MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012

Agency Name	Guidance/Care Center, Inc.
Physical Address	1205 4th Street, Key West, FL 33040 3000 41st St. Ocean, Marathon, FL 33050 99198 Overseas Highway, Key Largo, FL 33037
Mailing Address	1205 4th Street
City, State, Zip	Key West, Florida 33040
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Who should we contact with questions about this application?	A.B. Maloy, JD, MPH Area Director Guidance/Care Center, Inc. (305) 292-6843, Extension 227

Amount received for prior fiscal year ending 09/30/10	$600,000
Amount received for current fiscal year ending 09/30/11	$600,000
Amount requested for upcoming fiscal year ending 09/30/12	$669,177 (includes $69,177 for Keys to Recovery from BOCC budget)

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: A.B. Maloy, JD, MPH

Signature A B Maloy

Date: 04/17/11

Typed Name of Board President/Chairman: Lynn Mapes, Chairman

Signature Lynn Mapes

Date: April 17, 2011

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The Guidance/Care Center Inc is a nonprofit, charitable organization dedicated to the provision of high-quality and cost-effective behavioral healthcare services for children, youth, and adults throughout the Florida Keys. GCC is affiliated with WestCare Foundation and supports WestCare's mission to "empower everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities."

2. List the services your agency provides.

Guidance/Care Center, Inc.	**Services Provided:**
Adult Mental Health (AMH) Children's Mental Health (CMH) Adult Substance Abuse (ASA) Children's Substance Abuse (CSA) Children's Prevention (CP) Adult Co Occurring Disorders (ACOD) Children's Co Occurring Disorders (CCOD)	Psychiatric and Medical Services Emergency Mental Health and Detox Screening Adult Crisis Stabilization – 11 beds – licensed by DCF and ACHA , *CARF accredited* - (CSU) Adult Residential Level 1 – MH /ACOD – 2 beds – licensed by DCF and ACHA (RTF) Adult Detox – 2 beds funded – 8 licensed beds by DCF, *CARF accredited* (Detox) HIV Services: Invention Counseling / Pre and Post Test Counseling and Testing/ Education Community Integration and Adult Rehabilitation Services-Personal Growth Center (PGC) (*CARF accredited*) Mental Health Clubhouse Mental Health Drop-in Center Psychosocial education Rehabilitation –Walk In Social Rehabilitation Peer Support Supportive Employment Supportive Housing/Living Services (PATH) General Information and Referral Criminal Justice Treatment and Services Substance Abuse Residential/Community treatment - 12 bed - Levels 2 & 3, licensed by DCF, contract with DOC-*CARF accredited* (Keys to Recovery- KTR) Substance abuse jail incarcerated treatment program for men and women (JIP) Community Reentry services for persons who have been in jail and are returning to community (Other Side of the Fence/ ORP) Drug Court evaluation and treatment DUI evaluations Children and Families Services Crisis Evaluations/ Child and Adult Mental health and substance professional expertise when collaborating with community partners Psychiatric Evaluations and Medication Monitoring for Adults and Children

	Children and Adult In-home/On-Site Treatment Services (ITOS / IHOS) Outpatient Services – licensed by DCF, (OP)- *CARF accredited* Substance Abuse and Mental Health Outpatient Individual Services Mental Health OP Individual Substance Abuse and Mental Health Groups OP Nursing Clinic for Injectable Medication Children's Prevention Program and Services (majority are Evidence based) – Licensed by DCF, *CARF accredited* Substance Abuse treatment for DJJ children/Treatment Accountability for Safer Communities services (TASC) Case Management Adult and Children Targeted Case Management Services – licensed by DCF,CARF accredited Children and Adult Case Management Community Mental Health Crisis Responder Mental Health and Substance Abuse Outreach Services Mental Health Intervention Services Substance Abuse Intervention Individual and Group Services- licensed by DCF Substance Abuse Aftercare Individual and Group Services School Based Services Life Skills Counseling Employer Assistance programs Transportation Services Medicaid Community Transportation for the Disadvantaged Baker & Marchman Act

3. What services will be funded by this request?

   a. Mental Health and Substance Abuse Services
      Substance abuse prevention for children and adolescents.
      Mental Health and Substance Abuse evaluations for community collaborators.
      Out-Patient Mental Health and Substance Abuse on site therapy/treatment at the clinic locations.
      In-home/On-site mental health / substance abuse treatment services provided at school locations and client/foster homes.
      Emergency Screenings.
      Community Mental Health crisis responder for trauma community events such as sudden death of a teacher or police officer.
      Psychiatric evaluations and medication management.
      Mental health and substance abuse intervention.
      Family and parenting skill development.
      Substance abuse aftercare.

Supported housing case management and housing assistance.
Mental Health and Substance Abuse case management for children and adults
Substance abuse outreach and education.
Mental health club-house and drop-in center for serious and persistent mentally ill persons.

b. Residential Services
Residential Treatment – Mental Health and Co-Occurring residential treatment program/ up to 6 months stay.
Residential Treatment – Substance Abuse Residential/Community treatment. 12 bed, Levels 2 & 3, (Keys to Recovery- KTR).

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:
Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

Yes.

6. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

b. grant amount:

c. match percentage requirement and amount:

a. Grant Award/Title	b. Grant Amount	c. Match % age	c. Match Amount
State Funding Contract--Mental Health & Substance Abuse Services			
Adult Mental Services (excluding CSU)	1,403,384	22.1%	397,795
Adult Substance Abuse Detoxification	190,075	14.3%	31,679
Adult Substance Abuse Services	544,613	12.8%	79,640
Children's Substance Abuse Services	378,226	14.3%	63,038
Prevention Partnership Grant	86,396	25.0%	28,799
Total	2,602,694	18.8%	600,951

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. How the funds were spent:

HSAB funds were spent to provide Mental Health and Substance Abuse services to clients who qualified for the sliding fee scale, in the outpatient and inpatient setting, on site, off site and in the field.

b. How they were used to leverage additional funding?

On average, for every County dollar received, GCC received **over four dollars** in State funding.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No.

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

Yes.

DCF Funding Contract	
Heron/Peacock for Room & Board	$ 47,196
Drug Court for Testing Supplies	43,093
CTC Grant/for MCSS Transportation	45,996
ORP (Federal Grant) for Monroe County Sheriff Liaison Services	16,000
Total	$ 152,285

10. Will you or have you applied for other sources of County funding? Yes. If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

Yes.

Grant/Contract Source	Effective Dates from	to	Annual Amount	Services Provided
Board of County Commissioners of Monroe County, Florida	10/01/11	09/30/12	$22,250	Monroe County Clerk's Grant
Board of County Commissioners of Monroe County, Florida	09/01/11	08/31/12	$66,667	RSAT for JIP Program
Board of County Commissioners of Monroe County, Florida	10/01/11	09/30/12	$510,028	Required Baker Act Match for CSU, Match required by CTC Transportation Grant

				and Baker/Marchman Act Transportation
Board of County Commissioners of Monroe County, Florida	04/18/07	Ongoing until the Sewage Tx Plant is complete	$580.00+ per month	Share of Guidance/Care Center sewage treatment plant facilities with Marathon jail
Monroe County School Board	08/11/11	06/08/12	$86,373	Life Skills services
Monroe County Sheriff	10/01/10	09/30/11	$30,000	Inpatient mental health services for MSCO inmates

11. What needs or problems in this community does your agency address?

Problems:

a. Children and Youth
   i. Under age drinking.
   ii. Binge drinking.
   iii. Youth with alcohol / drug issues.
   iv. Youth with anger issues.
   v. Increase in crimes of violence.
   vi. Youth with substance use that contributes to criminal behavior.
   vii. Children and youth with behavioral health issues and co-occurring disorders.
   viii. Children and youth who required mental health and/or substance abuse residential treatment/ hospitalization.
   ix. Children who are maltreated, neglected and/or abused.

b. Adults and Families
   i. Problems associated with financial strain, such as loss of job or lack of health insurance.
   ii. Connection between substance abuse and suicide.
   iii. Individuals and families with limited resources, and no or little tools / support to successfully participate in the community.
   iv. Individuals who suffer from serious emotional distress.
   v. Individuals with mental health, substance abuse or co-occurring disorders.
   vi. Individuals who require mental health and/or substance abuse residential treatment/hospitalization.
   vii. Individuals and families who are homeless, or at risk of imminent homelessness, and unable meet basic needs.

c. Community
   i. Duplication of services.
   ii. Recidivism and "high users" of many services.
   iii. Scarce resources to meet the highest need.
   iv. Access to services.
   v. Trauma events impacting the community.
   vi. High percentage of uninsured, underinsured persons.

Needs:

a. Children and Youth

i. Access to mental health and substance use services and treatment.
ii. Access to intervention and prevention services.
iii. Trained mental health professionals for 0-5 year old children.

b. Adults and Families
   i. Identification and engagement of persons in need of mental health and substance abuse services.
   ii. Capacity.
   iii. Family interventions/treatment and safety net services.
   iv. Outpatient counseling services with extended hours.
   v. Access to prescribed psychotropic medication.

c. Community
   i. Evidence based programs and best practices.
   ii. Supportive employment and community employment .
   iii. Transportation.
   iv. Access to grant writers for state and national grants.
   v. Access to mental health and substance abuse services.
   vi. Access to mental health / substance abuse consultation for primary care providers.

12. What statistical data support the needs listed in number nine?
(If applying for $5,000 or less, a response to question #12 is not required.)

a. Report from Florida Community Mental Health Council to the 2011 Florida Legislators

   i. Florida is currently meeting less than 42% of the need for adult mental health, 18% for children mental health, 7% for adult substance, and 15% for children substance abuse.
   ii. Individuals with severe mental illnesses die on the average 25 years ahead of their peers.
   iii. 70% of primary care visits involve mental health or substance abuse issues.
   iv. Daily in Florida, there are 16,000 prison inmates, 15,000 local jail detainees, and 40,000 under the correctional system supervision experiencing a mental illness.
   v. Florida Tax Watch recommends treatment over incarceration.
   vi. State wide, addiction and substance abuse issues are involved in 7 out of 10 child abuse cases.
   vii. Social and economic impact of depression is estimated at $63 billion.
   viii. $44 billion is lost annually due to alcohol and drug related work loss cost.
   ix. Majority of behavioral health care in Florida and nationally is publically funded.
   x. Mental illnesses and addictions account for more premature deaths and disability than cardiovascular disorders.

b. US census – SAHIE
   i. 2006- Monroe County reported 30.8% of its residents were uninsured.

c. Circuit Juvenile Justice Board Plan 2009-2012
   i. Monroe County statistics: (Circuit 16)

1. Youth with parent with MH/SA problem:	Monroe 29%	State wide 21%
2. Youth has used alcohol:	Monroe 59%	State wide 43%
3. Youth has an anger problem:	Monroe 70%	State wide 60%
4. Youth experienced traumatic event:	Monroe 19%	State wide 13%

5. Youth with SA/Drug use & crime: Monroe 16% State wide 11%
6. Youth used other drugs: Monroe 14% State wide 7%

ii. Plan Goals:
1. Increase the percentage of parents in counseling.
2. Make recommendations to treatment community to utilize evidence based best practices.
3. Assess current Prevention Programs in Monroe County to identify needs for additional services and program expansion.
4. Utilize current communications systems (DJJ meetings, FSPT) to collect data and analyze recidivism data, and cross system utilization.

d. Florida Child Abuse Prevention and Permanency Plan 2009-2010
i. Monroe County statistics (Circuit 16)
1. State wide reporting rates were 58.7 per1000. Circuit 16 is 64.1 per 1000.
2. Maltreatment rates per 1,000 children statewide rates for 2007-2008 were 11.30 and 11.08 for 2009. Circuit 16 was 19.18 in 2007-2008 and 17.51 in 2008-2009. Second highest in the State.
3. State average for substance abuse treatment is 6.2 per 1,000. Circuit 16 is more than double at 15 per 1000, and the second highest in the state.
4. Count of services recommended for victim at disposition of investigation:
a. 196 cases recommended for mental health services
b. 198 cases recommended for substance abuse services

ii. Plan Objectives and Information
1. Circuit 16 will support efforts to increase availability and capacity of substance abuse prevention, intervention, and treatment programs and services for children at high risk for abuse and neglect and families in need of substance use related services.

e. Monroe County Coalition for Under Aged Drinking – Community Plan
i. Monroe County statistics
1. Underage DUIs increased 285% from 2001 – 2006.
2. High School students who drank in past 30 days in Monroe County were 59% vs. State wide rate of 41.8%. (2006)
3. High school students reporting binge drinking was 37.8% vs. state wide of 23% and a nationwide of 17.4 %. (2006)

ii. Plan Objectives / Problem Statement
1. Reduction of DUI crashes for 18-20 year olds

f. DCF Strategic Plan 2010-2014 – Goals
i. Basic needs of food, shelter, clothing and health are met for children and adults:
1. Increase prevention efforts to help individuals and families avoid substance abuse and homelessness.
2. Ensure adequate mental health and substance abuse prevention and treatment services are available in the community, limit unnecessary involvement of people with mental illness and or substance use disorders in the criminal justice system and develop strong collaborations among mental health, substance abuse and other providers.
3. Increase the diversion of person with mental illness who become involved in the criminal justice system through expanding cost effective community based treatment alternatives to incarceration.

4. More children and adults with mental health problems will live in their own homes or communities.
5. Develop a comprehensive, integrated, continuous system of care for parents and children requiring substance abuse and mental health services.
6. Increase speedy access to food and public assistance.

ii. Adults, children and families are active self sufficient participants living in their own homes/community.
1. Integrate the service functions of Family Intervention Specialists and Case Managers to ensure a seamless delivery system for families involved in substance abuse-mental health and child protection programs.
2. More children and adults will live in their own homes/ communities free from substance abuse and reduced symptoms of mental illness.

g. SAMHSA –
i. 17.4 % of underage youth engaged in binge drinking during the past month.
ii. Alcohol is the drug of choice, used by more young people than tobacco.
iii. Substance abuse is the biggest risk factor for suicide.
iv. Human and economic cost of self inflicted injuries in 2000 was over $33 billion
v. 10.9% of the adults in US experienced serious psychological distress in 2007 of which, 44.6% received mental health services.
vi. Over 65% of first time admissions between 18-25 years old for substance abuse treatment reported had no health insurance and 59% of repeat admissions had no health insurance.
vii. An estimated 5.2 million adults have co-occurring mental health and addiction disorders (2007).

h. National Survey on Drug Use and Health- 2009
i. 23.5 million persons needed treatment for substance abuse problems. Of those, only 2.6 million received services.

13. What are the causes (not the symptoms) of these problems?
(If applying for $5,000 or less, a response to question #13 is not required.)

Mental health and substance abuse/addictive disorders affect persons of all age, racial, ethnic, educational and socioeconomic groups. The causes of mental illness and substance use disorders may be a factor of heredity and/or the environment.

14. Describe your target population as specifically as possible.

a. Mental Health and Substance Abuse Community Services Target Group:
i. Adults with serious and persistent mental illness (SPMI).
ii. Adults and children with mental health disorders.
iii. Adults and children with substance use disorders.
iv. Adults and children with co-occurring mental health and substance use disorders.
v. Adults and children at risk for mental health disorders.
vi. Adults and children at risk for substance use disorders.
vii. Adults and children at risk for co-occurring mental health and substance use disorders.
viii. Adults at risk for HIV, or living with HIV/AIDS.
ix. Homeless adults with mental health disorders.
x. Homeless adults with substance abuse disorders.

xi. Homeless adults with co-occurring mental health and substance abuse disorders.
xii. Homeless adults at risk for substance use disorder.
xiii. Adults and children with SA/MH/COD and criminal justice involvement.

b. Mental Health Residential Services Target Group:
   i. Adults with mental health problems.
   ii. Adults with SPMI.
   iii. Adults with co-occurring disorders.
   iv. Adults with substance use disorders.
   v. Adults with SA/MH/COD and criminal justice involvement.

c. Disabled and/or low income individuals in need of transportation to access behavioral healthcare.

14. How are clients referred to your agency?

a. Mental Health Referrals (General)

Source of Referral GCC	**% of Referrals 2010**
Self	49.50%
School System	4.79%
Social Service Agencies (State and nonprofit)	9.23%
Court/MCSO/DJJ	18.73%
DePoo (LKMC)/ Fisherman's/ Mariner's	3.76%
Other	13.99%
Total	100%

b. Substance Abuse Referrals (Specific)

Source of Referral GCC	**% of Referrals 2010**
Self	34.27%
School System	20.60%
Social Service Agencies (State and nonprofit)	10.44%
Court/MCSO/DJJ	22.00%
DePoo (LKMC)/ Mariner's	3.71%
Other	8.98%
Total	100%

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

a. GCC provides services based on the initial assessment/intake using a triage approach.

b. All clients receive a financial eligibility screen by a staff member.
c. Clients are requested to provide evidence of income, insurance coverage, or other financial data.
d. GCC provides services regardless of ability to pay.
e. GCC uses a sliding fee scale based on the most recent years Federal Poverty Level guidelines and DCF Financial rules.
f. Management staff overseeing programmatic and site supervision engage in and subscribe to " Ethical Decision Making / Allocation" of scarce resources, resulting in protocols based on providing services to the neediest.

16. Describe any networking arrangements that are in place with other agencies.

a. GCC partners with the MCSO to provide a SAMHSA re-entry grant for persons re-entering the community from jail/prison.
b. GCC is the state-designated Community Transportation Coordinator (CTC) for the transportation disadvantaged of Monroe County and the Medicaid Transportation Coordinator. GCC subcontracts with Monroe County Social Services to provide in county transportation.
c. GCC provides CPR courses at a low cost to a partner agency and HIV courses at no cost to the same partner agency.
d. GCC is on the Executive Board of Directors of Southernmost Homeless Assistance League (SHAL), a Monroe County community coalition dedicated to serving the needs of the homeless, as well as several other planning and health-related organizations
e. GCC has a transfer agreement with Psych Solutions Inc. and Village South for the transfer of clients in case of an evacuation from the Keys.
f. GCC works with judges and staff members of Drug Court to meet the needs of the community, and promote jail diversion and lowered recidivism rates.
g. GCC works through informal lines of communication with emergency rooms, law enforcement, courts, and licensed professionals to provide Baker Act and Marchman Act transportation from a point of origin to a receiving facility.
h. GCC collaborates with Fishermen's Hospital, Lower Keys Medical Center, and Mariners Hospital to provide medical clearance for Baker Act and Marchman Act clients, and emergency and lab services for Baker Act and Marchman Act clients.
i. GCC works collaboratively with Rural Health Network and Community Health Incorporated to provide mental health and substance use services and primary health services for our mutual clients.
j. GCC coordinates with a number of agencies to make available forensic funds for housing and medication for individuals being released from the jails and the state prison.
k. GCC coordinates two FSPTs (Family Services Prevention Team). Membership includes majority of the children service providers throughout the county.
l. GCC and Village South of Miami work together administratively to provide a continuum of services without duplication.
m. GCC provides psychiatric on site services at Marathon High, HOB, Key West High School, in collaboration with the Monroe County School District.
n. GCC partners with the school district to provide substance abuse prevention services at each of the High Schools through a Prevention Partnership grant.
o. GCC works collaboratively with DePoo/Receiving Facility, Jackson Memorial, and Citrus Health Network to provide a Baker Act Receiving Facility services for Monroe County adults and children.

p. GCC coordinates referrals and admissions with DePoo Hospital to ensure a full range of services regardless of ability to pay.
q. GCC works collaboratively with Monroe County Department of Health to provide HIV testing and counseling services focused at the individuals who have been determined to be at the greatest risk- substance abuse and mental health clients.
r. GCC offers Street Smarts, an evidence based program for children and youth at Douglas Gym in Key West.
s. GCC partners with the Monroe County Sheriff's Office to provide in custody treatment program for inmates at the County jail.
t. GCC partners with Heron-Peacock to provide transportation, drop-in psychosocial rehabilitation services, medication management and outpatient individual and group therapy to members of the Heron-Peacock community.
u. GCC partners with the Florida Keys Outreach Coalition to provide outreach and referrals to a broad array of services for individuals transiting through the Keys Overnight Temporary Shelter (KOTS).
v. GCC works with the 16th in providing intensive, residential substance abuse outpatient programming for court-ordered male felons.
w. GCC is a member of many community alliances, coalitions, councils , and work group including: Florida Keys Interagency group, SAMH Alliance, DJJ Alliance, SFPC Partnership, MC Disability Council, Jail Suicide Prevention Task Force, Commission for Transportation Disadvantaged Advisory Board, State Mental Health Council, Southernmost Homeless Assistance League and associated subcommittees, South Florida Co-Occurring Alliance, Drug Court, Interagency Council, Marathon Chamber of Commerce, NAMI Middle Keys Chapter, SFPC Data Workgroup, Monroe County HIV Advisory.

17. List all sites and hours of operation.

Upper Keys: 99198 Overseas Hwy, Suite 5, Key Largo, FL 33037

Outpatient	- M – F, 8:00 am-5:00 pm - 24 hour crisis services
School Based Coral Shores High School Plantation Key Middle School Key Largo Elementary	- School Calendar, School Hours

Lower Keys/Key West: 1205 Fourth St. Key West, FL 33040

Outpatient	- M – F, 8:00 am- 5:00 pm (extended hours for group therapy, and by appointment) - 24 hour crisis services
School Based Gerald Adams Key West High HOB Middle School Sugarloaf	- School Calendar, School Hours
Douglas Gym	- M - F, 2:00 pm – 5:30 pm -
DJJ	- M – F, 8:00 am – 5:00 pm

Monroe County Detention Facility	- M – F, 8:00 am -5:00 pm

Middle Keys/Marathon: 3000 41st Street Ocean, Marathon, FL 33050

Residential/Crisis Stabilization Unit/Detox	- 24 hours/7days, 365 days/year
Outpatient/Case Management/Club House	- M, W, Th, F 8:30 am - 5:00pm Tuesday, 8:30 am – 6:00 pm
Transportation	- M – F, 6:30am – 6:00pm
Drop In Services	- M – F, 9:00am - 4:00pm - Sat. & Sun. /12:00pm – 4:00pm
School Based Stanley Switlick Elementary School Marathon High School	- School Calendar, School Hours

County-Wide:

Baker/Marchman Act Transportation	- 24 hours/7days, 365 days/year

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for $5,000 or less, a response to question #19 is not required.)

a. Decreased government funding. In response, we will (or have already started): 1) submit federal grant applications in the areas of offender reentry, offender mentoring, child/youth mentoring, child/youth domestic violence, and primary care integration planning and provision; 2) streamline our management and administrative resources via affiliation with a supportive national nonprofit foundation, Westcare; 3) streamline infrastructure (staff and technology) to improve payment ratio on billings for private insurance, Medicaid and Medicare services; 4) maintain and expand the scope of our services via strategic partnering with other state and nonprofit agencies in order to reduce duplication of services and cut costs; and 5) begin strategic planning for individual and entity based community fundraising.

b. Capital repairs. Last year, GCC repaired the pilings on the main building in Marathon at a cost of over $184,000, paid $115,000 for sewage treatment assessment, and anticipate an additional $115,000 to "hook up" to the new system. The Crisis Stabilization Unit is in need of additional security renovations at an as-of-yet unknown cost. The Key West site recently underwent renovations and replacement of tile and carpeting that was over 20 years old. The Key West site is still in need of a new air conditioning system at an estimated cost of $50,000, as well as renovations necessary for the safety of staff and clients, with an estimated cost of $25,000. GCC has paid or will pay for these costs out of reserves, but we anticipate depletion before the next fiscal year.

c. Employee compensation/wage structuring. GCC has been unable to increase compensation for our front line and administrative staff – nurses, mental health technicians, peer support specialists, counselors and therapists – for over four, in some cases five, years. The organization has responded by continuing to streamline work, eliminating unnecessary positions and avoiding duplication of work. In addition, we have incurred savings by focusing on service delivery and consolidating management and administrative functions – specifically IT, human resources and payroll support – via GCC's affiliation with WestCare. Executive compensation has been cut or leveled off, and many members of the Executive Management Team now hold dual directorships – for example overseeing a site's administrative day-to-day affairs, while also supervising programmatic development and delivery in a specific area. Despite this, GCC is unable to offer competitive compensation, and is unable to effectively recruit and retain employees in critical service delivery areas. In addition to continuing the work we describe above, GCC is building incentive programs into billable units, so that compensation is tied even more closely to revenue centers. In order to retain, GCC is researching and rolling out additional ways to improve employee quality of life on the job, and recognizing accomplishments.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?
(If applying for $5,000 or less, a response to question #20 is not required.)

a. Responding to community need and capacity. In response, GCC has restructured its formerly and primarily site-based operations, to a programmatic and off site based operation. Many individuals in need of behavioral health services are not able to access them at one of our three sites. We now offer services in the home and "on site" at multiple and varied locations. In home and on site work is facilitated in partnership with other agencies such as the Monroe County Schools, Wesley House, DCF, DJJ, the Florida Keys Children's Shelter, and the Monroe County Sheriff's Office (correctional facilities). GCC's long-range planning and current services now include prevention resources. For example, GCC now delivers evidence based prevention programs in at-risk locations.

b. Hiring and retention of qualified staff. In addition to the "front line" staffing issues described in 18.c. above, GCC is undertaking new strategies for the recruitment and retention of psychiatric and medical staff in both inpatient and outpatient settings. First, by working aggressively to restore the critical access shortage designation for Monroe County, which will allow new graduates to reduce their loan payments and provide incentives for medical professionals to move to the Keys. More importantly, however, efforts are now being made to change the compensation and incentive structure for medical professionals. Additionally, more effective initiatives to recruit locally and form strategic partnerships with individual and entity-based providers are underway that will more effectively spread local resources, and provide beneficial opportunities for medical professionals.

20. How are clients represented in the operation of your agency?

a. Peer Specialist hires. Consumers are hired into varied positions, including client advocacy, case management, housekeeping/maintenance, and therapists.
b. Peer Specialists are encouraged (and assisted) to obtain Peer Specialist certifications.

c. A member of the GCC Clubhouse represents Monroe County on the State Mental Health Planning Council. As a council member, he provides leadership in development and implementation of a comprehensive state plan for mental health services in Florida.
d. All clients/consumers participate in the development of their individual treatment plan.
e. The Personal Growth Center operates a Consumer Advisory Board that makes decisions about the Center's work groups.
f. The Consumer Advisory Board issues are reviewed at GCC management meetings and by the Board of Directors (BOD).
g. Clients from all programs are given the opportunity to complete a Client Satisfaction Survey. Results from the surveys are reviewed by a Performance Improvement Committee and the BOD, and changes recommended/implemented. Results from the surveys are posted on our Website.
h. Clients/Consumers are encouraged to participate in external advocacy roles.

21. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for $5,000 or less, a response to question #22 is not required.)

a. Commission on Accreditation of Residential Facilities (CARF). Next survey audit: 2013.
b. The State of Florida Board of Professional Regulation. Licenses/certifies individual clinicians by professional discipline. Annual licenses and re-certifications.
c. The State of Florida Certification Board. Licenses/certifies individual clinicians by professional discipline. Annual licenses and re-certifications.
d. Department of Children and Families (DCF). Substance abuse detoxification, residential, outpatient, intervention, aftercare, and prevention programs. All programs licenses and monitored annually, some quarterly.
e. The Florida Department of Corrections (DOC). Keys to Recovery (KTR) substance abuse residential services. Monitored quarterly.
f. Department of Juvenile Justice (DJJ). Mental health and substance abuse services. Monitored quarterly.
g. Agency for Health Care Administration (ACHA). Crisis Stabilization Unit (CSU) and a two-bed residential facility (RTF). Licenses and monitored annually.
h. Department of Children and Families. Designated Baker Act Receiving Facility. Surveyed/audited and recertified every 3 years.
i. State Department of Health (DOH). Dietary and hazardous waste oversight for Personal Growth Center, residential and inpatient facilities. Quarterly inspections.
j. Monroe County Fire Marshall. All sites, annual.
k. Southernmost Homeless Assistance League (SHAL). Programmatic oversight, as needed.
l. Department of Health/Pharmacy. Annual.
m. Department of Health/Lab. Annual.
n. Department of Health / Dispensing Pharmacist. Annual.
o. Department of Agriculture/Personal Growth Center Kitchen. Annual.
p. DCF Contract Monitoring. Desk Review and On Site. Every one to three years.
q. South Florida Behavioral Health Network (SFBHN). Funding contract. Annual monitoring, site visits.
r. Magellan. Desk Reviews and On Sites. As determined by the agency.
s. Medicaid. Transportation services. Annual review.
t. Commission for Transportation Disadvantaged. Transportation services. Annual review.

22. 2,148 hours of program service were contributed by 7 volunteer medical interns in the last year.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

Yes. Baker Act and Marchman Act Transportation services are, in part, subcontracted to another agency, Elanjess, Inc. However, these services are funded via a **BOCC line-item** allocation, not via funds provided under this application.

24. What measurable outcomes do you plan to accomplish in the next funding year?

a. Effectiveness Objectives
   i. 86% of children receiving mental health services will increase attendance in school.
   ii. 78% of clients will be employed at discharge.
   iii. Adults receiving mental health services will increase the number of days they are living in the community.
   iv. 74% of the children receiving mental health services will show improvement by discharge.
   v. 75% of clients receiving services will reduce alcohol/drug use from time of admission to discharge.

b. Efficiency Objectives
   i. ≥ 70% of clients will attend first session of OP treatment following IP discharge.
   ii. ≥ 70% of clients will attend their OP therapy sessions.
   iii. ≥ 80% consumer satisfaction with program quality.
   iv. 90% compliance of treatment program records to regulatory agencies requirements.
   v. 95% of clinical records will demonstrate appropriate level of care.
   vi. 95% of clinical documentation will support billing and invoicing.
   vii. 95% of clinical records will contain a medication wellness and recovery treatment plan.
   viii. Clinical records will have prescription copies filed.
   ix. 99% of reportable incidents will be reported to appropriate external entity.
   x. 95% compliance with required emergency drills.
   xi. 95% of all staff will complete required annual trainings.

c. Other measures
   i. Financial stability of agency.
   ii. Continued reorganization of the GCC mental health and substance abuse delivery system in the Keys to increase scope, while reducing duplication of services county-wide.
   iii. Successful recruitment and retention of front line medical and therapeutic staff, and professional medical staff.
   iv. Continued consolidation and streamlining of administrative and management functions.

25. How will you measure these outcomes?
(If applying for $5,000 or less, a response to question #26 is not required.)

a. Service outcomes will be tracked and monitored by our Performance Improvement Coordinator (PIC), and results reported in a Quarterly PI report. The report is promulgated to our Community Council, the Board of Directors, Keys Leadership Team, and is also posted on our GCC Website.

b. Service and satisfaction outcomes will be tracked using a sophisticated statistical software program to analyze the reported data. This process includes reporting data from the following sources:
   i. GCC/Westcare client data base.
   ii. Information from client satisfaction surveys.
   iii. Results from stakeholder surveys using Survey Monkey.
   iv. Reports from the Westcare Intranet Incident Reporting system.
   v. Training and staff development completion records.

c. Financial, service and program outcomes will be measured using financial and internal audits.

d. Service and programmatic outcomes will be assessed via results and recommendations from regulatory contract compliance site visits.

26. Provide information about units of service below. *(If applying for $5,000 or less, a response to question #26 is not required.)*

Service	Unit (hour, session, day, etc.)	Cost per unit (2011 Budget)
Assessments	Hour	$ 70.56
Mental Health & Substance Abuse Intervention	Hour	$ 59.53
Outpatient Counseling/Therapy	Hour	$ 80.58
In Home/On-Site Services	Hour	$ 64.16
Treatment Accountability for Safer Communities	Hour	$ 67.22
Emergency Screening	Hour	$ 44.34
Psychiatric Services	Hour	$ 410.44
Substance Abuse Detoxification (Residential)	Bed Day	$ 574.65
Substance Abuse Aftercare	Hour	$ 58.54
Supported Housing	Hour	$ 61.28
Case Management	Hour	$ 62.87
School & Community-based Prevention	Hour	$ 59.19
Information & Referral	Hour	$ 47.88
Outreach & Education	Hour	$ 53.47
Psychosocial Rehabilitation (Clubhouse)	Client Hour	$ 47.24
Drop In Program	Facility Day	$ 195.94
Mental Health Residential Treatment Level 1	Bed Day	$ 305.53
Substance Abuse Residential Treatment	Bed Day	$ 105.89
Mental Health Crisis Stabilization	Bed Day	$ 603.77
Community Transportation	One-Way Trip	$ 17.87
Baker Act Transportation	Round trip	$ 228.84

27. In 300 words or less, address any topics not covered above (optional).

GCC continues to act on the recommendations of the HSAB to collaborate, partner, and consolidate services.

1. Cost savings/maintaining program integrity. Administrative and management continues to be streamlined, as IT, human resources and certain billing and payroll services are consolidated by our affiliation partner, WestCare. This results in more effective focus on service delivery, less time accumulated in administrative inefficiencies.
2. Increase access to mental health and substance abuse services for children and families. In addition to its partnerships with DCF and Wesley House, GCC added to its frontline force eight employees in the Children & Family program: positions that provide direct client service, while pullingdown important revenue for GCC.
3. Increase training and utilization of evidence-based practices. GAIN training and implementation across the spectrum: 100%. The GAIN (Global Assessment of Individual Needs) is a comprehensive, evidence-based assessment tool (bio-psychosocial) used with adolescents and adults. It useful for screening, diagnosis, recommendations, and treatment planning. Two employees became certified Seeking Safety providers. SS is cognitive-behavioral therapy for those suffering from co-occurring PTSD and addiction. In addition, GCC is partnering with DCF and other agencies to integrate Trauma Informed Care practices into all services.
4. Utilize outside funding sources to benefit consumers and agency, while partnering with other agencies. Implemented Challenge Grant (via SHAL) in the Personal Growth Center (PGC), allowing GCC to hire consumers for *per diem* work to enhance supportive employment opportunities. Utilized PATH funding to effectively provide outreach and referral for homeless individuals with mental illness, in conjunction with Florida Keys Outreach Coalition and SHAL.
5. Promoted community partnerships. Partnered with a diverse array of agencies, including Southernmost Homelessness Assistance League (SHAL), AHEC of the Florida Keys, Metropolitan Community Church, Heron-Peacock and state agencies to widen the scope of services to the homeless, residential clients, the forensic population and other clients/consumers.
6. Cost–Benefit of Prevention: GCC is actively involved in supporting effective prevention programs as a part of a comprehensive substance abuse array of services. This avoids future costs to the County's correctional, law enforcement and medical providers.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE	ATTACHED?		COMMENTS
IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are $150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule	X		
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification	X		
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	Reported in narrative
R. Other (specify) TWO PAGE LIMIT		X	N/A

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

Attachment A1: Board Information

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

FY12

You must have at least five directors.

Guidance/Care Center, Inc

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Lynn Mapes	Chair	Key Colony Beach, FL	305-743-2036	2	October, 2012
David Rice	Vice Chair	Marathon, FL	305-743-6089	2	October, 2012
Tom Walsh	Vice Chair/WestCare	St. Petersburg, FL	727-552-1947	2	October, 2012
Dr. Eugene Walker	Entity Director	Lithonia, GA	770-593-2409	2	Until resignation or removal as stated in By-laws
Bill Baird, III	Entity Director	Pikeville, KY	606-437-6276	2	Until resignation or removal as stated in By-laws
David Youngquist	Entity Director	North Oaks, MN	612-801-6705	2	Until resignation or removal as stated in By-laws
Richard Steinberg	President/WestCare	Las Vegas, NV	702-385-2090	2	Until resignation or removal as stated in By-laws
Peter Ventrella	Secretary-Treasurer/WestCare	Las Vegas, NV	702-385-2090	2	Until resignation or removal as stated in By-laws

****ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)**

Attachment A2: Board Officer Elections

A2

Guidance/Care Center, Inc.
Meeting of the Board of Directors
MEETING MINUTES
DATE: October 16, 2010
8:00 a.m. (pacific) / 11:00 a.m. (eastern)

VIDEO CONFERENCE

DIRECTORS IN ATTENDANCE:	DIRECTORS ABSENT:
Lynn Mapes, Chair Dr. David Rice, Vice Chair Dr. Eugene Walker Bill Baird, III Tom Walsh Richard Steinberg	
STAFF PRESENT:	**GUESTS PRESENT:**
Shawn Jenkins Peter Ventrella Peter Sullins Judy Kosterman Leslie Balonick Maurice Lee Bob Neri Frank Rabbito Mike Lavin Jenifer Noland Michael Langford Jamie Pipher Jim Hanna	Ramon Abadin Derrick Boazman Doris Michaux David Youngquist

AGENDA ITEM	DISCUSSION	RECOMMENDATION/ ACTION
1. Call to Order	Director Walsh, in his capacity as Vice Chair of WestCare Foundation, Inc. called the meeting to order.	

A2

2. Declaration of Quorum	Roll was taken and a quorum was declared.	
3. Approval of Minutes	The *August 19, 2010 Board of Directors Meeting Minutes* were submitted for approval. Director Steinberg requested that the draft minutes be amended to include Director Mearns as present and as tendering her resignation and accepting appointment to the Monroe County Community Action Council under WestCare Florida, Inc.	Motion by Director Walker to approve the *August19, 2010 Board of Directors Meeting Minutes* as presented and subject to the amendment requested by Director Steinberg. Seconded by Director Rice. Question called. Motion carried with unanimous vote.
4. Financial Report.	Pete Ventrella, Chief Financial Officer for WestCare Foundation, Inc. presented the financial report for *Guidance/Care Center, Inc.* and summarized all regional financial reports and WestCare Foundation financial reports as presented in the Board Package.	

A2

5. Risk Management Report.	Jim Hanna, General Counsel for WestCare Foundation, Inc. gave the Risk Management Report for *Guidance/Care Center, Inc.* Mr. Hanna highlighted those litigation matters specific to Guidance/Care Center, Inc. as outlined in the *October 2010 Risk Management Litigation Report* presented in the Board Package and summarized WestCare Foundation's litigation report as presented to the WestCare Foundation Risk Management Committee on October 05, 2010. Specifically, Mr. Hanna apprised the Board of the following matters: • Westport Insurance carrier filed a declination of coverage action in the Georgia sexual assault claims based on failure to provide timely notice. At the direction of the Risk Management Committee, coverage counsel has been secured and a coverage summary memorandum was drafted and presented to both the Risk Management Committee and Executive Committee in the last week. Coverage counsel has been instructed to move forward with disputing the declination of coverage action. The Risk Management Committee will be kept apprised of the status of the case as it moves through the process. • The Georgia sexual assault claim is in the final discovery stages and summary judgment motions are expected to be filed by late November.	

A2

6. Action Items.	The following Action Items were submitted to the Board:	
	• Election of Officers: Director Steinberg nominated the following individuals for the position of Board Chair and Vice Chair and Director positions under Section 3.2 for Guidance/Care Center, Inc.: ○ Lynn Mapes, Board Chair ○ David Rice, Vice Chair	Motion by Director Walker to elect Mr. Mapes and Mr. Rice to the Board of Directors as At-Large Directors of Guidance/Care Center, Inc. and the offices as nominated. Seconded by Director Baird. Question called. Motion carried with unanimous vote.
	• Director Walsh submitted ***Resolution GCC 2010-02*** for consideration by the Board. Mr. Hanna explained that *Resolution GCC 2010-02*, as presented, stated that the Board of Directors of Guidance/Care Center, Inc. authorized the designated officers of the corporation to establishment a bank account for the corporation and take such other actions with the bank account as stated within the resolution.	Motion by Director Walker to adopt and ratify ***Resolution GCC 2010-02*** as presented. Seconded by Director Mapes. Question called. Motion carried with unanimous vote.
	• Director Walsh submitted ***Resolution GCC 2010-03*** for consideration by the Board. Mr. Hanna explained that *Resolution GCC 2010-03*, as presented stated that the Board of Directors of Guidance/Care Center, Inc. authorized those officers designed within the resolution to executed contracts and other documents on behalf of the corporation and within the defined operational mission and ordinary course of business of the corporation.	Motion by Director Walker to adopt and ratify ***Resolution GCC 2010-03*** as presented. Seconded by Director Mapes. Question called. Motion carried with unanimous vote.

A2

	• Director Walsh submitted ***Iberia Bank Corporate Authorization Resolution*** for consideration by the Board. Mr. Pete Ventrella, in his capacity as Chief Financial Officer of WestCare Foundation, Inc., explained that the resolution as presented was required by Iberia Bank and sets forth the change in corporate name and designates bank account signatory authority.	Motion by Director Walker to adopt and ratify ***Iberia Bank Corporate Authorization Resolution*** as presented. Seconded by Director Mapes. Question called. Motion carried with unanimous vote.
	• Director Walsh submitted ***Resolution GCC 2010-04*** *for* consideration by the Board. Mr. Hanna explained that *Resolution GCC 2010-04 as presented* acted to designate those named entities, specifically WestCare Georgia, Inc., WestCare Kentucky, Inc. and WestCare Minnesota, Inc. as designated "Affiliate Entities" for purposes of **Section 3.2(c)(ii)** of the *Amended and Restated Bylaws of Guidance/Care Center, Inc.* Mr. Hanna explained that this was being proposed in response to bringing WestCare Minnesota, Inc. into the reorganized corporate structure with a new at-large director and chair and that this resolution would act to seat the chair of WestCare Minnesota, Inc. (along with the chairs of the other designated Affiliate Entities) on the board of Guidance/Care Center, Inc.	Motion by Director Walker to adopt and ratify ***Resolution GCC 2010-04*** as presented. Seconded by Director Mapes. Question called. Motion carried with unanimous vote.

A2

7. Operations Report.	Shawn Jenkins, Chief Operational Officer for WestCare Foundation, Inc., asked Frank Rabbito, Vice President of WestCare Foundation, to give the Operations Report for Guidance/Care Center, Inc. Mr. Rabbito summarized operations and programming for Guidance/Care Center, Inc. and throughout the East region including the following: • County funding has been approved at current levels but school board contract was cut; • The department of correction contract for children services was renewed for another year; • A partnership was entered into with the Florida Keys Outreach Coalition in order to provide services under their contract; and • A transition plan is being worked on to locate a new director for the Monroe County facilities due to Ms. Pipher's announced retirement.	
8. Clinical Report	Bob Neri, Senior Vice President and Chief Clinical Officer, summarized the clinical report and highlighted new programming opportunities within the East region.	
9. Facilities Report	Mike Lavin, as Senior Vice President of Facilities, summarized the Facilities Report included in the Board Package.	

AZ

10. President's Report	Richard Steinberg, as President of Guidance/Care Center, Inc. and WestCare Foundation, Inc. gave the President's Report. Mr. Steinberg reported on the following items: • Thanked Foundation Board Chair Wadhams, Foundation Vice-Chair Walsh and Foundation Secretary Abadin for their time in touring the Florida sites. • Reaffirmed WestCare's commitment to Veterans' issues and to working towards bringing Veterans programming under the WestCare umbrella of services.	
11. Foundation Comments	No report given.	
12. Other Business	No other business was presented.	
13. Adjournment	Director Walsh, in his capacity as Vice-Chair of WestCare Foundation, Inc., and hearing no other business, asked for a motion to adjourn the meeting.	Motion by Director Walker to adjourn the meeting. Seconded by Director Mapes. Question called. Motion carried with unanimous vote.

