as per Section 7 of this document.
- All **Provider** employees who have access to the **FADAA Data Portal** shall comply with and be provided a copy of CFOP 50-2 and shall sign the Florida Department of Children and Families Security Agreement form CF 0114 annually.
- The **Provider** shall make every effort to protect and avoid unauthorized release of any personal or confidential information by ensuring both data and mobile storage devices are encrypted. If encryption of these devices is not possible, then the **Provider** shall assure that unencrypted personal and confidential data will not be stored on unencrypted storage devices.
- The **Provider** agrees to notify the **Association** as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential data.
- The **Provider** shall, at its own cost, provide notice to affected parties no later than thirty (30) days following the determination of any potential breach of personal or confidential data as provided in section 501.171, Florida Statutes. The **Provider** shall also at its own cost implement measures deemed appropriate by the **Association** to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential data.
- The **Provider** shall cause each of its subcontractors having access to the **FADAA Data Portal** or maintaining any patient or other confidential information in electronic form to comply with the provisions of this section.

7.5. Public Records

The **Provider** shall allow public access to all documents, papers, letters, or other public records as defined in subsection 119.011(12), F.S. as prescribed by subsection 119.07(1) F.S., made or received by the **Provider** in conjunction with this Agreement except that public records which are made confidential by law must be protected from disclosure. As required by section 287.058(1)(c), F.S., it is expressly understood that the **Provider's** failure to comply with this provision shall constitute an immediate breach of agreement for which

the **Association** may unilaterally terminate this Agreement.

The **Provider** shall:

- Keep and maintain public records that ordinarily and necessarily would be required by the **Association** in order to perform the service.
- Upon request from the **Association's** custodian of public records, provide to the **Association** a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, F.S., or as otherwise provided by law.
- Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the **Provider** does not transfer the records to the **Association**.
- Upon completion of the Agreement, transfer, at no cost, to the **Association** all public records in possession of the **Provider** or keep and maintain public records required by the **Association** to perform the service. If the **Provider** transfers all public records to the **Association** upon completion of the Agreement, the **Provider** shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the **Provider** keeps and maintains public records upon completion of the Agreement, the **Provider** shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the **Association**, upon request from the **Association's** custodian of public records, in a format that is compatible with the information technology systems of the **Association**.

8. TERMINATION AND DISPUTE RESOLUTION

8.1. Termination

This Agreement may be terminated by the **Association** without cause upon no less than thirty (30) calendar days' notice in writing to the **Provider** unless a sooner time is mutually agreed upon in writing.

In the event funds for payment pursuant to this Agreement become unavailable, the **Association** may terminate this Agreement upon no less than twenty-four (24) hours' notice in writing to the **Provider**. The **Association** shall be the final authority as to the availability and adequacy of funds.

In the event the **Provider** fails to fully comply with the terms and conditions of this Agreement, the **Association** may terminate the Agreement upon no less than twenty-four (24) hours' notice in writing to the **Provider**, excluding Saturday, Sunday, and Holidays.

The **Association's** failure to demand performance of any provision of this Agreement shall not be deemed a waiver of such performance. The **Association's** waiver of any one breach of any provision of this Agreement shall not be deemed to be a waiver of any other breach and neither event shall be construed to be a modification of the terms and conditions of this Agreement. The provisions herein do not limit the **Association's** right to remedies at law or in equity.

Failure to have performed any contractual obligations under any other Agreement with the **Association** in a manner satisfactory to the **Association** will be a sufficient cause for termination. Termination shall be upon no less than twenty-four (24) hours' notice in writing to the **Provider**.

In the event of termination, the **Provider** will be compensated up to the limits of the allocations for any work

satisfactorily completed through the date of termination or an earlier date of suspension of work.

This Agreement may be terminated by the **Provider** upon no less than one-hundred and twenty (120) calendar days' notice in writing to the **Association** unless another notice period is mutually agreed upon in writing.

8.2. Dispute Resolution

Any dispute concerning performance of this Agreement or payment hereunder shall be decided by the **Association**, which shall be reduced to writing and a copy of the decision shall be provided to the **Provider** by the Agreement Manager. The decision shall be final and conclusive unless within twenty-one (21) calendar days from the date of receipt of the **Association's** decision, the **Provider** delivers to the Association a petition for alternative dispute resolution.

After receipt of a petition for alternative dispute resolution the **Association** and the **Provider** shall attempt to amicably resolve the dispute through negotiations. Timely delivery of a petition for alternative dispute resolution and completion of the negotiation process shall be a condition precedent to any legal action by the **Provider** concerning this Agreement.

After timely delivery of a petition for alternative dispute resolution, the parties may employ any dispute resolution procedures described in the exhibits or other attachments or mutually agree to an alternative binding or nonbinding dispute resolution process, the terms of which shall be reduced to writing and executed by both parties. Completion of such agreed process shall be deemed to satisfy the requirement for completion of the negotiation process.

This section shall not limit the parties' rights of termination under Section 8.1.

9. OTHER TERMS

9.1. Governing Law and Venue

This Agreement is executed and entered into in the State of Florida and shall be construed, performed and enforced in all respects in accordance with Florida law, without regard to Florida provisions for conflict of laws. State Courts of competent jurisdiction in Florida shall have exclusive jurisdiction in any action regarding this Agreement and venue shall be in Leon County, Florida.

9.2. No Other Terms

There are no provisions, terms, conditions, or obligations other than those contained herein, and this Agreement shall supersede all previous communications, representations, or agreements, either verbal or written between the parties.

9.3. Severability of Terms

If any term or provision of this Agreement is legally determined unlawful or unenforceable, the remainder of the Agreement shall remain in full force and effect and such term or provision shall be stricken.

9.4. Survival of Terms

Unless a provision hereof expressly states otherwise, all provisions hereof concerning obligations of the **Provider** and remedies available to the **Association** survive the ending date or an earlier termination of this Agreement. The **Provider's** performance pursuant to such surviving provisions shall be without further payment. The specific terms of survival include sections 5.2, 5.3, 6.6 as applicable, 7.1, 7.2, 7.3, 7.4, 7.5, 10.4, 11.1, and 11.2 of the Agreement.

9.5. Modifications

Modifications of provisions of this Agreement shall be valid only when they have been reduced to writing and duly signed by both parties. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the **Association's** operating budget.

9.6. Anticompetitive Agreements

The **Provider** will not offer, enter into nor enforce any formal or informal agreement with any person, firm or entity under which the parties agree to refrain from competing for any future service agreement or limit in any manner the ability of either party to obtain employment by or provide services to the **Association** or a provider of services to the **Association**.

9.7. Communications

Except where otherwise provided in this Agreement, communications between the parties regarding this Agreement may be by any commercially reasonable means. Where this Agreement calls for communication in writing, such communication includes email, and attachments thereto are deemed received when the email is received.