Attachment B:
Agency Compensation Detail

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.
Put an "X" next to each position directly related to program for which funding is requested.
Please round all dollar amounts to the nearest dollar; do not round FTE'S.
A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee woul

Guidance/Care Center, Inc

		Proposed - Upcoming Year Ending: 6/30/2012		Projected - Current Year Ending: 6/30/2011	
Position Title	**"X"**	**# FTE'S**	**Total Compensation Package**	**# FTE'S**	**Total Compensation Package**
Medical Director	X	0.18	62,618	0.18	55,200
Psychiatrist	X	2.06	773,685	2.00	629,018
Program Dir Supervision	X	6.30	460,808	6.63	491,688
Nurses	X	7.84	464,479	7.84	465,397
Therapists	X	16.70	840,667	15.75	794,444
Counselors	X	15.41	611,656	14.94	566,395
Case Managers	X	10.11	383,323	10.11	381,607
Peer Spec	X	3.63	106,264	3.06	85,946
Techs	X	17.12	501,902	17.12	505,387
Transportation Staff		5.76	174,657	6.13	187,510
Program Direct Support		2.31	85,001	2.69	96,152
On Call Pay	X	-	14,495	-	14,495
Info Tech/Data Staff		1.00	61,004	1.00	61,004
Maintenance Staff		3.40	125,324	3.47	126,786
Front Office Staff		5.04	168,274	5.04	167,947
HR Staff		0.43	29,918	0.43	29,749
Finance Staff		4.43	209,470	4.44	209,332
Area Director		1.00	104,066	0.90	93,226
Deputy Area Director		0.20	17,324	0.07	5,996
Site Managers		0.90	71,553	0.75	59,963
Regional Controller		1.00	85,416	1.00	85,416
Executive Asst		1.00	51,240	0.84	36,130
Totals	**79.35**	**105.82**	**5,403,143**	**104.39**	**5,148,788**

Attachment C:
Profile of Clients And Services

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

This attachment has changed; please note asterisked information at the bottom of page.
Delete or type over sample information shown.

Guidance/Care Center, Inc

List Services Here	Target Population Adult Mental Health=AMH Children Mental Health=CMH Adult Substance Abuse=ASA Children Substance Abuse=CSA	# of Persons in Target Population	Area	Days/Hours	Cumulative # of Clients for Year Ending 06/30/10	Current # of Clients ("snapshot") on 03/1/11
	AMH	4,483			2,650	94
	CMH	1,797			681	46
	ASA	6,739			1,539	116
	CSA	2,992			522	28
	Total	16,011			5,392	284
Information and Referral	AMH, CMH,ASA,CSA		County Wide CW	M-F/8:30-5:00		
Outreach and Education	AMH, CMH,ASA,CSA		CW	M-F/8:30-5:00		
Emergency Screening	AMH		CW	24/7		
CSU	AMH		CW	24/7		
Detox	ASA		CW	24/7		
KTR	ASA		CW	24/7		
Jail Diversion	AMH		Jail	M-F/8:30-5:00		
Assessments	AMH, CMH,ASA,CSA		CW	M-F/8:30-5:00		
Psychiatric Servcies	AMH, CMH,ASA,CSA		CW	M-F/8:30-5:00	Ext Hr and Sat	
Intervention	AMH, CMH,ASA,CSA		CW	M-F/8:30-5:00		
HIV Intervention	ASA		CW	M-F/8:30-5:00		
Case Management	AMH, CMH,ASA,CSA		CW	M-F/8:30-5:00		
Drop In Center	AMH		CW	M-F/8:30-5:00 SS 12:00-4:00		
Clubhouse/Psychosocia Rehab	AMH		CW	M-F/8:30-5:00		
Aftercare	ASA		CW	M-F/8:30-5:00		
School Based Prevention	CSA		CW	M-F/8:30-5:00		
School Based Life Skills	CSA		CW	School calendar		
Supported Employment	AMH		CW	M-F/8:30-5:00		
Crisis Support	AMH, CMH,ASA,CSA		CW	24/7		

continued on next page

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report)

FY12

This attachment has changed; please note asterisked information at the bottom of page.
Delete or type over sample information shown.

Guidance/Care Center, Inc

List Services Here	Target Population Adult Mental Health=AMH Children Mental Health=CMH Adult Substance Abuse=ASA Children Substance Abuse=CSA	# of Persons in Target Population	Area	Days/Hours	Cumulative # of Clients for Year Ending 06/30/10	Current # of Clients ("snapshot") on 03/1/11
	AMH	4,483			2,650	94
	CMH	1,797			681	46
	ASA	6,739			1,539	116
	CSA	2,992			522	28
	Total	16,011			5,392	284
Medicaid/CTC Transportation	AMH		Monroe/Dade	M-F		
Comprehensive Comm Service Team	AMH		CW	M-F/8:30-5:00		
Unduplicated Clients for Entire Agency					*2934	*232

Please indicate the number of clients served who are Monroe County residents: 2903

Please list or describe achieved outcomes for your target populations: 1. Objective: Increase services to persons with co-occuring disorders. Achieved outcome: GCC staff were trained in "Seeking Safety" model and groups are now being conducted in Key West, Marathon, and Key Largo. 2. Objective: Improve response to Child Protective Services calls for evaluation of families referred. Achieved Outcome: A second Family Intervention Specialist (based in Key Largo) was hired to provide greater coverage throughout the Keys. 3. Objective: Increase access to services for children and families referred by Wesley House and Child Protective services. Achieved Outcome: 6 Therapists positions were converted to In-home/On-site (IHOS) Therapists. This allows for a greater presence in the community and brings services to those who need them with the emphasis on children. 4. GCC will apply for grants to meet high cost community needs. Achieved Outcome: GCC has submitted grant applications to the Office of Violence Against Women, to the Bureau of Justice for an Criminal Justice Adult Mentoring grant and to HRSA for a planning grant to establish a Federally Qualified Health Center in Key Largo.

* this # does ot include unduplicated clients served in programs where clients are not specifically identified. i.e. outreach and information and referral

Attachment D:
County Funding Budget

ATTACHMENT D - COUNTY FUNDING BUDGET

FY12

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

Guidance/Care Center, Inc

	Proposed Expense Budget for Upcoming Year Ending:	
	6/30/2012	
Expenditures	**Total**	**%**
Salaries	621,623	92.9%
Payroll Taxes	47,554	7.1%
Employee Benefits		0
Subtotal Personnel	669,177	100.0%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent		0
Utilities		0
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
Total Expenses	**669,177**	**100.0%**

Attachment E: Agency Expenses

ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Guidance/Care Center, Inc

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2012		6/30/2011	
Expenditures	**Total**	**%**	**Total**	**%**
Salaries	4,549,878	59%	4,336,226	58%
Payroll Taxes	396,144	5%	378,481	5%
Employee Benefits	457,121	6%	434,081	6%
Subtotal Personnel	5,403,143	70%	5,148,788	69%
Building Occupancy	421,458	5%	419,531	6%
Prof & Contracted Serv	419,188	5%	418,485	6%
Travel	81,819	1%	81,605	1%
Equipment & Furnishings	187,251	2%	186,331	2%
Food Costs	72,709	1%	72,347	1%
Medical & Pharmacy	129,293	2%	128,053	2%
Subcontract Services	249,847	3%	249,847	3%
Insurance	113,510	1%	112,945	2%
Interest	113,646	1%	113,602	2%
Operating Supplies & Exp.	281,169	4%	279,914	4%
Donated Items	119,966	2%	119,966	2%
Sub-grants to Other Organizations	152,285	2%	152,285	2%
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
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		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
		0		0
Total Expenses	7,745,284	100%	7,483,699	100%
Revenue Over/(Under) Expenses	(119,966)		(103,051)	

Attachment F: Agency Revenue

ATTACHMENT F - AGENCY REVENUE

FY12
Guidance/Care Center, Inc

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.
In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	6/30/2012			6/30/2011		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County	1,239,201		16%	1,141,812		15%
Children and Fam	3,755,664		49%	3,755,664		51%
M.C. Sheriff's Dept.	30,000		0%	63,183		1%
Key West	30,500		0%	30,500		0%
Marathon	0		0%	0		0%
Islamorada	0		0%	0		0%
Layton	0		0%	0		0%
Key Colony Beach	0		0%	0		0%
Client fees	897,424		12%	610,187		8%
Donations	1,138	119,966	0%	1,138	119,966	0%
Sheriff Shared Asset	0		0%	4,434		0%
United Way	0		0%	0		0%
List all others below	0		0%	0		0%
MC School Board	86,373		1%	86,373		1%
Federal Grants	383,756		5%	383,756		5%
State Agencies	1,030,385		14%	1,030,385		14%
Private Grants	0		0%	30,000		0%
Collaborative Grants	0		0%	72,823		1%
Miscellaneous	18,592		0%	18,108		0%
Sub-grants to Other Orga	152,285		2%	152,285		2%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			0%			0%
			100%			100%
Total Revenue	7,625,318	119,966		7,380,648	119,966	

Attachment G:
Copy of Audited Financial Statement from Most Recent Fiscal Year

Attachment G

GUIDANCE/CARE CENTER, INC.

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

JUNE 30, 2010

Attachment G

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CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
7369 SHERIDAN STREET, SUITE 201
HOLLYWOOD, FLORIDA 33024

TELEPHONE (954) 986-4780
TELEFAX (954) 981-7912

To the Board of Directors
Guidance/Care Center, Inc.
3000 41 Street, Ocean
Marathon, Florida 33050

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying Statement of Financial Position of Guidance/Care Center, Inc., as of June 30, 2010 and the related Statements of Activities; and Cash Flows for the year then ended. These Financial Statements are the responsibility of the Organization's Management. Our responsibility is to express an opinion on these Financial Statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Financial Statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Financial Statements. An audit also includes assessing the accounting principles used and significant estimates made by Management, as well as evaluating the overall Financial Statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the Financial Statements referred to above present fairly, in all material respects, the financial position of Guidance/Care Center, Inc. as of June 30, 2010 and the changes in its net assets and cash flows for the years then ended, in conformity with generally accepted accounting principles in the United States of America.

Board of Directors
Guidance/Care Center, Inc.

In accordance with Government Auditing Standards, we have also issued a report dated January 30, 2011, on our consideration of Guidance/Care Center, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of testing, and not provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of the audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Callaghan Blossom LLP
Certified Public Accountants

November 22, 2010

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2010

ASSETS

CURRENT ASSETS		
Cash and Cash Equivalents (NOTE 1)	$ 815,417	
Patient Accounts Receivable, Net of Allowance for Uncollectable Accounts of $416,550 (NOTE 1)	56,600	
Grants, Contracts and Other Receivables	1,391,391	
Investments - CCMH	11,192	
Prepaid Expenses	216,178	
TOTAL CURRENT ASSETS		$ 2,490,778
FIXED ASSETS (NOTE 1)		
Land	643,122	
Buildings and Improvements	4,581,324	
Furniture; Fixtures and Equipment	577,200	
Transportation Equipment	540,936	
	6,342,582	
Less:Accumulated Depreciation	3,323,412	
NET BOOK VALUE		3,019,170
OTHER ASSETS (NOTE 1)		
Security Deposit	5,250	
Bond Issuance Costs, Net of Amortization of $34,422	44,220	
TOTAL OTHER ASSETS		49,470
TOTAL ASSETS		$ 5,559,418

Please Read the Accompanying Independent Auditors' Report and Notes to the Financial Statements

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2010

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	$ 345,009	
Accrued Salaries and Related Expenses	356,187	
Deferred Revenue	43,249	
Due to Related Party	653,779	
Line of Credit	295,602	
Current Portion of Long-Term Debt	217,425	
TOTAL CURRENT LIABILITIES		$ 1,911,251
LONG-TERM DEBT (NOTE 2)		
Long-Term Debt	1,719,111	
Deferred Revenue	36,143	
Less: Current Portion of Long-Term Debt	217,425	
TOTAL LONG-TERM DEBT		1,537,829
TOTAL LIABILITIES		3,449,080
NET ASSETS - UNRESTRICTED		2,110,338
TOTAL LIABILITIES AND NET ASSETS		$ 5,559,418

Please Read the Accompanying Independent Auditors' Report and Notes to the Financial Statements

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2010

CHANGES IN NET ASSETS - UNRESTRICTED		
PUBLIC SUPPORT AND REVENUES		
PROGRAM SERVICE FEES:		
Grants and Contracts	$ 7,443,780	
Client Fees and Other Third Party Payors - Net	369,781	
Contributions	155,068	
TOTAL PROGRAM SERVICE FEES		$ 7,968,629
OTHER REVENUES:		
Interest Income	5,698	
Gain on Sale of Assets	926	
Other Revenues	10,720	
TOTAL OTHER REVENUES		17,344
TOTAL PUBLIC SUPPORT AND REVENUE - UNRESTRICTED		7,985,973
EXPENSES		
TOTAL EXPENSES		7,695,175
INCREASE IN NET ASSETS - UNRESTRICTED		290,798
NET ASSETS - UNRESTRICTED JULY 1, 2009		1,735,580
PRIOR PERIOD ADJUSTMENT (NOTE 7)		83,960
JUNE 30, 2010		$ 2,110,338

Please Read the Accompanying Independent Auditors' Report and Notes to the Financial Statements

GUIDANCE/CARE CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	ASSESSMENTS	CASE MANAGEMENT	CRISIS STABILIZATION	CRISIS SUPPORT	DROP-IN CENTER	IN/HOME ON-SITE	INTERVENTION	MEDICAL SERVICES
PERSONNEL EXPENSES								
SALARIES	$ 82,334	$ 96,599	$ 725,970	$ 172,929	$ 6,567	$ 103,673	$ 244,603	$ 320,702
BENEFITS AND TAXES	14,330	16,812	126,349	30,097	1,143	18,043	42,571	55,815
TOTAL PERSONNEL EXPENSES	96,664	113,411	852,319	203,026	7,710	121,716	287,174	376,517
OPERATING EXPENSES								
BUILDING OCCUPANCY	2,499	1,584	36,404	6,488	3,669	569	2,325	-
PROFESSIONAL SERVICES	-	843	4,793	-	-	-	-	2,875
PROGRAM SUPPLIES & EXPENSES	-	-	51,519		80	-	-	172,314
TRAVEL	-	200	27	-	109	5,784	66	14,813
REPAIRS AND MAINTENANCE	-	-	8,528		168	-	-	
FURNITURE AND EQUIPMENT	-	-	4,024	-	413	-	-	-
FOOD	-	-	26,170	-	1,154	-	-	-
VEHICLES	-	-	-	-	-	-	-	-
INSURANCE	-	-	-	-	-	-	-	-
INTEREST	-	-	-	-	-	-	-	-
OPERATING SUPPLIES AND EXPENSES	6,763	5,096	5,452	5,525	494	1,300	20,279	1,648
TOTAL OTHER EXPENSES	9,262	7,723	136,917	12,013	6,087	7,653	22,670	191,650
TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION	105,926	121,134	989,236	215,039	13,797	129,369	309,844	568,167
DEPRECIATION AND AMORTIZATION	3,608	2,287	34,866	9,365	4,967	820	3,356	-
TOTAL OPERATING EXPENSES	$ 109,534	$ 123,421	$ 1,024,102	$ 224,404	$ 18,764	$ 130,189	$ 313,200	$ 568,167

PLEASE READ THE ACCOMPANYING INDEPENDENT AUDITORS' REPORT AND NOTES TO THE FINANCIAL STATEMENTS

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	OUTPATIENT	PREVENTION	OUTREACH INFO & REFERRAL	RESIDENTIAL	RESIDENTIAL DETOX	TASC	INCIDENTAL EXPENSES	AFTERCARE
PERSONNEL EXPENSES								
SALARIES	$ 220,155	$ 70,073	$ 67,942	$ 211,072	$ 185,591	$ 21,035	$ -	$ 3,304
BENEFITS AND TAXES	38,316	12,195	11,825	36,735	32,300	3,660	-	575
TOTAL PERSONNEL EXPENSES	258,471	82,268	79,767	247,807	217,891	24,695	-	3,879
OPERATING EXPENSES								
BUILDING OCCUPANCY	3,595	173	3,086	19,977	12,395	115	-	13
PROFESSIONAL SERVICES	-	-	-	1,113	1,170	-	-	-
PROGRAM SUPPLIES & EXPENSES	-	18,594	5,000	61,213	8,423	-	71,053	-
TRAVEL	2,515	5,913	1,531	2,114	10	-	-	-
REPAIRS AND MAINTENANCE	-	-	-	7,137	2,081	-	-	-
FURNITURE AND EQUIPMENT	-	3,221	-	853	1,370	-	-	-
FOOD	-	-	-	31,927	6,389	-	-	-
VEHICLES	-	-	-	-	-	-	-	-
INSURANCE	-	-	-	-	-	-	-	-
INTEREST	-	-	-	-	-	-	-	-
OPERATING SUPPLIES AND EXPENSES	11,898	6,347	2,057	13,003	15,059	3,045	3,248	430
TOTAL OTHER EXPENSES	18,008	34,248	11,674	137,337	46,897	3,160	74,301	443
TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION	276,479	116,516	91,441	385,144	264,788	27,855	74,301	4,322
DEPRECIATION AND AMORTIZATION	5,189	249	4,455	22,326	11,871	167	-	19
TOTAL OPERATING EXPENSES	$ 281,668	$ 116,765	$ 95,896	$ 407,470	$ 276,659	$ 28,022	$ 74,301	$ 4,341

PLEASE READ THE ACCOMPANYING INDEPENDENT AUDITORS' REPORT AND NOTES TO THE FINANCIAL STATEMENTS

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2010

	CLUBHOUSE	COMP COMM SERV TEAM	TOTAL STATE-FUNDED COST CENTERS	OTHER SAMH SERVICES	NON-STATE FUNDED COST CENTERS	GENERAL SUPPORT	ADMINISTRATION	TOTAL EXPENSES
PERSONNEL EXPENSES								
SALARIES	$ 41,634	$ 502,691	$ 3,076,874	$ 209,112	$ 257,683	$ 669,436	$ 155,062	$ 4,368,168
BENEFITS AND TAXES	7,250	87,489	535,504	36,395	44,847	116,510	26,987	760,243
TOTAL PERSONNEL EXPENSES	48,884	590,180	3,612,378	245,507	302,530	785,946	182,049	5,128,411
OPERATING EXPENSES								
BUILDING OCCUPANCY	4,792	22,528	120,211	-	1,212	29,826	35,901	187,150
PROFESSIONAL SERVICES	-	1,760	12,552	26,289	2,542	34,018	356,107	431,509
PROGRAM SUPPLIES & EXPENSES	8,730	2,936	399,862	16,943	373,527	1,629	-	791,961
TRAVEL	1,439	1,145	35,666	14,765	1,216	9,068	9,110	69,825
REPAIRS AND MAINTENANCE	5,462	-	23,376	-	-	47,209	24,739	95,324
FURNITURE AND EQUIPMENT	3,868	-	13,749	965	3,207	24,390	-	42,312
FOOD	10,386	-	76,027	-	-	-	-	76,026
VEHICLES	-	-	-	-	74,125	1,282	-	75,407
INSURANCE	-	-	-	-	17,884	29,583	74,134	121,601
INTEREST	-	-	-	-	-	113,097	-	113,097
OPERATING SUPPLIES AND EXPENSES	4,442	3,996	110,085	13,070	7,988	149,443	35,992	316,575
TOTAL OTHER EXPENSES	39,119	32,365	791,528	72,032	481,701	439,545	535,983	2,320,787
TOTAL EXPENSES BEFORE DEPRECIATION AND AMORTIZATION	88,003	622,545	4,403,906	317,539	784,231	1,225,491	718,032	7,449,198
DEPRECIATION AND AMORTIZATION	6,488	32,517	142,547	-	60,454	17,886	25,089	245,977
TOTAL OPERATING EXPENSES	$ 94,491	$ 655,062	$ 4,546,453	$ 317,539	$ 844,685	$ 1,243,377	$ 743,121	$ 7,695,175

PLEASE READ THE ACCOMPANYING INDEPENDENT AUDITORS' REPORT AND NOTES TO THE FINANCIAL STATEMENTS

Attachment G

Attachment G

GUIDANCE/CARE CENTER, INC.
STATEMENT OF CASH FLOWS
JUNE 30, 2010

CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in Net Assets	$ 290,800	
Adjustments to Reconciliation Change in Net Asset to Cash Povided (Used) By Operating Activities:		
Depreciation and Amortization	245,977	
(Increase) Decrease in Assets:		
Patient Accounts Receivable	41,408	
Grant Contracts and Other Receivables	(45,428)	
Prepaid Expenses	(110,918)	
Increase (Decrease) in Liabilities:		
Accounts Payable	(104,346)	
Accrued Salaries and Related Expenses	(24,401)	
Deferred Revenue	(32,482)	
NET CASH FLOWS PROVIDED BY OPERATING ACTIVITIES		$ 260,610
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Fixed Assets	(75,671)	
Sale of Fixed Assets	152,367	
NET CASH FLOWS PROVIDED BY INVESTING ACTIVITIES		76,696
CASH FLOWS FROM FINANCING ACTIVITIES		
Due to Related Parties	151,223	
Repayments of Line of Credit	(2,362)	
Repayments of Long-Term Debt	(167,729)	
NET CASH FLOWS PROVIDED (USED) BY FINANCING ACTIVITIES		(18,868)
NET INCREASE IN CASH AND CASH EQUIVALENTS		318,438
CASH AND CASH EQUIVALENTS - JULY 1, 2009		496,979
CASH AND CASH EQUIVALENTS - JUNE 30, 2010		$ 815,417

Interest paid for the year ended June 30, 2010 was $112,176.

Please Read the Accompanying Independent Auditors' Report and Notes to the Financial Statements

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2010

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of the Organization

The Guidance/Care Center, Inc. was formed and incorporated under the laws of the State of Florida as a not-for-profit corporation on May 28, 1973 to provide treatment, counseling and prevention for mental health, drug and alcohol related problems. The Organization is Located in Marathon Key, Florida.

Accreditation

Funding sources are beginning to require that providers be accredited to continue to receive funding. In addition, Department of Children and Families has adopted policies whereby accredited facilities are subject to less intensive audits by Department of Children and Families staff. During the year ended June 30, 2010, the Clinic applied for accreditation under CARF (Commission on Accreditation of Rehabilitation Facilities). The process involved completion of a survey document and a three-day site visit by a team of three CARF surveyors. Although the resulting recommendations by the committee could result in no accreditation, a one-year accreditation or a three-year accreditation, the Clinic was awarded the highest recommendation, a three-year accreditation from June 2010 through June 2013.

Financial Statement Presentation

The Guidance/Care Center, Inc. reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Federal, state and local governments and public grants are recorded as support and an increase in net assets when performance occurs under the terms of the grant agreement. Net assets revenues, expenses, gains and losses are classified based on the existence of absence of donor-imposed restrictions. During the year, the Clinic did not have any net assets, which were subject to donor-imposed stipulations. Therefore, there are no temporarily and/or permanently restricted net assets as of June 30, 2010.

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2010

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

The Guidance/Care Center, Inc. received a determination from the Internal Revenue Service indicating that it is exempt under Internal Revenue Code Section 501(c)(3). It is classified as an organization that is not a private foundation under Internal Revenue Code Section 509(a); accordingly, no provision for income taxes has been recorded in the accompanying financial statements. The Federal Identification Number is 59-1458324.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures contained in the financial statements. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and Cash Equivalents consist of cash held in checking accounts and is considered highly liquid. At various times during the fiscal year, the Organization's cash balance exceeded the federally insured limits. At June 30, 2010 cash balance was $815,417. Management believes the Organization is not exposed to any significant credit risk on cash and cash equivalents.

Patient Account Receivable

Accounts receivable related to in-patient services are carried at net realizable amount based upon expected reimbursement rates from Medicaid, Medicare and other third-party payers. Accounts receivable from clients are carried at net realizable amounts after reducing standard fees to a sliding fee schedule based on the individual's financial ability to pay.

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2010

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fixed Assets

Fixed Assets valued in excess of $4,999.99 are capitalized. Fixed Assets are valued at cost when purchased or estimated fair value at date of donation. Depreciation is computed on the straight-line method over the estimated useful lives of the respective assets. Leasehold improvements and capitalized leased assets are amortized on the straight-line method over the term of their respective leases or their useful life, whichever is shorter. Depreciation and amortization expense for the year ended June 30, 2010 amounted to approximately $154,195.

The estimated useful life range of each assets group is:

	Years
Building	15-40
Leasehold Improvement	5-20
Furniture and Fixtures	3-20
Automobiles	3-5

Bond Issuance Cost

The issuance costs associated with the origination of the bond have been deferred and are being amortized over the term of the debt. The amortization related to the loan costs for the year ended June 30, 2010 was $3,402.

Contributions

Contributions, including unconditional promises to give, are recorded as made. All contributions are available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2010

NOTE 2 - LONG TERM DEBT

Long term debt consists of the following at June 30, 2010:

One July 31, 2003, the Clinic refinanced its mortgage note Borrowed through the Florida Community Provider Pooled Loan Program and its construction loan agreement with iBERIABANK. The Principal with interest at a fixed rate of 5.125% is due in monthly installments of $17,591 to iBERIABANK through August 2018; collateralized by substantially all assets of the Clinic; borrowed through the Monroe County Industrial Development Authority.	$1,402,147
Mortgage payable, collateralized by real property, equipment, accounts receivable, deposits, investments, fixtures, and proceeds of various government contracts, payable in monthly installments of $4,364.87 including interest at 5.25%, matures June, 2012.	305,117
Lease payable for a copier with principal and interest at 11% due in monthly installments of $669 to Citi Capital through December 2009.	11,847
	1,719,111
Less current portion	217,425
Total long-term portion	$ 1,501,686

The aggregate maturity of the long-term debt for each of the five Years subsequent to June 30, 2011 and thereafter are as follows:

Year Ending June 30,	
2011	$ 217,425
2012	148,932
2013	157,025
2014	157,025
2015 Thereafter	1,038,704
	$ 1,719,111

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
UNE 30, 2010

NOTE 3 - PENSION PLAN

Westcare Foundation, Inc. and affiliates have retirement plans covering substantially all employees. Under the plans, Westcare contributes, at the discretion of the Board of Directors, an amount up to 15% of the annual salary of employees.

NOTE 4 - FUNDING/ECONOMIC DEPENDENCE

The Guidance/Care Center, Inc. has received grants and/or contracts to continue providing program service for the June 30, 2010 fiscal year. Funding for program services from the United States Department of Health and Human Services, State of Florida, Department of Children and Families, Monroe County and the South Florida Behavioral Health Network, Inc. represented approximately 88% of the Clinic's total support and revenues for the year ended June 30, 2010. A significant reduction in the level of this support, if this were to occur, would have an adverse effect on the Guidance/Care Center, Inc.'s programs and activities and its ability to satisfy its financial and programmatic obligations and commitments.

NOTE 5 - WESTCARE FOUNDATION, INC.

On June 1, 2005, Guidance/Care Center, Inc. entered into an Agreement and Plan of Assumption and an affiliation agreement with WestCare Foundation, Inc. a not-for-profit public benefit corporation as is the Guidance Clinic of the Middle Keys, Inc. Management Fees paid to Westcare Foundation, Inc. during the fiscal year ended June 30, 2010, was $276,000.

GUIDANCE/CARE CENTER, INC.
NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)
JUNE 30, 2010

NOTE 6 - SUBSEQUENT EVENTS

On October 13, 2009, the Mental Health Care Center of the Lower Keys, Inc. merged with the Guidance Clinic of the Middle Keys, Inc. As the "surviving corporation," the Guidance Clinic of the Middle Keys, Inc. assumed all contracts, grants and licenses as well as the physical assets and employees of the Mental Health Care Center of the Lower Keys, Inc. In addition, the name of the surviving corporation was changed to Guidance/Care Center, Inc.

NOTE 7 - PRIOR PERIOD ADJUSTMENT

The prior period adjustment was discovered when merging the Guidance Clinc of the Middle Keys, Inc. and The Mental Health Care Center of the Lower Keys, Inc. It appeared that the accounts payable of the Mental Health Care Center of the Lower Keys, Inc. was incorrect in the previous years by $83,960.

Attachment G

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
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REPORT ON INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
ON SUPPLEMENTAL INFORMATION

The Board of Directors
Guidance/Care Center, Inc.
3000 41 Street Ocean
Marathon, Florida 33050

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental information included on pages 17 to 43 is presented for the purposes of additional analysis required by the U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations", Chapter 10.650 Rules of the Auditor General and the State of Florida Department of Children and Families, Inc., and is not part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Callaghan Glassman & Mp
Certified Public Accountants

January 30, 2011

Attachment G

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
7369 SHERIDAN STREET, SUITE 201
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INDEPENDENT AUDITORS' REPORT ON THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE

The Board of Directors
Guidance/Care Center, Inc.
3000 41 Street Ocean
Marathon, Florida 33050

We have audited the Schedule of Expenditures of Federal Awards and State Financial Assistance of Guidance/Care Center, Inc., for the year ended June 30, 2010. The Schedule of Expenditures of Federal Awards and State Financial Assistance is the responsibility of the Organization's management. Our responsibility is to express an opinion on the Schedule of Federal Awards and State Financial Assistance based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations; and Chapter 10.650, Rules of the Auditor General, which require that we plan and perform the audit to obtain reasonable assurance about whether non-compliance occurred with the types of compliance requirements referred to above and whether these could have a direct and material effect on the state project. An audit includes examining, on a test basis, evidence about Guidance/Care Center, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Guidance/Care Center, Inc.'s compliance with those requirements.

In our opinion, the Schedule of Expenditures of Federal Awards and State Financial Assistance referred to above presents fairly, in all material respects, the financial position of Guidance/Care Center, Inc. for the year ended June 30, 2010 in conformity with United States of America generally accepted accounting principles.

Board of Directors
Guidance/Care Center, Inc.

In accordance with Government Auditing Standards, we have also issued a report dated January 30, 2011 on our consideration of Guidance/Care Center, Inc.'s financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grants. This report is an integral part of an audit performed in accordance with Government Auditing Standards and should be read in conjunction with this report in considering the results of our audit.

Certified Public Accountants

January 30, 2011

Attachment G

GUIDANCE/CARE CENTER, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2010

EDERAL/STATE AGENCIES 'ASS THROUGH GRANTOR ROGRAM TITLE	CFDA CFSA NUMBER	CONTRACT PASS-THROUGH AWARD NUMBER	EXPENDITURES	TRANSFERS TO SUBRECIPIENTS	ARRA FUNDS
EDERAL AWARDS PROGRAMS:					
.S DEPARTMENT OF JUSTICE					
PASSED THROUGH FROM FLORIDA DEPARTMENT OF LAW ENFORCEMENT					
PASSED THROUGH MONROE COUNTY:					
RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR PRISONERS	16.593	2010-RSAT-MONR	$ 50,000	$ -	
PASSED THROUGH MONROE COUNTY:					
EMPLOYER RE-ENTRY EMPLOYMENT READINESS PROGRAM	16.593	2010-ARRC-MONR-4-W7-0'	26,964		X
J.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
OFFENDER RE-ENTRY PROGRAM					
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION					
CENTER FOR SUBSTANCE ABUSE TREATMENT	93.243	1H79T1021621-01	213,163		
PASS-THROUGH:					
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES					
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS	93.150	KH201	82,411		
PREVENTION SERVICES CHILD/ADOLESCENT SUBSTANCE ABUSE SERVICES	93.959	KH201	129,859		
CHILDREN'S MENTAL HEALTH COMMUNITY SUPPORT SERVICES	93.958	KH201	153,752		
PASS-THROUGH:					
SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.					
BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	93.959	KD228-27	537,209		
PASS-THROUGH:					
SAMUEL'S HOUSE:					
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES-PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE	93.243	5H79T1019296	236,685		
U.S. DEPARTMENT OF AGRICULTURE					
FOOD AND NUTRITION SERVICE					
PASSED THROUGH FROM THE FLORIDA DEPARTMENT OF ELDERLY AFFAIRS	10.558	Y0118	8,106		
TOTAL EXPENDITURES OF FEDERAL AWARDS			$1,438,149	$ -	
STATE FINANCIAL ASSISTANCE PROJECTS:					
STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES					
COMMUNITY FORENSIC BEDS	60.114	KH201	$160,000	$ -	
CHILDREN'S MENTAL HEALTH COMMUNITY SUPPORT SERVICES	60.055	KH201	345,351	5,000	
ADULT COMMUNITY MENTAL HEALTH COMMUNITY SUPPORT SERVICES	60.053	KH201	1,062,143	47,196	
INDIGENT PSYCHIATRIC OUTPATIENT SERVICES	60.039	KH201	5,945		
ADULT COMMUNITY MENTAL HEALTH EMERGENCY STABILIZATION	60.054	KH201	108,264		
BAKER ACT	60.006	KH201	1,004,639		
CHILDREN'S COMMUNITY MENTAL HEALTH EMERGENCY STABILIZATION	60.057	KH158	15,677		
STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES					
PASSED THROUGH:					
SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.					
DETOXIFICATION COMMUNITY SUBSTANCE ABUSE SERVICES	60.031	KD228-27	109,808		
TREATMENT AND AFTERCARE COMMUNITY SUBSTANCE ABUSE SERVICES	60.033	KD228-27	75,329		
TREATMENT AND AFTERCARE CHILD/ADOL SUBSTANCE ABUSE SERVICES	60.030	KD228-27	331,880	46,341	
STATE OF FLORIDA DEPARTMENT OF CORRECTIONS					
NON-SECURE DRUG TREATMENT PROGRAM	70.016	C2546	181,853		
STATE OF FLORIDA COMMISSION FOR THE TRANSPORTATION OF THE DISADVANTAGED	55.001	APK67	252,007	48,260	
STATE OF FLORIDA COMMISSION FOR THE TRANSPORTATION OF THE DISADVANTAGED - MEDICAID NON EMERGENCY TRANSPORTATION	55.001	BDM86	661,356	42,963	
STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION 5310 VEHICLE GRANT	20.513	N/A	62,669		
STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES					
OFFICE OF HOMELESSNESS					
PASSED THRUGH THE SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE	60.014	KFZ30-05	11,013		
TOTAL EXPENDITURES OF STATE FINANCIAL ASSISTANCE			$4,387,934	$189,760	

PLEASE READ THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON SUPPLEMENTAL INFORMATION

GUIDANCE/CARE CENTER, INC.
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2010

NOTE 1 - Organization and Summary of Significant Accounting Policies

Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards and State Financial Assistance includes federal and state grant activity of the Guidance/Care Center, Inc. and is presented on the accrual basis of accounting. The information in the Schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of State, Local Governments and Non-profit Organizations and Chapter 10.650, Rules of the Florida Auditor General. Because the schedule presents only a selected portion of operations of Guidance/Care Center, Inc., it is not intended to and does not present the financial position, changes in net assets or cash flows of Guidance/Care Center, Inc.

GUIDANCE/CARE CENTER, INC.

Schedule of State Earnings for Fiscal Year ending 06/30/10

1	**Total Expenditures**	$ 7,695,176
2	**Less Other State and Federal Funds**	$ (920,330)
3	**Less Non-Match SAMH Funds**	$ (1,086,833)
4	**Less Unallowable Costs per 65E-14, F.A.C.**	$ (67,817)
5	**Total Allowable Expenditures** (Sum of lines 1, 2, 3, and 4)	$ 5,620,196
6	**Maximum Available Earnings** (Line 5 times 75%)	$ 4,215,147
7	**Amount of State Funds Requiring Match**	$ 3,041,373
8	**Amount Due to Department** (Subtract line 7 from line 6)	$ 1,173,774

SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
ACTUAL COST CENTER OPERATING AND CAPITAL BUDGET

AGENCY: GUIDANCE/CARE CENTER, INC. | DATE PREPARED: 12/16/10 | INITIAL: | FINAL: X

CONTRACTS: HH 201 & HD 236-37 | ACTUAL PERIOD: from 07/01/2009 to 06/30/2010

PART I: ACTUAL FUNDING SOURCES & REVENUES

STATE DESIGNATED SAMH COST CENTERS

STATE SAMH-FUNDED COST CENTERS

FUNDING SOURCES & REVENUES	Assess-ment	Case Manage ment	Crisis Stabiliza-tion	Crisis Support	Drop-in	IHOS	Interven-tion	Medical Services	Therapy	Prevention	Outreach	Res Lvl 1	Res Lvl 2	Res Lvl 3	Substance Abuse Detox	TASC
A	B_{1-a}	B_{1-b}	B_{1-c}	B_{1-d}	B_{1-e}	B_{1-f}	B_{1-g}	B_{1-h}	B_{1-i}	B_{1-j}	B_{1-k}	B_{1-l}	B_{1-m}	B_{1-n}	B_{1-o}	B_{1-p}
IA. TOTAL STATE SAMH FUNDING																
(1a) From the District funding this contract	$ 34,045	$ 34,888	$ 1,010,807	$ 117,773	$ 64,870	$ 170,637	$ 58,846	$ 404,350	$ 41,030	$ 49,402	$ -	$ 82,061	$ -	$ -	$ -	$ -
(1b) From the District funding other contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) From Other Contracts (SFDH-9)	89,812	62,416	-	18,736	-	-	296,295	-	145,317	-	22,221	-	54,714	60,733	200,372	41,602
TOT. SAMH FUNDING =	123,858	97,284	1,010,807	136,509	64,870	170,637	363,141	404,350	186,347	49,402	22,221	82,061	54,714	60,733	200,372	41,602
IB. OTHER GOVT. FUNDING																
(1) Other State Agency Funding	-	-	-	-	8,106	-	-	-	-	-	-	-	72,373	109,480	-	-
(2) Medicaid	-	-	56,710	-	-	-	-	3,146	-	-	-	-	-	-	-	-
(3) Local Government	12,552	32,618	161,106	106,922	14,715	-	96,868	175,712	110,857	-	12,528	56,999	72,096	68,145	70,368	-
(4) Federal Grants and Contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. OTHER GOVT. FUNDING =	12,552	32,618	217,816	106,922	22,821	-	96,868	178,858	110,857	-	12,528	56,999	144,469	177,625	70,368	-
IC. ALL OTHER REVENUES																
(1) 1st & 2nd Party Payments	2,172	(7,882)	14,360	-	-	4,267	-	16,290	8,661	-	-	2,165	4,471	27,081	6,060	100
(2) 3rd Party Payments (except Medicare)	1,550	-	44,927	-	-	562	-	15,451	2,783	-	-	-	-	-	5,041	-
(3) Medicare	-	-	(8,000)	-	-	-	-	(2,837)	-	-	-	-	-	-	-	-
(4) Contributions and Donations	-	-	-	-	-	-	-	-	-	-	-	-	220	330	-	-
(5) Other	17,039	79,494	(1)	2,704	-	-	151,523	-	-	-	-	-	22,220	42,888	-	-
(6) In-kind	-	-	-	-	-	-	-	146,203	-	-	-	-	-	-	-	-
TOT. ALL OTHER REVENUES =	20,761	71,612	51,286	2,704	-	4,829	151,523	175,003	11,444	-	-	2,165	26,910	70,299	11,101	100
TOTAL PROJECTED FUNDING =	157,171	191,515	1,279,911	246,135	87,491	175,466	611,531	758,211	308,648	49,402	34,749	121,225	236,094	308,657	281,840	41,702

Attachment G

SUBSTANCE ABUSE & MENTAL HEALTH SERVICES

ACTUAL COST CENTER OPERATING AND CAPITAL BUDGET

AGENCY: GUIDANCE/CARE CENTER, INC. | DATE PREPARED: 12/16/10 | INITIAL: | FINAL: X

CONTRACTS: KH 201 & KD 228-27 | ACTUAL PERIOD: from 07/01/2009 to 06/30/2010

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES	Assess-ment	Case Manage-ment	Crisis Stabiliza-tion	Crisis Support	Drop-In	RHOS	Interven-tion	Medical Services	Therapy	Prevention	Outreach	Res Lvl 1	Res Lvl 2	Res Lvl 3	Substance Abuse Detox	TASC
	STATE DESIGNATED SAMH COST CENTERS															
	STATE SAMH-FUNDED COST CENTERS															
A	B_{1-a}	B_{1-b}	B_{1-c}	B_{1-d}	B_{1-e}	B_{1-f}	B_{1-g}	B_{1-h}	B_{1-i}	B_{1-j}	B_{1-k}	B_{1-l}	B_{1-m}	B_{1-n}	B_{1-o}	B_{1-p}
IIA. PERSONNEL EXPENSES																
(1) Salaries	$ 82,334	$ 86,589	$ 726,970	$ 172,029	$ 6,567	$ 103,673	$ 244,603	$ 320,702	$ 220,155	$ 37,242	$ 23,627	$ 70,100	$ 71,156	$ 89,818	$ 185,581	$ 21,035
(2) Fringe Benefits	14,330	16,812	126,348	30,097	1,143	18,043	42,571	55,815	38,316	6,482	4,095	12,200	12,384	12,151	32,300	3,661
TOTAL PERSONNEL EXPENSES =	96,664	113,411	852,319	203,026	7,710	121,717	287,174	376,518	258,471	43,723	27,622	82,300	83,540	81,967	217,891	24,695
IIB. OTHER EXPENSES																
(1) Building Occupancy	5,630	3,589	72,553	14,615	8,865	1,278	5,238	-	8,067	389	2,370	10,167	17,717	17,862	23,862	260
(2) Professional Services	-	842	4,793	-	-	-	-	2,875	-	-	-	1,113	-	-	1,170	-
(3) Travel	-	200	27	-	108	5,784	66	14,813	2,515	444	1,531	4	1,065	1,045	10	-
(4) Equipment	477	302	11,711	1,238	413	108	444	-	686	975	201	1,485	2,083	2,096	3,987	22
(5) Food Services	-	-	28,170	-	1,154	-	-	-	-	-	-	6,075	11,047	14,804	6,389	-
(6) Medical and Pharmacy	-	-	35,824	-	-	-	-	26,111	-	-	-	4,287	1,789	2,397	4,520	-
(7) Subcontracted Services	-	-	188	-	-	-	-	-	-	-	-	44	5	7	46	-
(8) Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(9) Interest Paid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(10) Operating Supplies & Expenses	5,763	5,096	20,718	5,526	483	1,300	20,278	1,847	11,896	2,304	1,704	4,811	8,370	6,186	18,785	3,044
(11) Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(12) Donated Items	-	-	-	-	-	-	-	148,203	-	-	-	-	-	-	-	-
TOTAL OTHER EXPENSES =	12,870	10,010	171,784	21,378	11,054	8,472	26,026	191,850	23,197	4,111	5,806	27,994	40,078	44,397	58,758	3,326
TOT. PERSONNEL & OTH. EXP. =	109,534	123,421	1,024,102	224,404	18,764	130,189	313,200	568,167	281,668	47,835	33,428	110,295	123,618	126,364	276,659	28,022
IIC. DISTRIBUTED INDIRECT COSTS																
(a) Other Support Costs (Optional)	28,889	33,894	254,723	68,878	2,304	36,376	85,825	112,526	77,246	13,067	8,253	24,596	24,967	24,497	65,119	7,380
(b) Administration	13,128	14,793	122,743	28,898	2,249	15,604	37,538	68,097	33,759	5,733	4,006	13,219	14,816	15,145	33,159	3,359
TOT. DISTR'D INDIRECT COSTS =	42,017	48,687	377,466	97,572	4,553	51,980	123,363	180,623	111,008	18,800	12,262	37,815	39,783	39,642	98,278	10,739
TOTAL PROJECTED OPER. EXPENSES =	$ 151,551	$ 172,108	$ 1,401,569	$ 311,976	$ 23,317	$ 182,168	$ 436,564	$ 748,790	$ 392,674	$ 66,635	$ 45,689	$ 148,110	$ 163,398	$ 166,006	$ 374,937	$ 38,761
IID. UNALLOWABLE COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IIE. TOTAL SAMH LINES OF CREDIT EQUIVALENT =	-	-	-	-	-	-	-	26,001	-	-	-	-	-	-	-	-
TOT. ALLOWABLE PROJ'D OPERATING EXP. Excluding SAMH Credit Equivalent =	$ 151,551	$ 172,108	$ 1,401,569	$ 311,976	$ 23,317	$ 182,168	$ 436,564	$ 722,789	$ 392,674	$ 66,635	$ 45,689	$ 148,110	$ 163,398	$ 166,006	$ 374,937	$ 38,761
IIF. CAPITAL EXPENDITURES	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

PART III: CERTIFICATION

I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract with the department.