9.8. Accreditation

The **Association** is committed to ensuring provision of the highest quality services to the persons we serve. Accordingly, the **Association** has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality service, the majority of the **Association's** providers will either be accredited, have a plan to meet national accreditation standards, or will initiate a plan within a reasonable period of time.

9.9. Unauthorized Aliens

Unauthorized aliens shall not be employed. Employment of unauthorized aliens shall be cause for unilateral cancellation of this Agreement by the **Association** for violation of section 274A of the Immigration and Nationality Act (8 U.S.C. § 1324a) and section 101 of the Immigration Reform and Control Act of 1986. The **Provider** and its subcontractors will enroll in and use the E-Verify system established by the U.S. Department of Homeland Security to verify the employment eligibility of its employees and its subcontractors' employees performing under this Agreement. Employees assigned to the Agreement means all persons employed or assigned (including subcontractors) by the **Provider** or a subcontractor during the Agreement term to perform work pursuant to this Agreement within the United States and its territories.

9.10. Civil Rights Requirements

These requirements shall apply to the **Provider** and all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to patients or employees in connection with its programs and activities.

The **Provider** shall comply with the provisions in accordance with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, or the Florida Civil Rights Act of 1992, as applicable the **Provider** shall not discriminate against any employee (or applicant for employment) in the performance of this Agreement because of race, color, religion, sex, national origin, disability, age, or marital status.

The **Provider** shall not discriminate against any applicant, patient, or employee in service delivery or benefits in connection with any of its programs and activities in accordance with 45 C.F.R., Parts 80, 83, 84, 90, and 91, Title VI of the Civil Rights Act of 1964, or the Florida Civil Rights Act of 1992. If employing fifteen or more employees, the **Provider** shall complete the Civil Rights Compliance Checklist, CF Form 946 (Attachment H)

within thirty (30) days of execution of this Agreement and annually thereafter in accordance with 45 C.F.R., Part 80.

9.11. Use of Funds for Lobbying Prohibited

The **Provider** shall comply with the provisions of sections 11.062 and 216.347, F.S., which prohibit the expenditure of Agreement funds for the purpose of lobbying the Legislature, judicial branch, or a State agency.

9.12. Public Entity Crime and Discriminatory Contractors

Pursuant to sections 287.133 and 287.134, F.S., the following restrictions are placed on the ability of persons placed on the convicted vendor list or the discriminatory vendor list. When a person or affiliate has been placed on the convicted vendor list following a conviction for a public entity crime, or an entity or affiliate has been placed on the discriminatory vendor list, such person, entity or affiliate may not submit a bid, proposal, or reply on an agreement to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on an agreement with a public entity for the construction or the repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under an agreement with any public entity; and may not transact business with any public entity; provided, however, that the prohibition on persons or affiliates placed on the convicted vendor shall be limited to business in excess of the threshold amount provided in section 287.017, F.S., for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

9.13. Whistleblower's Act Requirements

In accordance with subsection 112.3187, F.S., the **Provider** and its subcontractors shall not retaliate against an employee for reporting violations of law, rule, or regulation that creates substantial and specific danger to the public's health, safety, or welfare to an appropriate agency. Furthermore, agencies or independent contractors shall not retaliate against any person who discloses information to an appropriate agency alleging improper use of governmental office, gross waste of funds, or any other abuse or gross neglect of duty on the part of an agency, public officer, or employee. The **Provider** and any subcontractor shall inform its employees that they and other persons may file a complaint with the Office of Chief Inspector General, Agency Inspector General, the Florida Commission on Human Relations or the Whistle-blower's Hotline number at 1-800-543-5353.

10. PATIENT SERVICES APPLICABILITY

10.1. Patient Risk Prevention

The **Provider**, as a licensed substance abuse services organization, and any subcontractors shall, in accordance with the patient risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6. The **Provider** shall immediately report any knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adult to the Florida Abuse Hotline on the statewide toll-free telephone number (1-800-96ABUSE). As required by Chapters 39 and 415, Florida Statutes, this provision is binding upon both the **Provider** and its employees.

10.2. Emergency Preparedness Plan

The **Provider** shall, within thirty (30) days of the execution of this Agreement, develop an emergency preparedness plan which shall include provisions for records protection, alternative accommodations for patients in substitute care, supplies, and a recovery plan that will allow the **Provider** to continue functioning in compliance with the executed Agreement in the event of an actual emergency.

10.3. Support for Individuals with Disabilities

The **Provider** and its subcontractors shall comply with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, as implemented by 45 C.F.R. Part 84 (hereinafter referred to as Section 504), and the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131, as implemented by 28 C.F.R. Part 35 (hereinafter referred to as ADA)

10.4. Confidential Patient and Other Information

Except as provided in this Agreement, the **Provider** shall not use or disclose but shall protect and maintain the confidentiality of any patient information and any other information made confidential by Florida law or Federal laws or regulations that is obtained or accessed by the **Provider** or its subcontractors incidental to performance under this Agreement.

State laws providing for the confidentiality of patient and other information include but are not limited to sections 39.0132, 39.00145, 39.202, 39.809, 39.908, 63.162, 63.165, 383.412, 394.4615, 397.501, 409.821, 409.175, 410.037, 410.605, 414.295, 415.107, 741.3165 and 916.107, F.S.

Federal laws and regulations to the same effect include section 471(a)(8) of the Social Security Act, section 106(b)(2)(A)(viii) of the Child Abuse Prevention and Treatment Act, 7 U.S.C. § 2020(e)(8), 42 U.S.C. § 602 and 2 C.F.R. § 200.303 and 2 C.F.R. § 200.337, 7 C.F.R. § 272.1(c), 42 C.F.R. §§ 2.1-2.3, 42 C.F.R. §§ 431.300-306, 45 C.F.R. § 205.

A summary of Florida Statutes providing for confidentiality of this and other information is found in Part II of the Attorney General's Government in the Sunshine Manual, as revised from time-to-time.

10.5. Major Disasters and Emergencies

The Stafford Act allows federal assistance for major disasters and emergencies upon a declaration by the President. Upon the declaration, the **Association** is authorized to apply for federal reimbursement from the Federal Emergency Management Agency (FEMA) to aid in response and recovery from a major disaster. The **Provider** shall request reimbursement for eligible expenses through the **Association** and payment will be issued upon FEMA approval and reimbursement.