Regional Controller	12/16/2010	
Title	Date	

SUBSTANCE ABUSE & MENTAL HE

ACTUAL COST CENTER OPERATIN

AGENCY: GUIDANCE/CARE CENT

CONTRACTS: KH 201 & K

PART I: ACTUAL FUNDING SOURCES &

FUNDING SOURCES & REVENUES	Incidental Expenses	Aftercare	Info & Referral	Room & Bd Lvl 3	Clubhouse	Comp Serv Supp Team	Total for State SAMH-Funded Cost Centers (B_{1a}+...+B_{1v})	Prevention Partnership	Total for Non-State-Funded SAMH Cost Centers	Tot. for All State Designated SAMH Cost Centers (C+D+E)	Non-SAMH Cost Center	Total Funding (F+G)	
A	B_{1-a}	B_{1-c}	B_{1-e}	B_{1-g}	B_{1-i}	B_{1-k}	C	D	E	F	G	H	
IA. TOTAL STATE SAMH FUNDING													-
(1a) From the District funding this contract	$ 23,900	$ -	$ 76,960	$ 69,553	$ 17,209	$ 776,317	$ 3,010,429	$ -	$ -	$ 3,010,429	$ -	$ 3,010,429	-
(1b) From the District funding other contracts	-	-	-	-	-	-	-	88,858	-	88,858	-	88,858	-
(2) From Other Contracts (SFGHN)	47,403	5,908	-	-	-	-	1,055,529	-	-	1,055,529	503	1,056,032	-
TOT. SAMH FUNDING =	71,303	5,908	76,960	69,553	17,209	776,317	4,065,958	88,858	-	4,152,816	503	4,153,319	
IB. OTHER GOVT. FUNDING													-
(1) Other State Agency Funding	-	-	-	-	11,013	21,150	222,122	-	-	222,122	920,330	1,142,452	-
(2) Medicaid	-	-	-	-	79,374	30,895	170,126	-	-	170,126	-	170,126	-
(3) Local Government	-	-	-	-	6,034	120,130	1,117,650	2,050	198,738	1,318,438	199,468	1,517,906	-
(4) Federal Grants and Contracts	-	-	-	-	-	-	-	-	213,163	213,163	-	213,163	-
(5) In-kind from local govt. only	-	-	-	-	-	-	-	-	-	-	-	-	-
TOT. OTHER GOVT. FUNDING =	-	-	-	-	96,421	172,175	1,509,897	2,050	411,901	1,923,649	1,119,798	3,043,545	
IC. ALL OTHER REVENUES													0
(1) 1st & 2nd Party Payments	-	750	-	13	45	19,411	97,956	-	-	97,956	794	98,749	-
(2) 3rd Party Payments (except Medicare)	-	-	-	-	-	8,861	79,175	-	-	79,175	34,365	113,540	-
(3) Medicare	-	-	-	-	-	(1,701)	(12,633)	-	-	(12,633)	-	(12,633)	-
(4) Contributions and Donations	-	-	-	-	-	-	550	-	-	550	1,323	1,873	-
(5) Other	-	-	-	-	-	-	315,865	-	110,632	426,498	7,789	434,286	-
(6) In-kind	-	-	-	-	6,991	-	153,195	-	-	153,195	-	153,195	-
TOT. ALL OTHER REVENUES =	-	750	-	13	7,037	26,571	634,108	-	110,632	744,740	44,270	789,010	
TOTAL PROJECTED FUNDING =	71,303	6,658	76,960	69,566	120,667	975,063	6,209,963	88,908	522,533	6,821,405	1,164,571	7,985,976	-

Attachment G

SUBSTANCE ABUSE & MENTAL HE

ACTUAL COST CENTER OPERATIN

AGENCY: GUIDANCE/CARE CENT

CONTRACTS: KH 291 & K

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES	Incidental Expenses	Aftercare	Info & Referral	Room & Bd Lvl 3	Clubhouse	Comp Serv Supp Team	Total for State SAMH-Funded Cost Centers (B_{1a}+...+B11)	Prevention Partnership	Total for Non-State-Funded SAMH Cost Centers	Tot. for All State Designated SAMH Cost Centers (C+D+E)	Non-SAMH Cost Center	General Support	Administration	Total Expenses (F+G+H+I)
A	B_{1-1}	B_{1-2}	B_{1-3}	B_{1-4}	B_{1-5}	B_{1-6}	C	D	E	F	G	H	I	J
IIA. PERSONNEL EXPENSES														
(1) Salaries	$ -	$ 3,304	$ 44,415	$ -	$ 41,634	$ 502,591	$ 3,044,043	$ 32,931	$ 209,112	$ 3,286,987	$ 257,683	$ 569,435	$ 155,062	$ 4,368,168
(2) Fringe Benefits	-	575	7,730	-	7,248	87,489	529,790	5,714	36,384	571,898	44,848	116,510	26,987	760,243
TOTAL PERSONNEL EXPENSES =	-	3,879	52,145	-	48,880	590,180	3,573,833	38,645	245,507	3,857,885	302,530	785,946	182,049	5,128,411
IIB. OTHER EXPENSES														
(1) Building Occupancy	-	29	4,582	-	17,482	50,745	285,411	-	361	285,772	2,175	83,217	84,153	435,317
(2) Professional Services	-	-	-	-	-	1,760	12,552	-	28,289	38,841	2,542	34,018	356,107	431,509
(3) Travel	-	-	-	-	1,439	1,145	30,197	5,459	14,765	50,431	1,216	9,068	9,110	69,825
(4) Equipment	-	2	388	-	3,868	4,299	34,785	2,279	965	38,029	136,823	38,001	1,576	214,429
(5) Food Services	-	-	-	-	10,368	-	78,026	-	-	78,026	-	-	-	78,026
(6) Medical and Pharmacy	84,595	-	-	-	950	714	140,897	12,795	-	153,692	-	240	-	153,932
(7) Subcontracted Services	117	-	6,000	47,198	28	-	52,630	-	-	52,630	372,627	-	-	425,257
(8) Insurance	-	-	-	-	-	-	-	-	-	-	17,884	29,583	74,134	121,601
(9) Interest Paid	-	-	-	-	-	-	-	-	-	-	-	113,067	-	113,067
(10) Operating Supplies & Expenses	9,588	430	353	-	4,461	6,219	137,996	9,843	29,654	177,492	8,888	150,205	35,992	372,578
(11) Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(12) Donated Items	-	-	-	-	6,991	-	153,195	-	-	153,195	-	-	-	153,195
TOTAL OTHER EXPENSES =	74,301	462	10,323	47,196	45,607	64,882	903,689	30,385	72,033	1,006,107	542,154	457,431	561,073	2,566,765
TOT. PERSONNEL & OTH. EXP. =	74,301	4,341	62,468	47,196	94,487	655,062	4,477,522	68,930	317,539	4,863,992	844,685	1,243,377	743,122	7,695,175
IIC. DISTRIBUTED INDIRECT COSTS														
(a) Other Support Costs (Optional)	-	1,159	15,584	-	14,608	176,381	1,068,072	11,520	73,372	1,152,963	90,414	(1,243,377)	-	0
(b) Administration	-	620	7,487	5,857	11,325	78,512	527,746	8,262	38,058	574,066	101,239	-	(875,305)	0
TOT. DISTR'D INDIRECT COSTS =	-	1,880	23,071	5,857	25,933	254,893	1,595,818	19,781	111,430	1,727,029	191,653	(1,243,377)	(875,305)	0
TOTAL PROJECTED OPER. EXPENSES =	$ 74,301	$ 6,021	$ 85,539	$ 52,853	$ 120,420	$ 909,955	$ 6,073,340	$ 88,711	$ 428,970	$ 6,591,021	$ 1,036,338	$ -	$ 67,817	$ 7,695,176
IID. UNALLOWABLE COSTS	-	-	-	-	-	-	-	-	-	-	-	-	67,817	67,817
IIE. TOTAL SAMH LINES OF CREDIT EQUIVALENT =	-	-	-	-	-	-	26,001	-	-	26,001	-	-	-	26,001
TOT. ALLOWABLE PROJ'D OPERATING EXP. Excluding SAMH Credit Equivalent =	$ 74,301	$ 6,021	$ 85,539	$ 52,853	$ 120,420	$ 909,955	$ 6,047,339	$ 88,711	$ 428,970	$ 6,565,020	$ 1,036,338	$ -	$ -	$ 7,601,358
IIF. CAPITAL EXPENDITURES	$ -	$ -	$ -	$ -	$ -	$ -	-	$ -	$ -	-	$ -	$ -	$ -	-

PART III: CERTIFICATION

I certify the above to be an accurate projection and in

Attachment G

GUIDANCE/CARE CENTER, INC.

Schedule of Related Party Transaction Adjustments for the Fiscal Year Ending 06/30/10

	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Admin	Total
Revenues From Grantee						
Rent	XXX					-
Services	XXX					-
Interest	XXX					-
Other Management Fees	XXX				276,000	276,000
Total Revenue From Grantee	XXX	-	-	-	276,000	276,000
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					-
Depreciation	YYY					-
Interest	YYY					-
Other	YYY					276,000
Total Associated Expenses	YYY	-	-	-	-	276,000
Related Party Transaction Adjustment	ZZZ	ZZZ	ZZZ	ZZZ	-	-

Attachment G

GUIDANCE/CARE CENTER, INC.

Schedule of Bed-Day Availability Payments
For Fiscal Year Ending 06/30/10

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum $ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or $0, whichever is greater)
A	B	C	D	E	F	G	H	I
Children's MH	Crisis Stabilization Unit				0		$0.00	$0.00
Adult MH	Crisis Stabilization Unit	$323.77	4,015	892	3,123	1,009,566.00	1,011,114.28	$0.00
Children's SA	Substance Abuse Detox				0		$0.00	$0.00
Adult SA	Substance Abuse Detox	$204.94	1,367	388	979	$200,371.74	$200,554.28	$0.00
Adult MH	Short-term Residential Treatment				0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					Total Amount Owed to Department =			$0.00

Attachment G

Attachment G

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
7369 SHERIDAN STREET, SUITE 201
HOLLYWOOD, FLORIDA 33024

TELEPHONE (954) 986-4780
TELEFAX (954) 981-7912

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON INTERNAL CONTROL STRUCTURE OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

The Board of Directors
Guidance/Care Center, Inc.
3000 41 Street Ocean
Marathon, Florida 33050

We have audited the Financial Statements of Guidance/Care Center, Inc., (a not-for-profit Organization), as of and for the year ended June 30, 2010 and have issued our report thereon dated January 30, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Guidance/Care Center, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Guidance/Care Center, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Guidance/Care Center, Inc.'s internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Board of Directors
Guidance/Care Center, Inc.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Guidance/Care Center, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

We noted no matters that we reported to management of Guidance/Care Center, Inc.

This report is intended solely for the information and use of management, and the State of Florida Department of Children and Families and is not intended to be and should not be used by anyone other than these specified parties.

Certified Public Accountants

January 30, 2011

Attachment G

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
7369 SHERIDAN STREET, SUITE 201
HOLLYWOOD, FLORIDA 33024

TELEPHONE (954) 986-4780
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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON COMPLIANCE AND INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133 AND APPLICABLE TO EACH MAJOR STATE PROJECTS

The Board of Directors
Guidance/Care Center, Inc.
3000 41 Street Ocean
Marathon, Florida 33050

We have audited the financial statements of Guidance/Care Center, Inc. (A Non-Profit Organization) as of and for year ended June 30, 2010, and have issued our report thereon dated January 30, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Compliance

We have audited Guidance/Care Center, Inc.'s compliance with the types of compliance requirements described in the United States Office of Management and Budget (OMB) Circular A-133 Compliance Supplement, that could have a direct and material effect on each of Guidance/Care Center, Inc.'s major federal programs and state projects for the year ended June 30, 2010. Guidance/Care Center, Inc.'s major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations contracts and grants applicable to each of its major federal programs and state projects is the responsibility of Guidance/Care Center, Inc.'s management. Our responsibility is to express an opinion on Guidance/Care Center, Inc.'s compliance based on our audit.

Attachment G

Board of Directors
Guidance/Care Center, Inc.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133; and Chapter 10.650, Rules of the Auditor General. Those standards and OMB Circular A-133, and Chapter 10.650, Rules of the Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal programs and state project, occurred. An audit includes examining, on a test basis, evidence about Guidance/Care Center, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on Guidance/Care Center, Inc.'s compliance with those requirements.

In our opinion, Guidance/Care Center, Inc. complied in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2010.

Internal Control Over Compliance

Management of Guidance/Care Center, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to major federal programs and state projects. In planning and performing our audit, we considered Guidance/Care Center, Inc.'s internal control over compliance with requirements that could have a direct and material effect on a major federal programs and state projects to determine our auditing procedures for the purposes of expressing our opinion on compliance and to test and report in internal controls over compliance in accordance with OMB Circular A-133 and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Guidance/Care Center, Inc.'s internal control over compliance.

Board of Directors
Guidance/Care Center, Inc.

A deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a Federal program or State project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state project will not be prevented or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses as defined above.

Guidance/Care Center, Inc.'s responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. We did not audit Guidance/Care Center, Inc.'s responses and accordingly, we express no opinion on the responses.

This report is intended for the information of the board of directors, management and state awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Certified Public Accountants

January 30, 2011

GUIDANCE/CARE CENTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2010

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unqualified opinion on the general purpose financial statements of Guidance/Care Center, Inc.

2. No instances of noncompliance were disclosed during the audit of the financial statements as reported in the Independent Auditor's Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of the General Purpose Financial Statements Performed in Accordance with Government Auditing Standards.

3. No instances of noncompliance material to the financial statements of Guidance/Care Center, Inc. were disclosed during the audit.

4. There was no reportable conditions relating to the audit of a major federal program and state projects as reported in the Independent Auditors' Report on Compliance and Internal Control Over Compliance Applicable to each Major Federal Program and State Project.

5. The auditor's report on compliance for the major federal programs and state projects for the Guidance/Care Center, Inc., expresses an unqualified opinion. This is a high risk auditee.

6. The programs/projects tested as major programs/projects included the following:

Federal Program	**Federal CFDA No.**
Child/Adolescent Substance Abuse	93.959
US Department of Justice	16.593

State Project	**State CSFA No.**
Adult Mental Health	60.053
Children Mental Health	60.026
Transportation of the Disadvantaged	55.001

GUIDANCE/CARE CENTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2010

Dollar threshold used to distinguish between Type A and Type B programs for federal awards:	$ 300,000
Dollar threshold used to distinguish between Type A ans Type B projects for major state financial assistance:	$ 300,000

B. **FINDINGS - FINANCIAL STATEMENTS**

Finding	Questioned Costs
None	None

C. **FINDINGS AND QUESTIONED COSTS MAJOR FEDERAL PROGRAMS**

Finding	Questioned Costs
None	None

D. **FINDINGS AND QUESTIONED COSTS MAJOR STATE PROJECTS**

Finding	Questioned Costs
None	None

E. **SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS**

Findings	None

Attachment G

CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS
7369 SHERIDAN STREET, SUITE 201
HOLLYWOOD, FLORIDA 33024

TELEPHONE (954) 986-4780
TELEFAX (954) 981-7912

MANAGEMENT LETTER

To the Board of Directors
Guidance/Care Center, Inc.

We have audited the financial statements of Guidance/Care Center, Inc., as of and for the fiscal year ended June 30, 2010, and have issued our report thereon dated January 30, 2011.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. We have issued our Independent Auditor's Report on Internal Control over Financial Reporting and Compliance and Other Matters, Independent Auditor's Report on Compliance with Requirements Applicable to each Major Federal Program and State Project and on Internal Control over Compliance, and Schedule of Findings and Questioned Costs. Disclosures in those reports and schedule, which are dated January 30, 2011, should be considered in conjunction with this management letter.

Additionally, our audit was conducted in accordance with Chapter 10.650, Rules of the Auditor General, which requires disclosure in the management letter of violations of provisions of contracts or grant agreements, or abuse, that have an effect on the financial statements or State project amounts that is less that material but more than inconsequential effect on the financial statements or State project amounts, considering both quantitative and qualitative factors, the following may be reported based on professional judgement: (1) violations of provisions of contracts or grant agreements, fraud, illegal acts, or abuse, that have occurred, or are likely to have occurred, (2) Deficiencies in internal control that are not significant deficiencies. In connection with our audit, no matters are required to be disclosed.

The Board of Directors
Guidance/Care Center, Inc.

Pursuant to Chapter 119, Florida Statutes, this management letter is a public record and its distribution is not limited. Auditing Standards generally accepted in the United States of America require us to indicate that this letter is intended solely for the information and use of management, and the Florida Auditor General and is not intended to be and should not be used by any other than these specified parties.

Callaghan Blossman + Co.
Certified Public Accountants

January 30, 2011

Attachment G

INTERNET REPORT ID: 412685 VERSION: 1 2/7/2011 3:43:47 PM

OMB No. 0348-0057

FORM **SF-SAC** (5-18-2010)

U.S. DEPT. OF COMM.– Econ. and Stat. Admin.– U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates in 2010, 2011, or 2012

Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

PART I GENERAL INFORMATION *(To be completed by auditee, except for Items 6, 7, and 8)*

1. Fiscal period ending date for this submission: Month 06 / Day 30 / Year 2010

2. Type of Circular A-133 audit: 1 [X] Single audit 2 [ ] Program-specific audit

3. Audit period covered: 1 [X] Annual 2 [ ] Biennial 3 [ ] Other – [ ] Months

4. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN): 59-1458324

b. Are multiple EINs covered in this report? 1 [ ] Yes 2 [X] No

c. If Part I, Item 4b = "Yes," complete Part I, Item 4c on the continuation sheet on Page 4.

d. Data Universal Numbering System (DUNS) Number: 08-556-6461

e. Are multiple DUNS covered in this report? 1 [ ] Yes 2 [X] No

f. If Part I, Item 4e = "Yes," complete Part I, Item 4f on the continuation sheet on Page 4.

5. AUDITEE INFORMATION

a. Auditee name: GUIDANCE/CARE CENTER, INC.

b. Auditee address *(Number and street)*: 3000 41ST STREET OCEAN

City: MARATHON

State: FL ZIP + 4 Code: 33050 –

c. Auditee contact
Name: MARIANNE K. BENVENUTI
Title: REGIONAL CONTROLLER

d. Auditee contact telephone: (305) 434 – 9043

e. Auditee contact FAX: (305) 434 – 9040

f. Auditee contact E-mail: MARIANNE.BENVENUTI@GCMK.ORG

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II,** and **III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Auditee certification: ELECTRONICALLY CERTIFIED Date: 2/7/2011

Name of certifying official: MARIANNE K. BENVENUTI

Title of certifying official: REGIONAL CONTROLLER

6. PRIMARY AUDITOR INFORMATION *(To be completed by auditor)*

a. Primary auditor name: CALLAGHAN, GLASSMAN & MARGOLIS

b. Primary auditor address *(Number and street)*: 7369 SHERIDAN STREET, SUITE 201

City: HOLLYWOOD

State: FL ZIP + 4 Code: 33024 –

c. Primary auditor contact
Name: GARY GLASSMAN
Title: MEMBER

d. Primary auditor contact telephone: (954) 986 – 4780

e. Primary auditor contact FAX: (954) 981 – 7912

f. Primary auditor contact E-mail: GARY.GLASSMAN@ATT.NET

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9g, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II** and **III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

7a. Add Secondary auditor information? (Optional)

1 [ ] Yes 2 [X] No

b. If "Yes," complete **Part I, Item 8** on the continuation sheet on page 5.

Auditor certification: ELECTRONICALLY CERTIFIED Date: 2/7/2011

NOT FOR SUBMISSION

INTERNET REPORT ID: 412685 VERSION: 1

Primary EIN: 5 9 – 1 4 5 8 3 2 4

PART II FINANCIAL STATEMENTS *(To be completed by auditor)*

1. Type of audit report

Mark either: 1 [X] Unqualified opinion **OR**

any combination of: 2 [ ] Qualified opinion 3 [ ] Adverse opinion 4 [ ] Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 [ ] Yes 2 [X] No

3. Is a significant deficiency disclosed? 1 [ ] Yes 2 [X] No

4. Is a material weakness disclosed? 1 [ ] Yes 2 [X] No

5. Is a material noncompliance disclosed? 1 [ ] Yes 2 [X] No

PART III FEDERAL PROGRAMS *(To be completed by auditor)*

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending $500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 13) 1 [ ] Yes 2 [X] No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 §___ .520(b)) $ 300,000

3. Did the auditee qualify as a low-risk auditee? (§___ .530) 1 [ ] Yes 2 [X] No

4. Is a significant deficiency disclosed for any major program? (§___ .510(a)(1)) 1 [ ] Yes 2 [X] No

5. Is a material weakness disclosed for any major program? (§___ .510(a)(1)) 1 [ ] Yes 2 [X] No

6. Are any known questioned costs reported? (§___ .510(a)(3) or (4)) 1 [ ] Yes 2 [X] No

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (§___.315(b)) 1 [ ] Yes 2 [X] No

8. Indicate which **Federal** agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. *(Mark (X) all that apply or None)*

- 98 [ ] U.S. Agency for International Development
- 10 [ ] Agriculture
- 23 [ ] Appalachian Regional Commission
- 11 [ ] Commerce
- 94 [ ] Corporation for National and Community Service
- 12 [ ] Defense
- 84 [ ] Education
- 81 [ ] Energy
- 66 [ ] Environmental Protection Agency
- 39 [ ] General Services Administration
- 93 [ ] Health and Human Services
- 97 [ ] Homeland Security
- 14 [ ] Housing and Urban Development
- 03 [ ] Institute of Museum and Library Services
- 15 [ ] Interior
- 16 [ ] Justice
- 17 [ ] Labor
- 09 [ ] Legal Services Corporation
- 43 [ ] National Aeronautics and Space Administration
- 89 [ ] National Archives and Records Administration
- 05 [ ] National Endowment for the Arts
- 06 [ ] National Endowment for the Humanities
- 47 [ ] National Science Foundation
- 07 [ ] Office of National Drug Control Policy
- 59 [ ] Small Business Administration
- 96 [ ] Social Security Administration
- 19 [ ] U.S. Department of State
- 20 [ ] Transportation
- 21 [ ] Treasury
- 64 [ ] Veterans Affairs
- 00 [ ] **None**
- [ ] Other – *Specify:*

X

Primary EIN: 59 – 1458324

FORM SF-SAC (5-18-2010)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	ARRA[3] (d)	Name of Federal program (e)	Amount expended (f)	Direct award (g)	Major program: Major program (h)	Major program: If yes, type of audit report[4] (i)	**10.** AUDIT FINDINGS: Type(s) of compliance requirement(s)[5] (a)	Audit finding reference number(s)[6] (b)
93	.150	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS	$ 82,411 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A
16	.593	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR PRISONERS	$ 50,000 .00	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	U	O	N/A
16	.593	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	EMPLOYER REENTRY EMPLOYMENT READINESS PROGRAM	$ 26,964 .00	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	U	O	N/A
93	.959	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	PREVENTION SERVICES CHILD/ADOLESCENT SUBSTANCE ABUSE SERVICES	$ 129,859 .00	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	U	O	N/A
93	.959	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE	$ 537,209 .00	1 ☐ Y 2 ☒ N	1 ☒ Y 2 ☐ N	U	O	N/A
93	.958	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	CHILDRENS MENTAL HEALTH COMMUNITY SUPPORT SERVICES	$ 153,752 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A
93	.243	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES-PROJECTS OF REGIONAL AND NATION	$ 236,685 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A
93	.243	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	OFFENDER RE-ENTRY PROGRAM	$ 213,163 .00	1 ☒ Y 2 ☐ N	1 ☐ Y 2 ☒ N		O	N/A
10	.558	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N	FOOD AND NUTRITION SERVICES	$ 8,106 .00	1 ☐ Y 2 ☒ N	1 ☐ Y 2 ☒ N		O	N/A
	.	1 ☐ Y 2 ☐ N	1 ☐ Y 2 ☐ N		$ .00	1 ☐ Y 2 ☐ N	1 ☐ Y 2 ☐ N			
TOTAL FEDERAL AWARDS EXPENDED →					$ 1,438,143 .00					

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.
[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*
[3] American Recovery and Reinvestment Act of 2009 (ARRA).
[4] If major program is marked "Yes," enter only one letter (**U** = Unqualified opinion, **Q** = Qualified opinion, **A** = Adverse opinion, **D** = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.
[5] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, significant deficiency (including material weaknesses), questioned costs, fraud, and other items reported under §___ .510(a)) reported for each Federal program.

A. Activities allowed or unallowed
B. Allowable costs/cost principles
C. Cash management
D. Davis – Bacon Act
E. Eligibility
F. Equipment and real property management
G. Matching, level of effort, earmarking
H. Period of availability of Federal funds
I. Procurement and suspension and debarment
J. Program income
K. Real property acquisition and relocation assistance
L. Reporting
M. Subrecipient monitoring
N. Special tests and provisions
O. None
P. Other

[6] N/A for NONE

ARCHIVES

Attachment G

PART I **Item 5 Continuation Sheet**

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	NLA	21	–	41	–		
2	–	22	–	42	–		
3	–	23	–	43	–		
4	–	24	–	44	–		
5	–	25	–	45	–		
6	–	26	–	46	–		
7	–	27	–	47	–		
8	–	28	–	48	–		
9	–	29	–	49	–		
10	–	30	–	50	–		
11	–	31	–	51	–		
12	–	32	–	52	–		
13	–	33	–	53	–		
14	–	34	–	54	–		
15	–	35	–	55	–		
16	–	36	–	56	–		
17	–	37	–	57	–		
18	–	38	–	58	–		
19	–	39	–	59	–		
20	–	40	–	60	–		

f. List the multiple DUNS covered in the report.

1	NLA	–		21	–	–	
2	–	–		22	–	–	
3	–	–		23	–	–	
4	–	–		24	–	–	
5	–	–		25	–	–	
6	–	–		26	–	–	
7	–	–		27	–	–	
8	–	–		28	–	–	
9	–	–		29	–	–	
10	–	–		30	–	–	
11	–	–		31	–	–	
12	–	–		32	–	–	
13	–	–		33	–	–	
14	–	–		34	–	–	
15	–	–		35	–	–	
16	–	–		36	–	–	
17	–	–		37	–	–	
18	–	–		38	–	–	
19	–	–		39	–	–	
20	–	–		40	–	–	

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FORM SF-SAC (5-18-2010)

PART I GENERAL INFORMATION – Continued

8. Part I, Item 8, Secondary Auditor's Contact Information. *(List the Secondary Auditor's Contact Information)*

1. a. Secondary Auditor name N / A	**2. a.** Secondary Auditor name	**3. a.** Secondary Auditor name
b. Secondary Auditor address *(Number and street)*	**b.** Secondary Auditor address *(Number and street)*	**b.** Secondary Auditor address *(Number and street)*
City	City	City
State ZIP + 4 Code –	State ZIP + 4 Code –	State ZIP + 4 Code –
c. Secondary Auditor contact Name	**c.** Secondary Auditor contact Name	**c.** Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone ( ) –	**d.** Secondary Auditor contact telephone ( ) –	**d.** Secondary Auditor contact telephone ( ) –
e. Secondary Auditor contact FAX ( ) –	**e.** Secondary Auditor contact FAX ( ) –	**e.** Secondary Auditor contact FAX ( ) –
f. Secondary Auditor contact E-mail	**f.** Secondary Auditor contact E-mail	**f.** Secondary Auditor contact E-mail
4. a. Secondary Auditor name	**5. a.** Secondary Auditor name	**6. a.** Secondary Auditor name
b. Secondary Auditor address *(Number and street)*	**b.** Secondary Auditor address *(Number and street)*	**b.** Secondary Auditor address *(Number and street)*
City	City	City
State ZIP + 4 Code –	State ZIP + 4 Code –	State ZIP + 4 Code –
c. Secondary Auditor contact Name	**c.** Secondary Auditor contact Name	**c.** Secondary Auditor contact Name
Title	Title	Title
d. Secondary Auditor contact telephone ( ) –	**d.** Secondary Auditor contact telephone ( ) –	**d.** Secondary Auditor contact telephone ( ) –
e. Secondary Auditor contact FAX ( ) –	**e.** Secondary Auditor contact FAX ( ) –	**e.** Secondary Auditor contact FAX ( ) –
f. Secondary Auditor contact E-mail	**f.** Secondary Auditor contact E-mail	**f.** Secondary Auditor contact E-mail

ARCHIVE

Attachment G

Attachment H:
Copy of IRS Form 990 from Most Recent Fiscal Year

GCM 02/05/2011 10:37 AM

Attachment H

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 , and ending 06/30/10

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GUIDANCE/CARE CENTER INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 3000 41 STREET OCEAN — Room/suite

City or town, state or country, and ZIP + 4: MARATHON FL 33050

D Employer identification number: 59-1458324

E Telephone number: 305-434-9000

G Gross receipts $ 7,985,973

F Name and address of principal officer:
JAMIE PIPHER
3000 41 STREET OCEAN
MARATHON FL 33050

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.GCMK.ORG

H(c) Group exemption number ▶

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1973

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE TREATMENT, COUNSELING AND PREVENTION FOR MENTAL HEALTH, DRUG AND ALCOHOL RELATED PROBLEMS.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	174
6	Total number of volunteers (estimate if necessary)	6	3
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,902,788	7,598,848
	9	Program service revenue (Part VIII, line 2g)	1,090,996	369,781
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,832	6,624
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,947	10,720
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,013,563	7,985,973
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,054,491	5,128,411
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,936,557	2,566,764
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,991,048	7,695,175
	19	Revenue less expenses. Subtract line 18 from line 12	22,515	290,798
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,293,170	5,559,418
	21	Total liabilities (Part X, line 26)	2,296,290	3,449,080
	22	Net assets or fund balances. Subtract line 21 from line 20	1,996,880	2,110,338

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

COPY

▶ Signature of officer — Date 2/8/11

▶ MARIANNE BENVENUTI REGIONAL CONTROLLER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 02/05/11 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P01232026

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CALLAGHAN GLASSMAN & MARGOLIS, L.L.C.
7369 SHERIDAN STREET STE 201
HOLLYWOOD, FL 33024-2776

EIN ▶ 20-0103994

Phone no. ▶ 954-986-4780

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO PROVIDE TREATMENT, COUNSELING AND PREVENTION FOR MENTAL HEALTH, DRUG AND ALCOHOL RELATED PROBLEMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,863,992 including grants of $) (Revenue $)
ALCOHOL, DRUG ABUSE AND MENTAL HEALTH IN PATIENT HOSPITAL AND OUTPATIENT CLINIC - MANDATED BY THE STATE OF FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES.

4b (Code:) (Expenses $ 844,684 including grants of $) (Revenue $)
TRANSFER OF BAKER ACT CLIENTS MEDICAID RECIPIENTS AND OTHERS PROVIDED UNDER STATE OF FLORIDA AND MONROE COUNTY CONTRACTS.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 5,708,676

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. (Yes: X; No:)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	174		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	8		
b	Enter the number of voting members that are independent	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MARIANNE BENVENUTI 3000 41 STREET OCEAN MARATHON FL 33050 305-434-9000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
RICHARD STEINBERG PRESIDENT/DIRECTOR		X						0	0	0
LYNN C MAPES CHAIRMAN		X						0	0	0
TOM WALSH DIRECTOR		X						0	0	0
PETER VENTRELLA SECY/TREASURER		X						0	0	0
DAVID RICE VICE CHAIR/DIRECTOR		X						0	0	0
BILL BAIRD III DIRECTOR		X						0	0	0
DR EUGENE WALKER DIRECTOR		X						0	0	0
DAVID YOUNGQUIST DIRECTOR		X						0	0	0
JAMIE PIPHER REGIONAL VP	40.00			X				0	0	0
MARIANNE BENVENUTTI REGIONAL CONTROLLER	40.00			X				0	0	0
ROBERT HOMER PSYCHIATRIST	25.00					X		166,500	0	6,660
EVELYN LOPEZ-BRIGNONI PSYCHIATRIST	22.00					X		144,940	0	0
JORGE AGUINAGA MEDICAL DIRECTOR	20.00					X		132,119	0	2,122

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								443,559		8,782

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ELANJESS LCC PO BOX 500218 MARATHON FL 33050	TRANSPORTATION	264,516

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	7,443,780			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	155,068			
	g Noncash contributions included in lines 1a-1f: $ 153,195					
	h Total. Add lines 1a–1f ▶		7,598,848			
Program Service Revenue		Busn. Code				
	2a PATIENT CLIENT FEES		369,781	369,781		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		369,781			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,698			5,698
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	926				
	d Net gain or (loss) ▶		926			
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a OTHER INCOME		10,720			10,720
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d ▶		10,720			
	12 Total Revenue. See instructions. ▶		7,985,973	369,781	0	16,418

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,368,168	3,543,670	824,498	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	760,243	616,746	143,497	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	187,150	121,423	65,727	
17 Travel	69,825	51,647	18,178	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	113,097		113,097	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	245,977	203,005	42,972	
23 Insurance	121,601	17,884	103,717	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OPERATING SUPPLIES AND EX	1,108,540	921,476	187,064	
b PROFESSIONAL FEES OTHER	431,509	41,384	390,125	
c REPAIRS AND MAINTENANCE	95,316	23,368	71,948	
d FOOD	76,026	76,026		
e TRANSPORTATION	75,411	74,125	1,286	
f All other expenses	42,312	17,922	24,390	
25 Total functional expenses. Add lines 1 through 24f	7,695,175	5,708,676	1,986,499	
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		251,263	1	815,417
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,139,485	3	1,391,391
	4	Accounts receivable, net		73,763	4	56,600
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		56,876	9	260,398
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,342,582			
	b	Less: accumulated depreciation	10b 3,323,412	2,724,161	10c	3,019,170
	11	Investments—publicly traded securities		47,622	11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	16,442
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,293,170	16	5,559,418
Liabilities	17	Accounts payable and accrued expenses		704,257	17	701,196
	18	Grants payable			18	
	19	Deferred revenue		43,629	19	79,392
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,548,404	23	1,719,111
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	949,381
	26	**Total liabilities.** Add lines 17 through 25		2,296,290	26	3,449,080
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,996,880	27	2,110,338
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,996,880	33	2,110,338
	34	Total liabilities and net assets/fund balances		4,293,170	34	5,559,418

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ..... ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,549,518	4,290,012	4,036,582	3,902,788	7,598,848	24,377,748
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513					0	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	4,549,518	4,290,012	4,036,582	3,902,788	7,598,848	24,377,748
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0	0	0	0		
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						24,377,748

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	4,549,518	4,290,012	4,036,582	3,902,788	7,598,848	24,377,748
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,427	8,663	6,853	4,832	6,624	31,399
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,427	8,663	6,853	4,832	6,624	31,399
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			57,353	14,947	10,720	83,020
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	4,553,945	4,298,675	4,100,788	3,922,567	7,616,192	24,492,167

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.53 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _ _ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _ _ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _ _ _ _ _ _ _

b Assets included in Form 990, Part X ▶ $ _ _ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _ _ _ _ %
b Permanent endowment ▶ _ _ _ _ %
c Term endowment ▶ _ _ _ _ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		643,122		643,122
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		5,699,460	3,323,412	2,376,048
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				3,019,170

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED PARTIES	653,779
LINE OF CREDIT	295,602
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	949,381

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,985,973
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,695,175
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	290,798
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	290,798

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,985,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,985,973
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,985,973

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,695,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	7,695,175
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	0		
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,695,175

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

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SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization
GUIDANCE/CARE CENTER INC

Employer identification number
59-1458324

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
☐ Travel for companions ☐ Payments for business use of personal residence			
☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
☐ Compensation committee ☐ Written employment contract			
☐ Independent compensation consultant ☐ Compensation survey or study			
☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes" to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If "Yes" to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT HOMER	(i)	166,500	0	0	0	6,660	173,160	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Attachment H

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Attachment H

Attachment H

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2009
Open To Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues? Yes	No
COL RICK RAMSEY	DIRECTOR	64,236	SHERIFF		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DAA

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (INKIND DONATION)	X	1	153,195	
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED BY THE CFO AND REGIONAL CONTROLLER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD REVIEWS ANY POTENTIAL CONFLICT AT THEIR ANNUAL BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE REVIEWS COMPARATIVE DATA ANNUALLY TO DETERMINE COMPENSATION FOR TOP OFFICIALS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE COMMITTEE REVIEWS COMPARATIVE DATA ANNUALLY TO DETERMINE COMPENSATION FOR ALL OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE CORPORATE OFFICE.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WESTCARE FOUNDATION INC 900 GRIER DRIVE LAS VEGAS NV 89119					N/A

Attachment H

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Attachment H

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

		Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o	X	
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q	X	
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Attachment H

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Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Attachment H

Attachment H

Forms 990 / 990-PF

Mortgages and Other Notes Payable

For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10

2009

Name: GUIDANCE/CARE CENTER INC

Employer Identification Number: 59-1458324

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	NOTE PAYABLE	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		1,548,404	1,719,111
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		1,548,404	1,719,111

GCM GUIDANCE/CARE CENTER INC
59-1458324
FYE: 6/30/2010

Federal Statements

2/5/2011 10:36 AM

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
	$ 5,698		14	FL	
TOTAL	$ 5,698				

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT	$ 42,312	$ 17,922	$ 24,390	$
TOTAL	$ 42,312	$ 17,922	$ 24,390	$ 0

Attachment H

GCM GUIDANCE/CARE CENTER INC
59-1458324
FYE: 6/30/2010

Federal Statements

2/5/2011 10:36 AM

Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	Excess
	$	$
2008	1,090,996	1,051,770
2007	976,962	935,954
2006	1,116,566	1,073,579
2005	1,309,845	1,264,306
TOTAL	$ 4,494,369	$ 4,325,609

Attachment H

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 7/01, 2009, and ending 6/30, 20 10

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

OMB No. 1545-1878

2009

Name of exempt organization: GUIDANCE/CARE CENTER INC

Employer identification number: 59-1458324

Name and title of officer: MARIANNE BENVENUTI
REGIONAL CONTROLLER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b** Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,985,973
2a Form 990-EZ check here ▶ [ ]	**b** Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	**b** Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	**b** Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	**b** Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CALLAGHAN GLASSMAN & MARGOLIS, L.L. (ERO firm name) to enter my PIN 29308 (Enter five numbers, but do not enter all zeros) as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Marianne K Benvenuti Date ▶ 12/15/10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 06006029308 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

DAA

GCM

2/7/2011 4:43 PM

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

GUIDANCE/CARE CENTER INC
3000 41 STREET OCEAN

MARATHON, FL 33050

[X] Your Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax for tax year June 30, 2010 is being filed electronically with the IRS by the services of Callaghan Glassman & Margolis, L.L.C..

[X] Your return was accepted by the IRS on 02/05/11 and the Submission Identification Number assigned to your return is 06006020110360740013.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you can send either an amended electronic tax return or you can send an amended Form 990 / Form 990-EZ, Return of Organization Exempt from Income Tax, to the IRS submission processing center that processes paper returns for your area.

Attachment I:
Copy of Current Fee Schedule

GUIDANCE/CARE CENTER, INC.

Sliding Fee Scale based on 2009/2010 Federal Poverty Guidelines

Effective July 1, 2010 through June 30, 2011

		Outpatient Services								
Client Discount	Client Payment	OP Assmt per Event	OP Therapy ½ hr	OP Therapy 1 hr	OP Therapy 1½ hr	OP Group Therapy	Med Mgmt 15 min	Med Mgmt w/brief therapy	Medical Services ½ hr	Medical Services 1 hr
0%	100%	$ 200.00	$ 75.00	$ 150.00	$ 225.00	$ 37.50	$ 125.00	$ 160.00	$ 250.00	$ 500.00
5%	95%	$ 190.00	$ 71.25	$ 142.50	$ 213.75	$ 35.63	$ 118.75	$ 152.00	$ 237.50	$ 475.00
10%	90%	$ 180.00	$ 67.50	$ 135.00	$ 202.50	$ 33.75	$ 112.50	$ 144.00	$ 225.00	$ 450.00
19%	81%	$ 162.00	$ 60.75	$ 121.50	$ 182.25	$ 30.38	$ 101.25	$ 129.60	$ 202.50	$ 405.00
39%	61%	$ 122.00	$ 45.75	$ 91.50	$ 137.25	$ 22.88	$ 76.25	$ 97.60	$ 152.50	$ 305.00
56%	44%	$ 88.00	$ 33.00	$ 66.00	$ 99.00	$ 16.50	$ 55.00	$ 70.40	$ 110.00	$ 220.00
70%	30%	$ 60.00	$ 22.50	$ 45.00	$ 67.50	$ 11.25	$ 37.50	$ 48.00	$ 75.00	$ 150.00
81%	19%	$ 38.00	$ 14.25	$ 28.50	$ 42.75	$ 7.13	$ 23.75	$ 30.40	$ 47.50	$ 95.00
89%	11%	$ 22.00	$ 8.25	$ 16.50	$ 24.75	$ 4.13	$ 13.75	$ 17.60	$ 27.50	$ 55.00
94%	6%	$ 12.00	$ 4.50	$ 9.00	$ 13.50	$ 3.00	$ 7.50	$ 9.60	$ 15.00	$ 30.00
96%	4%	$ 8.00	$ 3.00	$ 6.00	$ 9.00	$ 3.00	$ 5.00	$ 6.40	$ 10.00	$ 20.00
100%	0%	$ 3.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00	$ 3.00

DCF Reimbursement per hour	$ 76.55	$ 40.86	$ 81.71	$ 122.57	$ 20.43	$ 97.62	$ 130.16	$ 195.24	$ 390.47

Attachment I

GUIDANCE/CARE CENTER, INC.

Sliding Fee Scale based on 2009/2010 Federal Poverty Guidelines

Effective July 1, 2010 through June 30, 2011

INPATIENT FEES PER DAY

		Inpatient Services		
Client Discount	Client Payment	CSU	Residential Level 1	SA Detox
0%	100%	$ 650.00	$ 500.00	$ 600.00
5%	95%	$ 617.50	$ 475.00	$ 570.00
10%	90%	$ 585.00	$ 450.00	$ 540.00
19%	81%	$ 526.50	$ 405.00	$ 486.00
39%	61%	$ 396.50	$ 305.00	$ 366.00
56%	44%	$ 286.00	$ 220.00	$ 264.00
70%	30%	$ 195.00	$ 150.00	$ 180.00
81%	19%	$ 123.50	$ 95.00	$ 114.00
89%	11%	$ 71.50	$ 55.00	$ 66.00
94%	6%	$ 39.00	$ 30.00	$ 36.00
96%	4%	$ 26.00	$ 20.00	$ 24.00
100%	0%	$ 2.00	$ 2.00	$ 2.00

DCF Reimbursement per day	$ 323.77	$ 265.11	$ 204.94

Attachment I

GUIDANCE/CARE CENTER, INC.