11. AUDITS

11.1. State Requirements

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes. In the event the recipient expends \$500,000 or more (\$750,000 or more for fiscal years beginning on or after July 1, 2016) in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of 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. The recipient agrees to provide a copy of the single audit to the **Association**. In the event the recipient expends less than \$500,000 (less than \$750,000 for fiscal years beginning on or after July 1, 2016) in State financial assistance during its fiscal year, the recipient agrees to provide certification to the **Association** that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including 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(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

11.2. Report Submission

Any reports, management letters, or other information required to be submitted to the Office of State Courts Administrator pursuant to this Agreement shall be submitted within 180 days after the end of the **Provider's** fiscal year or within 45 (State) 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 (1 copy)
 Marcia Elder
 Court Operations Consultant
 Office of State Courts Administrator
 500 South Duval Street
 Tallahassee, FL 32399-1900

- B. Office of State Courts Administrator (1 electronic copy and management letter, if issued)
 General Services Unit
 Supreme Court Building
 500 South Duval Street
 Tallahassee, FL 32399-1900

- C. Copies of reporting packages required by this Agreement shall be submitted by or on behalf of the recipient directly to the following address:
 Auditor General
 Claude Pepper Building, Room 574
 111 West Madison Street
 Tallahassee, Florida 32399-1450

Providers, when submitting audit report packages to the Department for audits done in accordance with 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.

- D. Florida Alcohol and Drug Abuse Association at the following address
 Attn: Iye Vintimilla
 Florida Alcohol and Drug Abuse Association
 316 East Park Avenue
 Tallahassee, FL 32301

12. E-VERIFY REQUIREMENT

The **Provider** shall utilize the United States Department of Homeland Security's (DHS) E-Verify system (<https://www.e-verify.gov/>) to verify the employment eligibility of all new employees hired during the term of the Agreement for which the **Provider** is providing services.

The **Provider** shall also include a requirement in all subcontracts that the subcontractor shall utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor after January 1, 2021, and during the term of the Agreement for which the **Provider** is providing services.

Prior to allowing any subcontractor to provide any services contemplated under this Agreement, the **Provider** shall provide to the **Association** a copy of the subcontractor's DHS E-Verify registration, along with an affidavit from the subcontractor stating that the subcontractor does not employ, contract with, or subcontract with any unauthorized aliens (Attachment G).

If the **Provider** is unable to register to utilize the United States Department of Homeland Security's (DHS) E-Verify system because they are a sole proprietor with no employees, then the **Provider** must complete a registration waiver affidavit certifying the reason for non-registration which must be submitted for approval along with the required signed contractual documents (Attachment G).

After the execution of the initial Agreement, the **Provider** shall provide the Association with both the DHS E-Verify registration (one-time submission) or registration waiver/employment eligibility affidavit (Attachment G) and corresponding affidavits for all subcontractors performing services under this Agreement, on an annual basis thereafter.

Violation of the provisions in this paragraph by the **Provider** shall constitute grounds for immediate termination of the contract by the **Association** pursuant to section 448.095(2)(c), Florida Statutes.

Pursuant to section 448.095(2)(f), Florida Statutes, the **Provider** is liable for any additional costs incurred by the **Association** as a result of the termination of this Agreement for a violation of the provisions contained in this paragraph.

By signing this Agreement, the parties agree that they have read and agree to the entire Agreement.

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

PROVIDER: BROWARD COUNTY, FLORIDA

**FLORIDA ALCOHOL AND DRUG ABUSE
ASSOCIATION, INC.**

Authorized Signature

Authorized Signature

Monica Cepero, County Administrator

Melanie Brown-Woofter, President/CEO

Name and Title

Name and Title

Date

Date

Reviewed and approved as to form:
Andrew J. Meyers, County Attorney

By: Karen S. Gordon 7/27/22
Karen S. Gordon
Senior Assistant County Attorney

Attachment A Provider Eligibility

This Agreement is to screen, assess, and administer federal Food and Drug Administration (FDA)-approved medications to treat alcohol or opioid-addicted individuals who are eligible for publicly funded behavioral health services under *section (s.) 394.674, Florida Statutes (F.S.)*. The **Provider** must submit documentation to support it meets the following requirements for the duration of this Agreement:

1. Licensed under *Chapter 397, F.S.* to provide outpatient or residential treatment for substance use disorders;
2. Licensed under *section 397.427, F.S.* and *Chapter 65D-30.014, Florida Administrative Code (F.A.C.)*, for the provision of medication-assisted treatment involving methadone, if funded through the Agreement;
3. Ability to implement medication receiving storage, and administration procedures that meet Food and Drug Administration (FDA)-approved prescribing instructions, exemptions and exclusions;
4. Have medical staff on-site or under agreement to comply with medical protocols for prescribing, storing, dispensing, administering, and monitoring the use of extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, and/or injectable buprenorphine;
4. Injectable buprenorphine must be administered by the **Provider's** medical staff and, under no circumstances, shall the patient be allowed to self-administer this medication; and,
5. Ability to provide medication-assisted treatment using extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, or injectable buprenorphine in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of substance abuse according to an individual treatment plan.
6. Have the appropriate care practitioners on staff to:
 - a. Assess individuals for the appropriate use of FDA-approved medications including the ability to conduct baseline evaluations and required lab work to detect active liver disease and pregnancy.
 - b. Prescribe the medication.
 - c. Store the medication.
 - d. Dispense and administer the medication.
 - e. Medically monitor the use of FDA-approved medications.
 - f. Conduct a clinical assessment.
7. Document that the **Provider's** Florida-licensed physician has at least one of the following credentials or experience levels:
 - a. Certification in Addiction Medicine.
 - b. Active in Addiction Medicine Fellowships.
 - c. Psychiatrist with a certificate in Addiction.
 - d. Trained in the administration of extended-release injectable naltrexone.
8. Document that **Provider** has implemented medication receiving, storage, and administration procedures that meet FDA-approved prescribing instructions, exceptions, and exclusions. For extended-release injectable

naltrexone and injectable buprenorphine, the **Provider** shall maintain the refrigeration needed to store the medications at a temperature between 2-8 degrees Celsius or 36-46 degrees Fahrenheit.

9. Document that **Provider** has the capacity to detox or refer a patient for detox services and to monitor them or have them monitored for 3-5 days of abstinence (alcohol) and 7-10 days of abstinence (opioids) following detox prior to placing them on extended-release injectable naltrexone.
10. Under the Agreement, the **Provider** may initiate use of methadone or buprenorphine as part of a detoxification process provided the patient is transitioned to a medication maintenance protocol using these medications.
11. Evidence of insurance coverage for all actions of the **Provider** related to the services provided pursuant to this Agreement. As a state agency or subdivision, as defined by s. 768.28, F.S., the **Provider** shall provide documentation of insurance coverage pursuant to s. 768.28, F.S. and may be addressed with the submission of a "Self-Insured Letter" verifying coverage by an ongoing self-insurance program.

Attachment B Scope of Work

The **Provider** agrees to:

1. Clinically screen, medically assess, and administer FDA-approved medications to treat alcohol or opioid-addicted individuals who are eligible as defined in this attachment,
2. Secure and maintain documentation of all services and costs related to the program,
3. Report services using the **FADAA Data Portal** in an accurate and timely manner, and
4. Provide MAT as an adjunct to and in coordination with behavioral health treatment, including individual and/or group counseling as determined appropriate.

A. **Patients can be enrolled in one of two programs. The Provider** will ensure that patients meet the listed eligibility requirements to receive MAT and the appropriate medication.

Program A - Extended-release injectable naltrexone

Covered Medications: Extended-release injectable naltrexone

Patient Eligibility:

1. Patients shall be 18 years of age or older
2. Patients shall have a primary diagnosis of opioid use disorder, alcohol use disorder or combination of alcohol and opioid use disorders as determined by the **Provider** using appropriate diagnostic protocols.
3. Patients shall be court-involved with drug court, mental health court, veterans' court, criminal court, state or local probation, or be determined to have a "high-likelihood" of becoming court-involved based prior court/criminal justice involvement; current diversion/pre-trial intervention involvement; illicit activity related to substance use; peer environment (illicit use or activity); or required to participate in treatment through the Impaired Professional Network (IPN).
4. **Provider** shall review any prospective patients with the **Association** in situations where the presenting circumstances are not explicitly outlined in this document. The **Association** will have final say in the determination of eligibility in these cases.

Program B: Medication Assisted Treatment

Covered Medications: Extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, or injectable buprenorphine.

Patient Eligibility:

1. Patients shall be 18 years of age or older to be eligible for this program.
2. Patients shall have a primary diagnosis of opioid use disorder or combination of opioid and alcohol use disorders as determined by the Provider using appropriate diagnostic protocols.
3. Patients shall be court-involved with drug court, mental health court, veterans' court, criminal court, state or local probation, or be determined to have a "high-likelihood" of becoming court-involved based prior court/criminal justice involvement; current diversion/pre-trial intervention involvement; illicit activity related to substance use; peer environment (illicit Use or activity); or

required to participate in treatment through the Impaired Professional Network (IPN).

4. **Provider** shall review any prospective patients with the **Association** in situations where the presenting circumstances are not explicitly outlined in this document. The Association will have final say in the determination of eligibility in these cases.

B. **Provider** will provide the following to patients in collaboration with the **Association**:

1. **Screening** – clinical evaluation and interview with a prospective patient to determine the existence of an opioid use disorder and/or alcohol use disorder, provide education regarding Medication Assisted Treatment (MAT) and use of extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, and injectable buprenorphine, and determine the readiness and willingness to use a MAT protocol in conjunction with counseling and recovery support. Patients can only receive one screening service funded by this program.

The screening should not be the initial contact with the individual – the Provider shall select potential MAT participants from among its existing clientele that is currently engaged in and actively participating in substance abuse counseling and/or recovery support services and demonstrate motivation to follow through on MAT protocols. The Provider shall ensure that a minimum of two-thirds (66%) of individuals screened for MAT receive medication services for their alcohol and/or opioid disorders.

2. **Medical Assessment/Lab Work** – involves blood specimen lab work to determine a prospective patient's kidney and liver function, and any ailments that would preclude the use of extended-release injectable naltrexone, methadone or buprenorphine. Includes a pregnancy test for female patients to determine the appropriateness of MAT medications, specifically medications that contain naltrexone or naloxone. Initial lab work and physical exam for methadone shall be done pursuant to s. 65D-30.0142, F.A.C., prior to induction.

Physician reviews lab work and writes orders for medication. Nursing staff provide overview of the selected medication's benefits and side effects to the patient, and expectations for MAT participation on the part of the patient. Patients can only receive one medical assessment service funded by this program.

3. **Medication Administration** – Dose administration and management by medical personnel as well as any additional lab work.

Extended-release injectable naltrexone, buprenorphine and injectable buprenorphine should be provided as an adjunct to, and in coordination with, behavioral health treatment, including individual and/or group counseling as determined appropriate by the **Provider**.

The unit rate for methadone is all-inclusive. The **Provider** shall provide required services pursuant to s. 65D-30.0142, F.A.C. and federal rules stipulated by the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA).

Oral naltrexone may be provided as a short-term MAT option for opioid patients as a precursor to extended-release injectable naltrexone to determine tolerability or potential allergy, while the patient is in an inpatient/residential treatment setting where medication compliance can be monitored, or as a short-term transition following a period of successful adherence to the extended-release injectable naltrexone protocol. Since the FDA has not approved oral naltrexone as a maintenance MAT option for opioid use disorders, the **Association** will not approve use of this medication as the primary maintenance MAT for opioid use disorders in outpatient settings.

4. **Readmission Screening** – patients that completed or were terminated or transferred from MAT may

be readmitted to the **Provider's** MAT program using an abbreviated screening process to evaluate the patients' current substance use status and any changes in key life areas of interpersonal relationships, employment, and court/criminal justice involvement. Patients must have been out of MAT services for at least 90 days to use this service; patients returning to MAT sooner than 90 days shall just be reengaged in the MAT protocol.

5. **Readmission Medical Assessment/Lab Work** – patients that completed or were terminated or transferred from MAT shall be reevaluated by medical staff to update patients' records to note changes in physical health status and to perform any lab work, urine drug screens, or pregnancy tests, as needed, to determine the appropriateness of reinitiating medication protocols. Patients must have been out of MAT services for at least 90 days to use this service; patients returning to MAT sooner than 90 days shall just be reengaged in the MAT protocol.

C. **Provider** will establish local program goals and submission of monthly, quarterly, and annual reports to the **Association** and document the following:

1. Medication purchases for each fiscal year detailing the number of doses of each medication purchased and the total cost paid to pharmacies or pharmaceutical distributors. Reports are due by July 30, 2023 for the service period of July 2022 through June 2023.
2. Monthly patient data program activity and outcomes. Data will include, but may not be limited to:
 - a. Number of patients screened and educated on the use, benefits, and risks of extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, and/or injectable buprenorphine;
 - b. Number of patients assessed (received physical exam and/or lab work) for use of extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine and/or injectable buprenorphine;
 - c. Number of patients who received one or more doses of extended-release injectable naltrexone, oral naltrexone, methadone, buprenorphine, and/or injectable buprenorphine;
 - d. Demographics of individuals served, including race; ethnicity; gender; alcohol or opioid as drug of choice; and current treatment modality (outpatient, inpatient, aftercare, case management, etc.);
 - e. Patient outcomes, including urge to drink and/or use opiates; number days in the month that patient drank or used opiates; current status of patient participation in psychosocial treatment (treatment retention); and completion of the Patient Survey in the FADAA Data Portal once the patient has completed three (3) months of a medication protocol; and,
 - f. Discharge status for individuals that complete or withdraw from services. Individuals that do not initiate a medication protocol shall be discharged under the Immediate Case Closeout field. Individuals that receive one or more doses of medication shall be discharged under the MAT Outcome field. Individuals that go 40 or more days without a service shall either be re-engaged in services or processed for discharge.
3. Negotiate a mutually agreeable Agreement with Besse Medical, 9075 Centre Point Drive, Suite 140, West Chester, OH 45069, to request and receive extended-release injectable naltrexone directly for the services provided under the Agreement at www.besse.com.