Sliding Fee Scale based on 2009/2010 Federal Poverty Guidelines

Effective July 1, 2010 through June 30, 2011

Client Discount	Client Payment	Family Size							
		1	2	3	4	5	6	7	8
	$2.00-$3.00 Co-Pay	Under $16,245	Under $21,855	Under $27,465	Under $33,075	Under $38,685	Under $44,295	Under $49,905	Under $55,515
96%	4%	$16,246 $17,870	$21,856 $24,041	$27,466 $30,212	$33,076 $36,383	$38,686 $42,554	$44,296 $48,725	$49,906 $54,896	$55,516 $61,067
94%	6%	$17,871 $19,495	$24,042 $26,227	$30,213 $32,959	$36,384 $39,691	$42,555 $46,423	$48,726 $53,155	$54,897 $59,887	$61,068 $66,619
89%	11%	$19,496 $21,120	$26,228 $28,413	$32,960 $35,706	$39,692 $42,999	$46,424 $50,292	$53,156 $57,585	$59,888 $64,878	$66,620 $72,171
81%	19%	$21,121 $22,745	$28,414 $30,599	$35,707 $38,453	$43,000 $46,307	$50,293 $54,161	$57,586 $62,015	$64,879 $69,869	$72,172 $77,723
70%	30%	$22,746 $24,370	$30,600 $32,785	$38,454 $41,200	$46,308 $49,615	$54,162 $58,030	$62,016 $66,445	$69,870 $74,860	$77,724 $83,275
56%	44%	$24,371 $25,995	$32,786 $34,971	$41,201 $43,947	$49,616 $52,923	$58,031 $61,899	$66,446 $70,875	$74,861 $79,851	$83,276 $88,827
39%	61%	$25,996 $27,620	$34,972 $37,157	$43,948 $46,694	$52,924 $56,231	$61,900 $65,768	$70,876 $75,305	$79,852 $84,842	$88,828 $94,379
19%	81%	$27,621 $29,245	$37,158 $39,343	$46,695 $49,441	$56,232 $59,539	$65,769 $69,637	$75,306 $79,735	$84,843 $89,833	$94,380 $99,931
10%	90%	$29,246 $30,870	$39,344 $41,529	$49,442 $52,188	$59,540 $62,847	$69,638 $73,506	$79,736 $84,165	$89,834 $94,824	$99,932 $105,483
5%	95%	$30,871 $32,495	$41,530 $43,715	$52,189 $54,935	$62,848 $66,155	$73,507 $77,375	$84,166 $88,595	$94,825 $99,815	$105,484 $111,035
NONE	100%	$32,496 and over	$43,716 and over	$54,936 and over	$66,156 and over	$77,376 and over	$88,596 and over	$99,816 and over	$111,036 and over
2010 Federal Poverty Threshholds		$10,830	$14,570	$18,310	$22,050	$25,790	$29,530	$33,270	$37,010

using FY 2009 Threshholds until updated--per Federal Government

Attachment I

Attachment J:
Copy of IRS Letter of Determination Indicating 501(c) (3) Status

Attachment J

Address any reply to:

Department of the Treasury

District Director
Internal Revenue Service

Date: JAN 2 1976

In reply refer to: 720-2:Treece
(904)791-2636

The Guidance Clinic of the Middle Keys Inc.
P. O. Box 2646
Marathon Shores, Florida 33052

Our Letter Dated: September 25, 1974

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) & 170(b)(1)(A)(vi)

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 501(c)(3) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 501(c)(3) organization.

Sincerely yours,

Charles O. DeWitt

District Director

Form L-399 (4-73)

Attachment J

District Director
Internal Revenue Service

Date: SEP 25 1974

In reply refer to: 411-12:BB:1502

The Guidance Clinic of the Middle Keys, Inc.
P. O. Box 2646
Marathon Shores, Florida 33052

Advance Ruling Period Ends: June 30, 1975

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined you can reasonably be expected to be an organization of the type described in sections 170(b)(1)(A)(vi) and 509(a)(1). Accordingly, for your first three tax years, you will be treated as an organization which is not a private foundation.

At the end of your first three tax years, however, you must establish with the Internal Revenue Service that for such three years you were in fact an organization of the type described in section 170(b)(1)(A)(vi). If you establish this fact with the Service, you will be classified as a section 509(a)(1) organization for all purposes beginning with the first day of your fourth tax year and you must normally meet the requirements of section 170(b)(1)(A)(vi) thereafter. If, however, you do not meet the requirements of section 170(b)(1)(A)(vi) for your first three tax years, you will be classified as a private foundation as of the first day of your fourth tax year. Furthermore, you will be treated as a private foundation as of the first day of your first tax year for purposes of sections 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation for your first three tax years, unless notice that you will no longer be treated as a section 509(a)(1) organization is published in the Internal Revenue Bulletin. However, a grantor or donor may not rely on such determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible under sections 2055, 2106, and 2522 of the Code.

If your sources of support, or your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more that $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

Thomas P. Schuck

Exempt Organization Specialist
(404) 526-4516

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

GUIDANCE/CARE CENTER, INC.

Filing Information

Document Number	726520
FEI/EIN Number	591458324
Date Filed	05/28/1973
State	FL
Status	ACTIVE
Last Event	MERGER NAME CHANGE
Event Date Filed	10/13/2009
Event Effective Date	NONE

Principal Address

3000 41ST STREET OCEAN
MARATHON FL 33050

Changed 07/01/1991

Mailing Address

900 GRIER DRIVE
LAS VEGAS NV 89119

Changed 06/15/2006

Registered Agent Name & Address

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE FL 32301-2960 US

Name Changed: 06/15/2006

Address Changed: 06/15/2006

Officer/Director Detail

Name & Address

Title CD

MAPES, LYNN
345 14TH ST
KEY COLONY BEACH FL 33051

Title TD

RAMSEY, COL. RICK
5525 COLLEGE RD.
KEY WEST FL 33040

Title D

MEARNS, MARJORIE
400 70TH STREET, GULF
MARATHON FL 33050

Attachment K:
Copy of Current Monroe County and City Occupational Licenses

Attachment K

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

Business Name: GUIDANCE CARE CENTER INC

RECEIPT# 46110-10085

Owner Name: GUIDANCE CARE CENTER INC
Mailing Address: 3000 41ST ST OCEAN
MARATHON, FL 33050

Exemption: 003-30.00: NON PROFIT
Business Location: 3000 41ST ST OCEAN
MARATHON, FL 33050
Business Phone: 305-743-9491
Business Type: PROFESSIONALS
(GUIDANCE CLINIC)

Rooms	Seats	Employees	Machines	Stalls
			/	

For Vending Business Only
Number of Machines:
Vending Type:

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				$0.00		

PAID-124-09-00001582 07/13/2010 01:00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

RECEIPT# 46110-28802

Business Name: GUIDANCE CARE CENTER INC

Owner Name: GUIDANCE CARE CENTER INC
Mailing Address: 1205 4TH ST
KEY WEST, FL 33040

Business Location: 1205 4TH ST
KEY WEST, FL 33040
Business Phone: 305-292-6843
Business Type: PROFESSIONALS (MENTAL HEALTH CLINIC)

Rooms	Seats	Employees	Machines	Stalls

For Vending Business Only

Number of Machines: Vending Type:

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid 114-10-00001113 04/14/2011 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.

Attachment K

CITY OF KEY WEST, FLORIDA

Business Tax Receipt

This Document is a business tax receipt
Holder must meet all City zoning and use provisions.
P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name	GUIDANCE CLINIC OF THE MIDDLE	CtlNbr:0017176
Location Addr	1205 4TH ST	
Lic NBR/Class	**11-00021054** SERVICE - GENERAL	
Issue Date:	March 14, 2011 **Expiration Date**:September 30, 2011	
License Fee	$0.00	
Add. Charges	$0.00	
Penalty	$0.00	
Total	$0.00	

Comments: CARE CENTER (NOT-FOR-PROFIT)

This document must be prominently displayed.

GUIDANCE CLINIC OF THE MIDDLE

GUIDANCE CLINIC OF THE MIDDLE
1205 4TH ST

KEY WEST FL 33040

Attachment K

Attachment K

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

RECEIPT# 47161-101262

Business Name: GUIDANCE CARE CENTER INC

Owner Name: GUIDANCE CARE CENTER INC
Mailing Address: 99198 OVERSEAS HWY STE 4 & 5
KEY LARGO, FL 33037

Exemption: 003-60.00: NON PROFIT
Business Location: 99198 OVERSEAS HWY STE 4 & 5
KEY LARGO, FL 33037
Business Phone: 305-451-8018
Business Type: MISCELLANEOUS SERVICE (OUTPATIENT MENTAL HEALTH CLIN)

Rooms	Seats	Employees	Machines	Stalls
		10	/	

For Vending Business Only
Number of Machines :
Vending Type : M

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				$0.00		

PAID-103-09-00001766 07/13/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST MEET ALL COUNTY AND/OR MUNICIPALITY PLANNING AND ZONING REQUIREMENTS.

Attachment L:
Copy of Dept. of Children and Families License or Certification

Attachment F

State of Florida

Department of Children and Families

CERTIFIES

Guidance/Care Center, Inc.
3000 41st Street, Ocean
Marathon, FL 33050

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Adults and/or Children for the following component(s):

Prevention Level 1 & 2, Intervention, Case Management, Aftercare, Outpatient Detox, Intensive Outpatient Treatment, TASC Outpatient Treatment, Residential Level 2 (12 beds), Residential Level 3 (12 beds), Residential Detox (1bed)
[accredited by Commission on Accreditation on Rehabilitation Facilities (CARF)

THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION

JOSEPH LAINO	Silvia M. Quintana	**07/20/10**
Licensure Specialist	Circuit 16 Substance Abuse & Mental Health Program Supervisor	Effective Date
Regular	**1644AD832401**	**07/19/11**
Type of License	License Number	Expiration Date

Attachment K

State of Florida

Department of Children and Families

CERTIFIES

Guidance/Care Center, Inc.
1205 Fourth Street
Key West, Florida 33040

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Adults and/or Children for the following component(s):

Prevention Level 1 & 2, Intervention, Case Management, Aftercare, Outpatient Detox, Intensive Outpatient Treatment, TASC Outpatient Treatment,
[accredited by Commission on Accreditation on Rehabilitation Facilities (CARF)

THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION

JOSEPH LAINO	Silvia M-Quintana	**07/20/10**
Licensure Specialist	Circuit 16 Substance Abuse & Mental Health Program Supervisor	Effective Date
Regular	**1644AD832402**	**07/19/11**
Type of License	License Number	Expiration Date

Attachment

State of Florida

Department of Children and Families

CERTIFIES

Guidance/Care Center, Inc.
5525 College Road
Key West, Florida 33040

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Adults and/or Children for the following component(s):

Prevention Level 1 & 2, Intervention, Case Management, Aftercare, Outpatient Detox, Intensive Outpatient Treatment, TASC Outpatient Treatment,

[accredited by Commission on Accreditation on Rehabilitation Facilities (CARF)

THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION

JOSEPH LAINO		**07/20/10**
Licensure Specialist	Circuit 16 Substance Abuse & Mental Health Program Supervisor	Effective Date
Regular	**1644AD832403**	**07/19/11**
Type of License	License Number	Expiration Date

State of Florida

Department of Children and Families

CERTIFIES

Guidance/Care Center, Inc.
99198 Overseas Highway
Key Largo, Florida 33037

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Adults and/or Children/Adolescents, for the following component(s):

Prevention Level 1 & 2, Intervention, Case Management, Aftercare, Outpatient Detox, Intensive Outpatient, TASC, Outpatient Treatment

[accredited by Commission on Accreditation of Rehabilitation Facilities (CARF)]

"THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION"

JOSEPH LAINO	Silvia Quintana	**07/20/2010**
Licensure Specialist	Circuit 16 Substance Abuse/Mental Health Supervisor	Effective Date
Regular	**1644AD467402**	**07/19/2011**
Type of License	License Number	Expiration Date

Attachment k.

Attachment L

CERTIFICATE #: 0658

State of Florida

DEPARTMENT OF CHILDREN AND FAMILIES
MENTAL HEALTH PROGRAM OFFICE

CERTIFICATE OF DESIGNATION

awarded to

Guidance Clinic of the Middle Keys CSU

Guidance Clinic of the Middle Keys CSU, 3000 41 Street Ocean, Marathon, Florida, has satisfied the requirements pursuant to Chapter 394, F.S., and Chapter 65E-5, F.A.C., and is hereby designated as a public receiving facility.

EFFECTIVE DATE: July 15, 2009

EXPIRATION DATE: July 15, 2012

Katharine V. Lyon, PhD., Director
Mental Health Program Office

Attachment L

Attachment M:
Copy of Any Other State or Federal Licenses

CERTIFICATE #: 2343

LICENSE #: 1505

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Residential Treatment Facility

Active

This is to confirm that GUIDANCE/CARE CENTER, INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and authorized in Chapter 394, Florida Statutes, and is authorized to operate the following:

GUIDANCE/CARE CENTER
3000 41ST STREET OCEAN
MARATHON, FL 33050
MONROE COUNTY

TOTAL CAPACITY: 2 LEVEL: IA

EFFECTIVE DATE: 08/28/2010

EXPIRATION DATE: 08/27/2012

Elizabeth Dudek

Interim Secretary, Agency for Health Care Administration

Attachment M

CERTIFICATE #: 1161

LICENSE #: 1399

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Crisis Stabilization Unit

Active

This is to confirm that GUIDANCE/CARE CENTER, INC has complied with the rules and regulations adopted by the State of Florida, Agency for Health Care Administration, and is authorized to operate the following:

GUIDANCE/CARE CENTER
3000 41ST STREET OCEAN
MARATHON, FL 33050
MONROE COUNTY

TOTAL CAPACITY: 11

Adult Crisis Stabilization Unit

EFFECTIVE DATE: 09/04/2010

EXPIRATION DATE: 09/03/2012

Elizabeth Dudek

Interim Secretary, Agency for Health Care Administration

Attachment M

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

GUIDANCE CLINIC OF THE MIDDLE KEYS
3000 41ST STREET OCEAN
MARATHON, FL 33050

LABORATORY DIRECTOR

JAIRO FERNANDEZ MD

CLIA ID NUMBER

10D0278534

EFFECTIVE DATE

09/01/2010

EXPIRATION DATE

08/31/2012

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

8825 Certs_080710

Attachment M

Attachment M

GUIDANCE CLINIC OF MIDDLE KEY
3000 41ST STREET OCEAN
MARATHON, FL 33050-0000-000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AG6994683	09-30-2011	FEE PAID
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5,	HOSPITAL/CLINIC	09-15-2008

GUIDANCE CLINIC OF MIDDLE KEY
3000 41ST STREET OCEAN
MARATHON, FL 33050-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
AG6994683	09-30-2011	FEE PAID
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5,	HOSPITAL/CLINIC	09-15-2008

GUIDANCE CLINIC OF MIDDLE KEY
3000 41ST STREET OCEAN
MARATHON, FL 33050-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

Attachment M

NUMBER	EXPIRES	PAID
AG6994683	09-30-2011	FEE PAID

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	HOSPITAL/CLINIC	09-15-2008

GUIDANCE CLINIC OF MIDDLE KEY
3000 41ST STREET OCEAN
MARATHON, FL 33050-0000

CONTROLLED SUBSTANCES/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (4/07)

REPORT CHANGES PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 28083
Washington, DC 20083

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

GUIDANCE CLINIC OF THE MIDDLE KEYS
3000 41ST STREET OCEAN
MARATHON, FL 33050

LABORATORY DIRECTOR

JAIRO FERNANDEZ MD

CLIA ID NUMBER

10D0278534

EFFECTIVE DATE

09/01/2010

EXPIRATION DATE

08/31/2012

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

8825 Certs_080710

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Attachment N:
Copy of Fl Dept. of Health Licenses/Permits

Attachment N

FLORIDA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL
BUREAU OF HIV/AIDS

CERTIFICATE OF REGISTRATION

Issued To

Guidance/Care Center, Inc.
Site #03-116

for the period of one year

to conduct HIV Prevention Counseling, Testing and Linkage Services.

EXPIRES March 09, 2012

Marlene LaLota

Marlene LaLota, MPH, Program Administrator
Prevention Section, Bureau of HIV/AIDS

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

ORIGINAL - CUSTOMER

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH

OPERATING PERMIT

For: Food Program-Other Food Service

Issued To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Mailed To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Audit Control: 493511
Permit Number: 44-48-00167
County: Monroe
Issue Date: 09/20/10
Amount Paid: $190.00
Date Paid: 9/20/10
Permit Expires On: 9/30/11

3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

ENVIRONMENTAL HEALTH ADMINISTRATOR

Please verify all information, make changes where applicable

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
RETAIN THIS PORTION FOR YOUR RECORDS
DEPARTMENT OF HEALTH

(Non-Transferable)

OFFICIAL RECEIPT

For: Food Program-Other Food Service

Issued To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Mailed To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Issued by: Monroe County Health Dept

Audit Control: 493511
Permit Number: 44-48-00167
County: Monroe
Issue Date: 09/20/10
Amount Paid: $190.00
Date Paid: 9/20/10
Permit Expires On: 9/30/11

Check Number:
Date Paid: 9/20/10

DH-4114 (5/98)

orig to Pauleette
Copy to Nikki

Attachment N

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

For: Biomedical Waste - Other

Issued To: Guidance/Care Center
3000 41st St
Marathon, FL 33050

Mailed To: Guidance/Care Center
3000 41st St. Ocean
Marathon, FL 33050

Audit Control: 44-BIO-[illegible]
Permit Number: 44-64-00014
County: Monroe
Issue Date: 10/01/2010
Amount Paid: [illegible]
Date Paid: [illegible]
Permit Expires On: 09/30/2011

493510

Issued By: Marathon Environmental Health Office
3333 Overseas Hwy
Marathon, FL 33050

Duplicate - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

For: Biomedical Waste - Other

Issued To: Guidance/Care Center
3000 41st St
Marathon, FL 33050

Mailed To: Guidance/Care Center
3000 41st St. Ocean
Marathon, FL 33050

Audit Control: [illegible]
Permit Number: 44-64-00014
County: Monroe
Issue Date: [illegible]
Amount Paid: [illegible]
Date Paid: [illegible]
Permit Expires On: 09/30/2011

493510

Issued By: Marathon Environmental Health Office
3333 Overseas Hwy
Marathon, FL 33050

FILE COPY (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

DH-4114 (5/98)

orig to Paulette
Copy to Nikki

Attachment N

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-64-00014

Audit Control Number: 44-BID-1540702

Fee Amount: $85.00

For: Biomedical Waste Other

To: Guidance Clinic of The Middle Keys
3000 41st St Ocean
Marathon , FL 33050

Total Amount Due : $85.00

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $105.00

Notice: This bill is due and payable in full upon receipt and must be received by the local office by the payment deadline.

[Please detach this portion and return with your payment]

Please verify all information making changes as necessary, sign and return to Monroe County Health Department

Account Information for 44-64-00014

Name: Guidance Clinic of The Middle Keys
Location: 3000 41st Street
City: Marathon
State: FL
Zip Code: 33050

Owner Information

Name: Guidance Clinic of The Middle Keys
Address: 3000 41st St Ocean
City: Marathon
State: FL
Zip Code: 33050
Work Phone: (305) 434-9000
Home Phone: ()

Make Checks Payable to:
Monroe County Health Department

Mail Invoice and Check To:
Monroe County Department of Health
Environmental Health Services
3333 Overseas Highway
Marathon, FL 33050
(305) 289-2721

Facility Contact

Name: Guidance Clinic of The Middle Keys
Work Phone: (305) 434-9000
Home Phone: ()

Signature: _____ Date: _____

[Environmental Health Division- Account information Copy]

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-64-00014

Audit Control Number: 44-BID-1540702

Fee Amount: $85.00

For: Biomedical Waste Other

Total Amount Due : $85.00

To: Guidance Clinic of The Middle Keys
3000 41st St Ocean
Marathon , FL 33050

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $105.00

Batch Billing ID: 1697

8/30/2010

Attachment N

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-48-00167

Audit Control Number: 44-BID-1540854

For: Food Hygiene Other Food

Fee Amount: $190.00

To: Guidance Clinic of Middle Keys
3000 41st St - Ocean
Marathon , FL 33050

Total Amount Due : $190.00

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $215.00

Notice: This bill is due and payable in full upon receipt and must be received by the local office by the payment due date.

[Please detach this portion and return with your payment]

Please verify all information making changes as necessary, sign and return to Monroe County Health Department

Account information for 44-48-00167

Name: Guidance Clinic of Middle Keys
Location: 3000 41st St Ocean
City: Marathon
State: FL
Zip Code: 33050

Make Checks Payable to:
Monroe County Health Department

Mail Invoice and Check To:
Monroe County Department of Health
Environmental Health Services
3333 Overseas Highway
Marathon, FL 33050
(305) 289-2721

Owner Information

Name: Guidance Clinic of Middle Keys
Address: 3000 41st St - Ocean
City: Marathon
State: FL
Zip Code: 33050
Work Phone: (305) 434-9000
Home Phone: ()

Facility Contact

Name: Guidance Clinic of Middle Keys
Work Phone: (305) 434-9000
Home Phone: ()

Signature: _____ Date: _____

[Environmental Health Division- Account Information Copy]

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-48-00167

Audit Control Number: 44-BID-1540854

For: Food Hygiene Other Food

Fee Amount: $190.00

Total Amount Due : $190.00

To: Guidance Clinic of Middle Keys
3000 41st St - Ocean
Marathon , FL 33050

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $215.00

Batch Billing ID: 1699

8/30/2010

Attachment 1

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-64-00014

Audit Control Number: 44-BID-1540702

Fee Amount: $85.00

For: Biomedical Waste Other

To: Guidance Clinic of The Middle Keys
3000 41st St Ocean
Marathon , FL 33050

Total Amount Due : $85.00

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $105.00

Notice: This bill is due and payable in full upon receipt and must be received by the local office by the payment due date.

[Please detach this portion and return with your payment]

Please verify all information making changes as necessary, sign and return to Monroe County Health Department

Account information for 44-64-00014

Name: Guidance Clinic of The Middle Keys
Location: 3000 41st Street
City: Marathon
State: FL
Zip Code: 33050

Owner Information

Name: Guidance Clinic of The Middle Keys
Address: 3000 41st St Ocean
City: Marathon
State: FL
Zip Code: 33050
Work Phone: (305) 434-9000
Home Phone: ()

Make Checks Payable to:
Monroe County Health Department

Mail Invoice and Check To:

Monroe County Department of Health
Environmental Health Services
3333 Overseas Highway
Marathon, FL 33050
(305) 289-2721

Facility Contact

Name: Guidance Clinic of The Middle Keys
Work Phone: (305) 434-9000
Home Phone: ()

Signature: _____ Date: _____

[Environmental Health Division- Account information Copy]

State of Florida
Department of Health
Monroe County Health Department
Notification of Permit Fees Due

Identification Number: 44-64-00014

Audit Control Number: 44-BID-1540702

Fee Amount: $85.00

For: Biomedical Waste Other

To: Guidance Clinic of The Middle Keys
3000 41st St Ocean
Marathon , FL 33050

Total Amount Due : $85.00

Payment Due: 09/30/2010 or Upon Receipt

If not paid by 09/30/2010, then the fee will be $105.00

Batch Billing ID: 1697

8/30/2010

Attachment N

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

For: Biomedical Waste - Other
Issued To: Care Center For Mental Health
1205 Fourth St
Key West, FL 33040

Mailed To: Mental Health Care Center of The Lower Keys, Inc.
1205 Fourth St
Key West, FL 33040

Audit Control: 44-BID-1540743
Permit Number: 44-64-90264
County: Monroe
Issue Date: 10/01/2010
Amount Paid: 105.00
Date Paid: 02/24/2011
Permit Expires On: 09/30/2011

Bobbi Slighter

Issued By: Monroe County Health Department
1100 Simonton St
Ofc 242
Key West, FL 33040

ORIGINAL - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

For: Biomedical Waste - Other
Issued To: Care Center For Mental Health
1205 Fourth St
Key West, FL 33040

Mailed To: Mental Health Care Center of The Lower Keys, Inc.
1205 Fourth St
Key West, FL 33040

Audit Control: 44-BID-1540743
Permit Number: 44-64-90264
County: Monroe
Issue Date: 10/01/2010
Amount Paid: 105.00
Date Paid: 02/24/2011
Permit Expires On: 09/30/2011

Bobbi Slighter

Issued By: Monroe County Health Department
1100 Simonton St
Ofc 242
Key West, FL 33040

Attachment N

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

ORIGINAL - CUSTOMER (Non-Transferable)

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH

OPERATING PERMIT

For: Food Program-Other Food Service

Issued To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Mailed To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Audit Control: 493511
Permit Number: 44-48-00167
County: Monroe
Issue Date: 09/20/10
Amount Paid: $ 190.00
Date Paid: 9/20/10

Permit Expires On: 9/30/11

Bobbi Sleighter

ENVIRONMENTAL HEALTH ADMINISTRATOR

3333 Overseas Highway, Marathon, Florida 33050 (305) 289-2721

Please verify all information, make changes where applicable

Attachment N

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH

RETAIN THIS PORTION FOR YOUR RECORDS

(Non-Transferable)

OFFICIAL RECEIPT

For: Food Program-Other Food Service

Issued To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Mailed To: **Guidance Clinic of Middle Keys**
3000 41st St. Ocean

Marathon, FL 33050

Issued by: Monroe County Health Dept.

Audit Control: 493511
Permit Number: 44-48-00167
County: Monroe
Issue Date: 09/20/10
Amount Paid: $ 190.00
Date Paid: 9/20/10

Permit Expires On: 9/30/11

Check Number:
Date Paid: 9/20/10

DH-4114 (5/98)

Attachment N

AC# 222974

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/02/2008	PH 6319	40124

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2011**
GUIDANCE CLINIC/MIDDLE KEYS
3000 41ST STREET OCEAN
MARATHON, FL 33050-3462

QUALIFICATION(S):
MODIFIED INST. CLASS II TYPE B

Charlie Crist
GOVERNOR

Ana Maria Viamonte Ros
Ana M. Viamonte Ros, M.D., M.P.H.
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 322297 4

DATE	LICENSE NO.	CONTROL NO.
12/02/2008	PH 6319	40124

The **PHARMACY**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **FEBRUARY 28, 2011**

GUIDANCE CLINIC/MIDDLE KEYS

MEDICAL DIRECTOR
LICENSEE SIGNATURE

QUALIFICATION(S):
Modified Inst. Class II Type B

Attachment N

.C#4273822

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/08/2011	PH 6319	56670

ne **PHARMACY**
arned below has met all requirements of
e laws and rules of the state of Florida.
xpiration Date: **FEBRUARY 28, 2013**
UIDANCE/CARE CENTER, INC.
00 41ST STREET OCEAN
ARATHON, FL 33050-3462

QUALIFICATION(S):
MODIFIED INST. CLASS II TYPE B

Rick Scott
GOVERNOR

Kimberly Berfield
DEPUTY SECRETARY

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 4273822

DATE	LICENSE NO.	CONTROL NO.
02/08/2011	PH 6319	56670

The PHARMACY
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: FEBRUARY 28, 2013
GUIDANCE/CARE CENTER, INC.

QUALIFICATION(S):
Modified Inst. Class II Type B

EXPIRATION DATE: FEBRUARY 28, 2013

ur license number is **PH 6319**, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, ease call (850) 488-0595.

e this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following companies this form: a marriage license, a divorce decree or a court order. **A driver's license or social security card is not considered legal documentation.**

dical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice ation addresses and update your profile information.

1. Go to **www.flhealthsource.com**
2. Click on Licensee/Provider
3. Click on Practitioner Login
4. Select your profession
5. Enter the account ID and password that was provided to you on your initial license and click on **"Login"**.
6. If you do not know your account ID and password, click on **"Get Login Help"** or call our Customer Contact Center at (850) 488-0595 for assistance.

IL TO: **DEPARTMENT OF HEALTH**
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSING AND AUDITING SERVICES UNIT
P.O. BOX 6320
TALLAHASSEE, FLORIDA 32314-6320

NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

OM:

LAST FIRST MIDDLE

LAST FIRST MIDDLE

2103, 5/98

Attachment O:
Copy of Front Page of Agency's EEO Policy/Plan

Attachment O

II. EMPLOYMENT POLICIES

A. EMPLOYEE HANDBOOK POLICY

This employee handbook replaces all previously issued handbooks and all other written or oral descriptions of terms, conditions, and policies relating to your employment. Each employee is required to read this handbook carefully and acknowledge receipt of this employee handbook in writing.

Except for the employment at-will policy and the policy that all terms and conditions of employment are provided at-the-will of WestCare, WestCare reserves the right to revise, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook. All revisions, deletions, or additions to this employee handbook must be in writing and must be signed by the President/CEO of WestCare. Oral statements and/or WestCare practices cannot change or alter the provisions of this handbook.

Not all WestCare policies and procedures are set forth in this handbook. Additional policies may be issued from time to time and will be applicable to your employment. If you have any questions or concerns about this handbook or any other policy or procedure, please ask your supervisor. If WestCare's handbook is revised, each employee is required to sign acknowledgement forms for the revised handbook. Failure to do so will be considered insubordination and grounds for discipline, up to and including termination.

B. EQUAL EMPLOYMENT PRACTICES

1. UNLAWFUL DISCRIMINATION

WestCare is an equal opportunity employer and makes employment decisions on the basis of merit. In accordance with applicable law, WestCare prohibits discrimination based on membership of an applicant or employee, in a protected class such as race, color, creed, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, age, religion, physical disability (including HIV or AIDS), mental disability, medical condition, marital status, citizenship status, military service status, or other consideration protected by law. WestCare's policy of equal employment opportunity applies to all employment practices including, but not limited to, recruitment, employment, training, compensation, benefits, promotions, layoffs, terminations, and any and all other terms, conditions, and privileges of employment.

In addition, WestCare prohibits discrimination against any person or business due to a perception that a person or business representative is a member of a protected class or is associated with someone who is, or is perceived to be, a member of a protected class. All such discrimination is unlawful. WestCare's commitment to equal opportunity employment applies to all persons involved

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Attachment O

in the operations of WestCare and prohibits unlawful discrimination by any employee of WestCare, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities and medical conditions, WestCare will make reasonable accommodations for the known physical or mental disability or medical condition of an otherwise qualified individual who is an applicant or an employee unless undue hardship would result. Any such applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their immediate supervisor and request an accommodation. WestCare will engage in a timely, good faith, interactive process with the employee or applicant to determine effective reasonable accommodations, if any, in response to a request for reasonable accommodation by an employee or applicant with a known physical or mental disability or known medical condition. The individual with the disability should specify what accommodation he or she needs to perform the job. If the accommodation is reasonable and will not impose an undue hardship, WestCare will make the accommodation. WestCare also may propose an alternative accommodation(s).

If you believe you have been subjected to any form of unlawful discrimination, provide a written or verbal report to your supervisor or the Director of Human Resources. The report should be specific and should include the names of the individuals involved and the names of any witnesses. WestCare will immediately undertake an effective, thorough and objective investigation and attempt to resolve the situation.

If WestCare determines that unlawful discrimination has occurred, effective remedial action will be taken commensurate with the severity of the offense up to and including immediate termination. Appropriate action will be taken in all cases to deter any further discrimination. Appropriate action will also be taken to deter any future discrimination. WestCare will not retaliate against any employee for filing a good faith complaint and will not knowingly permit retaliation by management employees or co-workers.

Any employee, including a supervisor or manager, who engages in discriminatory conduct toward an employee, independent contractors of WestCare, or any person doing business with or for WestCare will be subject to discipline up to and including termination.

2. UNLAWFUL HARASSMENT

In accordance with applicable law, WestCare prohibits sexual harassment and harassment because of race, color, national origin, ancestry, sex, gender, gender identity, gender expression, religion, creed, physical or mental disability, medical condition, marital status, sexual orientation, age, or any other basis protected by federal, state, or local law including harassment of employees, independent contractors, and business representatives. All such harassment is unlawful and will not be tolerated. WestCare is committed to taking all reasonable steps to prevent harassment from occurring. Any employee, including a supervisor or manager, who engages in unlawful harassment will be subject to discipline, up to and including immediate termination.

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Attachment O

a. Unlawful Harassment Defined

Unlawful harassment includes conduct that is (1) unwelcome; (2) related to a protected category identified in the paragraph above; (3) offensive to the recipient and to a reasonable person; and (4) severe or pervasive so that the conduct unreasonably interferes with the employee's work performance or creates an intimidating, hostile, or offensive work environment. If the conduct is related to a protected category, then the following might constitute unlawful harassment; jokes, graffiti, comments, stories, photographs, gestures, e-mail, written materials, threats of job detriment, or actual changes to an employee's compensation, workload, or assignments. Harassment can be in the form of verbal conduct such as vulgar remarks, ethnic jokes, and threats of physical harm. Harassment may be in the form of physical conduct such as inappropriate touching, blocking of movement, vulgar gestures, hitting, shoving, or other physically threatening conduct such as invading an individual's personal space.

b. Sexual Harassment Defined

Sexual harassment is defined as unwanted sexual advances, requests for sexual favors or visual, verbal, or physical conduct of a sexual nature when: (1) submission to such conduct is made a term or condition of employment; (2) submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment also may be defined as unwanted sexual advances or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior. The following is a partial list:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Visual conduct: leering, making sexual gestures, displaying sexually suggestive objects, pictures, cartoons, or posters.
- Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes, or invitations.

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Attachment O

- Physical conduct including touching, assaulting, impeding, or blocking movements.

It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexual harassment on the job is unlawful whether it involves coworker harassment, harassment by a supervisor or manager, harassment by or of independent contractors of WestCare, or by or of persons doing business with or for WestCare.

3. REPORTING PROCEDURE REGARDING UNLAWFUL DISCRIMINATION AND UNLAWFUL HARASSMENT

WestCare's reporting procedure with respect to all complaints of unlawful discrimination or unlawful harassment provides for an immediate, thorough, and objective investigation, appropriate disciplinary action against one found to have engaged in prohibited conduct, and appropriate remedies to any victim of discrimination or harassment. An employee may have a claim of discrimination or harassment even if he or she has not lost a job or some economic benefit.

If you believe you have been discriminated against or harassed on the job please provide a written or verbal report to your supervisor or to the Director of Human Resources as soon as possible. If you are uncomfortable providing information concerning your complaint to your supervisor, you may go directly to the Director of Human Resources. WestCare prefers a written report and requests that the employee provide a copy to their supervisor or the Director of Human Resources. Supervisors are required to immediately report to the Director of Human Resources all complaints of discrimination and/or harassment. If you are uncomfortable providing information concerning your complaint to the Director of Human Resources, you may go directly to the Regional Vice-President or Area Director.

The report prepared by the employee should include details of the incident(s), the names of individuals involved, the names of any witnesses, direct quotes when relevant, and any documentary evidence (notes, pictures, cartoons, etc.). All incidents of unlawful discrimination or unlawful harassment that are reported will be investigated.

If WestCare determines that unlawful discrimination or unlawful harassment has occurred, WestCare will take remedial action appropriate for the circumstances. Appropriate action also will be taken to deter any future discrimination or harassment. If a complaint of discrimination or harassment is substantiated, appropriate disciplinary action, up to and including termination, will be taken.

4. PROTECTION AGAINST RETALIATION

The law also prohibits retaliation against any employee who uses this complaint procedure or who files, testifies, assists, or participates in any manner in any investigation,

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Attachment O

proceeding, or hearing concerning unlawful discrimination or unlawful harassment. Any report of retaliatory conduct will be immediately, objectively, and thoroughly investigated in accordance with WestCare's investigation procedure outlined above. If a complaint of retaliation is substantiated, appropriate disciplinary action, up to and including termination, will be taken against the person(s) engaging in the retaliatory conduct.

5. DISCIPLINARY ACTION AND LIABILITY FOR UNLAWFUL HARASSMENT

Any WestCare employee, including any supervisor or manager, who is found to have engaged in unlawful harassment is subject to disciplinary action, up to and including discharge from employment. An employee who engages in harassment, including any supervisor or manager, who knew about the harassment and took no action to stop it, will be subject to disciplinary action, up to and including termination, and also may be held personally liable for monetary damages. WestCare will not pay damages assessed personally against an employee for engaging in unlawful harassment or unlawful retaliation.

In addition to WestCare's internal complaint procedure, employees should also be aware that the federal Equal Employment Opportunity Commission ("EEOC"), the California Department of Fair Employment and Housing ("DFEH"), the Arizona Attorney General's Office: Civil Rights Division ("AGO"), the Florida Commission on Human Relations ("CHR"), and the Nevada Equal Rights Commission ("ERC") investigate and prosecute complaints of discrimination and harassment in employment. Employees who believe that they have been discriminated against or harassed may file a complaint with these agencies or any other applicable state agency. The EEOC, the DFEH, the AGO, CHR, and the ERC all serve as neutral fact finders and attempt to help the parties voluntarily resolve disputes.

For more information, contact the Director of Human Resources. You also may contact the nearest office of the EEOC, the DFEH, the AGO, the CHR, or the ERC as listed in the telephone directory or you may reach the DFEH at 1-800-884-1684, the AGO at 1-602-542-5263, the CHR at 1-800-342-8170, or the ERC at 1-702-486-7161.

6. AFFIRMATIVE ACTION STATEMENT

WestCare will attempt to achieve and maintain a diverse work force. Steps may include, but are not limited to, the following:

- Pursuing an affirmative action program along with regular review by the Board of Directors.
- Ensuring that WestCare's policy regarding equal employment opportunity is communicated to all employees.

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- Ensuring the hiring, promoting, and salary administration practices are fair and consistent with the policy of WestCare.
- Reporting to the Board of Directors on all activities and efforts to implement WestCare's policy of equal employment opportunities.
- Making special recruitment efforts as part of this plan to the extent that our staff is not diverse.

Supervisors and members of the management staff must provide equal opportunity for all employees with regard to work assignments, training, transfer, advancement, and other conditions and privileges of employment and must work to ensure a continuation of this policy of equal employment opportunity.

7. DEBARMENT POLICY

WestCare is the recipient of federal grant funds to operate several program components. Receipt of these funds by WestCare is considered to be a lower-tier covered transaction. As such, WestCare certifies, to the best of the agency's knowledge and belief, that the agency, its principals, and employees are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in covered transactions by any federal department or agency. Employees are required to certify at the time of employment that they are eligible to participate in covered transactions.

8. POLITICAL ACTIVITY

Employees whose salaries are paid with federal funds are prohibited from engaging in political activities on WestCare property or on WestCare time off-site. This prohibition includes any use of telephones, copy machines, typewriters, computers, etc. Additionally, no employee may use their position or association with WestCare to promote political activities.

C. NON-FRATERNIZATION POLICY

WestCare has adopted this policy in recognition of its responsibility to provide guidelines on romantic and sexual relationships with other employees and to caution employees about the potential problems posed by such relationships. These problems include conflicts of interest, interference with the productivity of co-workers and potential charges of sexual harassment. They can be particularly serious in situations in which one person has a position of authority over the other, such as in a supervisor-subordinate relationship. Therefore, WestCare employees must not engage in romantic, sexual, or dating encounters or relationships with any other WestCare employee with whom he or she is in a supervisory or reporting relationship.

WestCare does not prohibit consensual romantic relationships between employees who are not in a supervisory or reporting relationship one to the other.

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Attachment P:
Copy of Summary Report of Most Current Evaluation/Monitoring

Attachment P

CONTRACT MONITORING REPORT

For

The Guidance/Care Center, Inc.

Conducted on **February 2nd, 2010**
By:
South Florida Provider Coalition, Inc.
On behalf of:
Florida Department of Children and Families
Contract # KD 228-27

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Provider Background Information

Cost Centers Monitored:

ASA 11 - Intervention – Individual
14 – Outpatient – Individual
19 – Residential Level II
24 – S.A. Detoxification
35 – Outpatient – Group

CSA 11 – Intervention - Individual

Provider Address:	3000 41st Street Ocean Marathon, FL 3305
Provider Type:	Non-Profit
Fiscal Year End:	June 30, 2010
Contract Number:	KD 228-27
Contract Amount:	$1,049,667.69 (Annualized)
TANF Services:	N/A
Fiscal Year Reviewed:	2009-2010
Persons Interviewed:	**Maria Arvelo,** Behavioral Health Technician **Camilla Prince,** Marriage & Family Therapist. **Kathleen Maguire,** Case Manager **Victoria Walker,** Case Manager **Deborah Matthews,** Licensed Mental Health Counselor
Monitoring Team Members:	**Lewis Chazan,** SFPC Staff Accountant **Andrea Hernandez,** SFPC Senior Contract Manager **James Jean-Jacques,** SFPC Contract Manager

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Contract Monitoring Report Methodology

Format of Contract Monitoring Report

The report consists of two sections.

I. The first section describes the most significant findings in terms of strengths, weaknesses, and most importantly material weaknesses of the reviewed functions. Weaknesses and material weaknesses are divided into two types: 1) those that require corrective action and 2) those that require a change in policy. If multiple weaknesses are detected, the Provider system will be determined as potentially materially weak and in need of a Level II Monitoring.

II. The second section is a presentation of information collected during the monitoring, utilizing the tools specified below. These tools examine four major areas: 1) Provider QA process 2) programmatic 3) administrative and 4) fiscal. The tools are used to identify weaknesses and material weaknesses that may lead up to corrective action and/or a Level II Monitoring. For the Validation of Substance Abuse Client Records and Personnel File Reviews, the percentage of non-compliance is equal to the total number of non-compliance divided by the total number of files reviewed. A score of thirty percent (30%) or greater indicates a weakness, warranting corrective action.

Response to Contract Monitoring Report

Within 10 calendar days of receiving this report, the Provider is required to submit their comments to SFPC's Contracts Supervisor. At that time, SFPC's Contracts Supervisor will review the comments and any additional supporting documentation along with the original report. If the Provider *does not* have comments or questions about the Contract Monitoring Report, the Provider is required to submit a response and/or Corrective Action Plan to SFPC within *10 calendar days* of receiving this report. If an amendment of the original report is needed due to newly submitted documents, SFPC's Contracts Supervisor will finalize the report and resubmit it to the Provider 10 calendar days later. At such time, the Provider is required to submit a final response and/or Corrective Action Plan within 10 calendar days of receiving the final revision of the Contract Monitoring Report.

Tracking of Corrective Action

SFPC requires that the Provider maintain a binder that contains documentation that the corrective action has been taken. For example, if the corrective action involved training, the binder would contain copies of the training attendance log and/or copies of the certificates of completion; if the corrective action involved a change in policy, a copy of the revised policy, signed and dated by the authorized individual would be in the binder; etc. The SFPC Contract Manager will validate the Corrective Action Plan (CAP), as required. In the event the Provider fails to comply with the CAP, the SFPC Contract Manager will immediately notify SFPC's Executive Management.

Tools used in Conducting the Contract Monitoring

1. Service Event Validation
2. Invoice Validation
3. Validation of Substance Abuse Client Records
4. Validation of SA Client Records: Standards for Intervention with Requirements for Treatment Alternatives for Safer Communities (TASC)
5. Validation of SA Client Records: Standards for Intervention with Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Requirements

6. Client Interviews
7. Standards for Detoxification
8. Standards for Residential Treatment
9. Standards for Outpatient Treatment
10. Standards for Intervention
11. Validation of Provider's Quality Assurance/Quality Improvement Plan
12. Standard Contract Monitoring Tool
13. Attachment I Monitoring Tool
14. Fiscal Review
15. Validation of Provider Administrative Services
16. Personnel File Review
17. Staff Interviews

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Section I: Findings and Analysis

A. Executive Summary

The SFPC Monitoring Team met with The Guidance/Care Center, Inc. staff members, beginning the monitoring with introductions, and addressing the scope and purpose of the monitoring. The Monitoring Team explained that the annual Contract Monitoring is an all-encompassing process, reviewing major aspects of the Agency. This includes quality assurance practices, programmatic compliance in accordance with 65D-30, 65E-4 and 65E-15 F.A.C., administrative capabilities, fiscal functions in accordance with 65E-14 F.A.C., compliance with State and Federal Block Grant rules when applicable, as well as compliance with other applicable Federal and State rules and regulations.

Below is a summary of findings. For a detailed explanation of these, *please refer to Section II of the report*.

- **Programmatic: 1) Repeat Finding:** An error rate of *37.09%* was noted in the Validation of Service Events reviewed resulting in noncompliance with demonstrating that the Provider maintains service documentation for services billed to the Managing Entity pursuant to this contract. Proper service documentation for billing under this contract for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C. *As per KD 228-27 Attachment I, C10(a-b). Please refer to pages #1-2, Service Event Validation.* **2) Repeat Finding:** The notes/recommendation section of the ASAM forms did not provide a sufficient individualized summary of justification for placement. *As per KD 228-27, Attachment I, B(1)(a)(6). Please refer to page #7, Validation of Substance Abuse Client Records.* **3)** The incorrect ASAM forms were used in the ASA Intervention client charts reviewed. *As per KD 228-27, Attachment I, B(1)(a)(6). Please refer to pages #24 & 27, Validation of Substance Abuse Client Records.* **4)** Treatment plan and treatment plan reviews did not include *measurable behavioral objectives* to be achieved by the client. *As per 65D-30.004 (17)(a) F.A.C. Please refer to pages #17, Validation of Substance Abuse Client Records.*

- **Administrative: 1)** Training Requirements for New Direct Care Staff were not met for those staff working in component services identified in subsection 65D-30.004(21), F.A.C., all new direct care staff shall have CPR training within the first six months of employment. *As per 65D-30.004(31)(b) F.A.C. Please refer to page #84, Personnel File Review Tool.* **2)** A review of the Provider's Incident Reporting Database for the months of November & December 2009 reflected incidents related to SFPC funded clients that were not sent to SFPC. *As per 65D-30.004(27)(d) & KD228-27 Exhibit C Required Reports. Please refer to page #43, 47, & 77, Administrative Services Tool.*

- **Fiscal Functions: 1) Repeat Finding:** According to the Invoice Validation Desk Review, data reported to the SFPC KIS Database does not reflect the number of units invoiced to SFPC for the months of November 2009 and December 2009. *As per KD 228-27 Attachment I, C10(a-b) & B6a(13). Please refer to pages #4-5, Invoice Validation Tool.*

SFPC's Monitoring Team concluded the review with a final exit conference on 2/26/10. All preliminary results were discussed, with the understanding that the Provider is entitled to one (1) week to provide supporting documentation to rectify the preliminary findings. Once the report has been reviewed and approved by SFPC Executive Management, it is finalized and forwarded to the Provider.

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B. TANF Review

N/A

C. Block Grant Monitoring

Organizations who are contracted for substance abuse prevention and treatment services and are funded in whole or part with Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are required to comply with subparts I and II of Part B of Title XIX of the Public Health Service Act, sections 42 U.S.C. 300x-21 et seq and with all applicable sections of the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96.120-137). The following Other Cost Accumulators (OCAs) (see Exhibit H of the Programmatic Specific Model Attachment I) are designated for funds set-aside from SAPT Block Grant for SAPT Block Grant listed prevention and treatment services: ***270G5, ADDEX, 270G7, & 27HIV***.

As required by Contract KD 228 with the Florida Department of Children and Families, SFPC reviewed GCC's Block Grant obligation as part of the Monitoring. In all four set-aside areas, service events were not properly coded in KIS. *Please refer to page #51, 53 & 59, Attachment I Monitoring Tool. SFPC recently hosted a Block Grant training this month to resolve network wide Block Grant deficiencies.*

Section II: Scores on Contract Monitoring Tools

Monitoring Tool	Page #
Service Event Validation	1
Invoice Validation	4
Validation of Substance Abuse Client Records	6
Validation of SA Client Records: Standards for Intervention with Requirements for Treatment Alternatives for Safer Communities (TASC)	20
Validation of SA Client Records: Standards for Intervention with Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Requirements	24
Client Interviews	28
Standards for Detoxification	29
Standards for Residential Treatment	32
Standards for Outpatient Treatment	35
Standards for Intervention	36
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Service Event Validation

Comparison of submitted data to supporting documentation. See breakdown analysis in chart below.				Total Service Events Reviewed:		Matching Data	Varying Data	Percentage Incorrect
				453		285	168	37.09%
File Reviewed	Information Reported to KIS					Does data match client record?	Comments	
	Service Date	Start Time	Units	Cost Center	Procedure Code			
AB 3021	11/05/2009	09:30:	60	14	H0004	No	duration not specified	
	11/10/2009	08:30:	15	02	T1016	No	duration not specified	
	11/10/2009	13:15:	30	02	T1016	No	duration not specified	
	11/10/2009	14:00:	30	02	T1016	No	start time differs, duration not specified	
	11/12/2009	09:30:	60	14	H0004	No	duration not specified	
	11/13/2009	12:00:	30	02	T1016	No	date differs from chart/no start time & duration	
	11/13/2009	14:45:	15	02	T1016	No	start time differs, duration not specified	
	11/19/2009	09:30:	60	14	H0004	No	duration not specified	
	11/23/2009	15:00:	90	35	H0004-HQ	No	start time differs	
	11/30/2009	15:00:	90	35	H0004-HQ	No	start time differs	
	12/03/2009	09:30:	60	14	H0004	No	duration not specified	
	12/04/2009	14:30:	60	02	T1016	No	start time & duration not specified	
	12/07/2009	08:00:	15	02	T1016	No	duration not specified	
	12/07/2009	09:00:	30	02	T1016	No	no note found	
	12/07/2009	11:15:	30	02	T1016	No	start time & duration not specified	
	12/07/2009	15:00:	90	35	H0004-HQ	No	start time differs	
	12/10/2009	09:30:	60	14	H0004	No	duration not specified	
	12/10/2009	14:00:	30	02	T1016	No	no note in chart	
	12/14/2009	15:00:	90	35	H0004-HQ	No	no note in chart	
	12/17/2009	09:30:	60	14	H0004	No	duration not specified	
	12/17/2009	09:30:	15	02	T1016	No	start time & duration not specified	
	12/21/2009	15:00:	90	35	H0004-HQ	No	no note found	
	12/22/2009	15:00:	60	14	H0004	No	start time differs, duration not specified	
VB 7816	11/17/2009	09:30:	90	35	H0004-HQ	No	start time & duration not specified	
	11/24/2009	09:30:	90	35	H0004-HQ	No	unable to validate/no note in file	
	11/24/2009	13:00:	30	14	H0004	No	start time & duration not specified	
	11/24/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note in file	
	12/01/2009	13:00:	15	14	H0004	No	unable to validate/no note in file	
	12/01/2009	13:30:	15	02	T1016	No	unable to validate/no note in file	
	12/01/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note in file	
	12/02/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note in file	
	12/08/2009	10:30:	30	14	H0004	No	start time & duration not specified	
	12/11/2009	11:45:	15	02	T1016	No	start time & duration not specified	
	12/15/2009	13:00:	15	02	T1016	No	unable to validate/no note in file	
	12/15/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note in file	
	12/18/2009	09:30:	30	02	T1016	No	start time & duration not specified	
	12/22/2009	11:00:	15	02	T1016	No	start time & duration not specified	
	12/22/2009	13:00:	30	14	H0004	No	unable to validate/no note in file	
	12/22/2009	13:30:	30	14	H0004	No	unable to validate/no note in file	
	12/22/2009	15:00:	60	35	H0004-HQ	No	start time & duration not specified	
	12/28/2009	08:30:	15	02	T1016	No	unable to validate/no note in file	
	12/29/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note in file	
CC 3589	11/05/2009	07:45:	15	11	H0022	No	date differs on chart	
LC 8327	11/04/2009	09:45:	15	11	H0022	No	duration not specified	
JC 2166	12/18/2009	09:00:	90	24	H2019	No	Invalid Linked Admission (blank/invalid date range)	
DAD 6676	11/09/2009	15:00:	60	11	S0316-HF	No	start time & duration not specified	
	11/10/2009	17:00:	60	35	H0004-HQ	No	incorrect cost center	
	11/12/2009	10:30:	60	42	S0316	No	start time & duration not specified	
	11/12/2009	11:30:	15	11	S0316	No	unable to validate/no note	
	11/13/2009	07:30:	15	11	S0316	No	unable to validate/no note	
	11/13/2009	10:30:	60	42	S0316	No	start time & duration not specified	
	11/13/2009	11:30:	15	11	S0316	No	unable to validate/no note	

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File Reviewed	Information Reported to KIS					Does the data match client record?	Comments
	Service Date	Start Time	Units	Cost Center	Procedure Code		
ND 2141	11/05/2009	13:30:	60	24	T1016	No	No note in chart
	11/12/2009	08:30:	90	24	T1016	No	No note in chart
	11/13/2009	10:00:	90	24	T1016	No	No note in chart
	11/17/2009	09:00:	390	24	H0001-HN	No	No note in chart
	11/25/2009	10:30:	60	24	T1016	No	No note in chart
RD 6363	11/02/2009	10:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/02/2009	13:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/02/2009	15:00:	60	14	H0004	No	start time & duration not specified
	11/03/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	11/03/2009	15:00:	60	35	H0004-HQ	No	no note in chart
RD 6363	11/09/2009	10:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/09/2009	14:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/16/2009	10:00:	60	35	H0004-HQ	No	no note in file
	11/16/2009	14:00:	60	35	H0004-HQ	No	no note in file
	11/17/2009	09:30:	90	35	H0004-HQ	No	start time & duration not specified
	11/17/2009	15:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/20/2009	13:00:	15	02	T1016	No	start time & duration not specified
	11/20/2009	15:45:	15	14	H0004	No	start time & duration not specified
	11/23/2009	10:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/23/2009	13:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/24/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	11/24/2009	15:00:	60	35	H0004-HQ	No	no note in chart
	11/30/2009	10:00:	60	35	H0004-HQ	No	start time & duration not specified
	11/30/2009	13:00:	60	35	H0004-HQ	No	start time & duration not specified
	12/01/2009	09:30:	90	35	H0004-HQ	No	start time & duration not specified
	12/01/2009	15:00:	60	35	H0004-HQ	No	start time & duration not specified
	12/02/2009	14:00:	30	14	H0004	No	start time & duration not specified
	12/07/2009	13:00:	60	35	H0004-HQ	No	no note in chart
	12/08/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	12/08/2009	15:00:	60	35	H0004-HQ	No	no note in chart
	12/11/2009	09:15:	15	02	T1016	No	start time & duration not specified
	12/14/2009	13:00:	60	35	H0004-HQ	No	start time & duration not specified
	12/15/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	12/15/2009	15:00:	60	35	H0004-HQ	No	no note in chart
	12/21/2009	13:00:	90	35	H0004-HQ	No	start time & duration not specified
	12/22/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	12/22/2009	15:00:	60	35	H0004-HQ	No	no note in chart
	12/23/2009	15:45:	15	14	H0004	No	start time & duration not specified
	12/28/2009	13:00:	90	14	H0004	No	start time & duration not specified
	12/29/2009	09:30:	90	35	H0004-HQ	No	no note in chart
	12/29/2009	13:00:	15	02	T1016	No	no note in chart
	12/29/2009	15:00:	60	35	H0004-HQ	No	no note in chart
RG 4938	11/04/2009	07:30:	30	11	H0022	No	no note in chart
DG 2121	11/10/2009	08:00:	1	24	H0011	No	Detox is a bundled service
	11/10/2009	17:00:	60	35	H0004-HQ	No	Detox is a bundled service
	11/12/2009	12:45:	15	11	S0316	No	Time differs in chart
	11/12/2009	15:00:	30	15	H0023	No	Time differs in chart
	11/12/2009	15:30:	30	15	H0023	No	Time differs in chart
	11/12/2009	16:00:	30	15	H0023	No	Time differs in chart
	11/13/2009	08:00:	1	24	H0011	No	Time differs in chart
	11/13/2009	08:30:	15	11	S0316	No	Time differs in chart
	11/13/2009	09:00:	30	15	H0023	No	Time differs in chart
	11/13/2009	10:30:	60	42	S0316	No	Time differs in chart
	11/13/2009	12:30:	15	11	S0316	No	Time differs in chart
	11/14/2009	08:00:	1	24	H0011	No	Time differs in chart
	11/15/2009	08:00:	1	24	H0011	No	Time differs in chart
	11/16/2009	08:00:	1	24	H0011	No	Time differs in chart
	11/17/2009	17:00:	60	35	H0004-HQ	No	no note in chart

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File Reviewed	Information Reported to KIS					Does the data match client record?	Comments
	Service Date	Start Time	Units	Cost Center	Procedure Code		
DG 2121	11/19/2009	10:30:	60	14	H0031	No	no note in chart
	11/19/2009	11:30:	15	14	H2010	No	Detox is a bundled service
	11/19/2009	11:45:	15	14	H0031	No	Detox is a bundled service
	11/25/2009	09:00:	60	14	H2019	No	Detox is a bundled service
JG 9337	11/20/2009	14:30:	30	11	H0004	No	no note in chart
	12/11/2009	10:00:	60	27	T1016	No	no note in chart
VH 6768	12/22/2009	11:00:	120	27	T1016	No	no note in chart
SJ 5961	11/19/2009	14:00:	90	01	H0001-HN	No	start time & duration not specified
	11/19/2009	15:30:	30	11	S0317	No	unable to validate/no start time & duration
GM 5368	11/09/2009	10:00:	120	01	H0001-HN	No	start time & duration not specified
	11/12/2009	16:15:	15	11	H0022	No	unable to validate/no note
	11/13/2009	08:30:	15	11	H0022	No	unable to validate/no note
	11/16/2009	13:00:	15	11	H0022	No	start time & duration not specified
	11/24/2009	13:00:	15	11	H0022	No	start time & duration not specified
	12/10/2009	15:00:	15	11	H0022	No	start time & duration not specified
LM 2539	11/04/2009	09:30:	60	11	S0316	No	no note in chart
	11/04/2009	16:48:	12	11	S0316	No	no note in chart
DP 2785	11/02/2009	13:30:	15	14	H2010	No	incorrect procedure code
	11/02/2009	14:00:	15	14	H2019	No	incorrect procedure code
	11/02/2009	14:15:	15	14	H0031	No	incorrect procedure code
MR 3820	11/17/2009	16:00:	15	11	S0316-HF	No	start time & duration not specified
	11/18/2009	10:30:	60	42	S0316	No	date differs/no start time & duration
CFR 7604	11/10/2009	13:00:	60	14	H2019	No	date differs
HT 0110	12/03/2009	09:00:	30	11	S0317-HF	No	no note in chart
	12/03/2009	09:30:	20	11	S3645	No	no note in chart
	12/03/2009	09:50:	10	11	S0316-HF	No	no note in chart
WW 2116	11/02/2009	09:30:	90	35	H0004-HQ	No	start time not specified
	11/02/2009	13:00:	120	35	H0004-HQ	No	start time not specified
	11/02/2009	15:00:	60	35	H0004-HQ	No	start time not specified
	11/03/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	11/04/2009	14:30:	30	14	H0004	No	unable to validate/no note
	11/09/2009	15:00:	60	35	H0004-HQ	No	unable to validate/no note
	11/16/2009	15:00:	60	35	H0004-HQ	No	start time not specifed, duration differs
	11/23/2009	15:00:	60	35	H0004-HQ	No	start time not specifed, duration differs
	11/24/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	11/30/2009	09:30:	90	35	H0004-HQ	No	start time not specified
	11/30/2009	13:00:	90	35	H0004-HQ	No	unable to validate/no note
	11/30/2009	15:00:	60	35	H0004-HQ	No	start time not specified, duration differs
	12/01/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	12/03/2009	15:00:	60	14	H0004	No	unable to validate/no note
	12/07/2009	09:30:	90	35	H0004-HQ	No	unable to validate/no note
	12/07/2009	13:00:	120	35	H0004-HQ	No	unable to validate/no note
	12/08/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	12/10/2009	15:00:	30	14	H0004	No	start time & duration not specified
	12/14/2009	09:30:	90	35	H0004-HQ	No	start time not specified
	12/14/2009	13:00:	90	35	H0004-HQ	No	start time not specified, duration differs
	12/14/2009	15:15:	45	14	H0004	No	start time differs
	12/15/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	12/17/2009	13:00:	120	35	H0004-HQ	No	unable to validate/no note
	12/17/2009	15:00:	60	14	H0004	No	start time & duration not specified
	12/18/2009	13:00:	15	02	T1016	No	unable to validate/no note
	12/21/2009	09:30:	90	35	H0004-HQ	No	start time & duration not specified
	12/21/2009	13:00:	120	35	H0004-HQ	No	start time & duration not specified
	12/22/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note
	12/23/2009	14:00:	90	01	H0001-HN	No	unable to validate/no note
	12/28/2009	09:30:	90	35	H0004-HQ	No	start time not specified
	12/28/2009	13:00:	150	35	H0004-HQ	No	start time not specified, duration differs
	12/29/2009	13:00:	60	35	H0004-HQ	No	unable to validate/no note

Invoice Validation

Month: November 2009 Year To Date

Cost Center(s)	Units Reported As Per Invoice	Units Reported In KIS Database	Percentage Difference	Amount Paid As Per Invoice	Findings	Corrective Action	Person Responsible
Non-TANF-ASA Detox	415.19	156.00	166.15%	$44,240.55	No Adverse Findings	N/A	N/A
Non-TANF-ASA Residential 2	225.09	737.00	69.46%	$27,627.55	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF-ASA Intervention Indiv	511.20	570.57	10.41%	$22,596.40	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF-ASA Outpatient Indiv	264.56	729.33	63.73%	$19,875.68	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF ASA Outpatient Group	1777.56	4446.27	60.02%	$39,428.53	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF CSA Intervention	1634.05	1587.58	2.93%	$48,166.43	No Adverse Findings	N/A	N/A
Non-TANF CSA TASC	444.75	409.00	8.74%	$17,302.35	Actual units reported on monthly invoice are above units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director

Invoice Validation

Month: December 2009 Year To Date

Cost Center(s)	Units Reported As Per Invoice	Units Reported In KIS Database	Percentage Difference	Amount Paid As Per Invoice	Findings	Corrective Action	Person Responsible
Non-TANF-ASA Detox	514.39	199.00	158.49%	$72,213.20	No Adverse Findings	N/A	N/A
Non-TANF-ASA Residential 2	236.33	842.00	71.93%	$28,036.06	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF-ASA Intervention Indiv	584.58	612.52	4.56%	$28,438.45	No Adverse Findings	N/A	N/A
Non-TANF-ASA Outpatient Indiv	360.49	871.58	58.64%	$22,593.54	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF ASA Outpatient Group	2424.43	5263.27	53.94%	$40,102.03	Actual units reported on monthly invoice are below units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director
Non-TANF CSA Intervention	2109.55	2039.08	3.46%	$74,347.51	No Adverse Findings	N/A	N/A
Non-TANF CSA TASC	522.75	462.50	13.03%	$22,053.14	Actual units reported on monthly invoice are above units reported in the SFPC KIS Database.	Reconciliation is needed between invoice and data.	CFO/IT Director

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Client/Participant Records

Number of files reviewed: 14

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	(12) Client/Participant Records.					
	(a) Record Management System. Client/participant records shall be kept secure from unauthorized access and maintained in accordance with 42 Code of Federal Regulations, Part 2 and subsection 397.501(7), F.S. Providers shall have record management procedures regarding content, organization, and use of records.	14	0	0	0	0%
	The record management system shall meet the following additional requirements.					
	1. Original client records shall be signed in ink and by hand.	14	0	0	0	0%
	2. Record entries shall be legible.	13	1	0	0	0%
	3. In those instances where records are maintained electronically, a staff identifier code will be accepted in lieu of a signature.	0	0	0	14	0%
	4. Documentation within records shall not be deleted.	0	0	0	14	0%
	5. Amendments or marked-through changes shall be initialed and dated by the individual making such changes.	14	0	0	0	0%
	(c) Information Required in Client/Participant Records.					
65D-30.004	**1. The following applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Information shall include:**					
65D-30.004	a. Name and address of the client and referral source;	14	0	0	0	0%
65D-30.004	b. Screening information;	14	0	0	0	0%
65D-30.004	c. Voluntary informed consent for treatment or an order to treatment for involuntary admissions and for criminal and juvenile justice referrals;	14	0	0	0	0%
65D-30.004	d. Informed consent for a drug screen, when conducted;	11	0	1	2	**7%**
65D-30.004	e. Informed consent for release of information;	14	0	0	0	0%
KD 228 Attachment I B(1)(a)(9)(a)	Providers are required to develop and utilize a standardized informed consent form to authorize contact for the follow-up survey, and utilize the guidelines found in Exhibit J to develop the form. Was the Consent for Follow-Up completed, signed and dated?	13	0	1	0	**7%**

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
45 CFR 164.520	Notice of privacy practices for protected health information.					
	(a) Right to notice. An individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information.					
	(e) A covered entity must document compliance with the notice requirements by retaining copies of the notices issued by the covered entity as required by § 164.530(j).	14	0	0	0	0%
65D-30.004	f. Documentation of client orientation;	13	**1**	0	0	0%
65D-30.004	g. Physical health assessment;	11	0	**3**	0	**21%**
65D-30.004	h. Psychosocial assessment, except for detoxification;	9	0	0	5	0%
KD 228 Attachment I B(1)(a)(6)	Was the Admission ASAM-PPC-2R completed, signed & dated for treatment validation?	13	0	**1**	0	**7%**
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for placement?	10	0	**4**	0	**29%**
KD 228 Attachment I B(1)(a)(6)	Does the psychosocial justify ASAM placement?	10	0	0	4	0%
65D-30.004	i. Diagnostic services, when provided;	12	0	0	2	0%
65D-30.004	j. Client placement information;	14	0	0	0	0%
65D-30.004	k. Abbreviated treatment plan, for addictions receiving facilities and detoxification;	4	0	0	10	0%
65D-30.004	l. Initial treatment plans, where indicated, and treatment plans and subsequent reviews, except for addictions receiving facilities and detoxification;	10	0	0	4	0%
65D-30.004	m. Progress notes;	12	0	**2**	0	**14%**
65D-30.004	n. Record of disciplinary problems, when they occur;	11	0	0	3	0%
65D-30.004	o. Record of ancillary services, when provided;	2	0	0	12	0%
65D-30.004	p. Record of medical prescriptions and medication, when provided;	13	0	0	1	0%
65D-30.004	q. Reports to the criminal and juvenile justice systems, when provided;	11	0	0	3	0%
65D-30.004	r. Copies of service-related correspondence, generated or received by the Provider, when available.	13	0	0	1	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	s. Transfer summary, if transferred; and	0	0	0	14	0%
65D-30.004	t. A discharge summary.	5	0	0	9	0%
KD 228 Attachment I B(1)(a)(6)	Was the Discharge/Transfer ASAM-PPC-2R completed, signed & dated?	5	0	0	9	0%
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for discharge/transfer?	4	0	**1**	9	**7%**
65D-30.004	In the case of medical records developed and maintained by the Department of Corrections on inmates participating in inmate substance abuse programs, such records shall not be made part of information required in subparagraph 1. Such records shall be made available to authorized agents of the department only on a need-to-know basis.					
65D-30.004	**2. The following applies to Aftercare. Information shall include:**					
65D-30.004	a. A description of the client's treatment episode;	0	0	0	14	0%
65D-30.004	b. Informed consent for services;	0	0	0	14	0%
65D-30.004	c. Informed consent for drug screen, when conducted;	0	0	0	14	0%
65D-30.004	d. Informed consent for release of information;	0	0	0	14	0%
65D-30.004	e. Aftercare plan;	0	0	0	14	0%
65D-30.004	f. Documentation assessing progress;	0	0	0	14	0%
65D-30.004	g. Record of disciplinary problems, when they occur;	0	0	0	14	0%
65D-30.004	h. Record of ancillary services, when provided;	0	0	0	14	0%
65D-30.004	i. A record of medical prescriptions and medication, when provided;	0	0	0	14	0%
65D-30.004	j. Reports to the criminal and juvenile justice systems, when provided;	0	0	0	14	0%
65D-30.004	k. Copies of service-related correspondence, generated or received by the Provider;	0	0	0	14	0%
65D-30.004	l. Transfer summary, if transferred; and	0	0	0	14	0%
65D-30.004	m. A discharge summary.	0	0	0	14	0%
65D-30.004	**3. The following applies to Intervention. Information shall include:**					
65D-30.004	a. Name and address of client and referral source;	0	0	0	14	0%
65D-30.004	b. Screening information;	0	0	0	14	0%
65D-30.004	c. Informed consent for services.	0	0	0	14	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	d. Informed consent for a drug screen, when conducted;	0	0	0	14	0%
65D-30.004	e. Informed consent for release of information;	0	0	0	14	0%
65D-30.004	f. Client placement information, with the exception of case management;	0	0	0	14	0%
65D-30.004	g. Intervention plan, when required;	0	0	0	14	0%
65D-30.004	h. Summary notes;	0	0	0	14	0%
65D-30.004	i. Record of disciplinary problems, when they occur;	0	0	0	14	0%
65D-30.004	j. Record of ancillary services, when provided;	0	0	0	14	0%
65D-30.004	k. Reports to the criminal and juvenile justice systems, when provided;	0	0	0	14	0%
65D-30.004	l. Copies of service-related correspondence, generated or received by the Provider;	0	0	0	14	0%
65D-30.004	m. A transfer summary, if transferred; and	0	0	0	14	0%
65D-30.004	n. A discharge summary.	0	0	0	14	0%
65D-30.004	**(13) Screening. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, and intervention.**					
65D-30.004	(a) Determination of Appropriateness and Eligibility for Placement. The condition and needs of the client shall dictate the urgency and timing of screening. For example, in those cases involving an involuntary placement, screening may occur after the client has been placed in a component such as detoxification. Persons requesting services shall be screened to determine appropriateness and eligibility for placement or other disposition.	14	0	0	0	0%
65D-30.004	The person conducting the screening shall document the rationale for any action taken.	14	0	0	0	0%
65D-30.004	(b) Consent for Drug Screen. If required by the circumstances pertaining to the client's need for screening, or dictated by the standards for a specific component, clients shall give informed consent for a drug screen.	12	0	0	2	0%
65D-30.004	(c) Consent for Release of Information. Consent for the release of information shall include information required in 42 Code of Federal Regulations, Part 2, and may be signed by the client only if the form is complete.	14	0	0	0	0%
65D-30.004	(d) Consent for Services. A consent for services form shall be signed by the client prior to or upon placement, with the exception of involuntary placements.	14	0	0	0	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	**(14) Assessment.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment. Clients shall undergo an assessment of the nature and severity of their substance abuse problem. **The assessment shall include a physical health assessment and a psychosocial assessment.**					
65D-30.004	**(a) Physical Health Assessment.** Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this paragraph but shall provide such services as required in Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.	0	0	0	14	0%
65D-30.004	1. Nursing Physical Screen. A nursing physical screen shall be completed on each person considered for placement in addictions receiving facilities, detoxification, or intensive inpatient treatment. The screen shall be completed by an R.N. or by an L.P.N. and countersigned by an R.N. The results of the screen shall be documented by the nurse providing the service and signed and dated by that person. If the nursing physical screen is completed in lieu of a medical history, further action shall be in accordance with the medical protocol established under subsection 65D-30.004(7), F.A.C.	0	0	0	14	0%
65D-30.004	**2. Medical History. A medical history shall be completed on each client.**					
65D-30.004	a. For intensive inpatient treatment, the history shall be completed within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment, the medical history completed on the client while in detoxification or residential treatment may be accepted.	4	0	0	10	0%
65D-30.004	b. For residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment, the history shall be completed within 30 calendar days prior to placement, or within 1 calendar day of placement.	4	0	0	10	0%
65D-30.004	c. For day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, a medical history shall be completed within 30 calendar days prior to or upon placement.	4	0	**2**	8	**14%**

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	For the components identified in sub-subparagraphs a. and b., the medical history shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the history shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. For the components identified in sub-subparagraph c., the medical history shall be completed by the client or the client's legal guardian. For all components, the medical history shall be maintained in the client record and updated annually if a client remains in treatment for more than 1 year.	12	0	**2**	0	**14%**
65D-30.004	**3. Physical Examination. A physical examination shall be completed on each client.**					
65D-30.004	a. For addictions receiving facilities and detoxification, the physical examination shall be completed within 7 calendar days prior to placement or 2 calendar days after placement.	4	0	0	10	0%
65D-30.004	b. For intensive inpatient treatment, the physical examination shall be completed within 7 calendar days prior to placement or within 1 calendar day of placement. In those cases where a client is placed directly into intensive inpatient treatment from detoxification or residential treatment the physical examination completed on the client while in detoxification or residential treatment may be accepted.	0	0	0	14	0%
65D-30.004	c. For residential treatment and day or night treatment with host homes, the physical examination shall be completed within 30 calendar days prior to placement or 10 calendar days after placement.	4	0	0	10	0%
65D-30.004	d. For medication and methadone maintenance treatment, the physical examination shall be completed prior to administration of the initial dose of methadone. In emergency situations the initial dose may be administered prior to the examination. Within 5 calendar days of the initial dose, the physician shall document in the client record the circumstances that prompted the emergency administration of methadone and sign and date these entries.	0	0	0	14	0%
65D-30.004	For components identified in sub-subparagraphs a.-d., the physical examination shall be completed by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the examination shall be reviewed, signed and dated by the physician in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.	8	0	0	6	0%
65D-30.004	4. Laboratory Tests. Clients shall provide a sample for testing blood and urine, including a drug screen.					
65D-30.004	a. For addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with host homes, all laboratory tests will be performed in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. Further, the results of the laboratory tests shall be reviewed, signed and dated during the assessment process and in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.	8	0	0	6	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	b. For medication and methadone maintenance treatment, blood and urine samples shall be taken within 7 calendar days prior to placement or 2 calendar days after placement. A drug screen shall be conducted at the time of placement. If there are delays in the procedure, such as problems in obtaining a blood sample, this shall be documented by a licensed nurse in the client record. The initial dose of medication may be given before the laboratory test results are reviewed by the physician. The results of the laboratory test shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.	0	0	0	14	0%
65D-30.004	5. Pregnancy Test. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment. Female clients shall be evaluated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., to determine the necessity of a pregnancy test. In those cases where it is determined necessary, clients shall be provided testing services directly or by referral as soon as possible following placement.	2	0	0	12	0%
65D-30.004	6. Tests for Sexually Transmitted Diseases and Tuberculosis. A serological test for sexually transmitted diseases and a screening test for tuberculosis to determine the need for a Mantoux test shall be conducted on each client.	5	0	0	7	0%
65D-30.004	a. For intensive inpatient treatment, residential treatment, and day or night treatment with host homes, tests will be conducted within the time frame specified for the physical examination. The results of both tests shall be reviewed and signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and filed in the client record.	4	0	0	10	0%
65D-30.004	b. For medication and methadone maintenance treatment, the tests will be conducted at the time samples are taken for other laboratory tests. Positive results shall be reviewed and signed and dated by a physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.	0	0	0	14	0%
65D-30.004	7. Special Medical Problems. Particular attention shall be given to those clients with special medical problems or needs. This wuld include referral for medical services. A record of all such referrals shall be maintained in the client record.	5	0	0	9	0%
65D-30.004	8. Additional Requirements for Intensive Inpatient Treatment, Residential Treatment, and Day or Night Treatment with Host Homes. If a client is readmitted within 90 calendar days of discharge to the same Provider, a physical examination shall be conducted as prescribed by the physician. If a client is readmitted to the same Provider after 90 calendar days of the discharge date, the client shall receive a complete physical examination.	0	0	0	14	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	9. Additional Requirements for Medication and Methadone Maintenance Treatment.					
65D-30.004	a. The client's current addiction and history of addiction shall be recorded in the client record by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C. In any case, the record of the client's current addiction and history of addiction shall be reviewed, signed and dated by the physician, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C.	0	0	0	14	0%
65D-30.004	b. A physical examination shall be conducted on clients who are placed directly into treatment from another Provider unless a copy of the examination accompanies the client and the examination has been completed within the year prior to placement. In those instances where a copy of the examination is not provided because of circumstances beyond the control of the referral source, the physician shall conduct a physical examination within 5 calendar days of placement.	0	0	0	14	0%
65D-30.004	**(b) Psychosocial Assessment.**					
65D-30.004	1. Information Required. The psychosocial assessment shall include the client's history as determined through an assessment of the items in sub-subparagraphs a -l. as follows:					
65D-30.004	a. Emotional or mental health;	14	0	0	0	0%
65D-30.004	b. Level of substance abuse impairment;	14	0	0	0	0%
65D-30.004	c. Family history, including substance abuse by other family members;	14	0	0	0	0%
65D-30.004	d. The client's substance abuse history, including age of onset, choice of drugs, patterns of use, consequences of use, and types and duration of, and responses to, prior treatment episodes;	14	0	0	0	0%
65D-30.004	e. Educational level, vocational status, employment history, and financial status;	14	0	0	0	0%
65D-30.004	f. Social history and functioning, including support network, family and peer relationships, and current living conditions;	14	0	0	0	0%
65D-30.004	g. Past or current sexual, psychological, or physical abuse or trauma;	14	0	0	0	0%
65D-30.004	h. Client's involvement in leisure and recreational activities;	14	0	0	0	0%
65D-30.004	i. Cultural influences;	14	0	0	0	0%
65D-30.004	j. Spiritual or values orientation;	14	0	0	0	0%
65D-30.004	k. Legal history and status;	14	0	0	0	0%
65D-30.004	l. Client's perception of strengths and abilities related to the potential for recovery; and	14	0	0	0	0%
65D-30.004	m. A clinical summary, including an analysis and interpretation of the results of the assessment, as described in sub-subparagraphs a -l.	12	**1**	**1**	0	**7%**

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	**2. Requirements for Components.** Any psychosocial assessment that is completed within 30 calendar days prior to placement in any component identified in sub-subparagraphs a.-f. may be accepted by the Provider placing the client. Otherwise, the psychosocial assessment shall be completed according to the following schedule:					
65D-30.004	a. For addictions receiving facilities, the psychosocial assessment shall be completed within 3 calendar days of placement, unless clinically contraindicated.	0	0	0	14	0%
65D-30.004	b. For intensive inpatient treatment, the psychosocial assessment shall be completed within 3 calendar days of placement.	0	0	0	14	0%
65D-30.004	c. For residential treatment level 1, the psychosocial assessment shall be completed within 5 calendar days of placement.	0	0	0	14	0%
65D-30.004	d. For residential treatment levels 2, 3, 4, 5, day or night with host homes, day or night treatment with community housing, and day or night treatment, the psychosocial assessment shall be completed within 10 calendar days of placement.	4	0	0	10	0%
65D-30.004	e. For intensive outpatient treatment and outpatient treatment, the psychosocial assessment shall be completed within 30 calendar days of placement.	6	0	0	8	0%
65D-30.004	f. For medication and methadone maintenance treatment, the psychosocial assessment shall be completed within 15 calendar days of placement.	0	0	0	14	0%
65D-30.004	**3. Psychosocial Assessment Sign-off Requirements.** The psychosocial assessment shall be completed by clinical staff and signed and dated. If the psychosocial assessment was not completed initially by a qualified professional, the psychosocial assessment shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, shall conduct the review and sign-off within 30 calendar days.	14	0	0	0	0%
65D-30.004	**4. Psychosocial Assessment Readmission Requirements.** In those instances where a client is readmitted to the same Provider for services within 180 calendar days of discharge, a psychosocial assessment update shall be conducted, if clinically indicated. Information to be included in the update shall be determined by the qualified professional. A new assessment shall be completed on clients who are readmitted for services more than 180 calendar days after discharge. In addition, the psychosocial assessment shall be updated annually for clients who are in continuous treatment for longer than one year.	1	0	0	13	0%
65D-30.004	**5. Assessment Requirements Regarding Clients Who Are Referred or Transferred.**					
65D-30.004	a. A new psychosocial assessment does not have to be completed on clients who are referred or transferred from one Provider to another or referred or transferred within the same Provider if the Provider meets at least one of the following conditions:					
65D-30.004	I. The Provider or component initiating the referral or transfer forwards a copy of the psychosocial assessment information prior to the arrival of the client;	0	0	0	14	0%
65D-30.004	II. Clients are referred or transferred directly from a specific level of care to a lower or higher level of care (e.g., from detoxification to residential treatment or outpatient to residential treatment) within the same Provider or from one Provider to another;	0	0	0	14	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	III. The client is referred or transferred directly to the same level of care (e.g., residential level 1 to residential level 1) either within the same Provider or from one Provider to another.	0	0	0	14	0%
65D-30.004	b. In the case of referral or transfer from one Provider to another, a referral or transfer is considered direct if it was arranged by the referring or transferring Provider and the client is subsequently placed with the Provider within 7 calendar days of discharge. This does not preclude the Provider from conducting an assessment. The following are further requirements related to referrals or transfers.	0	0	0	14	0%
65D-30.004	I. If the content of a forwarded psychosocial does not comply with the psychosocial requirements of this rule, the information will be updated or a new assessment will be completed.	0	0	0	14	0%
65D-30.004	II. If a client is placed with the receiving Provider later than 7 calendar days following discharge from the Provider that initiated the referral or transfer, but within 180 calendar days, the qualified professional of the receiving Provider will determine the extent of the update needed.	0	0	0	14	0%
65D-30.004	III. If a client is placed with the receiving Provider more than 180 calendar days after discharge from the Provider that initiated the referral or transfer, a new psychosocial assessment must be completed.	0	0	0	14	0%
65D-30.004	(c) Special Needs. The assessment process shall include the identification of clients with mental illness and other needs. Such clients shall be accommodated directly or through referral. A record of all services provided directly or through referral shall be maintained in the client record.	6	0	0	8	0%
65D-30.004	**(15) Client Placement Criteria and Operating Procedures.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, outpatient treatment, intervention, and medication and methadone maintenance treatment. Providers shall have operating procedures that clearly state the criteria for admitting, transferring, and discharging clients. This would include procedures for implementing these placement requirements.	14	0	0	0	0%
65D-30.004	**(16) Primary Counselor, Orientation, and Initial Treatment Plan.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.	14	0	0	0	0%
65D-30.004	**(a) Primary Counselor.** A primary counselor shall be assigned to each client placed in a component. This standard does not apply to detoxification and additions receiving facilities.	14	0	0	0	0%
65D-30.004	**(b) Orientation.** Prior to or upon placement in a component, clients shall receive orientation. The orientation shall include:	14	0	0	0	0%
65D-30.004	1. A description of services to be provided;	14	0	0	0	0%

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Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	2. Applicable fees;	14	0	0	0	0%
65D-30.004	3. Information on client rights;	14	0	0	0	0%
65D-30.004	4. Parental or legal guardian's access to information and participation in treatment planning;	9	0	0	5	0%
65D-30.004	5. Limits of confidentiality;	14	0	0	0	0%
65D-30.004	6. General information about the Provider's infection control policies and procedures;	13	0	**1**	0	**7%**
65D-30.004	7. Program rules; and	13	0	**1**	0	**7%**
65D-30.004	8. Client grievance procedures.	13	0	**1**	0	**7%**
65D-30.004	**(c) Initial Treatment Plan.** An initial treatment plan shall be completed on each client upon placement, unless an individual treatment plan is completed at that time. The plan shall specify timeframes for implementing services in accordance with the requirements established for applicable components. The initial treatment plan shall be signed and dated by clinical staff and signed and dated by the client. This standard does not apply to detoxification and additions receiving facilities.	10	0	0	4	0%
65D-30.004	**(17) Treatment Plan, Treatment Plan Reviews, and Progress Notes.**					
65D-30.004	**(a) Treatment Plan.** Each client shall be afforded the opportunity to participate in the development and subsequent review of the treatment plan. The treatment plan shall include goals and related measurable behavioral objectives to be achieved by the client, the tasks involved in achieving those objectives, the type and frequency of services to be provided, and the expected dates of completion. The treatment plan shall be signed and dated by the person providing the service, and signed and dated by the client. If the treatment plan is completed by other than a qualified professional, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 10 calendar days of completion. In the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the treatment plan shall be reviewed, countersigned, and dated by a qualified professional within 30 calendar days of completion. A written treatment plan shall be completed on each client.	9	0	0	5	0%
65D-30.004	1. For long-term outpatient methadone detoxification and medication and methadone maintenance treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.	0	0	0	14	0%
65D-30.004	2. For intensive inpatient treatment, the treatment plan shall be completed within 3 calendar days of placement.	0	0	0	14	0%
65D-30.004	3. For residential treatment level 1, the treatment plan shall be completed prior to, or within 7 calendar days of placement.	0	0	0	14	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	4. For residential treatment levels 2, 3, 4, and 5, day or night treatment with host homes, and day or night treatment with community housing, the treatment plan shall be completed prior to or within 15 calendar days of placement.	4	0	0	10	0%
65D-30.004	5. For day or night treatment, the treatment plan shall be completed prior to or within 10 calendar days of placement.	0	0	0	14	0%
65D-30.004	6. For intensive outpatient treatment and outpatient treatment, the treatment plan shall be completed prior to or within 30 calendar days of placement.	5	0	**1**	8	**7%**
65D-30.004	7. For detoxification and addictions receiving facilities, an abbreviated treatment plan, as defined in subsection 65D-30.002(1), F.A.C., shall be completed upon placement. The abbreviated treatment plan shall contain a medical plan for stabilization and detoxification, provision for education, therapeutic activities and discharge planning, and in the case of addictions receiving facilities, a psychosocial assessment.	4	0	0	10	0%
65D-30.004	**(b) Treatment Plan Reviews.** Treatment plan reviews shall be completed on each client.					
65D-30.004	1. For intensive inpatient treatment, treatment plan reviews shall be completed every 7 calendar days.	0	0	0	14	0%
65D-30.004	2. For residential treatment levels 1, 2, and 3, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, and outpatient treatment, treatment plan reviews shall be completed every 30 calendar days.	6	**2**	**2**	4	**14%**
65D-30.004	3. For residential treatment levels 4 and 5, treatment plan reviews shall be completed every 90 calendar days.	0	0	0	14	0%
65D-30.004	4. For medication and methadone maintenance treatment and long-term outpatient methadone detoxification, treatment plan reviews shall be completed every 90 calendar days for the first year and every 6 months thereafter.	0	0	0	14	0%
65D-30.004	For all components, if the treatment plan reviews are not completed by a qualified professional, the review shall be countersigned and dated by a qualified professional within 5 calendar days of the review.	9	0	**1**	4	**7%**
65D-30.004	**(c) Progress Notes.** Progress notes shall be entered into the client record documenting a client's progress or lack of progress toward meeting treatment plan goals and objectives. When a single service event is documented, the progress note will be signed and dated by the person providing the service. When more than one service event is documented, progress notes may be signed by any clinical staff member assigned to the client. The following are requirements for recording progress notes.					
65D-30.004	1. For addictions receiving facilities, residential detoxification, outpatient detoxification, short term residential methadone detoxification, short-term outpatient methadone detoxification, and intensive inpatient treatment, progress notes shall be recorded at least daily.	4	0	0	10	0%
65D-30.004	2. For residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, and long-term outpatient methadone detoxification, progress notes shall be recorded at least weekly.	4	0	0	10	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	3. For intensive outpatient treatment and outpatient treatment, progress notes shall be recorded at least weekly or, if contact occurs less than weekly, notes will be recorded according to the frequency of sessions.	6	0	0	8	0%
65D-30.004	4. For medication and methadone maintenance treatment, progress notes shall be recorded according to the frequency of sessions.	0	0	0	14	0%
65D-30.004	**(18) Ancillary Services.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, aftercare, and medication and methadone maintenance treatment. Ancillary services shall be provided directly or through referral in those instances where a Provider can not or does not provide certain services needed by a client. The provision of ancillary services shall be based on client needs as determined by the treatment plan and treatment plan reviews. In those cases where clients need to be referred for services, the Provider shall use a case management approach by linking clients to needed services and following-up on referrals. All such referrals shall be initiated and coordinated by the client's primary counselor or other designated clinical staff who shall serve as the client's case manager. A record of all such referrals for ancillary services shall be maintained in the client record, including whether or not a linkage occurred or documentation of efforts to confirm a linkage when confirmation was not received.	0	0	0	14	0%
65D-30.004	**(19) Intervention Plan, and Summary Notes.**					
65D-30.004	**(b) Intervention Plan.** For clients involved in intervention on a continuing basis, an intervention plan shall be completed within 45 calendar days of placement. Intervention plans shall include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse. The intervention plan shall be reviewed and updated at least every 60 days. The intervention plan shall be signed and dated by staff who developed the plan and signed and dated by the client.	0	0	0	14	0%
65D-30.004	**(c) Summary Notes.** Summary notes shall be completed in Level 2 prevention and intervention services where individual client records are required. Summary notes shall contain information regarding a participant or client's progress or lack of progress in meeting the conditions of the prevention or intervention plan described in paragraphs (a) and (b). Summary notes shall be entered into the client record at least weekly for those weeks in which services are scheduled. Each summary note shall be signed and dated by staff delivering the service.	0	0	0	14	0%
65D-30.004	**(20) Record of Disciplinary Problems.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention. A record of disciplinary problems encountered with clients and specific actions taken to resolve problems shall be maintained.	14	0	0	0	0%