If the **Provider** has an agreement with another wholesale pharmacy vendor or is eligible for other discount purchasing programs including the Federal 340b drug-pricing program or the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) they may purchase extended-release injectable naltrexone through this arrangement.

4. There are no requirements for pharmacy or pharmaceutical distributor agreements regarding the purchase of methadone, buprenorphine, injectable buprenorphine, or oral naltrexone. The **Provider** may negotiate arrangements with pharmacies and distributors of its choosing.
5. Compliance with all applicable federal, state, and local laws, rules, and regulations, including, but not limited to those laws and regulations enforced by the FDA, the Drug Enforcement Administration, and state laws regarding pharmaceutical standards and administration of medications, specifically.

Attachment C Payment Schedule

- A. Compensation for participation in the program as described above will be made at the following rates for only the following services:

	Program A	Program B
Screening/Education (required for all forms of medication-assisted treatment)	\$150	\$150
Readmission Screening – Clinical and personal life status review of patients that previously participated in MAT.	\$60	\$60
Medical Assessment - Physical Exam and Lab Work (required for all forms of medication-assisted treatment)	\$540	\$540
Readmission Medical Assessment/Lab Work – Physical health status review by medical staff that may include lab work, urine drug screens, and pregnancy tests.	\$100	\$100
Medication Administration		
Extended-release Injectable Naltrexone – Once a month covers administration (cost of medication; dose administration and management by medical personnel)	\$1,507.23	\$1,507.23
Methadone – All-inclusive Daily Unit Rate (covers cost of medication, administration, counseling, medication management, and other required services according to 65D-30.00014, F.A.C.)	Not Allowable	\$17
Buprenorphine – All-inclusive Daily Unit Rate (covers cost of medication, administration, counseling, medication management, and other required services)		
Up to 8 mg	Not Allowable	\$12
9 mg to 16 mg	Not Allowable	\$20
17 mg to 32 mg	Not Allowable	\$28
Sublocade® (injectable buprenorphine) – Covers medication cost and administrative expenses up to the unit cost rate and must be administered by provider medical staff – no take-home dosing allowed.	Not Allowable	\$1,816.65
Oral Naltrexone – Daily, Per Tablet Rate (covers cost of medication, administration, medication management, and other required services)	Not Allowable	\$3

Under all pharmacy arrangements involving discounts or third-party payments (insurance, Medicaid, Medicare, 340b, patient assistance program), the actual cost of the extended-release injectable naltrexone medication at the **Provider's** rate plus \$352.07 (administration, medication management, and processing) shall be

reimbursed, not to exceed the Unit Cost listed above.

- B. **Provider** shall receive an initial allocation/target spend rate (Attachment F) at the beginning of each fiscal year in writing from the **Association**.
- C. The **Provider** is expected to manage patient caseloads and services within the allocation/target spend amounts.
- D. Adjustments may be made to allocations/target spend rates in January (based on service utilization from July through December) and in April (based on service utilization from January through March) in response to changes in available funding and documented need. Any adjustments will be made in writing.
- E. The **Provider** performance dashboard in the **FADAA Data Portal** depicts spending rates versus spending targets. Providers must contact the **Association** for permission to enroll new patients when the allocation limits for any program/medication have been reached. Any exceedances of allocation amounts are not guaranteed payment.
- F. **Providers are NOT allowed to exceed the allocation approved by the Association in writing.** The Association is not responsible for any expenditures in excess of the approved allocation or not allowable expenditures or services.
- G. Payment for services provided through the Agreement will be made from state funds (CFSA# 22.022) appropriated for this purpose pursuant to the contract between the **Association** and the OSCA and shall concur with the compensation of fee schedule agreed to by the parties. No additional fees will be paid.
- H. By the 15th of each month, **Provider** must electronically submit to the **Association** accurate data documenting patient screening, education, medical assessment, laboratory tests, medication dosing, and injections provided during the previous month using the online **FADAA Data Portal** (<https://portal.fadaa.org/>).
- I. The **Provider** shall submit monthly invoices in sufficient detail for proper pre-audit and post-audit no later than 15 calendar days following the close of the calendar month. For example, services provided during July 2022 must be invoiced to the Association on August 15, 2022.
- J. **Providers** may submit up to one (1) supplemental invoice for services not previously billed by the monthly deadline listed below for each quarter. The Association will not accept any additional invoices after the deadlines in the table below.

For all services provided within the period:	Final supplemental invoice MUST be submitted no later than:
July 1, 2022 through September 30, 2022	October 21, 2022
October 1, 2022 through December 31, 2022	January 21, 2023
January 1, 2023 through March 31, 2023	April 21, 2023
April 1, 2023 through June 30, 2023	July 21, 2023

- K. The final invoice for payment shall be submitted to the **Association** no more than 21 days after this Agreement ends or is terminated. If the **Provider** fails to do so, all rights to payment are forfeited and the **Association** will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Agreement may be withheld until performance of services and all reports due from the **Provider** and necessary adjustments thereto, have been approved by the **Association**.

- L. The timeliness of invoices is a performance standard that may be considered in funding considerations.
- M. Electronic submittal of supplemental invoices is subject to the requirements and deadlines specified in section 5.1 of this agreement. Submission of inaccurate data may result in delayed payment.
- N. Supplemental invoices, when allowable, must be submitted by month of service. The **Association** will not process any invoices containing services from more than one month.
- O. Back up documentation (copies of receipts or a report from the distributor or pharmacy) on the volume of each medication purchased, funded in part or in whole under the Agreement, for the time period of July 1, 2022 through June 30, 2023 must be submitted by July 30, 2023. Documentation to be included with the receipts or reports to the **Association** must also include proof of payment to Besse Medical, other pharmacy vendors, or documentation of payment through other funding sources for medication purchased.
- P. The **Provider** will ensure that funds provided through this project are the payer of last resort. The **Provider** must maintain documentation to support its compliance with this requirement.
- Q. **Association** performance and obligation to pay under this Agreement are contingent upon an annual appropriation by the Legislature. If the Legislature fails to appropriate sufficient funds, fails to authorize the spending of sufficient funds for the OSCA or demands a spending reduction in state budgets, the **Association** will have no obligation to pay or perform under this Agreement, other than for services completed and invoiced prior to such an action by the Legislature. **Association's** performance and obligation to pay under this Agreement are also contingent upon final spending approval from OSCA.
- R. All fiscal-year-end invoices, including supplemental invoices, must be submitted by the **Provider** and approved by the **Association** within 21 calendar days of the close of the fiscal year (June 30th). Any invoices not correctly submitted or received by July 21, 2023, shall be subject to non-payment.