Authority	A. Information Required in Client/Participant Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	**(21) Control of Aggression.** This applies to all components with the exception of prevention Level 1. Providers shall have written documentation of the specific control of aggression technique(s) to be used. Direct care staff shall be trained in control of aggression techniques as required in paragraph 65D-30.004(31)(b), F.A.C. The Provider shall provide proof to the department that affected staff have completed training in those techniques. In addition, if the Provider uses physical intervention, direct care staff shall receive training in the specific techniques used.					
65D-30.004	(a) Justification and Documentation of Use. De-escalation techniques shall be employed before physical intervention is used. In the event that physical intervention is used to restrict a client's movement, justification shall be documented in the client record.	14	0	0	0	0%
65D-30.004	(b) Prohibitions. Under no circumstances shall clients be involved in the control of aggressive behavior of other clients. Additionally, aggression control techniques shall not be employed as punishment or for the convenience of staff. Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement. Juvenile Justice Commitment Programs and detention facilities shall implement this subsection in accordance with Florida Department of Juvenile Justice Policies and Procedures, Policy Number 1508-03, titled Protective Action Response (PAR) Policy that includes policies and procedures on the use of physical force and restraining devices. This policy may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.					
65D-30.004	**(22) Discharge and Transfer Summaries.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, medication and methadone maintenance treatment, aftercare, and intervention.					
65D-30.004	**(a) Discharge Summary.** A written discharge summary shall be completed for clients who complete services or who leave the Provider prior to completion of services. The discharge summary shall include a summary of the client's involvement in services and the reasons for discharge and the provision of other services needed by the client following discharge, including aftercare. The discharge summary shall be signed and dated by a primary counselor.	5	0	0	9	0%
65D-30.004	**(b) Transfer Summary.** A transfer summary shall be completed immediately for clients who transfer from one component to another within the same Provider and shall be completed within 5 calendar days when transferring from one Provider to another. In all cases, an entry shall be made in the client record regarding the circumstances surrounding the transfer and that entry and transfer summary shall be signed and dated by a primary counselor.	0	0	0	14	0%
DCF Pam 155-2 SA Discharges	If discharge is coded as successful, is there an independent validation of drug free status and progress note indicating so? (must be within 30 days prior to discharge)	4	0	0	10	0%
KD 22/8 Attachment B(1)(a)(9)(b)	Was there evidence of an attempt to contact the client at least once during the three (3) months following discharge?	4	0	0	10	0%

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Validation of Substance Abuse Client Records

Standards for Intervention with Requirements for Treatment Alternatives for Safer Communities (TASC)

Number of files reviewed: 12

Authority	A. Demographic/General	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.012(1)(a), F.A.C.	Does the Provider have current information which: 1. Describes services to be provided, including target groups? 2. Identifies specific client outcomes to be achieved? and 3. Describes strategies for these groups or individuals to access needed services?	X				
KD 228 Attachment I B(4)(b)(2)	Is the client's name specified?	12	0	0	0	0%
KD 228 Attachment I B(4)(b)(2)	Is the client's social security number the same as used in KIS/One Family?	12	0	0	0	0%
DCF PAM 155-2	Was the SA Initial Outcome Form completed?	12	0	0	0	0%
65D-30.004(12)(a)(1) F.A.C.	Are the original client records signed in ink and by hand?	12	0	0	0	0%
65D-30.004(12)(a)(2) F.A.C.	Are the Provider record's entries legible?	12	0	0	0	0%
65D-30.004(12)(a)(5) F.A.C.	Are amendments or marked-through changes initialed and dated by the individual making such changes?	12	0	0	0	0%

Authority	B. Substance Abuse Intake	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.012(2)(a), F.A.C.	***TASC program only.*** Has the Provider verified that the individual considered for intake is at-risk for criminal involvement, substance abuse, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system?	4	0	0	8	0%
65D-30.004(12)(c)(1)(c), F.A.C.	Does the client file contain a signed Voluntary Informed Consent for Treatment or an Order to Treatment for involuntary admissions and for criminal and juvenile justice referrals?	12	0	0	0	0%
65D-30.004(12)(c)(1)(b), F.A.C.	Does the file contain financial screening information regarding Medicaid or other benefits?	11	0	**1**	0	**8%**

Authority	B. Substance Abuse Intake (continued)	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
KD 228 Attachment I B(1)(a)(9)(a)	Providers are required to develop and utilize a standardized informed consent form to authorize contact for the follow-up survey, and utilize the guidelines found in Exhibit J to develop the form. Was the Consent for Follow-Up completed, signed and dated?	11	0	**1**	0	**8%**
65D-30.004(29)(b) F.A.C.	Was a copy of the Grievance Procedure signed and dated by the client?	10	0	**2**	0	**17%**
45 CFR 164.520	Did the client receive a "Notice Of Privacy Policy"?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	Does the client file contain:					
65D-30.004(12)(c)(3), F.A.C.	a. Name and address of client and referral source?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	b. Screening information? (Determination of appropriateness and eligibility for placement)	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	c. Informed consent for services?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	d. Informed consent for a drug screen, when conducted?	2	0	0	10	0%
65D-30.004(12)(c)(3), F.A.C.	e. Informed consent for release of information?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	f. Client placement information, with the exception of case management?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	g. Intervention plan, when required?	11	0	**1**	0	**8%**
65D-30.004(12)(c)(3), F.A.C.	h. Summary notes?	12	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	i. Record of disciplinary problems, when they occur?	9	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	j. Record of ancillary services, when provided?	1	0	0	11	0%
65D-30.004(12)(c)(3), F.A.C.	k. Reports to the criminal and juvenile justice systems, when provided?	9	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	l. Copies of service-related correspondence, generated or received by the Provider?	9	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	m. A transfer summary, if transferred?	0	0	0	12	0%
65D-30.004(12)(c)(3), F.A.C.	n. A discharge summary?	3	0	0	9	0%

Authority	B. Substance Abuse intake (continued)	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
KD 228 Attachment I B(1)(a)(6)	Was the Admission ASAM-PPC-2R completed, signed & dated for treatment validation?	11	0	**1**	0	**8%**
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for placement?	11	0	**1**	0	**8%**
KD 228 Attachment I B(1)(a)(6)	Does the screening justify ASAM placement?	11	0	**1**	0	**8%**

Authority	C. Intervention Plan	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(19)(b), F.A.C.	Has an Intervention Plan been completed within 45 calendar days of placement? (clients involved in intervention on a continuing basis)	10	0	0	2	0%
65D-30.004(19)(b), F.A.C.	Does the Intervention Plan include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse?	10	0	0	2	0%
65D-30.004(19)(b), F.A.C.	Has the Intervention Plan been reviewed and updated at least every 60 days?	7	0	**1**	4	**8%**
65D-30.004(19)(b), F.A.C.	Has the Intervention Plan been signed and dated by staff who developed the plan and signed and dated by the client?	10	0	0	2	0%
65D-30.004(19)(c), F.A.C.	Have Summary Notes been completed where individual client records are required?	10	0	0	2	0%
65D-30.004(19)(c), F.A.C.	Do the Summary Notes contain information regarding the client's progress or lack of progress in meeting the conditions of the Intervention Plan?	10	0	0	2	0%
65D-30.004(19)(c), F.A.C.	Are Summary Notes entered into the client record at least weekly for those weeks in which services are scheduled?	10	0	0	2	0%
65D-30.004(19)(c), F.A.C.	Has each summary note been signed and dated by staff delivering the service?	10	0	0	2	0%
65D-30.012(2)(b)(3), F.A.C.	***TASC program only.*** Does the Intervention Plan include requirements the client is expected to fulfill and consequences should the client fail to adhere to the prescribed plan, including provisions for reporting information regarding the client to the criminal or juvenile justice system or other referral source?	3	0	**1**	8	**8%**

Authority	D. TASC Services	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.012(2)(b)(1), F.A.C.	Has the Provider established liaison activities with the court that specify procedures for the release of prospective clients from custody by the criminal or juvenile justice system for referral to a Provider?	4	0	0	8	0%
65D-30.012(2)(b)(1), F.A.C.	Does the Provider have flexible operating hours in order to meet the needs of the criminal and juvenile justice systems? This may require operating nights and weekends and in a mobile or an in-home environment.	4	0	0	8	0%
65D-30.012(2)(b)(2), F.A.C.	Has the Provider monitored and reported the progress of the client according to the consent agreement with the client? Reports of client progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with subsections 397.501(1)-(10), F.S.	4	0	0	8	0%
65D-30.012(2)(b)(4), F.A.C.	Did the Provider refer the client to publicly funded Providers within the court's or criminal justice authority's area of jurisdiction, and established written referral agreements with other Providers?	4	0	0	8	0%

Authority	E. Discharge Summary	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(22)(a), F.A.C.	Is there a written Discharge Summary completed for clients who have complete services or who left the Provider prior to completion of services?	3	0	0	9	0%
65D-30.004(22)(a), F.A.C.	Did the Discharge Summary include a summary of the client's involvement in services?	3	0	0	9	0%
65D-30.004(22)(a), F.A.C.	Did it specify the reasons for discharge and a plan for the provision of other services needed by the client following discharge, including aftercare?	3	0	0	9	0%
65D-30.004(22)(a), F.A.C.	Was it signed and dated by the primary counselor?	3	0	0	9	0%
65D-30.012(2)(b)(5), F.A.C.	***TASC program only.*** Did the Provider report any pending discharge/transfer or termination of a client to the criminal justice or juvenile justice authority or other referral source?	1	0	0	11	0%
DCF PAM 155-2	Was the SA Discharge Outcome Form completed?	2	0	**1**	9	**8%**
KD 228 Attachment I B(1)(a)(6)	Was the Discharge/Transfer ASAM-PPC-2R completed, signed & dated?	2	0	**1**	9	**8%**
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for discharge/transfer?	2	0	**1**	9	**8%**

Validation of Substance Abuse Client Records

Standards for Intervention with Substance Abuse Prevention and Treatment Block Grant Requirements
OCA code - 27HIV for Adult Substance Abuse Treatment Services (27CHV for CSA)

Number of files reviewed: 4

Authority	A. Demographic/General	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.012(1)(a), F.A.C.	Does the Provider have current information which: 1. Describes services to be provided, including target groups? 2. Identifies specific client outcomes to be achieved? and 3. Describes strategies for these groups or individuals to access needed services?	X				
KD 228 Attachment I B(4)(b)(2)	Is the client's name specified?	4	0	0	0	0%
KD 228 Attachment I B(4)(b)(2)	Is the client's social security number the same as used in KIS/One Family?	4	0	0	0	0%
DCF PAM 155-2	Was the SA Initial Outcome Form completed?	4	0	0	0	0%
65D-30.004(12)(a)(1) F.A.C.	Are the original client records signed in ink and by hand?	4	0	0	0	0%
65D-30.004(12)(a)(2) F.A.C.	Are the Provider record's entries legible?	3	1	0	0	0%
65D-30.004(12)(a)(5) F.A.C.	Are amendments or marked-through changes initialed and dated by the individual making such changes?	4	0	0	0	0%

Authority	B. Substance Abuse Intake	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(12)(c)(1)(b), F.A.C.	Does the file contain financial screening information regarding Medicaid or other benefits?	4	0	0	0	0%
65D-30.004(29)(b), F.A.C.	Was a copy of the Grievance Procedure signed and dated by the client?	4	0	0	0	0%
45 CFR 164.520	Did the client receive a "Notice Of Privacy Policy"?	4	0	0	0	0%
KD 228 Attachment I B(1)(a)(6)	Was the Admission ASAM-PPC-2R completed, signed & dated for treatment validation?	0	**1**	**3**	0	**75%**
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for placement?	1	0	**3**	0	**75%**
KD 228 Attachment I B(1)(a)(6)	Does the screening justify ASAM placement?	2	0	**2**	0	**50%**

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Authority	C. Client File	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(12)(c)(3), F.A.C.	Does the client file contain:					
65D-30.004(12)(c)(3), F.A.C.	a. Name and address of client and referral source?	4	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	b. Screening information? (Determination of appropriateness and eligibility for placement)	4	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	c. Informed consent for services?	4	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	d. Informed consent for a drug screen, when conducted?	1	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	e. Informed consent for release of information?	4	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	f. Client placement information, with the exception of case management?	4	0	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	g. Intervention plan, when required?	1	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	h. Summary notes?	3	1	0	0	0%
65D-30.004(12)(c)(3), F.A.C.	i. Record of disciplinary problems, when they occur?	2	0	0	2	0%
65D-30.004(12)(c)(3), F.A.C.	j. Record of ancillary services, when provided?	0	0	0	4	0%
65D-30.004(12)(c)(3), F.A.C.	k. Reports to the criminal and juvenile justice systems, when provided?	0	0	0	4	0%
65D-30.004(12)(c)(3), F.A.C.	l. Copies of service-related correspondence, generated or received by the Provider?	1	0	0	3	0%
65D-30.004(12)(c)(3), F.A.C.	m. A transfer summary, if transferred?	0	0	0	4	0%
65D-30.004(12)(c)(3), F.A.C.	n. A discharge summary?	4	0	0	0	0%

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Organizations who are contracted with SFPC for substance abuse prevention and treatment services and are funded in whole or part with Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are required to comply with subparts I and II of Part B of Title XIX of the Public Health Service Act, sections 42 U.S.C. 300x-21 et seq and with all applicable sections of the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96.120-137).

Authority	D. HIV Early Intervention Services	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
DCF SAMH FUNDING RESTRICTIONS RESOURCE GUIDE SAMH FUNDING RESTRICTIONS RESOURCE GUIDE	Funds are allocated to support HIV Early Intervention Services as per 45 CFR 96.128. Organizations funded to provide such services are required to establish linkages with comprehensive community resource networks of related health and social service organizations. The organization shall make available these services at the sites at which the individuals are undergoing treatment for substance abuse					
45 CFR 96.128	**Requirements regarding human immunodeficiency virus.**					
	Carry out one or more projects to make available to the individuals early intervention services for HIV disease as defined in § 96.121 at the sites at which the individuals are undergoing such treatment.					
	The State shall also ensure that such services will be under taken voluntarily by, and with the informed consent of, the individual, and undergoing such services will not be required as a condition of receiving treatment services for substance abuse or any other services.	3	0	0	1	0%
45 CFR 96.121	**Early Intervention Services Relating to HIV means:**					
	a Appropriate pretest counseling for HIV and AIDS	0	0	0	4	0%
	b Testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease	0	0	0	4	0%
	c Appropriate post-test counseling	0	0	**1**	3	**25%**
	d Providing the therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.	1	0	**1**	2	**25%**

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Authority	E. Intervention Plan	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(19)(b), F.A.C.	Has an Intervention Plan been completed within 45 calendar days of placement? (clients involved in intervention on a continuing basis)	1	1	0	2	0%
65D-30.004(19)(b), F.A.C.	Does the Intervention Plan include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse?	1	0	**1**	2	**25%**
65D-30.004(19)(b), F.A.C.	Has the Intervention Plan been reviewed and updated at least every 60 days?	0	0	0	4	0%
65D-30.004(19)(b), F.A.C.	Has the Intervention Plan been signed and dated by staff who developed the plan and signed and dated by the client?	1	0	**1**	2	**25%**
65D-30.004(19)(c), F.A.C.	Have Summary Notes been completed where individual client records are required?	4	0	0	0	0%
65D-30.004(19)(c), F.A.C.	Do the Summary Notes contain information regarding the client's progress or lack of progress in meeting the conditions of the Intervention Plan?	4	0	0	0	0%
65D-30.004(19)(c), F.A.C.	Are Summary Notes entered into the client record at least weekly for those weeks in which services are scheduled?	4	0	0	0	0%
65D-30.004(19)(c), F.A.C.	Has each summary note been signed and dated by staff delivering the service?	4	0	0	0	0%

Authority	F. Discharge Summary	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004(22)(a), F.A.C.	Is there a written Discharge Summary completed for clients who have complete services or who left the Provider prior to completion of services?	4	0	0	0	0%
65D-30.004(22)(a), F.A.C.	Did the Discharge Summary include a summary of the client's involvement in services?	4	0	0	0	0%
65D-30.004(22)(a), F.A.C.	Did it specify the reasons for discharge and a plan for the provision of other services needed by the client following discharge, including aftercare?	4	0	0	0	0%
65D-30.004(22)(a), F.A.C.	Was it signed and dated by the primary counselor?	4	0	0	0	0%
DCF PAM 155-2	Was the SA Discharge Outcome Form completed?	2	0	**2**	0	**50%**
KD 228 Attachment I B(1)(a)(6)	Was the Discharge/Transfer ASAM-PPC-2R completed, signed & dated?	1	0	**3**	0	**75%**
KD 228 Attachment I B(1)(a)(6)	Did the notes/recommendation section of the ASAM form provide sufficient individualized summary of justification for discharge/transfer?	1	0	**3**	0	**75%**

Client Interviews

Client's Initials	Program Involvement and Treatment Participation
J.K.	Client has been receiving services from GCMK for the last eight months. He receives individual and group therapy, as well as groups on relapse prevention, self-improvement, as well as residential services. He understands his rights as a client and adds that he would speak to staff if needed in order to address the situation. He was involved in the development of his treatment plan and states he would like to return to school and seek employment in working with computers.. He likes "everything" about the program as they have "given [him] a chance to start over." J.K. understands that although program may appear strict at first, it is only done in order to promote a structured environment to which he appreciates. He is able to become involved in the many activities available in the program. Client reported that he would be graduating from the program on the day of the interview.
C.P.	Client states that she came in to detox unit voluntarily three days ago. She reports receiving information on policies and procedures at intake. Although she has not had the need to, she would file a grievance if she had an issue with staff. She was involved in the development of her treatment plan which includes attending outpatient clinic, participating in AA/NA groups, return to work, and her family. She states she wants to be able to "better cope with me" and "learn how to live without drugs." C.P. reports that there is nothing she would change about the program, but adds that staff is very caring and very professional. When asked if she had any comments, she added: "This program has saved my life."
C.R.	Client reports that her most recent admission was 7 months ago. She has been dealing with alcohol dependency and depression. She is attending outpatient therapy weekly and in the past has been admitted to South Miami Hospital for substance abuse treatment. She understands her rights as a client and she reviews it with her therapists as needed. As part of her treatment plan, she would is working with staff to obtain her license, car in order to gain more independence as a person. She is also interviewing for a new careers. She states that she enjoys the program because it is consistent, the tone is always very positive. She also adds that her therapist is quite resourceful and very supportive. She adds that she would not change anything about the program.

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65D-30.006 Standards for Detoxification

In addition to Rule 65D-30.004, F.A.C., the following standards apply to Detoxification.

Authority	A. Standards for Detoxification	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.006	(1) General Requirements. Detoxification protocols shall be developed by the medical director, or in accordance with the medical protocol established in subsection 65D-30.004(7), F.A.C., and implemented upon placement according to the physiological and ps	X			
65D-30.006	(2) Residential Detoxification.				
65D-30.006	(a) Services.				
65D-30.006	1. Stabilization. Stabilization services shall be provided as an initial phase of detoxification.	X			
65D-30.006	2. Supportive Counseling. Each client shall participate in supportive counseling on a daily basis unless the client is not sufficiently stable. Supportive counseling sessions shall be of sufficient duration to enable staff to make reasonable decisions req	X			
65D-30.006	3. Daily Activities. The provider shall develop a schedule of daily activities that will be provided based on the detoxification protocols. This shall include recreational and educational activities and participation shall be documented in the client's re	X			
65D-30.006	4. Involuntary Assessment and Disposition. Clients who are involuntarily placed into a detoxification unit under protective custody, emergency admission or involuntary assessment and stabilization pursuant to Section 397.6772, 397.6797, or 397.6811, F.S.,	X			
65D-30.006	(b) Observation of Clients. Clients requiring close medical observation, as determined and documented by medical staff, shall be visible and readily accessible to nursing staff. Clients who do not require close medical observation shall be in a bed area	X			
65D-30.006	(c) Staff Coverage. Each facility shall have a physician on call at all times to address medical problems and to provide emergency medical services. The physician's name, telephone number, and schedule for this arrangement shall remain current and clearly	X			

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Authority	A. Standards for Detoxification	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.006	(d) Staffing Requirement and Bed Capacity. The staffing requirement for nurses and nursing support personnel for each shift shall be as follows:				
	Licensed Bed Capacity / Nurses / Nursing Suppor 1-15 / 1 / 1 16-20 / 1 / 2 21-30 / 2 / 2	X			
65D-30.006	The number of nurses and nursing support staff shall increase in the same proportion as the requirement described above. In those instances where a residential detoxification component and a licensed crisis stabilization unit are co-located, the staffing	X			

Authority	A. Standards for Detoxification	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.006	(3) Outpatient Detoxification. The following standards apply to outpatient detoxification:				
65D-30.006	(a) Eligibility for Services. Eligibility for outpatient detoxification shall be determined from the following:				
65D-30.006	1. The client's overall medical condition;			X	
65D-30.006	2. The client's family support system, for the purpose of observing the client during the detoxification process, and for monitoring compliance with the medical protocol;			X	
65D-30.006	3. The client's overall stability and behavioral condition;			X	
65D-30.006	4. The client's ability to understand the importance of managing withdrawal utilizing medications and to comply with the medical protocol; and			X	
65D-30.006	5. An assessment of the client's ability to abstain from the use of substances, except for the proper use of prescribed medication.			X	
65D-30.006	(b) Drug Screening. A drug screen shall be conducted at admission. Thereafter, the program shall require random drug screening for each client at least weekly.			X	
65D-30.006	(c) Services.			X	
65D-30.006	1. Supportive Counseling. Each client shall participate in supportive counseling on a weekly basis. Counseling sessions shall be of sufficient duration to enable staff to make decisions regarding the client's need for other services and to determine progr			X	
65D-30.006	2. Referral to Residential Detoxification. Providers shall refer clients to residential detoxification when there is evidence that the client is unable to comply with the outpatient protocol.			X	

Authority	A. Standards for Detoxification	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.006	(d) Staffing Requirement. Staffing for outpatient detoxification shall minimally consist of the following:				X
65D-30.006	1. A physician, or an A.R.N.P. or a P.A. working under the supervision of a physician, available and on-call during operating hours;				X
65D-30.006	2. An R.N., or an L.P.N. working under the supervision of an R.N., on-site during operating hours; and				X
65D-30.006	3. A counselor, on-site during operating hours.				X
65D-30.006	(e) Training. All direct services staff working in outpatient detoxification shall be trained in the outpatient detoxification protocol prior to having contact with clients				X
65D-30.006	(4) Additional Requirements for the Use of Methadone in Detoxification. In those cases where a provider uses methadone in the detoxification protocol, the provider shall comply with the minimum standards found under subsection 65D-30.006(2), F.A.C., if me				X
65D-30.006	(a) Take-home methadone is not allowed during short-term detoxification.				X
65D-30.006	(b) Clients involved in long-term detoxification shall have a drug screen initially and at least monthly thereafter.				X
65D-30.006	(c) Clients involved in short-term detoxification shall have at least one initial drug screen.				X

Specific Authority 397.321(5) FS. Law Implemented 397.311(19)(b), 397.321(1), 397.419 FS. History–New 5-25-00, Amended 4-3-0

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65D-30.007 Standards for Residential Treatment
In addition to Rule 65D-30.004, F.A.C., the following standards apply to Residential Treatment.

Authority	A. Standards for Residential Treatment	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.007	(1) Facilities Not Required to be Licensed as Residential Treatment. Licensure as residential treatment as defined in paragraph 65D-30.002(16)(c), F.A.C., shall not apply to facilities operated by a provider that provides only housing, meals, or housing and meals to individuals who are substance abuse impaired or in recovery and where the provider:				
65D-30.007	(a) Does not mandate that the individuals live in the residential facility as a condition of treatment in a separate facility owned and operated by the provider; and	X			
65D-30.007	(b) May make available or provide support groups such as Alcoholics Anonymous and Narcotics Anonymous as the only services available to the residents in the facility where housing, meals, or housing and meals are provided. All other facilities that provide housing to residents that are substance abuse impaired and provide services as defined in paragraph 397.311(18)(d), F.S., and as described in subsections 65D-30.007(2) and (3), F.A.C., either at the facility or at alternate locations, must be licensed under this rule.	X			
65D-30.007	(2) Categories of Residential Treatment. For the purpose of this rule, there are five levels of residential treatment. In each level, treatment shall be structured to serve clients who need a safe and stable living environment in order to develop sufficient recovery skills for the transition to a less restrictive level of care or reintegration into the general community in accordance with placement criteria. Treatment shall also include a schedule of services provided within a positive environment that reinforce the client's recovery, and clients will be placed in a level of residential treatment that is based upon their treatment needs and circumstances.	X			
65D-30.007	(3) Services. Each client shall receive services each week. The services shall include a specified number of hours of counseling as provided for in subsection 65D-30.007(4), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed below be provided. Services shall be provided in accordance with the needs of the client as identified in the treatment plan as follows:	X			
65D-30.007	(a) Individual counseling;	X			
65D-30.007	(b) Group counseling;	X			
65D-30.007	(c) Counseling with families;	X			

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Authority	A. Standards for Residential Treatment	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.007	(d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle;	X			
65D-30.007	(e) Life skills training such as anger management, communication skills, employability skills, problem solving, relapse prevention, recovery training, decision-making, relationship skills, and symptom management;	X			
65D-30.007	(f) Non-verbal therapies such as recreation therapy, art therapy, music therapy, or dance (movement) therapy to provide the client with alternative means of self expression and problem resolution;	X			
65D-30.007	(g) Training or advising in health and medical issues;	X			
65D-30.007	(h) Employment or educational support services to assist clients in becoming financially independent; and	X			
65D-30.007	(i) Mental health services for the purpose of:	X			
65D-30.007	1. Managing clients with disorders who are stabilized;	X			
65D-30.007	2. Evaluating clients' needs for in-depth mental health assessment;	X			
65D-30.007	3. Training clients to manage symptoms; and	X			
65D-30.007	4. Timely referral to an appropriate provider for mental health crises or the emergence of a primary mental health disorder when the provider is not staffed to address primary mental health problems.	X			
65D-30.007	For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.				X
65D-30.007	(4) Required Hours of Services.				
65D-30.007	(a) For level 1, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 14 hours of counseling				X
65D-30.007	(b) For level 2, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 10 hours of counseling	X			
65D-30.007	(c) For level 3, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 4 hours of counseling	X			

Authority	A. Standards for Residential Treatment	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.007	(d) For level 4, each client shall receive services each week in accordance with subsection 65D-30.007(3), F.A.C., including at least 2 hours of counseling.				X
65D-30.007	(e) For level 5, each client shall receive services each week in accordance with the requirements of the licensed component service in which the client is required to participate.				X
65D-30.007	In those instances in which it is determined that a client requires fewer hours of counseling in any of the levels of residential treatment, this shall be described and justified in the client's treatment plan and approved by the qualified professional.	X			
65D-30.007	(5) Transportation. Each provider shall arrange for or provide transportation services to clients who are involved in activities or in need of services that are provided at other facilities.	X			
65D-30.007	(6) Staff Coverage. Providers shall maintain awake, paid staff coverage 24 hours-per-day, 7 days per week.	X			
65D-30.007	(7) Caseload. No primary counselor may have a caseload that exceeds 15 currently participating clients.	X			
Specific Authority 397.321(5) FS. Law Implemented 397.311(18)(d), 397.321(1), 397.419 FS. History–New 5-25-00, Amended 4-3-03.					

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65D-30.010 Standards for Outpatient Treatment

In addition to Rule 65D-30.004, F.A.C., the following standards apply to Outpatient Treatment

Authority	A. Standards for Outpatient Treatment	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.010	(1) Services. Each client shall receive services each week. The services shall include counseling as provided for in subsection 65D-30.010(2), F.A.C. Clinical staff shall provide those services. Each provider shall be capable of providing or arranging for the services listed below. With the exception of counseling, it is not intended that all services listed be provided. For clients participating under subsections 65D-30.003(16) and 65D-30.004(35), F.A.C., services shall be provided according to the conditions of the Department of Corrections' contract with the provider. Otherwise, services shall be provided in accordance with the needs of the client as identified in the treatment plan, as follows:	X			
65D-30.010	(a) Individual counseling;	X			
65D-30.010	(b) Group counseling;	X			
65D-30.010	(c) Counseling with families; and	X			
65D-30.010	(d) Substance abuse education, such as strategies for avoiding substance abuse or relapse, health problems related to substance abuse, and motivational enhancement and strategies for achieving a substance-free lifestyle.	X			
65D-30.010	(2) Required Hours of Services. For outpatient treatment, each client shall receive services each week in accordance with subsection 65D-30.010(1), F.A.C., including a minimum of one counseling session. If fewer sessions are indicated, clinical justification must be documented in the client record.	X			
65D-30.010	(3) Caseload. No full-time counselor shall have a caseload that exceeds 50 clients participating in individual counseling at any given time	X			
65D-30.010	(4) Hours of Operation. Providers shall post their hours of operation and this information shall be visible to the public. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection	X			

Specific Authority 397.321(5) FS. Law Implemented 397.311(18)(f), 397.321(1), 397.419 FS. History–New 5-25-00, Amended 4-3-03.

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65D-30.012 Standards for Intervention
In addition to Rule 65D-30.004, F.A.C., the following standards apply to Intervention.

Authority	A. General Intervention	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.012	(1) General Intervention.				
65D-30.012	(a) Target Group, Outcomes, and Strategies. Providers shall have current information which:				
65D-30.012	1. Describes services to be provided, including target groups;	X			
65D-30.012	2. Identifies specific client outcomes to be achieved; and	X			
65D-30.012	3. Describes strategies for these groups or individuals to access needed services.	X			
65D-30.012	(b) Supportive Counseling. In those instances where supportive counseling is provided, the number of sessions or contacts shall be determined through the intervention plan. In those instances where an intervention plan is not completed, all contacts with the client shall be recorded in the client record.	X			
65D-30.012	(c) Referral. Providers must have the capability of referring clients to other needed services within 48 hours, or immediately in the case of an emergency.	X			
65D-30.012	(2) Requirements for Treatment Alternatives for Safer Communities (TASC). In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Treatment Alternatives for Safer Communities.				
65D-30.012	(a) Client Eligibility. TASC providers shall establish eligibility standards requiring that individuals considered for intake shall be at-risk for criminal involvement, substance abuse, or have been arrested or convicted of a crime, or referred by the criminal or juvenile justice system.	X			

Authority	A. General Intervention (continued)	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.012	(b) Services.				
65D-30.012	1. Court Liaison. Providers shall establish liaison activities with the court that shall specify procedures for the release of prospective clients from custody by the criminal or juvenile justice system for referral to a provider. Special care shall be taken to ensure that the provider has flexible operating hours in order to meet the needs of the criminal and juvenile justice systems. This may require operating nights and weekends and in a mobile or an in-home environment.	X			
65D-30.012	2. Monitoring. Providers shall monitor and report the progress of each client according to the consent agreement with the client. Reports of client progress shall be provided to the criminal or juvenile justice system or other referral source as required, and in accordance with subsections 397.501(1)-(10), F.S.	X			
65D-30.012	3. Intervention Plan. The intervention plan shall include additional information regarding clients involved in a TASC program. The plan shall include requirements the client is expected to fulfill and consequences should the client fail to adhere to the prescribed plan, including provisions for reporting information regarding the client to the criminal or juvenile justice system or other referral source. The plan shall be signed and dated by both parties.	X			
65D-30.012	4. Referral. Providers shall refer clients to publicly funded providers within the court's or criminal justice authority's area of jurisdiction, and shall establish written referral agreements with other providers.	X			
65D-30.012	5. Discharge/Transfer or Termination Notification. Providers shall report any pending discharge/transfer or termination of a client to the criminal justice or juvenile justice authority or other referral source.	X			
65D-30.012	(3) Requirements for Employee Assistance Programs. In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to Employee Assistance Programs.				X
65D-30.012	(a) Consultation and Technical Assistance. Consultation and technical assistance shall be provided by Employee Assistance Programs which includes the following:				X
65D-30.012	1. Policy and procedure formulation and implementation;				X
65D-30.012	2. Training and orientation programs for management, labor union representatives, employees, and families of employees; and				X
65D-30.012	3. Linkage to community services.				X

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Authority	A. General Intervention (continued)	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.012	(b) Employee Services. Employee Assistance Programs shall provide services which include linking the client to a provider, motivating the client to accept assistance, and				X
65D-30.012	1. Supportive counseling to motivate clients toward recovery; and				X
65D-30.012	2. Monitoring.				X
65D-30.012	(c) Resource Directory. Providers shall maintain a current directory of substance abuse, mental health, and ancillary services. This shall include information on Alcoholics Anonymous, Narcotics Anonymous, public assistance services, and health care services.	X			
65D-30.012	(4) Requirements for Case Management. In addition to the requirements in subsection 65D-30.012(1), F.A.C., the following requirements apply to case management in those instances where case management is provided as a licensable sub-component of intervention.	X			
65D-30.012	(a) Case Managers. Providers shall identify an individual or individuals responsible for carrying out case management services.	X			
65D-30.012	(b) Priority Clients. Priority clients shall include persons receiving substance abuse services who have multiple problems and needs and require multiple services or resources to meet those needs.	X			
65D-30.012	(c) Case Management Requirements. Case management shall include the following:	X			
65D-30.012	1. On-going assessment and monitoring of the client's condition and progress;	X			
65D-30.012	2. Linking and brokering for services as dictated by client needs;	X			
65D-30.012	3. Follow-up on all referrals for other services; and	X			
65D-30.012	4. Advocacy on behalf of clients.	X			
65D-30.012	(d) Contacts. Each case manager shall meet face-to-face with each client at least monthly unless otherwise justified in the client record.	X			

Specific Authority 397.321(5) FS. Law Implemented 397.311(18)(i), 397.321(1), 397.419 FS. History–New 5-25-00, Amended 4-3-03.

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Validation of Provider's Quality Assurance/Quality Improvement Plan

Authority	A. Organizational Structure	Compliance	Partial Compliance	Non-Compliance	N/A
397.419(3) F.S.	Does the subcontractor have a QA Coordinator who was appointed by a Director?	X			
397.419(3) F.S.	Does the QA Coordinator report to a Director/Executive Officer?	X			
397.419(2) F.S.	Is the QA function identified within the table of organization, job description, or evidenced otherwise?	X			
397.419(3) F.S.	Is there ongoing coordination (meetings, memos, etc.) with the appointing Director?	X			

Authority	B. Annual QA Plan	Compliance	Partial Compliance	Non-Compliance	N/A
397.419(1) F.S.	Is there an Annual QA Plan?	X			
SC Attachment I B.1.a.(19)	Has the Plan been approved by the ME?	X			
397.419(1) F.S.	Does the QA Plan objectively and systematically monitor and evaluate the appropriateness and quality of client care?	X			
397.419(1) F.S.	Is there evidence that problems founded by utilizing the QA Plan were identified and resolved?	X			
397.419(2)(a) F.S.	Does the QA Plan include client care and services standards?	X			
397.419(2)(b) F.S.	Does the QA Plan include client records maintenance procedures?	X			
397.419(2)(c) F.S.	Does the QA Plan include Staff development policies and procedures?	X			
397.419(2)(d) F.S.	Does the QA Plan include facility safety and maintenance standards?	X			
397.419(2)(e) F.S.	Does the QA Plan include Peer Review and Utilization Review procedures?	X			
397.419(2)(f) F.S.	Does the QA Plan include Incident Reporting policies and procedures, including verification of corrective action and provision for reporting to the Managing Entity (SFPC) within a timely manner?	X			

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Authority	B. Annual QA Plan (continued)	Compliance	Partial Compliance	Non-Compliance	N/A
397.419 F.S.	Is there evidence that the Provider utilizes data to validate the QA process?	X			
65D-30.004(2), SC Attachment I B.1.a.(36)	Does the Plan include a QI project and the stage(s) of completion to be achieved during the year?	X			

Authority	C. Annual QI Plan	Compliance	Partial Compliance	Non-Compliance	N/A
KD-228 Exhibit N(1)	Does the plan contain details of how the plan will be operationalized?	X			
KD-228 Exhibit N(1)	Are the roles and responsibilities of the individuals involved in implementing the plan specified?	X			
KD-228 Exhibit N(1)	Will the improvement of the Provider's performance result in improved services to clients?	X			
KD-228 Exhibit N(1)	Does the plan include a Quality Improvement workgroup which includes clients and/or their families?	X			
KD-228 Exhibit N(1)	Does the plan contain development of survey procedures and tools to determine the satisfaction of all clients?	X			
KD-228 Exhibit N(1)	Does the plan include how and when the satisfaction survey will be administered to clients?	X			
KD-228 Exhibit N(1)	Does the plan demonstrate how the results of the surveys shall be used to improve the Provider's system of care?	X			
KD-228 Exhibit N(1)	Were the first year's results used as a baseline?	X			
KD-228 Exhibit N(1)	Does the Plan include a process for identifying best practices?	X			
KD-228 Exhibit N(1)	Is there evidence that the Provider utilizes data to validate the QI process?	X			

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KD 228 Standard Contract Monitoring Tool

Authority	THE PROVIDER AGREES	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228-15	I. THE PROVIDER AGREES:				
	C. Governing Law				
	2. Federal Law				
	d. That unauthorized aliens shall not be employed. The ME shall consider the employment of unauthorized aliens a violation of section 274A9e) of the Immigration and Nationality Act (8 U.S.C. 1324 a). Such violation shall be cause for unilateral cancellation of this contract by the ME.	X			
	D. Audits, Inspections, Investigations, Records and Retention				
	1. To establish and maintain books, records and documents (including electronic storage media) sufficient to reflect all income and expenditures of funds provided by the ME under this contract.	X			
	2. To retain all client records, financial records and documents (including electronic storage media) pertinent to this contract for a period of six (6) years after completion of the contract. If an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract, at no additional cost to the ME. Records shall be retained for longer periods when the retention period exceeds the time frames required by law.	X			
	3. Upon demand, at no additional cost to the ME, the Provider will facilitate the duplication and transfer of any records or documents during the required retention period in Subsection I, Paragraph D.2.	X			
	4. To assure that these records shall be subject at all reasonable times to inspection, review, copying, or audit by Federal, State, ME, or other personnel duly authorized by the ME.	X			
	5. At all reasonable times for as long as records are maintained, persons duly authorized by the ME, the department and Federal auditors, pursuant to 45 CFR, Section 92.36(i) (10), shall be allowed full access to and the right to examine any of the Provider's contracts and related records and documents, regardless of the form in which kept.	X			
	6. To provide a financial and compliance audit to the ME as specified in this contract and in Attachment II and to ensure that all related party transactions are disclosed to the auditor.	X			
	7. To comply and cooperate immediately with any inspections, reviews, investigations, or audits deemed necessary by the ME or the Office of The Inspector General (Section 20.055, Florida Statutes).	X			
	8. To include the aforementioned audit, inspections, investigations and record keeping requirements in all subcontracts and assignments.	X			

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Authority	THE PROVIDER AGREES	Compliance	Partial Compliance	Non-Compliance	N/A
	E. Monitoring by the ME				
	To permit persons duly authorized by the ME to inspect and copy any non-client specific records, papers, documents, facilities, goods and services of the Provider which are relevant to this contract, and to interview any clients, employees and subcontractor employees of the Provider to assure the ME of the satisfactory performance of the terms and conditions of this contract. Following such review, the ME will deliver to the Provider a written report of its findings and request for development, by the Provider of a corrective action plan where appropriate. The Provider hereby agrees to timely correct all deficiencies identified in the corrective action plan.	X			
	G. Insurance				
	To provide continuous adequate liability insurance coverage during the existence of this contract and any renewal(s) and extension(s) of it. By execution of this contract, unless it is a state agency or subdivision as defined by subsection 768.28(2), F.S., 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 clients to be served under this contract. Upon the execution of this contract, the Provider shall furnish the ME written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The ME reserves the right to require additional insurance as specified in this contract.	X			
	H. Confidentiality of Client Information				
	Not to use or disclose any information concerning a recipient of services under this contract for any purpose prohibited by state or federal law or regulations (except with the written consent of a person legally authorized to give that consent or when authorized by law).	X			
	I. Assignments and Subcontracts				
	1. To neither assign the responsibility for this contract to another party nor subcontract for any of the work contemplated under this contract without prior written approval of the ME which shall not be unreasonably withheld. Any sub-contract, assignment, or transfer otherwise occurring without prior approval of the ME shall be null and void.	X			

Authority	THE PROVIDER AGREES	Compliance	Partial Compliance	Non-Compliance	N/A
	J. Return of Funds				
	The Provider agrees to maintain books, records, documents and other evidence pertaining to all units costs provided and/or billed, and expenses incurred and revenues acquired under this contract to the extent and in such detail as will properly reflect all unit costs and expenses for which reimbursement is claimed. The books and accounts, files, and other records of the Provider which are applicable to this contract at all times shall be available for inspection, review, and audit by the ME and/or the State of Florida and its representatives to determine the proper application and use of all funds paid to or for the account or benefit of the Provider.	X			
	K. Client Risk Prevention and Incident Reporting				
	1. That if services to clients are to be provided under this contract, the Provider and any subcontractors shall, in accordance with the client risk prevention system, report those reportable situations listed in CFOP 215-6 in the manner prescribed in CFOP 215-6 or district operating procedures.		X		
	2. To immediately report 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 (1-80096ABUSE). As required by Chapters 39 and 415, F.S., this provision is binding upon both the Provider and its employees.	X			
	M. Civil Rights Requirements				
	1. Not to discriminate against any employee in the performance of this contract or against any applicant for employment because of age, race, religion, color, disability, national origin, marital status or sex. The Provider further assures that all contractors, subcontractors, sub-grantees, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees because of age, race, religion, color, disability, national origin, marital status or sex. This is binding upon the Provider employing fifteen (15) or more individuals.	X			
	2. To complete the Civil Rights Compliance Questionnaire, CF Forms 946 A and B, in accordance with CFOP 60-16. This is binding upon Providers that have fifteen (15) or more employees.	X			
	O. Sponsorship				
	As required by section 286.25, F.S., if the Provider is a non-governmental organization which operates a program financed wholly or in part by state funds, including any funds obtained through this contract, it shall, in publicizing, advertising, or describing the program, state: "Sponsored by the South Florida Provider Coalition and the State of Florida, Department of Children and Families." If the sponsorship reference is in written material, the words "South Florida Provider Coalition" and "State of Florida, Department of Children and Families" shall appear in the same size letters or type as the name of the Provider.	X			

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Authority	THE PROVIDER AGREES	Compliance	Partial Compliance	Non-Compliance	N/A
	Q. Final Invoice				
	To submit the final invoice for payment to the ME no more than 10 days after the contract ends or is terminated. If the Provider fails to do so, all rights to payment are forfeited and the ME will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this contract may be withheld until all reports due from the Provider and necessary adjustments thereto have been approved by the ME.	X			
	W. Information Security Obligations				
	1. To identify an appropriately skilled individual to function as its Data Security Officer who shall act as the liaison to the ME's Security Staff and who will maintain an appropriate level of data security for the information the Provider is collecting or using in the performance of this contract. An appropriate level of security includes approving and tracking all Provider employees that request system or information access and ensuring that user access has been removed from all terminated Provider employees.	X			
	3. To furnish Security Awareness Training to its staff and subcontractors.	X			
	4. To ensure that all Provider employees who have access to departmental information are provided a copy of CFOP 50-6 and that they sign the DCF Security Agreement form (CF 114), a copy of which may be obtained from the contract manager.	X			
	X. Accreditation				
	That the ME is committed to ensuring provision of the highest quality services to the persons served. Accordingly, the ME knows that accreditation is generally accepted nationwide as a clear indicator of quality service. It is expected that the Provider will either be accredited or have a plan to gain national accreditation. The Provider, if not accredited, will submit its plan and time frame to achieve accreditation not later than 15 days after their execution of this contract.	X			
	Z. Health Insurance Portability and Accountability Act				
	Where applicable, to comply with the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d.), as well as all regulations promulgated thereunder (45 CFR Parts 160, 162 and 164).	X			