Attachment D

Compliance Requirements

The following federal and state laws and rules must be complied with by any entity receiving state funding pursuant to this Agreement:

- Public Law 104-191 – Health Insurance Portability and Accountability Act (HIPAA)
- 45 C.F.R Part 160, Part 162 and Part 164
- §39, Part II, Florida Statutes – Mandatory Reporting Child Abuse
- §215.422, Florida Statutes – Payments, Warrants and Invoices, Processing Time Limits, Dispute Resolution, Agency and Judicial Branch Compliance
- §215.425, Florida Statutes – Extra Compensation Claims Prohibited, Bonuses and Severance Pay
- §215.985, Florida Statutes – Transparency in Government Spending
- §397.501, Florida Statutes – Confidentiality of substance abuse treatment records
- §415.1034, Florida Statutes – Mandatory Reporting of Abuse, Neglect or Exploitation of Vulnerable Adults
- Rule 2.430, Florida Rules of Judicial Administration – Retention of Records
- Rule 2.440, Florida Rules of Judicial Administration – Retention of Administrative Records
- Rule 2.420, Florida Rules of Judicial Administration – Judicial Branch Public Records

Attachment E

Business Associate Agreement

Regarding the access to, use of, and disclosure of Protected Health Information (PHI), the **Association** is the primary Business Associate. The **Provider** is a Subcontractor of the **Association** and is therefore subject to the requirements of the Business Associate Agreement.

The following terms used in this section shall have the same meaning as those terms in the Health Insurance Portability and Accountability Act (HIPAA) rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

A. Definitions

1. "Business Associate" is defined in 45 C.F.R. 160.103 and for purposes of the Agreement shall specifically refer to the **Association**.
2. "Covered Entity" is defined in 45 C.F.R. 160.103 and for purposes of the Agreement shall refer to the Office of State Courts Administrator (OSCA).
3. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules in 45 C.F.R. Part 160 and Part 164.
4. "Subcontractor" is defined in 45 C.F.R. 160.103 and refers to the individual or entity to whom a Business Associate delegates a function, activity, service, other than in the capacity of a member of the workforce of such Business Associate.

B. **Provider** Obligations and Activities as a Subcontractor

1. **Provider** agrees to:
 - a. Not use or disclose protected health information other than as permitted or required by the Agreement or as required by law.
 - b. Use appropriate administrative safeguards as set forth in 45 C.F.R. 164.308, physical safeguards as set forth in 45 C.F.R. 164.310, and technical safeguards as set forth in 45 C.F.R. 164.312; including policies and procedures regarding the protection of PHI and/or ePHI set forth in 45 C.F.R. 164.316 and the provision of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and/or ePHI that the **Provider** creates, receives, maintains or transmits on behalf of OSCA.
 - c. Acknowledge that the foregoing safeguards, policies and procedures requirements shall apply to the **Association** and the **Provider** in the same manner that such requirements apply to OSCA, and (b) the **Association** and the **Provider** are directly liable under the civil and criminal enforcement provisions set forth in section 13404 of the HITECH Act and 45 C.F.R. §164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements, and any guidance issued by the Secretary of Health and Human Services with respect to such requirements.
 - d. Report to the covered entity any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required in 45

C.F.R. 164.410, and any security incident of which it becomes aware.

- e. Notify the **Association** and the OSCA Agreement Manager as soon as possible, but no later than five (5) business days following determination of any breach or potential breach of personal and confidential data.
- f. Notify the **Association** and the OSCA Agreement Manager within 24 hours of notification by the U.S. Department of Health and Human Services of any investigations, compliance reviews or inquiries by the U.S. Department of Health and Human Services concerning violations of HIPAA (Privacy, Security Breach).
- g. Provide any additional information requested by the **Association** or OSCA for purposes of investigating and responding to a breach.
- h. Provide, at **Provider's** own cost, notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential data as provided in s. 817.5681, F.S.
- i. Implement, at **Provider's** own cost, measures deemed appropriate by the **Association** or OSCA to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential data.
- j. Take immediate steps to limit or avoid the recurrence of any security breach and take any other action pertaining to such unauthorized access or disclosure required by applicable federal and state laws and regulations regardless of any actions taken by OSCA.
- k. In accordance with 45 C.F.R. 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any employees, independent contractors, or volunteers of the **Provider** that create, receive, maintain, or transmit PHI on behalf of the **Association** appropriately safeguard the information.
- l. Make available PHI in the **FADAA Data Portal** in a designated record set to the **Association** to satisfy covered entity's obligations under 45 C.F.R. 164.524.
- m. Make any amendment(s) to PHI in the **FADAA Data Portal** in a designated record set as directed or agreed to by the **Association** pursuant to 45 C.F.R. 164.526 or take other measures as necessary to the covered entity's obligations under 45 C.F.R. 164.526.
- n. Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 C.F.R. 164.528.
- o. To the extent that the **Association** and the **Provider** are to carry out one or more of the covered entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s).
- p. Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the HIPAA rules.

C. Permitted Uses and Disclosures

- 1. The **Provider** may use and disclose the OSCA PHI and/or ePHI received or created by the **Provider** (or its agents or subcontractors) in performing its obligations under this Agreement.
- 2. The **Provider** may disclose PHI and/or ePHI created or received in its capacity as a Subcontractor of the **Association** and OSCA for the proper management and administration of the MAT program if (a) the disclosure is required by law, (b) the **Provider** obtains reasonable assurances from the person to whom the PHI and/or ePHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person and the person agrees to notify the **Provider** of any instances of which it becomes aware in which the confidentiality and security of the PHI and/or ePHI has been

breached.

3. The **Provider** shall follow guidance in the HIPAA rule regarding marketing, fundraising, and research located in sections 45 C.F.R. 164.501, 45 C.F.R. 164.508, and 45 C.F.R. 164.514.

D. **Provider** Obligations Upon Termination

1. Upon termination of this agreement for any reason, **Provider**, with respect to PHI received on behalf of the **Association** and OSCA shall:
 - a. Retain only that PHI which is necessary for **Provider** to continue its proper management and administration or to carry out its legal responsibilities.
 - b. Return to covered entity or other entity as specified by OSCA or, if permission is granted by OSCA, destroy the remaining PHI that the **Provider** still maintains in any form.
 - c. Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to ePHI, other than as provided for in this section, for as long as the **Provider** retains the PHI.
 - d. Not use or disclose the PHI retained by the **Provider** other than for the purposes for which such PHI was retained and subject to the same conditions set out in paragraphs C.1. to C.3. above under "Permitted Uses and Disclosures" which applied prior to termination.
 - e. Return to OSCA, or other entity as specified by OSCA, if permission is granted by OSCA, destroy the PHI retained by the **Provider** when it is no longer needed by the **Provider** for its proper management and administration or to carry out its legal responsibilities.
 - f. The obligations of the **Provider** under this section shall survive the termination of the agreement.