Authority	THE PROVIDER AGREES	Compliance	Partial Compliance	Non-Compliance	N/A
	AA. Emergency Preparedness				
	If the tasks to be performed pursuant to this contract include the physical care and control of clients, the Provider shall, within 30 days of the execution of this contract, submit to the contract manager an emergency preparedness plan which shall include provisions for pre-disaster records protection, alternative accommodations for clients in substitute care, supplies, and a recovery plan that will allow the Provider to continue functioning in compliance with the executed contract in the event of an actual emergency. The ME agrees to respond in writing within 30days of receipt of the plan accepting, rejecting, or requesting modifications. In the event of an emergency, the ME and/or the state may exercise oversight authority over such Provider in order to assure implementation of agreed emergency relief provisions.	X			

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Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	B. Manner of Service Provision				
KD 228 Att I B1	**1. Service Tasks**				
	a. Task List				
	The Provider shall:				
KD 228 Att I B1.a	(1) Provide services according to the Provider's Program Descriptions on file in the Managing Entity's contract manager's file.	X			
	(2) Provide services in accordance with the activities as specified in Exhibit G, State Funding by Program and Activity.	X			
	(5) Provide services so that the number of persons indicated in Exhibit D, Substance Abuse and Mental Health Required Outcomes/Outputs within the activities specified in Exhibit G, State Funding by Program and Activity shall be served under the terms and conditions of this contract.	X			
	(6) Use the Florida Supplement (ASAM PPC-2-R), for placing clients receiving substance abuse treatment services.			X	
	(7) Submit to the Managing Entity and maintain grievance procedures, which applicants for, and recipients of, services may use to present grievances to the Provider about contracted services.	X			
	(9) Take steps necessary so that clients who are receiving substance abuse services paid for, in whole or in part, by this contract, Medicaid or local match shall be informed of procedures to gather follow-up information after their treatment.	X			
	a. Develop and utilize a standardized informed consent form to authorize contact for the follow up survey, and utilize the guidelines found in Exhibit J to develop the form. See Exhibit J, Informed Consent for Follow-Up Survey Guidelines. The Provider shall submit to the Managing Entity by 08/01/08 its Informed Consent Form.	X			
	b. Attempt to contact clients at least once during the three (3) months following discharge in order to update client's contact information.	X			
	(10) Comply with the provisions of Exhibit M, Substance Abuse Family Intervention Specialist Services if the services of a Family Intervention Specialist are being provided. All Family Intervention Specialist positions will be identified by the Provider upon request by the Managing Entity.	X			
	(11) Maintain in one place for easy accessibility and review by the Managing Entity's contract manager all policies, procedures, tools, and plans adopted by the Provider. The Provider's policies, procedures, and plans, must conform to state and federal laws, the Florida Administrative Code, and federal regulations and minimally meet expectations/ requirements contained in applicable Department of Children and Families operating procedures.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	(12) Maintain a mechanism for monitoring, updating, and disseminating policies and procedures regarding compliance with current government laws, regulations and practices.	X			
	(13) Meet with the Managing Entity's staff at regularly scheduled or specially called meetings when notified by the Managing Entity to do so.	X			
	(14) Comply with Incident Reporting and Client Risk Prevention, specified in Exhibit I, Incident Reporting and Client Risk Prevention.	X		X	
	(15) Have a disaster plan consistent with, section I.AA (Emergency Preparedness) of the Standard Contract. The Managing Entity shall maintain copies of the disaster plan of the Provider of residential services. If possible, the Managing Entity will assist the Provider in implementing the plan in case of emergencies and/or disasters. The Provider shall submit by 08/01/2008 to the Managing Entity the Providers' disaster plan containing the provisions noted in section I.AA of the Standard Contract.	X			
	(19) Submit to the Managing Entity and implement a Quality Assurance Plan that details how the Provider will ensure and document that quality services are being provided to the clients served, which is herein incorporated by reference. The Provider shall submit: updates as amended of the Quality Assurance Plan within 30 days of adoption.	X			
	(22) Submit data to be used to identify and determine clinical staff needs and overall performance in meeting utilization management standards. Implement corrective actions if not in compliance.	X			
	(25) Submit a completed Civil Rights Compliance Questionnaire to the Managing Entity's contract manager by 08/01/2006.	X			
	(26) Participate in the State's Peer Review process to assess the quality, appropriateness, and efficacy of services provided to individuals pursuant to 45 CFR 96.136.	X			
	(27) Develop and implement policies so that all applicable Providers' employees abide by the terms and conditions of section I.W. Information Security Obligations of the Standard Contract. The Provider shall submit to the Managing Entity's contract manager, verification that all Provider employees who have access to departmental information systems have completed the Security Agreement form (CF-114). See Exhibit A, Security Agreement Form.	X			
	(28) Implement and maintain procedures for subcontract procurement, development, performance, and management that comply with state and federal requirements.	X			
	(29) Maintain individual subcontractor files for each subcontractor and provide a copy of all subcontracts and any amendments to the Managing Entity's contract manager.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	(35) Implement and maintain fiscal operational procedures. These shall contain but, not be limited to procedures relating to overpayments, charge-backs that directly apply to subcontractors and documentation of cost sharing (match) that comply with state and federal regulations.	X			
	(36) Establish a Quality Improvement Plan of quality improvement activities for the fiscal year to improve performance which is herein incorporated by reference. The Quality Improvement Plan minimum requirements are specified in Exhibit N, Minimum Requirements for Plans. The Provider shall submit amendments to the Quality Improvement Plan, and quarterly reports on the implementation of plan to the Managing Entity's contract manager.	X			
	(37) Comply with all requests for information and/or documentation to enable the Managing Entity to complete the billing validation process.	X			
	(40) Be monitored in accordance with the Managing Entity's monitoring criteria an/or 394.741 F.S. and CFOP 75-8, Contract Monitoring Operating Procedures. The Provider shall comply with any coordination or documentation required by the Managing Entity's evaluator(s) to successfully monitor the program, and shall provide complete access to all clinical, administrative, corporate, budget and financial information related to services provided under this contract, regardless of the source of funds. If corrective action is necessary, the Provider shall have 30 days from receipt of the monitoring report to respond in writing to the report. In the case of threat to life or safety of clients the Managing Entity shall take such immediate action as in its sole discretion is appropriate.	X			
	(41) Have and maintain correct and current Department of Children and Families and Agency For Health Care Administration (AHCA) licenses and only bill for services under those licenses. In the event any of the Provider's license(s) are suspended, revoked, expired or terminated, the Managing Entity may cease payment for services delivered by the Provider under such license(s) until said license(s) are reinstated by the Department of Children and Families.	X			
	(42) Establish the objective of implementing a "no wrong door" model by developing a process for assessing and receiving clients with co-occurring disorders.	X			
	(43) Shall complete a Comorbidity Program Audit and Self-Survey for Behavioral Health Services (COMPASS) follow-up co-occurring capacity self assessment.	X			
	(44) Shall implement their Provider-specific co-occurring action plans and submit plan to the Managing Entity.	X			
	(45) Shall submit to the Managing Entity a 6-month follow-up report on their implementation of the co-occurring action plans.	X			
KD 228 Att I B1 b.	b. Task Limits				
	The Provider shall perform those tasks and services specifically set out herein and such other tasks or services that my be agreed upon during the contract period.				

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Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228 Att I B2	**2. Staffing Requirements**				
KD 228 Att I B2.a	a. Staffing Levels				
	(1) The Provider shall maintain staffing levels in compliance with applicable rules, statutes and licensing standards. See Exhibit F, Minimum Service Requirements.	X			
	(2) The Provider shall engage in recruitment to maintain as much as possible a staffing pattern similar to the ethnic and racial composition of the clients served.	X			
KD 228 Att I B2.b	b. Professional Qualifications				
	(1) The Provider shall comply with applicable rules, statutes, requirements, and standards with regard to professional qualifications. See Exhibit F, Minimum Service Requirements.	X			
	(2) The Provider shall comply with employment screening for mental health personnel using the standards for Level II screening set forth in 435.04 F.S. except as otherwise specified in s. 394.4572(1)(b)-(d) and 394.4572(3), F.S. "Mental Health personnel" includes all program directors, professional clinicians, staff members and volunteers working in public or private mental health programs and facilities who have direct contact with consumers of mental health services.	X			
KD 228 Att I B2.c	c. Staffing Changes				
	The Provider shall notify the Managing Entity's contract manager, in writing of staffing changes regarding the positions of Chief Executive Officer, Chief of Operation Officer and Chief Financial Officer as set forth in Rule 65E-14.021(8)(d)5, F.A.C.	X			
KD 228 Att I B2.d	d. Subcontractors				
	(4) The Provider shall not subcontract for substance abuse/mental health services with any person or entity which:	X			
	a. is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;	X			
	b. is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services, or which adversely reflects their ability to properly handle public funds;	X			
	c. is currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the Managing Entity, the department, the state or its subdivisions, or a federal entity providing funds to the department;	X			
	d. has had a contract terminated by the department or the Managing Entity for failure to satisfactorily perform or for cause; or	X			
	e. has failed to implement a corrective action plan approved by the department or any other governmental entity, after having received due notice.	X			
	(5) All subcontracts shall adopt the applicable terms of the Provider's contract with the Managing Entity. The Provider shall include in all subcontract agreements a detailed scope of work; clear and specific deliverables; and documentation requirements.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	(6) In compliance with section I.I. of the Standard Contract, the Provider shall request from the Managing Entity permission to subcontract and shall submit the subcontract for review and written approval. The Managing Entity will not be obligated nor will it pay for any services delivered prior to its written approval of the subcontract	X			
	(7) The Managing Entity shall conduct a cost analysis for all subcontracts. A cost analysis is the review of the proposed cost elements to determine if they are necessary, allowable, appropriate and reasonable.	X			
	(9) The Provider shall submit to the Managing Entity's contract manager written notification fifteen (15) days prior to the termination of a subcontract between a network Provider and the subcontractor	X			
	(10) The Provider is responsible for all work required under this contract. Any failure to perform on the part of a subcontractor does not relieve the Provider of any accountability for tasks or services that the Provider is obligated to perform pursuant to this contract.	X			
	(11) The Provider shall monitor the performance of all subcontractors and perform follow up actions as necessary. The Provider shall notify the Managing Entity within 48 hours of conditions related to subcontractor performance that could impair continued service delivery.	X			
KD 228 Att I B3	**3. Service Location and Equipment**				
KD 228 Att I B3.a.	a. Service Delivery Location				
	The location of services will be as specified in the Program Descriptions developed pursuant to Rule 65E-14.021(8)(d)1.d.(III), F.A.C.	X			
KD 228 Att I B3.b.	b. Service Times				
	(1) The days and times of service will be specified in the Program Descriptions.	X			
	(2) The Provider shall notify the Managing Entity's contract manager, in writing, of any changes in days and times where services are being provided pursuant to Rule 65E-14.021(8)1.d.(III)(ii)., F.A.C.	X			
KD 228 Att I B3.c.	c. Changes in Location				
	The Provider shall notify the Managing Entity's contract manager, in writing, of any changes in locations where services are being provided as set out in Rule 65E-14.021(8)(d)d.III, F.A.C.	X			
KD 228 Att I B3.d.	d. Equipment				
	The Provider shall provide all appropriate equipment necessary for the effective delivery of the services purchased under this contract. The Provider shall comply with requirements in Exhibit B, Tangible Property Requirements & Provider Property Inventory.			X	

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Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228 Att I B4	**4. Deliverables**				
	a. Services				
	The Provider shall ensure services are delivered as specified in the Program Descriptions and Exhibit G, State Funding by Program and Activity	X			
	b. Records and Documentation				
	(1) The Provider shall protect confidential records from disclosure and protect client confidentiality in accordance with subsections 397.501(7), 394.455(3), sections 394.4615, 414.295, F.S. and 42 CFR 2.	X			
	(2) The Provider is responsible for maintaining documentation of all tasks and deliverables and shall maintain records documenting the total number of clients and names (or unique identifiers) of clients to whom services were provided and the date(s) that the services were provided so that an audit trail documenting service provision can be maintained.	X			
	(3) All correspondence, reports, records and documentation may be provided to the Managing Entity's contract manager electronically, if this is not feasible, or is not received by the Managing Entity's contract manager, then hard copies must be mailed to the Managing Entity's contract manager to be received by the appropriate due dates.	X			
	c. Reports				
	(1) The Provider shall submit to the Managing Entity financial and programmatic reports specified in Exhibit C, Required Reports by the dates specified			X	
	(2) The Provider shall submit data, as set out in subsection 394.74(3)(e), F.S. and Rule 65E-14.022, F.A.C. Data shall be submitted electronically as specified in CFP 155-2.	X			
	(3) Upon request, the Provider shall submit to the Managing Entity information regarding the amount and number of services paid for by the Community Mental Health Services Block Grant and/or the Substance Abuse Prevention and Treatment Block Grant.			X	
	(4) The Provider shall submit audits and schedules to the Managing Entity by 160 days after the end of the fiscal year or 45 days after completion of the audit, whichever comes first. Audit reports will include the standard schedules that are outlined in Rule 65E-14.003, F.A.C. The Provider shall submit to the Managing Entity's contract manager copies of their own and all subcontractors' financial and compliance audits reports together in a single submission	X			
	(5) The Provider shall comply with section I.D. (Audits, Inspections, Investigations, Records and Retention) of the Standard Contract and with Financial and Compliance Audit requirements on Attachment II.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228 Att I B5.	**5. Performance Specifications**				
	a. Performance Measures				
	(1) The Provider shall meet the performance standards and required outcomes as specified in Exhibit D, Substance Abuse and Mental Health Required Outcomes/Outputs.	X			
KD 228 Att I B5 (2)	c. Performance Evaluation Methodology				
	(1) The Provider shall collect information and submit performance data and individual client outcomes, to the data system in compliance with CFP 155-2 requirements. The specific methodologies for each performance measure may be found at the following website: http://dashboard.dcf.state.fl.us/index.cfm?page=menu_details	X			
KD 228 Att I B6	**6. Provider Responsibilities**				
	a. Provider Unique Activities				
	The Provider shall:				
	(3) Make available to the Managing Entity all evaluations, assessments, surveys, monitoring or other reports and any corrective action plans, pertaining to outside licensure, accreditation, or other reviews conducted by funding entities or others and received from such other entities within ten (10) days of receipt by Provider	X			
	(4) Be responsible for the fiscal integrity of all funds under this contract, and for demonstrating that a comprehensive audit and tracking system exists to account for funding by client, by district/region, by Provider, and to provide an audit trail	X			
	(6) Upon receiving from the Managing Entity current and/or new state/federal requirements and policy initiatives integrate them into its operations	X			
	(7) Upon request, assist the Managing Entity with the development and implementation of client admission, continued stay, discharge criteria specific to each level of care, diagnosis, presenting problems, and the establishment of review dates.	X			
	(8) Make available and communicate all plans, policies, procedures, and manuals to their staff and to clients/ stakeholders if applicable.	X			
	(11) Maintain human resource policies and procedures that provide safeguards to ensure compliance with laws, rules and regulations.	X			
	(12) Have a data system in place that adequately supports the collection, tracking and analysis of data necessary to perform utilization management activities, reviews of clinical/administrative performance related to levels of care, clinical outcomes and adherence to clinical/administrative standards.	X			
	(13) Have policies and procedures in place that permit the reconciling of the invoices submitted to the Managing Entity. The invoices shall reconcile with the amount of funding and services specified in this contract as well as the agency's audit report and client information system.	X			
	(16) Upon request from the Managing Entity's contract manager, provide supporting documentation and make available source documentation of units billed to the Managing Entity.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	(17) Client Trust Funds				
	b. The Provider shall assume responsibility for administration of the personal property and funds of clients and shall follow the Department's Accounting Procedures Manual AMP 7, Volume 7, incorporated herein by reference (7APM6). The Managing Entity's personnel or their designees, upon request, may review all records relating to this section. Any shortages of client funds that are attributable to the Provider shall be repaid, plus applicable interest, within one week of the determination.			X	
	c. Not withstanding 7 APM 6 Section 15, the Provider and/or Managing Entity shall maintain all reconciliation records on-site for review.			X	
	(18) If receiving federal block grant funds from the Substance Abuse Prevention and Treatment or Community Mental Health Block Grants comply with Subparts I and II of Part B of Title XIX of the Public Health Service Act, sections 42 U.S.C. 300x-21 et seq. (as approved September 22, 2000) and the Health and Human Services (HHS) Block Grant regulations (45 CFR Part 96).		X		
	(19) Pursuant to section 402.73, F.S., maintain data on performance standards specified in Exhibit D, Substance Abuse and Mental Health Outcomes/Outputs, for the types of services provided under this contract and shall submit such data to the Managing Entity upon request. Data submission requirements can be found in CFP155-2.	X			
	(20) If required by 45 CFR Parts 160, 162, and 164, comply with the following provisions pursuant to 45 CFR 164.504(e)(2)(ii):				
	a. Provide oversight so that the Provider will not use or disclose protected health information (PHI) except as permitted or required by this contract, state or federal law.	X			
	b. Ensure that the Provider will use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this contract or applicable law.	X			
	c. Ensure that the Provider will report to the Managing Entity and/or the department any use or disclosure of the information not provided for by this contract or applicable law.	X			
	d. Assures to inform the Managing Entity that if any PHI received from the Managing Entity, or received by the Provider on the Managing Entity's behalf, is furnished to Provider's subcontractors or agents in the performance of tasks required by this contract, that those subcontractors or agents must first have agreed to the same restrictions and conditions that apply to the Provider with respect to such information.	X			
	e. Provide oversight so that the Provider will make PHI available in accordance with 45 CFR 164.524.	X			
	f. Make PHI available for amendment and to incorporate any amendments to PHI in accordance with 45 CFR 164.526.	X			
	g. Ensures that procedures are in place to make available the information required to provide an accounting of disclosures in accordance with 45 CFR 164.528.	X			

Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A
	h. Shall make its internal practices, books and records relating to the use and disclosure of PHI received from the Managing Entity or created or received by the Provider on behalf of the Managing Entity available for purposes of determining the Provider's compliance with these assurances.	X			
	(21) Reporting Missing Children				
	Instruct caregivers (including relatives and non-relatives) to immediately do the following, as applicable, and document their attempts upon discovering a child under their care is missing. A missing child is a person who is under the age of 18 years; whose location has not been determined; and who has been or will be reported as missing to a law enforcement agency.				X
	a. If exigent circumstances exist, a situation that requires immediate actions, such as the child is under the age of thirteen, believed to be out of the zone of safety for their age and development, mentally incapacitated, in a life threatening situation, in the company of others who could endanger their welfare or is absent under circumstance inconsistent with established behaviors the caregiver will call local law enforcement as soon as the determination is made that the child is missing and ask the officer to:				X
	i. Take a report of the missing child.				X
	ii. Assign a case number and provide the number back to the caregiver or person reporting the child missing.				X
	iii. Provide a copy of the law enforcement case report, when it is available.				X
	iv. If the responding law enforcement officer refuses to take a missing child report, for any reason, the caregiver will request to speak to the appropriate Watch Commander and document the officer's name and specific local law enforcement agency name. If the Watch commander refuses to take a missing child report, the caregiver will immediately contact the family services counselor or on-call staff to report this information. The family services counselor could be employed by the Department of Children and Families or a contractual Provider. The counselor will report this information to the Florida Department of Law Enforcement Missing Children's Information Center contact person who will contact Florida Department of Law Enforcement to request assistance in obtaining the missing child report.				X
	v. The caregiver will notify the child's family services counselor or the emergency on-call staff and share all pertinent information listed above with emphasis on providing the law enforcement agency name, case number and if available a copy of the law enforcement report.				X
	b. If exigent circumstances do not exist, the caregiver shall within the first hour check to see what, if any, of the child's personal belongings are missing or if the child left a note; and,				X

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Authority	Manner of Service Provision	Compliance	Partial Compliance	Non-Compliance	N/A	
	i. Call the following persons as appropriate to ascertain if the child has been seen, or has given any indications that may explain the child's missing status				X	
	1. School/child's teachers and school resource officer;				X	
	2. The child's relatives/parents, both local and non-local, if appropriate and the caregiver has the means for such contact;				X	
	3. Any friends or places that the child generally frequents, the local runaway shelter (if there is one in the community), and,				X	
	4. The child's employer, if applicable.				X	
	ii. Write down any information gathered that might help locate the child.				X	
	iii. Provide telephone/beeper numbers and ask for the individuals above to call back and share information if they have further information or see the child.				X	
	iv. Write down what the child was wearing the last time the child was seen and obtain a recent photo.				X	
	v. Notify the child's family services counselor or the emergency on-call staff and share all pertinent information listed above with emphasis on providing the law enforcement agency name and case number if available.				X	
	c. If at any time the child returns to the caregiver home, all law enforcement agencies and other agencies notified that the child was missing must be contacted immediately. If at any time new information is obtained on the child's location, all law enforcement agencies and other agencies notified that the child was missing must be contacted immediately and appropriate efforts taken to return the child to the caregivers' home.				X	
	b. Coordination with other Providers/Entities					
	The Provider shall coordinate with other Providers and state entities as follows:					
	(1) Upon request, the Provider should consider maintaining a system of care with the Department of Children and Family's contracted Community Based Care Providers within their communities through the execution of a working agreement. The intent of the working agreement is to establish a formal linkage of partnerships with a shared vision for improving outcomes for families involved in the child welfare system by providing integrated community support and services.	X				
	(2) The Provider shall, subject to funding and availability, coordinate with the judicial system, the criminal justice system, and the local law enforcement agencies in the geographic area, to develop strategies and alternatives for diverting individuals, from the criminal justice system to the civil system as provided under Part I of Chapter 397 and 394.9082, F.S. persons with Substance Abuse and Mental Health disorders who are arrested for a misdemeanor.	X				
	(3) The Provider agrees to coordinate services with other network Providers, the Managing Entity and state entities rendering services to children, adults and families as the need is identified by either the Managing Entity, department or the network Providers.	X				

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Authority	Method of Payment	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228 Att I C	C. Method of Payment				
	5. Medicaid Billing				
	a. The Provider and the Managing Entity specifically agree and acknowledge that the Medicaid Program is the payer of last resort;	X			
	b. For Medicaid purposes, the Managing Entity shall not be considered a liable third party for Mental Health and Substance Abuse Program payments funded through this contract;	X			
	c. The Provider shall not bill the Medicaid program for services or expenses for Medicaid recipients for which the Provider has already been paid by any other liable third party payer;	X			
	d. The Provider services covered under the Florida Medicaid program for Medicaid recipients may be billed to the Medicaid Program by the Providers, unless the Providers are already being paid by any other liable third party;	X			
	e. The Provider services to non-Medicaid recipients, or for non-Medicaid covered services, will only be billed to the department or any other non-Medicaid first or third party payer;	X			
	f. The Medicaid enrolled Provider will not bill the Managing Entity for Medicaid covered services provided to Medicaid eligible recipients;	X			
	g. The Provider shall identify and report Medicaid earnings separate from all other fees;	X			
	h. The Provider's Medicaid earnings cannot be accounted for and/or used as local match;	X			
	i. The Provider shall ensure that Medicaid payments are accounted for in compliance with federal regulations;	X			
	j. In no event shall both Medicaid and the Managing Entity be billed for the same service;	X			
	k. The Provider who is operating a residential treatment facility licensed as a crisis stabilization unit, detoxification facility, short-term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee For-Service programs for any services for recipients while in these facilities; and	X			
	l. The Provider who is operating a children's residential treatment center of greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee-For Service programs for any services for recipients in these facilities except as permitted under the Medicaid State Inpatient Psychiatric Program Waiver.	X			

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Authority	Method of Payment	Compliance	Partial Compliance	Non-Compliance	N/A
	9. Invoice Requirements				
	a. The Provider shall request payment monthly through submission of a properly completed invoice, Exhibit E-1, Substance Abuse and Mental Health Services Monthly Non-TANF Invoice, and/or Exhibit E-2, Substance Abuse and Mental Health Services Monthly TANF Invoice, within ten (10) days following the end of the month for which payment is being requested for the delivery of service.	X			
	d. If no services are due to be invoiced from the preceding month, the Provider shall submit a written document to the Managing Entity indicating this information within ten (10) days following the end of the month.	X			
	e. Invoices shall be submitted in detail sufficient for a proper pre-audit and post-audit.	X			
	10. Supporting Documentation				
	a. The Provider agrees to maintain service documentation for each service billed to the Managing Entity pursuant to this contract or to any other entity. Proper service documentation for billing under this contract for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C.	X			

Authority	Special Provisions	Compliance	Partial Compliance	Non-Compliance	N/A
KD 228 Att I D	D. Special Provisions				
	(2) Utilization Management Program				
	The Provider agrees to:				
	a. Utilize a transmittal system, which may be a computerized management information system, for submitting/receiving and recording information and documentation required as part of the Substance Abuse Utilization Management Program.		X		
	b. Request and receive an authorization number from the Managing Entity for all clients requiring admission into a substance abuse service prior to the client being admitted to the program for treatment.		X		
	c. Complete all required assessment components outlined in the SAUM Manual for all children/adolescent clients requiring substance abuse treatment services. The information will be submitted to the Managing Entity prior to the authorization request.		X		
	d. Participate and cooperate in the centralized waiting list in accordance with the waiting list policies and procedures outlined in the SAUM Manual.		X		
	e. Provide to the Managing Entity Treatment Plans within 20 days of admission and a discharge summary within 3 days of discharge for all High-Risk/High Users as defined in the SAUM Manual. Treatment Plans and Discharge Summaries will comply with the requirements set forth in Rule 65D-30, F.A.C.		X		
	(4) Utilization Management Program (Adult & Children SAUM)				
	b. The Provider shall obtain written authorization from the Managing Entity prior to providing Residential Level I & II services. A written authorization will also be required, prior to the expiration of the initial length of stay, in order to extend Residential Level I & II services. The request for an extension must be justified in accordance with ASAM-PPC-2-R (or latest revised edition thereof) criteria and in accordance with the SAUM Policies and Procedures Manual.		X		
	c. Case management services may be provided to clients receiving residential services as a separate service pursuant to other terms and conditions in this contract. Post-residential clients may continue to receive case management services only if they are receiving outpatient or day-night services.	X			
	d. When a client has been provided residential services as a non-Managing Entity funded client (e.g. paid by insurance), that stay is subtracted from the prescribed length of stay should the client become eligible to receive Provider-funded services.	X			
	(7) Operating Capital				
	The Provider shall at all times during the term of this contract have access to operating capital for a minimum of 30 days of operation, in the event payment to the Provider is interrupted for reasons beyond the Managing Entity's or Provider's control or in an emergency, for continuity of the Provider's operations.		X		

Authority	Special Provisions	Compliance	Partial Compliance	Non-Compliance	N/A
	(8) Sliding Fee Scale				
	The Provider shall comply with the provisions of Rule 65E-14.018, F.A.C. A copy of the Provider's sliding fee scale that reflects the uniform schedule of discounts referenced in Rule 65E-14.018(4) F.A.C. shall be furnished by the Provider to the Managing Entity's contract manager within thirty (30) days of contract execution.	X			
	(9) Service Provision Requirements for Substance Abuse Prevention and Treatment Block Grants				
	a. If funding is received by the Provider from the Managing Entity from the Substance Abuse Prevention and Treatment Block Grant, the Provider shall comply with the data submission requirements outlined in CFP 155-2 and within the funding restrictions outlined in "SAMH Funding Restrictions Resource Guide" incorporated here in by reference.			X	
	b. The Provider shall make available, either directly or by arrangement with others, tuberculosis services to include counseling, testing and referral for evaluation and treatment.	X			
	d. If funding is received by the Provider from the Managing Entity from the Substance Abuse Treatment and Prevention Block Grant, the Provider shall participate in the State's Peer Review process to assess the quality, appropriateness, and efficacy of treatment services provided to individuals by network Providers pursuant to 45 CFR 96.136.				X
	(10) Transportation Disadvantaged				
	The Provider agrees to comply with the provisions of Chapter 427, F.S., Part I, Transportation Services, and Chapter 41-2, F.A.C., Commission for the Transportation Disadvantaged, if public funds provided under this contract will be used to transport clients. The Provider agrees to comply with the provisions of (CFOP 40-50) if public funds provided under this contract will be used to purchase vehicles which will be used to transport clients.	X			
	(11) Agreements with Health Maintenance Organizations/Managed Care Organizations				
	a. The Provider shall notify the Managing Entity's contract manager, in writing, prior to entering into a contract for the provision of Substance Abuse or Mental Health services with a health maintenance organization or other managed care organization that is capitated by Medicaid to provide Substance Abuse and/or Mental Health services or an agent of any such health maintenance organization or other managed care organization.	X			
	b. Copies of the contract shall be furnished to the Managing Entity's contract manager within thirty (30) days of execution.	X			

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Authority	Special Provisions	Compliance	Partial Compliance	Non-Compliance	N/A
	(12) Medicaid Enrollment				
	A Provider with Substance Abuse Mental Health (SAMH) contracts in excess of $500,000.00 annually that render substance abuse services shall enroll as a Medicaid Provider. This process shall be initiated within 90 days of contract execution. A waiver of this requirement may be granted, in writing, by the Managing Entity with the written approval of the Department's Director of Substance Abuse.	X			
	(13) National Provider Identifier				
	a. All health care Providers are eligible to be assigned a Health Insurance Portability and Accountability Act National Provider Identifiers (NPIs). All contracted network Providers must use NPIs.	X			
	(15) Family Intervention Specialist				
	The Provider agrees to comply with the provisions of Exhibit M, Substance Abuse Family Intervention Specialist Services and the Revised Family Intervention Guidelines, if the services of Family Intervention Specialists are being provided under this contract.	X			
	(16) Forensic Mental Health Specialist Services				
	The Provider shall provide, subject to funding and availability, access and availability of Substance Abuse and/or co-occurring Substance Abuse and Mental Health treatment services to individuals under jurisdiction of the Eleventh and Sixteenth Judicial Circuit Courts. Where available, services will be provided to the forensic population in all levels of treatment, and will be culturally sensitive and available in English, Spanish and Creole.				X
	(17) Travel				
	The Provider's internal procedures will assure that: A travel voucher Form DFS-AA-15 (State of Florida Voucher for Reimbursement of Traveling Expenses) (previously numbered C-676) must be utilized. Exhibit P, Travel and Authorization, must be completed and maintained on file by the Provider. Original receipts for expenses incurred during officially authorized travel, items such as car rental and air transportation, parking and lodging, tolls and fares, must be maintained on file by the Provider. Section 287.058 (1) (b) F.S., requires that bills for any travel expense shall be maintained in accordance with Section 112.061, F.S. governing payments for traveling expenses. CFOP 40-1 (Official Travel of State Employees and Non-Employees) provides further explanation, clarification, and instruction regarding the reimbursement of traveling expenses necessarily incurred during the performance of business.	X			
	The Provider must retain on file documentation of all travel expenses to include the following data elements: name of the traveler, dates of travel, travel destination, purpose of travel, hours of departure and return, per diem or meals allowance, map mileage, incidental expenses, signature of payee and payee's supervisor.	X			

Authority	Special Provisions	Compliance	Partial Compliance	Non-Compliance	N/A
	(19) Employee Loans				
	Funds provided by the Managing Entity to the Provider under this contract shall not be used by the Provider to make loans to their employees, officers, directors and/or subcontractors. Violation of this provision shall be considered a breach of contract and the termination of this contract shall be in accordance with the Standard Contract, Section III, C. A loan is defined as any advancement of money for which the repayment period extends beyond the next scheduled pay period.			X	
	(22) Billing for Non-Medicaid Recipient and/or Non-Medicaid Covered Children Mental Health Services				
	The Provider agrees that prior to billing the Managing Entity for a non-Medicaid recipient or for non-Medicaid covered services, the Provider will seek payment from all other first or third party payor. In no event shall the Provider bill the Managing Entity for services already paid by any other liable first or third party payor.	X			
	(23) Progress Report				
	The Provider is required to complete quarterly status reports on all dependent children served. These reports must be provided to community based care caseworkers, immediately upon request. The report should detail progress, current status and therapeutic educational and medical needs of the named child.			X	

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Fiscal Review

Authority	A. Audits	Compliance	Partial Compliance	Non-Compliance	N/A
SC, I.C.2.a., 45 CFR Parts 74 or 92, OMB A-133	If Provider expended more than $500,000 in federal funds during its previous fiscal year, it obtained an OMB A-133 audit.	X			
SC, I. D.6. s. 215.97, F.S.	If Provider expended more than $500,000 in state funds during its previous fiscal year, it obtained an audit as required by s. 215.97, F.S.	X			
s. 215.97, F.S.	If applicable, any audit-related CAP required of the Provider by the ME Provider Audit Unit and/or Region and/or Contract Mgr is underway or completed.	X			

Authority	B. Accounting System	Compliance	Partial Compliance	Non-Compliance	N/A
SC, I.D.1 45 CFR 92.20	The Provider maintains the basic books of accounting: General ledgers	X			
SC, I.D.1 45 CFR 92.20	The Provider maintains the basic books of accounting: Subsidiary ledgers (accounts receivable, accounts payable)	X			
SC, I.D.1 45 CFR 92.20	The Provider maintains the basic books of accounting: Cash receipts journal	X			
SC, I.D.1 45 CFR 92.20	The Provider maintains the basic books of accounting: Cash disbursements journal	X			
SC, I.D.1 45 CFR 92.20	The Provider maintains a chart of accounts.	X			
SC, I.D.1 45 CFR 92.20	If applicable, the Provider maintains a current operating budget, revenue and expenditure reports and trial balances.	X			

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Authority	C. Financial System	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I 45 CFR 92, 92.20	The Provider prepares and maintains an operating budget detailed by cost center, by source of funds and by expenditure category. If not or a different method is used, explain in notes.	X			
Attachment I 45 CFR 92, 92.20	The Provider has a methodology for allocating program by cost centers with proper documentation. If not, or if a different method is used, explain in notes.	X			
Attachment I 45 CFR 92, 92.20	The Provider has an acceptable system for allocating fees and other third party revenue to funding sources when two or more parties are involved.	X			
Attachment I	From a sample of contract invoices, verify whether required supporting documentation (such as time sheets, vendor receipts, treatment records) is available	X			
Attachment I	Service events billed to the ME can be traced to the records of the individual actually performing the service (e.g., van driver, therapist, trainer, etc.)	X			
Attachment I	The revenue and expenditure reports indicate variances between actual and projected expenses.	X			
Attachment I	If the contract specifies a match requirement, documentation verifies match participation for In-kind match	X			
Attachment I	If the contract specifies a match requirement, documentation verifies match participation for Cash match in accordance with funding source	X			
Attachment I	Year to date summary identifies any discrepancy between actual and projected match.	X			
Attachment I	If unallowable expenditures were included in the required match, the Provider has removed the amounts.	X			
Attachment I	The Provider is meeting contract match requirements.	X			

Authority	D. Return of Funds	Compliance	Partial Compliance	Non-Compliance	N/A
SC, I.J.	If unallowable expenditures were charged to the contract, or the Provider has otherwise been overpaid, the Provider has made arrangements to reimburse the ME.			X	
SC, I.J.	If so, progress has been made to reconcile any obligation payable to the ME.			X	
SC, I.J., Attachment I	Interest earned from advances is identified and returned to the ME as specified.			X	

Authority	E. Payroll	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I requirement for compliance with federal law.	The Federal Quarterly Payroll Tax Return (Form 941) and supporting documentation, indicates that the Provider is remitting payroll taxes, including federal withholding tax, and both employee and employer share of FICA. Required by Title 26, Code of Federal Regulations, Part 31.6011(a)-1.	X			
Attachment I requirement for compliance with FL rules.	The Florida Unemployment Compensation Tax (UCT)-6 and supporting documentation verifies that the Provider is filing state unemployment compensation returns. Required by rule 60BB-2, F.A.C.	X			
Attachment I	All individual positions have been paid within the budgeted amount specified in the contract.	X			
Attachment I 45 CFR 92, 92.20	The Provider has a properly documented payroll register to differentiate between administrative and program personnel.	X			

Authority	F. Method of Payment: Fixed Price Contracts	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I	The rate per unit of service charged on Provider invoices is the same as the rate specified in the executed contract.	X			
SC I.B. 45 CFR 92.20	The Provider maintains records documenting the number of units and dollars claimed on corresponding invoices.	X			
Attachment I SC I.B. 45 CFR 92.20	The Provider maintains records documenting the total number of clients served	X			
Attachment I SC I.B. 45 CFR 92.20	The Provider maintains records documenting the names or unique identifiers of clients	X			
Attachment I SC I.B. 45 CFR 92.20	The Provider maintains records documenting dates and times services were provided	X			
Attachment I	The Provider has not billed for more service units than allowed by the contract.	X			

Authority	G. Travel - for Cost Reimbursement Contracts Only	Compliance	Partial Compliance	Non-Compliance	N/A	
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, Basis for reimbursement is state per diem or actual expenses for lodging and meal allowances for overnight travel	X				
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, Documentation supporting travel expenditures	X				
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, Supervisory approval of travel reimbursement	X				
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, Persons (e.g., volunteers, interns, etc.) who travel at the program's expense are identified	X				
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, Travel reimbursements are submitted on the State of Florida Voucher for Reimbursement of Travel Expenses (Form C676) or an equivalent form approved by the State Comptroller.	X				
Attachment I SC I.B. 112.061, F.S.	If applicable, the Provider has written travel policies in compliance with s. 112.061, F.S., which require, at a minimum, For any conference travel, the Provider has submitted the State of Florida Authorization to Incur Travel Expense (Form C-676C) with a copy of the program or agenda, prior to the travel date.	X				

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Authority	H. Fixed Assets: Applicable for Contracts with non-expendable property clause	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I 273.02, F.S. CFOP 80-2	If applicable, the Provider conducts a physical inventory of non-expendable property at least annually.	X			
Attachment I	If the contract includes provisions for acquisition of non-expendable property, property records include the required fields specified in the contract, specifically:	X			
Attachment I	...identification number;	X			
Attachment I	...year and/or model;	X			
Attachment I	...a description of the property, its use, and condition;	X			
Attachment I	...current location;	X			
Attachment I	...the name of the property custodian;	X			
Attachment I	...class code (use state standard codes for capital assets);	X			
Attachment I	...if a group, record number and description of components of group;	X			
Attachment I	...name, make, or manufacturer;	X			
Attachment I	...serial number(s), if any, and if automobile, VIN and certificate number;	X			
Attachment I	...acquisition date;	X			
Attachment I	...original acquisition cost;	X			
Attachment I	...funding source;	X			
Attachment I	...information needed to calculate the federal and/or state share of cost.	X			
Attachment I	If applicable, Provider obtained required ME permission prior to disposing of any property bought with ME funds.	X			
Attachment I	If applicable, transfers, replacements and disposition of property have been documented.	X			
Attachment I	If applicable, physical observation indicates that property is being used as authorized by the contract.	X			
Attachment I	If applicable, physical observation indicates that the property is adequately protected from theft, deterioration and damage.	X			

Authority	I. Insurance	Compliance	Partial Compliance	Non-Compliance	N/A	
SC I.G.	Upon execution of contract, Provider furnished the ME with written verification supporting Provider's determination of the types and extent of liability insurance coverage needed.	X				
SC I.G. and Attachment I	The Provider furnished the ME with written verification of liability coverage consistent with its need determination (Standard Contract) or consistent with any unique requirements in Attachment I.	X				
Attachment I	If applicable, documentation is available to confirm the Provider has current coverage for the types and amounts of insurance specified in the contract, e.g., a copy of the declaration page.	X				
Attachment I	If applicable, beneficiary of any policies is consistent with requirements in contract.	X				

Authority	J. Representative Payee Trust Fund	Compliance	Partial Compliance	Non-Compliance	N/A	
DCF 7 APM 6, 1.d.	The provider is able to provide documentation as to their representative payee status with the Social Security Administration (SSA).				X	
DCF 7 APM 6, 6.c.	The local Social Security Administration office's Review Report(s) of its payees are available onsite. (We do not know how often each representative payee will be reviewed by the SSA fo any given time period.) Any Review Reports issued needs to be considered as to how it could affect monitoring.				X	
DCF 7APM6, 6.a.	The provider maintains a **separate** bank account with a title that clearly indicates a separation between client funds and the rest of the organization. The SSA recommendation is that the account be titled, "Provider Name, Representative Payee for SSI and Social Security Beneficiaries". (This denotes beneficiaries as the owner and the representative payee as the fiduciary.)				X	
DCF 7APM6 2008, 13.b.	A detailed client sub-ledger is maintained for each individual.				X	
DCF 7APM6 2008, 6.a.	Separate records are maintained for each client having a trust fund, with information that includes: transaction date, deposits, withdrawals, interest earned, service charges, and a running balance of the account.				X	
DCF 7APM6, 6.a.	All records are available to ME for audit purposes.				X	
DCF 7APM6, 6.a.	The client sub-ledger contains information sufficient to provide an audit trail to the underlying supporting documentation (i.e. check numbers, transaction numbers, dates, amounts, etc.)				X	

Authority	J. Representative Payee Trust Fund (continued)	Compliance	Partial Compliance	Non-Compliance	N/A
DCF 7 APM 3 p. 20 & 7 APM 6 p. 16; CFOP175-59, 8.a	There is a mechanism in place to allow for viewing balances for the $2,000 asset limit for SSI beneficiaries.				X
DCF 7APM6, 8.i.	Any purchase (of an item) over $500 is reviewed and formally approved by the provider's administrator/director or designee prior to payment. The designee should not be a caseworker or unit supervisor.				X
DCF 7APM6, 12.	The subsidiary ledger is reconciled monthly to the bank statement.				X
DCF 7APM6, 5.b. 402.17(2)(b), F.S.	Client funds are deposited and held by a bank, credit union, or savings and loan association authorized to do business in Florida. The Department of Banking and Finance provides a list of these financial institutions authorized to do business in Florida. Additional information about financial institutions is stated in 7 APM 1.				X
DCF 7APM6, 5. a.c.	Money in a client's trust fund that is in excess of current needs (one month's volume of disbursements) was invested?				X
DCF 7APM6, 7.a	A pre-numbered cash receipt is required for all cash received from or on behalf of a client.				X
DCF 7APM6, 5.b.6.d 402.17(2)(b), F.S.	Client funds are available on demand.				X
DCF 7APM6 2008, 5.c	If interest is earned, it is retained for personal use or benefit of client.				X
DCF 7APM6 2008, 5.c	Service charges are limited to fees due to the financial institution.				X
DCF 7APM6 2008, 5.c.(2)	Service fees are charged to the specific client fund that owes those charges.				X
	Withdrawal requisition forms are required to document withdrawals from clients' accounts, containing the following information...				X
DCF 7APM6, 8.a.(1)	...client's name and identification number				X
DCF 7APM6, 8.a.(2)	...amount of withdrawal				X
DCF 7APM6, 8.a.(3)	...reason for withdrawal				X
DCF 7APM6, 8.a.(4)	...signature of authorized personnel requesting the withdrawal				X
DCF 7APM6, 8.a.(5)	...date of request				X
DCF 7APM6, 8.a.(6)	...signature of client or signed by a minimum of two employees				X
DCF 7APM6, 12	Documentation supports the underlying transaction(s).				X