Attachment F
Provider Allocation Agreement
Allocation/Target Spend Rates
Broward County, Florida

Pursuant to the Agreement, the **Provider** shall be required to acknowledge the designated allocation amount/target spend rates and timeframe outlined below for the MAT programs funded by OSCA. Adjustments to **Provider** allocations shall occur in January and April based on service utilization, the availability of funding, and satisfactory performance of all terms by the **Provider**, and require signature and date from the **Provider** and the **Association**. Any allocation adjustments outside of the initial allocation and two (2) scheduled adjustments shall only occur upon the request of the **Provider** and agreement of the **Association** and shall also require signature and date of both parties. By the signatures below, the **Provider** agrees to manage service spending at an amount not to exceed the initial or revised allocation for the term of the 2022-2023 fiscal year – July 1, 2022, to June 30, 2023.

FY 2022-2023 Allocation (through June 30, 2023):

Program A – Extended-Release Injectable Naltrexone These funds can only be used to treat patients with an <u>alcohol, opioid, or combination of alcohol and opioid use disorder</u> using extended-release injectable naltrexone.	\$205,000.00
Program B – Medication Assisted Treatment Program Extended-Release Injectable Naltrexone These funds can only be used to treat patients with an <u>opioid or combination of alcohol and opioid use disorder</u> using extended-release injectable naltrexone.	\$90,844.76
Program C – Not subject to this agreement.	
Program D - Methadone	\$0.00
Program E – Buprenorphine (including injectable buprenorphine, if applicable)	\$15,000.00
Program F - Oral Naltrexone	\$500.00

Provider Signature/Date

Monica Cepero, County Administrator

Association Signature/Date

Melanie Brown-Woofter, President/CEO

Attachment G Employee Eligibility Affidavit

I, Monica Cepero, am the owner (or authorized representative) of the following business or business entity, Broward County, Florida, working as a subcontractor to the Florida Alcohol and Drug Abuse Association on State Courts System Contracts numbered SC00AOX and SC0097M. I hereby acknowledge that I am aware of the requirement in section 448.095(2)(a), Florida Statutes, that every public employer, contractor, and subcontractor shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees.

I hereby certify that the following statement is true regarding my business or business entity (*check one*):

- ☐ I am a sole proprietor doing business in Florida under my legal name with no employees and am not required to register with the State of Florida, Department of State, Division of Corporations. I will be using my personal Social Security Number as my Taxpayer Identification Number to receive payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System.
- ☐ I am a sole proprietor doing business in Florida under my legal name with no employees and am not required to register with the State of Florida, Department of State, Division of Corporations. I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System.
- ☐ I am a sole proprietor doing business in Florida under a fictitious name registered with the State of Florida, Department of State, Division of Corporations with only myself as an employee. I will be using my personal Social Security Number as my Taxpayer Identification Number to receive payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System.
- ☐ I am a sole proprietor doing business in Florida under a fictitious name registered with the State of Florida, Department of State, Division of Corporations with only myself as an employee. I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System.
- ☐ My business entity is registered as a corporation, limited liability company, partnership or general partnership with the State of Florida, Department of State, Division of Corporations, with only myself as an employee. I will be using my personal Social Security Number as my Taxpayer Identification Number for payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System.
- ☐ My business entity is registered as a corporation, limited liability company, partnership or general partnership with the State of Florida, Department of State, Division of Corporations, with only myself as an employee. I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract. I am not eligible to register with the Department of Homeland Security E-

Verify System.

- ☐ My business entity is registered as a corporation, limited liability company, partnership or general partnership with the State of Florida, Department of State, Division of Corporations, with employees and I will be using a Federal Employer Identification Number as my Taxpayer Identification Number for payments under this contract. We have registered with the Department of Homeland Security E-Verify System and agree not to hire or contract with illegal aliens.
- ☐ My business entity is a corporation, limited liability company, partnership, general partnership or equivalent corporate entity, organized outside of the State of Florida. I acknowledge that my company may be required to register as a foreign corporation with the State of Florida, Department of State, Division of Corporations, pursuant to section 607.1501, Florida Statutes, depending on the business being conducted. If required to register with the Department of State, such registration is the responsibility of my entity. We have registered with the Department of Homeland Security E-Verify System and agree not to hire or contract with illegal aliens to work in the United States.
- ☐ My business entity is a corporation, limited liability company, partnership, general partnership or equivalent corporate entity, organized outside of the United States that is registered with the United States Internal Revenue Services, pursuant to I.R.C. Section 882, and the State of Florida, Department of State, Division of Corporations, pursuant to section 607.1501, Florida Statutes, and has received a Federal Tax Identification Number (TIN) and Certificate of Authority permitting business transactions within the United States and the State of Florida. My entity has no physical locations or employees within the United States and will be using the IRS TIN for payments under this contract. I am not eligible to register with the Department of Homeland Security E-Verify System and agree not to hire or contract with illegal aliens to work in the United States.
- ☐ My business entity is a corporation, limited liability company, partnership, general partnership or equivalent corporate entity, organized outside of the United States that is registered with the United States Internal Revenue Services, pursuant to I.R.C. Section 882, and the State of Florida, Department of State, Division of Corporations, pursuant to section 607.1501, Florida Statutes, and has received a Federal Tax Identification Number (TIN) and Certificate of Authority permitting business transactions within the United States and the State of Florida. My entity has no physical locations or employees within the United States and will be using the IRS TIN for payments under this contract. We have registered with the Department of Homeland Security E-Verify System and agree not to hire or contract with illegal aliens to work in the United States.
- ☒ My entity is a federal, state, local or foreign government or a court of competent jurisdiction, administrative agency or commission or other governmental authority or instrumentality, domestic or foreign, authorized under law, that is not required to register with the State of Florida, Department of State, Division of Corporations, pursuant to section 607.1501, Florida Statutes. My entity has employees within the United States and will be using the IRS TIN for payments under this contract. We have registered with the Department of Homeland Security E-Verify System and agree not to hire or contract with illegal aliens to

work in the United States.

By signing this affidavit, I acknowledge that I will notify the Contract Manager within ten (10) calendar days of any change in business entity status or if any employees are hired. I further acknowledge that the failure to make the appropriate notifications will result in the immediate termination of my contract.

I HEREBY AFFIRM AND VERIFY THAT THE FOREGOING IS TRUE AND CORRECT.

Sole Proprietor/Authorized Representative

Monica Cepero, County Administrator

Printed Name

SWORN AND SUBSCRIBED BEFORE ME

this ____ day of _____ 2022, by

_____, who is
personally known to me.

[SIGNATURE OF INDIVIDUAL ADMINISTERING OATH]

[PRINT OR TYPE NAME OF NOTARY PUBLIC OR
INDIVIDUAL ADMINISTERING OATH PURSUANT TO
§117.10, FLA. STAT.]

Attachment H

Civil Rights Compliance Checklist



DCF OFFICE OF CIVIL RIGHTS COMPLIANCE CHECKLIST

[To see "INSTRUCTIONS," click paragraph symbol ¶ on standard toolbar at top of your computer screen.]

Provider Name Broward County - Broward Addiction Recovery Center		County Broward County	Region/Circuit
Corporate Mailing Address 325 SW 28th Street (BARC Central)			
City, State, Zip Code Fort Lauderdale, FL 33315		Main Telephone Number 	
DCF Contract(s) Number(s) LD101	Total Contract(s) amount \$ 	Total amount of federal funding \$ 	Total amount of state funding \$
Are any of the contract numbers listed above a multi-year contract? If yes, state which one(s) and contract period: LD101 - 3-year term from July 1, 2021 to June 30, 2024			
Completed By (name and title) Gillian Moxey, Program Project Coordinator		Telephone Number 954.357.5091	Date Completed 07.28.22

PART I.

1. Describe the geographic area served and the type of service(s) provided:

Broward Addiction Recovery Center (BARC) offers a comprehensive range of services for Broward residents over the age of 18 who are affected by substance abuse and/or co-occurring disorder. Services include admissions and assessment, medically supervised inpatient detoxification, residential treatment services, outpatient treatment, and non-residential day treatment.

2. Population of Area Served. List source of data: <https://www.census.gov/quickfacts/browardcountyflorida>

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male
1,930,983	33.6	30.6	32.0	3.8	50.9	49.1

3. Staff Currently Employed. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
177	19.0	66.0	12.0	3.0	65.0	35.0	1.0

4. Number of Clients Participating or Served. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
2,189	48.1	29.1	14.8	7.9	29.1	70.8	0.0

5. Advisory or Governing Board, if applicable.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
13	92.3	7.7	0.0	0.0	30.8	69.2	7.7

PART II. (Use a separate sheet of paper for any explanations requiring more space.)

6. Compare staff composition (#3) to population of area served (#2). Is staff representative of the population served? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Compare client composition (#4) to population of area served (#2). Are race/sex composition representative of populations served? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8. Do you inform employees, applicants, and clients of their protection against discrimination in employment practices and in the delivery of services? If YES, how (verbal, written, poster)? If NO or NA, please explain. Employees - verbally, written, and posted. Applicants - written. Clients - verbally, written, and posted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Do recruitment and notification materials advise applicants, employees and clients of your non-discrimination policy? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10. Do you have a grievance/complaint policy or procedure receive, investigate and resolve complaints regarding employment decisions and provision of services to clients? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Does your grievance/complaint policy or procedure notify your employees and clients of their right to file a complaint with the appropriate external agency and provide contact information for these agencies (DOJ, HH5, EEOC, DCF)? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

12. If applicable, does your grievance/complaint policy incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of Section 504 of the Rehabilitation Act of 1973 (disability in employment practices and the delivery of services)? [Applicable to providers with 50 or more employees and \$25,000 or more in DOJ funding.] If NO, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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PART III. (Use a separate sheet of paper for any explanations requiring more space.)

13. Provide the number and status of any service delivery and employment discrimination complaints filed against your organization within the last 12 months. [REDACTED] One BARC employee filed a discrimination complaint in Florida state court. The matter is pending in court.	
14. Have you submitted any findings of discrimination issued by a court or administrative agency to both the DCF Office of Civil Rights and appropriate external agency (DOJ, USDA). If NO, please explain. [REDACTED]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
15. Are program eligibility requirements applied to applicants and clients without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
16. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17. Are room assignments for in-patient services made without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain. [REDACTED] Client rooms for residential treatment are split between male and female.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
18. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19. Are the programs/facilities/services accessible to mobility, deaf or hard of hearing, and sight impaired individuals? If NO or NA, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits and services, including free interpreter services? If NO or NA, please explain. List below what steps are taken to ensure meaningful access to persons with LEP (written policy, outreach, etc.). [REDACTED] Written and posted policy provides for evaluation of needs and free interpreter services are provided as needed. BARC maintains a 24-hour on-call translation and interpretation service contract to provide services as needed.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
21. Have you conducted a self-evaluation to identify barriers to serving individuals with disabilities or LEP? If NO or NA, please explain. [REDACTED]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Provide the name and contact information for the individual designated as your organization's Section 504, ADA, and/or Title VI Coordinator for compliance activities. [REDACTED]	
23. Are you providing Civil Rights training (employment and service delivery) for staff? If YES, how often? If NO or NA, please explain. List all the civil rights training provided to staff within the last 12 months. [REDACTED] BARC employees must document that they have completed the DCF-ACCESS Civil Rights Training annually as part of their annual evaluation. In addition, all employees receive training on various Federal, State and County Civil Rights Laws and Ordinances at the time of hire and must complete a refresher training bi-annually.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
24. If you conduct religious activities as part of your program or services, do you: a. Provide services to everyone regardless of religion or religious belief? b. Keep religious activity such as prayer and religious instruction separate from federally funded activities? c. Are religious activities voluntary? If NO or NA to any of the questions above, please explain. [REDACTED] Religious activities are not part of BARC's program.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

<p>25. If you are a sub-recipient of DOJ funding and operate an educational program or activity, have you taken the following actions:</p> <p>a. Adopted grievance procedures that provide for prompt and equitable resolution of complaints that allege sex discrimination in violation of Title IX of the Education Amendments of 1972?</p> <p>b. Designated a person to coordinate compliance with Title IX?</p> <p>c. Notified applicants, employees, students, parents, and clients that you do not discriminate on the basis of sex in your educational programs or activities?</p> <p>If applicable and you answered NO to any of the questions above, please explain. _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>
<p>26. If applicable, do you have an Equal Employment Opportunity Plan (EEO)? If you are a sub-recipient of DOJ funding, have you filed the appropriate EEO certification with Office of Civil Rights, Office of Justice Programs? If YES, provide a copy of the EEO and/or certification. _____</p> <p>See EEO Certification and EEO Utilization Report</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

PART IV.

DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY			
Date Received by DCF Contract Manager _____	Date Reviewed by Contract Manager _____		
Contract Manager Name/Signature _____	Telephone Number _____		
Is the contract information (contract number, amount of contract, etc.) correct?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did contracted services provider answer/complete all three sections? If YES, submit to Civil Rights Officer (CRO). If NO, return to provider for completion.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Submitted to Civil Rights Officer (CRO) _____	Date Received by CRO _____	Date Reviewed by CRO _____	In Compliance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments _____			
Type of Compliance Review: <input type="checkbox"/> On-Site Limited Review <input type="checkbox"/> On-Site Full Review <input type="checkbox"/> Desk Limited Review			
Date of Compliance/No-Compliance Notice _____	Response Due Date _____	Response Received Date _____	
Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO		Civil Rights Officer Name/Signature _____	