Authority	J. Representative Payee Trust Fund (continued)	Compliance	Partial Compliance	Non-Compliance	N/A
DCF 7APM6, 8.b	Legible **original** receipts are required for any reimbursements where items are purchased on behalf of a client. (Copies of receipts, copies of invoices, order forms, online shopping carts, gift registry printouts, etc... are **not** acceptable.)			X	
DCF 7APM6, 8.m.	Written disciplinary procedures prescribe action against those who do not supply original receipts, including foster parents.			X	
DCF 7APM6, 8.g	In cases where the client account has been charged but no documentation exists, the provider has reimbursed the client trust fund within one week of such determination.			X	
DCF 7APM6, 8.a., Additional guidelines in Exhibit B	Client trust funds are not used for purchases for anyone except the client.			X	
DCF 7APM6, 8.g	If goods and services acquired do not match the requisition, the money is returned to the client's trust fund.			X	
DCF 7APM6, 8.k.	Checks to withdraw client trust funds are not made to employees, providers or foster or group home operators except in extraordinary circumstances. Note: Exceptions are situations where flexibility is needed and the exact cost is not known.			X	
DCF 7APM6, 8.l.	All disbursements are recorded in provider's accounting system within 5 working days of check issuance.			X	
DCF 7APM6, 8.h. for some items	Designated personnel, independent of the client, periodically reviews property purchased from trust funds. Verification is documented and maintained in client's records.			X	
DCF 7APM6, 11	Upon discharge or death of the client, all personal effects and money are turned over to the client or administrator of estate promptly. For clients receiving SSI, the account should not exceed $2000.			X	
DCF 7APM6, 11	Final accounting is made within one month of the client's discharge or death, including interest earned on investment.			X	
	The provider has an adequate internal control system, including at least the following...			X	
DCF 7APM6, 12	...Segregation of duties			X	
DCF 7APM6, 12	...Deposits are made within 24 hours of receipt except when holidays and weekends intervene.			X	
DCF 7APM6, 12	...Funds kept overnight are secured.			X	

Authority	K. Staffing	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I	1. Is there a plan for the adequate staffing of the agency?	X			
Attachment I	2. Does the review of the staffing plan reflect an adequate number of staff to complete all tasks accurately, Completely, and on a timely basis?	X			
Attachment I	3. Does a review of the Budget and Actual current salaries support the staffing plan?	X			
Attachment I	4. Does the agency have a Recruitment Policy?	X			

Authority	L. Process of Payment - Medicaid	Compliance	Partial Compliance	Non-Compliance	N/A
Attachment I	1. Does the Provider and the Managing Entity specifically agree and acknowledge that the Medicaid Program is the payer of last resort?	X			
Attachment I	2. Does the Provider understand that for Medicaid purposes, the Managing Entity shall not be considered a liable third party for Mental Health and Substance Abuse Program payments funded through this contract?	X			
Attachment I	3. Are the Provider services covered under the Florida Medicaid program for Medicaid recipients billing Medicaid Program by the Providers, unless the Providers are already being paid by any other liable third party?	X			
Attachment I	a. If so, has the Provider not billed the Medicaid program for services or expenses for Medicaid recipients for which the Provider has already been paid by any other liable third party payer?	X			
Attachment I	4. Are the Provider services to non-Medicaid recipients, or for non-Medicaid covered services, only billing the ME or any other non-Medicaid first or third party payer?	X			
Attachment I	5. Is the Medicaid enrolled Provider not billing the Managing Entity for Medicaid covered services provided to Medicaid eligible recipients?	X			
Attachment I	6. Does the Provider identify and report Medicaid earnings separate from all other fees on invoice worksheet?	X			
Attachment I	7. Does the Provider ensure that Medicaid payments are accounted for in compliance with federal regulations?	X			

Authority	L. Process of Payment - Medicaid (continued)	Compliance	Partial Compliance	Non-Compliance	N/A	
Attachment I	8. Does the Provider ensure that a Provider who is operating a residential treatment facility licensed as a crisis stabilization unit, detoxification facility, short-term residential treatment facility, residential treatment facility Levels 1 or 2, or therapeutic group home that is greater than 16 beds is not permitted to bill or knowingly access Medicaid Fee For-Service programs for any services for recipients while in these facilities?	X				
Attachment I 65E-14.018 F.A.C.	9. Does the Provider comply with the provisions of Rule 65E-14.018, F.A.C. in which a copy of the Provider's sliding fee scale that reflects the uniform schedule of discounts referenced in Rule 65E-14.018(4), F.A.C. and is furnished by the Provider to the Managing Entity's Contract Manager within thirty (30) days of contract execution?	X				
Attachment I	10. Has the Provider (SAMH contracts in excess of $500,000.00 annually) enrolled as a Medicaid Provider?	X				
Attachment I	a. If so, is this process initiated within 90 days of contract execution?	X				
Attachment I	b. If the Provider is seeking a waiver of this requirement, have they requesting it in writing, to the Managing Entity?	X				
Attachment I	11. Does the Provider have a National Provider Identification number?	X				

Authority	M. Transportation Disadvantaged	Compliance	Partial Compliance	Non-Compliance	N/A	
Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5	1. Does the Provider use public funds to transport clients?	X				
Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5	a. If so, is the Provider in compliance with the provisions of Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5?	X				
Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5	2. Does the Provider use public funds to purchase vehicles to transport clients?	X				
Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5	a. If so, is the Provider in compliance with the provisions of Chapter 427 F.S., Part I, Chapter 41-2 F.A.C. and CFOP 40-5?	X				

Administrative Services
65D-30.004 Common Licensing Standards

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	**(1) Operating Procedures.** Providers shall demonstrate organizational capability through a written, indexed system of policies and procedures that are descriptive of services and the population served. All staff shall have a working knowledge of the operating procedures. These operating procedures shall be available for review by the department.	X			
65D-30.004	**(3) Provider Governance and Management.**				
65D-30.004	(a) Governing Body. Any Provider that applies for a license, shall be a legally constituted entity. Providers that are government-based and Providers that are for-profit and not-for-profit, as defined in Section 397.311, F.S., shall have a governing body that shall set policy for the Provider. The governing body shall maintain a record of all meetings where business is conducted relative to Provider operations. These records shall be available for review by the department.	X			
65D-30.004	(b) Insurance Coverage. In regard to liability insurance coverage, Providers shall assess the potential risks associated with the delivery of services to determine the amount of coverage necessary and shall purchase policies accordingly.	X			
65D-30.004	(c) Chief Executive Officer. The governing body shall appoint a chief executive officer. The qualifications and experience required for the position of chief executive officer shall be defined in the Provider's operating procedures. Documentation shall be available from the governing body providing evidence that a background screening has been completed in accordance with Chapters 397 and 435, F.S., and there is no evidence of a disqualifying offense. Providers shall notify the district office in writing when a new chief executive officer is appointed.	X			
65D-30.004	Inmate Substance Abuse Programs operated by the Department of Corrections are exempt from the requirements of this paragraph. Juvenile Justice Commitment Programs and detention facilities operated by the Department of Juvenile Justice, are exempt from the requirements of this paragraph.			X	
65D-30.004	**(5) Standards of Conduct.** Providers shall establish written rules of conduct for clients. Rules on client conduct shall be given to each client during orientation.	X			

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	**(6) Medical Director**. This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, and medication and methadone maintenance treatment.				
65D-30.004	Providers shall designate a medical director who shall oversee all medical services. The medical director's responsibilities shall be clearly described. The Provider shall notify the district office in writing when there is a change in the medical director and provide proof that the new medical director holds a current license in the state of Florida. In those cases where a Provider operates treatment components that are not identified in this subsection, the Provider shall have access to a physician through a written agreement who will be available to consult on any medical services required by clients involved in those components.	X			
65D-30.004	**(7) Medical Services.**				
65D-30.004	(a) Medical Protocol. For those components identified in subsection 65D-30.004(6), F.A.C., each physician working with a Provider shall establish written protocols for the provision of medical services pursuant to Chapters 458 and 459, F.S., and for managing medication according to medical and pharmacy standards, pursuant to Chapter 465, F.S. Such protocols will be implemented only after written approval by the Chief Executive Officer and medical director. The medical protocols shall also include:	X			
65D-30.004	1. The manner in which certain medical functions may be delegated to Advanced Registered Nurse Practitioners and Physician's Assistants in those instances where these practitioners are utilized as part of the clinical staff;	X			
65D-30.004	2. Issuing orders; and	X			
65D-30.004	3. Signing and countersigning results of physical health assessments.	X			
65D-30.004	All medical protocols shall be reviewed and approved by the medical director and Chief Executive Officer on an annual basis and shall be available for review by the Department.	X			
65D-30.004	(b) Emergency Medical Services. All licensed Providers shall describe the manner in which medical emergencies shall be addressed.	X			
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of subsection 65D-30.004(7), F.A.C., but shall provide such services as required by Chapter 33-19, F.A.C., titled Health Services. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.			X	

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Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	**(8) State Approval Regarding Prescription Medication.** In those instances where the Provider utilizes prescription medication, medications shall be purchased, handled, administered, and stored in compliance with the State of Florida Board of Pharmacy requirements for facilities which hold Modified Class II Institutional Permits and in accordance with Chapter 465, F.S. This shall be implemented in consultation with a state-licensed consultant pharmacist, and approved by the medical director. The Provider shall ensure that policies implementing this subsection are reviewed and approved annually by a state-licensed consultant pharmacist.	X			
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 465, F.S. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection, but shall provide such services as required by Chapter 465, F.S.			X	
65D-30.004	**(32) Clinical Supervision.** A qualified professional shall supervise clinical services, as permitted within the scope of their qualifications. In the case of medical services, medical staff may provide supervision within the scope of their license. Supervisors shall conduct regular reviews of work performed by subordinate employees.	X			
65D-30.004	**(9) Universal Infection Control.** This requirement applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.	X			
65D-30.004	(a) Plan for Exposure Control.				
65D-30.004	1. A written plan for exposure control regarding infectious diseases shall be developed and shall apply to all staff, volunteers, and clients. The plan shall be initially approved and reviewed annually by the medical director or consulting physician. The plan shall be in compliance with ***Chapters 381 and 384, F.S., and Chapters 64D-2 and 64D-3, F.A.C.***	X			
65D-30.004	2. The plan shall be consistent with the protocols and facility standards published in the Federal Center for Disease Control Guidelines and Recommendations for Infectious Diseases, Long Term Care Facilities.	X			

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Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	(b) Required Services. The following Universal Infection Control Services shall be provided:				
65D-30.004	1. Risk assessment and screening for both client high-risk behavior and symptoms of communicable disease as well as actions to be taken on behalf of clients identified as high-risk and clients known to have an infectious disease;	X			
65D-30.004	2. HIV and TB testing and HIV pre-test and post-test counseling to high-risk clients, provided directly or through referral to other healthcare Providers which can offer the services; and	X			
65D-30.004	3. Reporting of communicable diseases to the Department of Health in accordance with Sections 381.0031 and 384.25, F.S.	X			
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.			X	
65D-30.004	(10) Universal Infection Control Education Requirements for Employees and Clients. Providers shall meet the educational requirements for HIV and AIDS pursuant to Section 381.0035, F.S., and all infection prevention and control educational activities shall be documented.	X			
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 945, F.S., titled Department of Corrections. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements of this subsection but shall provide such services as required in the policies, standards, and contractual conditions established by the Department of Juvenile Justice.			X	

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	(11) Meals. At least three meals per day shall be provided to clients in addictions receiving facilities, residential detoxification, intensive inpatient treatment, residential treatment, and day or night treatment with host homes. In addition, at least one snack shall be provided each day. For day or night treatment with community housing and day or night treatment, the Provider shall make arrangements to serve a meal to those clients involved in services a minimum of five hours at any one time. Clients with special dietary needs shall be reasonably accommodated. Under no circumstances may food be withheld for disciplinary reasons. The Provider shall document and ensure that nutrition and dietary plans are reviewed and approved by a Florida registered dietitian at least annually. Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements of this subsection but shall provide such services as required by Chapter 33-204, F.A.C., titled Food Services.	X			
65D-30.004	(b) Record Retention and Disposition. In the case of individual client/participant records, records shall be retained for a minimum of seven years. The disposition of client/participant records shall be carried out in accordance with Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S. In addition, records shall be maintained in accordance with Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule used by Children and Family Services, incorporated herein by reference. Copies of CFOP 15-4 and CFP 15-7 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.	X			
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the time period specified for the retention of records and from applying the Children and Families Operating Procedures (CFOP) 15-4, Records Management, and Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule. Juvenile Justice Commitment Programs and detention facilities operated by or under contract with the Department of Juvenile Justice are exempt from the requirements found in the Children and Family Services Operating Procedures (CFOP) 15-4, Records Management, and the Children and Family Services Pamphlet (CFP) 15-7, Records Retention Schedule.				X
65D-30.004	(23) Compulsory School Attendance for Minors. Providers which admit juveniles between the ages of 6 and 16 shall comply with Chapter 232, F.S., entitled Compulsory School Attendance; Child Welfare.	X			
65D-30.004	(24) Data. Providers shall report data to the department pursuant to paragraph 397.321(3)(c), F.S.	X			

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Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	(25) Special In-Residence Requirements. Providers that house males and females together within the same facility shall provide separate sleeping arrangements for these clients. Providers which serve adults in the same facility as persons under 18 years of age shall ensure client safety and programming according to age.	X			
65D-30.004	(26) Reporting of Abuse, Neglect, and Deaths. Providers shall adhere to the statutory requirements for reporting abuse, neglect, and deaths of children under Chapter 39, F.S., and of adults under Section 415.1034 and paragraph 397.501(7)(c), F.S.			X	
65D-30.004	(27) Incident Reporting Pursuant to paragraph 397.419(2)(f), F.S. Incident reporting is required of all Providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Copies of CFOP 215-6 may be obtained from the Department of Children and Family Services, Substance Abuse Program Office, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700. Incident reporting shall include the following:				
65D-30.004	(a) A broad definition of "incident" to include medication errors, violations of crucial procedures, and actions resulting in physical injury	X			
65D-30.004	(b) A provision that a written incident report must be filed with the district Alcohol, Drug Abuse, and Mental Health Program Office of the department within 1 calendar day of the incident when an action or inaction has a negative effect on the health or safety of the client, or violates the rights of a client;	X			
65D-30.004	(c) Employee training in reporting procedures and requirements that includes the affirmative duty requirements and protections of Chapter 415, F.S., and Title V of the Americans with Disabilities Act; and	X			
65D-30.004	(d) Reporting, tracking, and responding to incidents in accordance with departmental regulation.			X	
65D-30.004	**(28) Confidentiality.** Providers shall comply with Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records," and with subsections 397.419(7) and 397.501(7), F.S., paragraphs 397.6751(2)(a) and (c), F.S., and Section 397.752, F.S., regarding confidential client information.	X			

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	**(29) Client Rights.** Individuals applying for or receiving substance abuse services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights, including those specified in subsections 397.501(1)-(10), F.S.	X			
65D-30.004	**(a) Provisions. Basic client rights shall include:**				
65D-30.004	1. Provisions for informing the client, family member, or authorized guardian of their rights and responsibilities, assisting in the exercise of those rights, and an accessible grievance system for resolution of conflicts;				
65D-30.004	2. Provisions assuring that a grievance may be filed for any reason with cause;	X			
65D-30.004	3. The prominent posting of notices informing clients of the grievance system;	X			
65D-30.004	4. Access to grievance submission forms;	X			
65D-30.004	5. Education of staff in the importance of the grievance system and client rights;	X			
65D-30.004	6. Specific levels of appeal with corresponding time frames for resolution;	X			
65D-30.004	7. Timely receipt of a filed grievance;	X			
65D-30.004	8. The logging and tracking of filed grievances until resolved or concluded by actions of the Provider's governing body;	X			
65D-30.004	9. Written notification of the decision to the appellant; and	X			
65D-30.004	10. Analysis of trends to identify opportunities for improvement.	X			
65D-30.004	**(b) Providing Information to Affected Parties.** Notification to all parties of these rights shall include affirmation of an organizational non-relationship policy that protects a party's right to file a grievance or express their opinion and invokes applicability of state and federal protections. Providers shall post the number of the abuse hotline, the local Florida Advocacy Council, and the district Alcohol, Drug Abuse, and Mental Health Program Office in a conspicuous place within each facility and provide a copy to each client placed in services.	X			
65D-30.004	(c) Implementation of Client Rights Requirements by Department of Corrections. In lieu of the requirements of this subsection, and in the case of Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections, the Department of Corrections shall adhere to the requirements found in Chapter 33-103, F.A.C., titled Inmate Grievances.			X	

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A	
65D-30.004	(d) Implementation of Client Rights Requirements by Department of Juvenile Justice. In lieu of the requirements of this subsection, and in the case of commitment programs and detention facilities operated by or under contract with the Department of Juvenile Justice, the Department of Juvenile Justice policies regarding client grievances shall be followed.			X		
65D-30.004	**(30) Client Employment.** Providers shall ensure that all work performed by a client is voluntary, justified by the treatment plan, and that all wages, if any, are in accordance with applicable wage and disability laws and regulations	X				
65D-30.004	**(34) Facility Standards.** Facility standards in paragraphs (a)-(k) apply to addictions receiving facilities, residential detoxification facilities, intensive inpatient treatment, and residential treatment facilities. Facility standards in paragraphs (f)-(k) apply to day or night treatment with host homes, day or night treatment with community housing, day or night treatment, intensive outpatient treatment, outpatient treatment, and medication and methadone maintenance treatment.	X				
65D-30.004	(a) Grounds. Each facility and its grounds shall be designed to meet the needs of the clients served, the service objectives, and the needs of staff and visitors. Providers shall afford each client access to the outdoors. Access may be restricted in those cases where the client presents a clear and present danger to self or others or is at risk for elopement.	X				
65D-30.004	(b) Space and Equipment. Provisions shall be made to ensure that adequate space and equipment are available for all of the service components of the facility, and the various functions within the facility.	X				
65D-30.004	(c) Personal Possessions. Provisions shall be made which will ensure that clients have access to individual storage areas for clothing and personal possessions.	X				
65D-30.004	(d) Laundry Facilities. Laundry facilities or laundry services shall be available which ensure the availability of clean clothing, bed linens, and towels	X				
65D-30.004	(e) Personal Hygiene. Items of personal hygiene shall be provided if the client is unable to provide these items.	X				
65D-30.004	(f) Safety. Providers shall ensure the safety of clients, staff, visitors, and the community to the extent allowable by law	X				
65D-30.004	(g) Managing Disasters. Providers shall have written plans for managing and preventing damage and injury arising from internal and external disasters. Providers shall review these plans at least annually. Providers shall be prepared to handle internal and external disasters such as natural and man-made disasters. The written plan shall incorporate evacuation procedures and shall be developed with the assistance of qualified experts. All such plans shall be provided to the district office upon request. Providers shall conduct at least one disaster drill every year.	X				
65D-30.004	(h) Housekeeping and Maintenance. Provisions shall be made to ensure that housekeeping and maintenance services are capable of keeping the building and equipment clean and in good repair.	X				

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Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	(i) Hazardous Conditions. Buildings, grounds, equipment, and supplies shall be maintained, repaired, and cleaned so that they are not hazardous to the health and safety of clients, staff, or visitors.	X			
65D-30.004	(j) Hazardous Materials. Providers shall ensure that hazardous materials are properly identified, handled, stored, used, and dispensed.	X			
65D-30.004	(k) Compliance with Local Codes. All licensed facilities used by a Provider shall comply with fire and safety standards enforced by the State Fire Marshal, pursuant to Section 633.022, F.S., rules established pursuant to Rule 4A-44.012, F.A.C., and with health and zoning codes enforced at the local level. All Providers shall update and have proof of compliance with local fire and safety and health inspections annually. Inmate Substance Abuse Programs operated within Department of Corrections facilities are exempt from this requirement.	X			
65D-30.004	**(35) Offender Referrals Under Chapter 397, F.S.**				
65D-30.004	(a) Authority to Refer. Any offender, including any minor, who is charged with or convicted of a crime, is eligible for referral to a Provider. The referral may be from the court or from the criminal or juvenile justice authority which has jurisdiction over that offender, and may occur prior to, in lieu of, or in addition to, final adjudication, imposition of penalty or sentence, or other action.				
65D-30.004	(b) Referral Information. Referrals shall be in writing and signed by the referral source.				X
65D-30.004	(c) Provider Responsibilities.				
65D-30.004	1. If the offender is not appropriate for placement by the Provider, this decision must immediately be communicated to the referral source and documented in writing within 24 hours, stating reasons for refusal.				X
65D-30.004	2. The Provider, after consultation with the referral source, may discharge the offender to the referral source.				X
65D-30.004	3. When an offender is successful or unsucoessful in completing treatment or when the commitment period expires, the Provider shall communicate this to the referral source.				X
65D-30.004	(d) Assessment of Juvenile Offenders.				
65D-30.004	1. Each juvenile offender referred by the court and the Department of Juvenile Justice shall be assessed to determine the need for substance abuse services.				X
65D-30.004	2. The court and the Department of Juvenile Justice, in conjunction with the department, shall establish procedures to ensure that juvenile offenders are assessed for substance abuse problems and that diversion and adjudication proceedings include conditions and sanctions to address substance abuse problems. These procedures must address:				
65D-30.004	a. Responsibility of local contracted Providers for assessment;				
65D-30.004	b. The role of the court in handling non-compliant juvenile offenders; and				

Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A
65D-30.004	c. Priority Services.				
65D-30.004	3. Families of the juvenile offender may be required by the court to participate in the assessment process and other services under the authority found in Chapter 985, F.S.			X	
65D-30.004	**(36) Voluntary and Involuntary Placement** Under Chapter 397, F.S., Parts IV and V.				
65D-30.004	**(a) Eligibility Determination.**				
65D-30.004	1. Voluntary Placement. To be considered eligible for treatment on a voluntary basis, an applicant for services must meet diagnostic criteria for substance abuse related disorders.	X			
65D-30.004	2. Involuntary Placement. To be considered eligible for services on an involuntary basis, a person must meet the criteria for involuntary placement as specified in Section 397.675, F.S.	X			
65D-30.004	**(b) Provider Responsibilities Regarding Involuntary Placement.**				
65D-30.004	1. Persons who are involuntarily placed shall be served only by licensed service Providers as defined in subsection 397.311(19), F.S., and only in those components permitted to admit clients on an involuntary basis.	X			
65D-30.004	2. Providers which accept involuntary referrals must provide a description of the eligibility and diagnostic criteria and the placement process to be followed for each of the involuntary placement procedures described under Sections 397.677, 397.679, 397.6798, 397.6811, and 397.693, F.S.	X			
65D-30.004	3. Clients shall be referred to more appropriate services if the Provider determines that the person should not be placed or should be discharged. Such referral shall follow the requirements found in paragraphs 397.6751(2)(a), (b), (c) and Sections 397.6751(3)(a), (b), F.S. The decision to refuse to admit or to discharge shall be made by a qualified professional. Any attempts to contact the referral source must be made in accordance with Title 42, Code of Federal Regulations, Part 2.	X			
65D-30.004	4. In those cases in which the court ordering involuntary treatment includes a requirement in the court order for notification of proposed release, the Provider must notify the original referral source in writing. Such notification shall comply with legally defined conditions and timeframes and conform to confidentiality regulations found in Title 42, Code of Federal Regulations, Part 2, and subsection 397.501(7), F.S.	X			
65D-30.004	(c) Assessment Standards for Involuntary Treatment Proceedings. Providers that make assessments available to the court regarding hearings for involuntary treatment must define the process used to complete the assessment. This includes specifying the protocol to be utilized, the format and content of the report to the court, and the internal procedures used to ensure that assessments are completed and submitted within legally specified timeframes. For persons assessed under an involuntary order, the Provider shall address the means by which the physician's review and signature for involuntary assessment and stabilization and the signature of a qualified professional for involuntary assessments only, will be secured. This includes process that will be used to notify affected parties stipulated in the petition.	X			

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Authority	A. Services	Compliance	Partial Compliance	Non-Compliance	N/A	
65D-30.004	(d) Provider Initiated Involuntary Admission Petitions. Providers are authorized to initiate petitions under the involuntary assessment and stabilization and involuntary treatment provisions when that Provider has direct knowledge of the respondent's substance abuse impairment or when an extension of the involuntary admission period is needed. Providers shall specify the circumstances under which a petition will be initiated and the means by which petitions will be drafted, presented to the court, and monitored through the process. This shall be in accordance with Title 42, Code of Federal Regulations, Part 2. The forms to be utilized and the methods to be employed to ensure adherence to legal timeframes shall be included in the procedures.	X				
65D-30.004	**(37) Persons with a Dual Diagnosis of Substance Abuse and Psychiatric Problems.** Providers shall develop and implement operating procedures for serving or arranging services for persons with dual diagnosis disorders.	X				

Authority	Required HR Policies & Procedures	Signed	Dated	Last Revision	Non-Compliance	
65D-30.004(4), F.A.C.	Recruitment and selection of prospective employees	X	X	Mar-07		
65D-30.004(4), F.A.C.	Promotion and termination of staff	X	X	Jun-07		
65D-30.004(4), F.A.C.	Ethical conduct	X	X	Jun-07		
65D-30.004(4), F.A.C.	Confidentiality of client records	X	X	Jun-07		
65D-30.004(4), F.A.C.	Attendance and leave	X	X	Jun-07		
65D-30.004(4), F.A.C.	Employee grievance	X	X	Mar-07		
65D-30.004(4), F.A.C.	Non-discrimination	X	X	Jan-04		
65D-30.004(4), F.A.C.	Orientation of staff to the agency's universal infection control procedures	X	X	Jan-04		
65D-30.004(4), F.A.C.	Drug-free workplace policy	X	X	Jan-04		

Specific Authority 397.321(5) FS. Law Implemented 20.19(10), 232, 384, 397.311(23), (28), 397.321(1), 397.405, 397.419, 397.451, 397.471, 397.501, 397.601, 397.675, 397.705, 397.706, 633.022, 944.026, 948 FS. History–New 5-25-00, Amended 4-3-03, 12-12-05.

Personnel File Review **Number of files reviewed: 5**

Authority	A. Personnel Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	(4)(a) Personnel Records. Records on all personnel shall be maintained. Each personnel record shall contain:					
65D-30.004	1. The individual's current job description with minimum qualifications for the position;	5	0	0	0	0%
65D-30.004	2. The employment application;	5	0	0	0	0%
65D-30.004	3. The employee's annual performance appraisal;	5	0	0	0	0%
65D-30.004	4. A signed document indicating that the employee has received new staff orientation and understands the personnel policies, the infectious disease risk of working in the agency, the Provider's universal infection control procedures, standards of ethical conduct including sexual harassment, abuse reporting procedures, and policies regarding client rights and confidentiality;	5	0	0	0	0%
65D-30.004	5. A verified or certified copy of degrees, licenses, or certificates of each employee;	4	0	1	0	**20%**
65D-30.004	6. Documentation of employee screening as required in paragraph (b); and	5	0	0	0	0%
65D-30.004	7. Documentation of required staff training (Inmate Substance Abuse Programs operated by the Department of Corrections are exempt from the provisions of this subparagraph).	5	0	0	0	0%
65D-30.004	(b) Screening of Staff. Owners, chief financial officers, and directors, and staff, volunteers, and host families who have direct contact with clients as provided for under Section 397.451, F.S., shall be fingerprinted and have a background check completed. In addition, individuals shall be re-screened within 5 years from the date of employment. Re-screening shall include a level II screening in accordance with Chapter 435, F.S.	5	0	0	0	0%
65D-30.004	Inmate Substance Abuse Programs operated by or under contract with the Department of Corrections are exempt from the requirements in this paragraph.					
65D-30.004	(31) Training. Providers shall develop and implement a staff development plan. At least one staff member with skill in developing staff training plans shall be assigned the responsibility of ensuring that staff development activities are implemented. In those instances where an individual has received the requisite training as required in paragraphs (a) and (b) during the year prior to employment by a Provider, that individual will have met the training requirements. This provision applies only if the individual is able to produce documentation that the training was completed and that such training was provided by persons who or organizations that are qualified to provide such training.	5	0	0	0	0%
65D-30.004	(a) Training Requirements for New Staff. Each new employee must have two hours of HIV/AIDS training within the first six months of employment. This training must also be provided for no less than two hours every two years.	2	**2**	**1**	0	**20%**

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Authority	A. Personnel Records	Compliance	Partial Compliance	Non-Compliance	N/A	% Non-Compliance
65D-30.004	(b) Training Requirements for New Direct Care Staff. For those staff working in component services identified in subsection 65D-30.004(21), F.A.C., two hours of training in control of aggression techniques must occur within the first six months of employment and two hours annually thereafter. In addition, all new direct care staff shall have CPR training within the first six months of employment.	2	0	**3**	0	**60%**
65D-30.004	(c) Training Requirements for New Clinical Staff. All new clinical staff who work at least 20 hours per week or more must receive 20 hours of educational and competency-based training within the first year. Training may include HIV/AIDS and control of aggression techniques.	5	0	0	0	0%
65D-30.004	(d) Special Training Requirements for Prevention. In addition to paragraphs (a) and (b), new staff providing prevention services shall receive basic training in science-based prevention within the first year of employment. Prevention staff shall receive additional training related to their duties and responsibilities for a total of 20 hours, inclusive of the topics listed in this subsection.	5	0	0	0	0%
65D-30.004	(e) General Training Requirements. All staff and volunteers who provide clinical or prevention services and whose work schedule is at least 20 hours per week or more, shall participate in a minimum of 16 hours of documented training per year related to their duties and responsibilities. Persons who are licensed or certified are exempt from the training requirements in this paragraph providing they have proof of documentation of certified education units and any training that is required by their discipline.	5	0	0	0	0%
65D-30.004	(33) Scope of Practice. Unless licensed under Chapter 458, 459, 464, 490 or 491, F.S., non medical employees providing clinical services specific to substance abuse are limited to the following tasks:					
65D-30.004	(a) Screening;	5	0	0	0	0%
65D-30.004	(b) Psychosocial assessment;	5	0	0	0	0%
65D-30.004	(c) Treatment planning;	5	0	0	0	0%
65D-30.004	(d) Referral;	5	0	0	0	0%
65D-30.004	(e) Service coordination and case management;	5	0	0	0	0%
65D-30.004	(f) Consultation;	5	0	0	0	0%
65D-30.004	(g) Continuing assessment and treatment plan reviews;	5	0	0	0	0%
65D-30.004	(h) Counseling, including;	5	0	0	0	0%
65D-30.004	1. Individual counseling;	5	0	0	0	0%
65D-30.004	2. Group counseling; and	5	0	0	0	0%
65D-30.004	3. Counseling with families, couples, and significant others;	5	0	0	0	0%
65D-30.004	(i) Client, family, and community education;	5	0	0	0	0%
65D-30.004	(j) Documentation of progress; and	5	0	0	0	0%
65D-30.004	(k) Any other tasks permitted in these rules and appropriate to that licensable component.	5	0	0	0	0%

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Staff Interviews

Name & Title	Duties, Responsibilities & Job Knowledge
Maria Arvelo, Behavioral Health Technician	Maria Arvelo has been employed at The Guidance/Care Center for approximately five years as a Behavioral Health Technician. Maria Arvelo also has additional industry work experience as a victim advocate, and nursing home experience. Miss Arvelo main responsibilities at GCMK are to fill in as needed as technician, HIV counselor, I.V. Specialist, and planner to help client's complete measurables.
Camilla Prince, Marriage and Family Therapist	Camilla Prince has worked at The Guidance/Care Center for the past seven months as a Marriage Family Therapist. Camilla Prince has earned a Masters degree in Marriage and Family Therapy. Her main responsibilities include Behavioral Therapy, Child Therapist, Substance Abuse, as well as Prevention services.
Kathleen Maguire, Case Manager	Kathleen Maguire has been employed by The Guidance/Care Center since August 2008. Kathleen Maguire has earned a Bachelors of Arts degree in Human Services Administration, and is seeking to be a Certified Addictions Professional. Ms. Maguire main duties include working with her client case load, providing individual and group sessions, Case Management, Discharge Management, as well as being a Client advocate to the courts.
Victoria Walker, Case Manager	Victoria Walker has worked at The Guidance/Care Center for almost five years as a Case Manager. Ms. Walker is a Certified Addictions Counselor, and is currently finishing her Bachelors of Arts degree. At GCMK Victoria Walker works as a Case Manager for the WIT Program; in the co-facilitator in the Beyond Trauma Group; and in the Drug Education Group.
Deborah Matthews, Licensed Mental Health Counselor	Deborah Matthews has been working at The Guidance/Care Center for twenty one years. Miss Matthews is a Licensed Mental Health Counselor, and has earned her Masters degree in Psychology. Deborah Matthews main duties include Providing Intervention services at Marathon High School, Supervising Prevention programs and working with Clinical staff.

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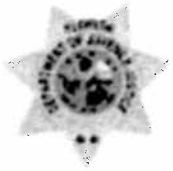

Florida Department of Juvenile Justice
Office of Health Services

Quarterly Monitoring and Technical Assistance Report for Mental Health and Substance Abuse Services

Detention Center Name: Monroe Regional Juvenile Detention Center

Quarter: 1

Site Visit Date(s): 03/24/2011 **Time Signed Into Facility:** 09:30am **Time Signed Out Facility:** 4:00pm

Report Date: 04/03/11

Report Completed by: Leslie B. Swanson, Psy.D.

Detention Center:	**Monroe Regional Juvenile Detention Center**	**MH/SA Provider:**	**Care Center for Mental Health**
Superintendant:	**Lawanna Tynes**	**Contract Number:**	**DCF Contract**
Circuit:	**16**	**Psychiatric Provider:**	**Care Center for Mental Health**
Review Date(s):	**March 24, 2011**	**Contract Number:**	**DCF Contract**
Report Date:	**April 03, 2011**		

Reviewer:	**Leslie B. Swanson, Psy.D.**
Title:	**Senior Behavioral Analyst**
Office:	**Office of Health Services**

This Quarterly Monitoring Report is a review of mental health and substance abuse services provided at the above referenced detention facility. Monitoring visits are conducted on a quarterly basis to assess a facility's compliance with the DJJ Mental Health and Substance Abuse Services Manual and applicable Quality Assurance Standards. Prior to this review, the facility was last monitored on November 15th and 16th, 2010. Outstanding issues from previous site visits including QIP's, CAP's, as well as new issues impacting mental health and substance abuse services, are identified at the end of this report.

Findings in this report are based on review of documentation in facility logs, files, youth clinical records, JJIS, DFMS, and interview of youth and staff. Supportive documentation is identified in the report.

Coordination of Mental Health and Substance Abuse Services

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
1.	X			Facility has a contract for mental health services and substance abuse services	Chapter 2, IV, A 2&3	Facility's mental health and substance abuse services are provided by the Care Center for Mental Health through their contract with DCF. MRJDC has a written agreement with the Care Center to provide services in accordance with the DJJ Scope of Services. The agreement is current and expires 09/01/2011.
2.	X			Facility has a contract for psychiatric services	Chapter 2, III, A 1	Facility's psychiatric services are provided by Dr. Aguinaga of the Care Center for Mental Health through the Care Center's contract with DCF. MRJDC has a written agreement with the Care Center to provide services in accordance with the DJJ Scope of Services. The agreement is current and expires 09/01/2011.
3.	X			Facility has a licensed/board certified child and adolescent psychiatrist and/or psychiatric ARNP meeting criteria in DJJ Mental Health/Substance Abuse Services Manual. List days/hours on-site	Chapter 2, III, A.1	Dr. Jorge Aguinaga #ME77050 (exp. 01/31/13) provides psychiatric services at the facility, including psychiatric evaluations, medication management and consultations. Dr. Aguinaga does not have established hours at the facility, given the low census. Hours are based on mental health and medical staff's referrals.
4.	N/A			If psychiatric ARNP, practice protocol is on file and there is documented supervision by licensed psychiatrist. List days/hours on-site	Chapter 6, VI, 1c-f	See #3 above.
5.	X			Facility has a licensed DMHA, with copy of license and training file available List days/hours on-site	Chapter 2, IV, B 1a-c	Maureen Kempa, LMHC #MH8703 (exp. 03/31/13) is the DMHA for the facility. Copy of license and training file are available for review. Ms. Kempa is typically at the facility Thursday afternoons and is available via telephone when not on-site.
6.	X			Per contract - all licensed mental health positions filled (list positions and hours)	Contract provisions	Maureen Kempa, LMHC - Thurs 2 hours
7.	N/A			Per contract - all licensed qualified professional (substance abuse) positions (list positions and hours)	Contract provisions	There are no substance abuse specific positions identified in the contract.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
8.	X			Per contract - all non-licensed clinical positions filled (list positions and hours)	Contract provisions	All Non-licensed Mental Health and Substance Abuse positions filled (1 position): Kathleen Casper, BA - Mon - Fri 9am-5pm and
9.		X		On-call services?	Manual provisions regarding notification Chapter 7, 8, 9	There are no on-call services offered by the Care Center, nor is there funding available for such. Youth determined to be at-risk are placed on suicide precautions until mental health staff is available. Youth who cannot be maintained on suicide precautions due to the severity of their behavior are transported to DePoo Hospital.
10.		X		All unlicensed positions have documented 6 hours annual training in suicide prevention.	Chapter 7	Ms. Casper has not yet completed her 6 hours annual training in suicide prevention.
11.	X			Non-licensed mental health staff who administer Assessments of Suicide Risk have completed 20 hours of training in assessment of suicide risk including completion of 5 supervised ASRs	Chapter 7, IV., C	Training file for Kathleen Casper was reviewed and provided documentation that she received 20 hours of training in assessment of suicide risk, including completion of 5 supervised Assessments of Suicide Risk (#s 828062, 823743,1001222, 1065127 and 798096).
12.	X			Documentation of weekly direct supervision of non-licensed mental health clinical staff by a licensed mental health professional.	Chapter 2, III, D, 1-5	Supervision logs were available evidencing weekly supervision up Ms. Casper, with detailed information provided. Logs are handwritten and maintained in a file in the mental health office.
13.	X			Provider has appropriate licensure for substance abuse services under Chapter 397 and Rule 65D-30.003(15)? Is Chapter 397 license for the appropriate licensable service component?	Chapter 2, III, C 2a	Guidance/Care Center has a Chapter 397 license (#1644AD832403) to provide outpatient, intervention (General/TASC/EAP), intensive outpatient, outpatient detoxification, case management, aftercare, and prevention levels I and II.
14.	N/A			Documentation of weekly direct supervision of non-licensed substance abuse clinical staff by a qualified professional as defined in Section 397.311(26)?	Chapter 2, III, D, 1-5	There are no substance abuse specific clinical staff at the facility. Please see #12 above.
15.	X			MH and SA staff have sufficient office space, with JJIS and DFMS access.	JJIS, Manual Chapter 5 and contract provisions	MH staff is provided an office in secure detention portion of the building. A negative aspect of having their office located in this area is that mh (and medical) staff are not provided keys to the area, and are thus reliant on someone to allow them to move through the area.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
16.	X			Suicide prevention kits, including knife of life, wire cutters and needle-nosed pliers are in areas of the facility in accordance with the MHSA Manual and FOP.	Chapter 7, VIII, C & D	There is one suicide prevention kit in the facility which is located in master control. The kit, which includes a knife of life, wire cutters and needle-nose pliers, is in a metal box behind glass and cannot be accessed unless the glass is broken, ensuring that items will not be moved from the kit unless needed.
17.	X			Are the JJIS Health Services Reports current?	Chapter 4, page 11	Report is current, with February 2011 being the most recent entry, which was completed on 03/03/11.
18.	X			Mental Health & Substance Abuse Records are marked "confidential" and maintained in secure area	Chapter 4, V, A & B, pg 8-10	Mental health records are located in the IHCR in the medical office in a locked filed cabinet. All files are marked "confidential."
19.	X			Facility's FOPs for Mental Health and Substance Abuse Services are current and reflect current practice.	Chapter 2, IV, C 1 & 2	FOPs (signed by DMHA and Supt Tynes) were revised 09/10 and are consistent with practice. Most recent revision is 09/17/10.
20.	X			Process to obtain Comprehensive Assessments from the Office of Probation is documented in accordance with DJJ Rules (e.g., 63D) & FOPs	Chapter 5, III, A-C, pages 16-18, Rule 63D	Youth requiring such undergo a TASC assessment by the mental health provider at the detention facility, who also works for Probation (for the purpose of assessments/evaluations). Practice is described in facility's FOPs.
21.	X			Mental health trainings are provided to all detention officers annually.	Contract provisions	Per discussion with Supt. Tynes, mental health/substance abuse trainings (2 hours) for all staff will be complete by 04/03/11. Trainings were to be held 03/31, 04/01 and 04/03/11.
22.	X			Suicide prevention trainings are provided to all detention officers annually. (6 hours annually)	Chapter 7, II, C & D, page 2	Per discussion with Supt. Tynes, suicide prevention trainings (6 hours) for all staff will be complete by 04/03/11. Trainings were to be held 03/31, 04/01 and 04/03/11.
23.	X		QIP	Are mock suicide drills conducted in the facility each shift at lease semi-annually?	Chapter 7, VIII, B, pg 28	Since 01/01/11, 3 drills have been held for each shift (9 total; A: 01/29, 02/11, 03/07; B: 01/24, 02/14, 03/12; C: 01/23, 02/11, 03/14). Documentation indicated that Ms. Casper reviewed the drills; **however, review should include critique and/or recommendations.**
24.	X			Mental health staff participate in treatment team meetings. Identify treatment team members and how participation is documented.	Chapter 6, II 1a	Treatment team meetings are combined with Detention Review and held every Monday. Facility has good participation by mental health, medical, administration, Probation and education. Documentation, which provides a good overview of the meeting, as well as individualized information for each youth staffed, is provided in DFMS/Services .

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Mental Health Screening, Substance Abuse Screening and Suicide Risk Screening

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
25.	X			All youth had SRSI (MHSA 002) accurately completed by JPO, JDO & Nursing or Mental Health staff in JJIS.	Chapter 5, II, A, 2b, (1)-(5)	5/5 youth (#s960597, 1090648, 834687, 922868, 681900) reviewed had available SRSIs from most recent admission. SRSIs were completed appropriately and had been entered into JJIS.
26.	X			PACT Mental Health and Substance Abuse Screening Report and Referral (form -------) is located in JJIS or in youth's chart.	Chapter 5, II, A 1a-f, 2	5/5 youth had completed PACT Mental Health and Substance Abuse Referral Forms available in their charts. 2/5 of the forms had elevations on the Suicide Scale along with other scales (1090648 and 834687), while the other PACT forms had elevations on other scales (960597, 922868, 681900).
27.	X			Elevated PACT Scales or positive SRSIs resulted in documented Mental Health/Substance Abuse Referral Summary (form MHSA 014) with response by clinical staff.	Chapter 5, II, A, 2b, (1)-(5)	4/4 of the above referenced youth had mental health referrals that had been completed in DFMS, and all included responses by mental health staff.
28.	X			Youth with a positive SRSI (form MHSA 002) and/or elevated score on the PACT Suicide Subscale, or Depression Subscale domain 3, item 3, or any other identified suicide risk factors at intake, were placed on suicide precautions at the time of intake.	Chapter 5, II, A,2b, (1)-(5)	5/5 youth identified above were placed on suicide precautions at the time of intake. intake documentation for youth #s 922868 and 681900 were not 963939 not positive; however, JJIS suicide alerts were triggered due to comments added to the SRSI.

Mental Health/Substance Abuse Evaluation and Assessments

29.	X			Comprehensive Assessments or Comprehensive MHSA Evaluations were available for youth whose intake information indicated the need for an in-depth assessment.	Chapter 5, III,A, B, C	1/ 5 youth (#960597) reviewed had a comprehensive evaluation available in his chart. All other youth reviewed had been in the facility for less than 3 weeks and did not yet have an assessment completed.
30.	There were no available samples for review.			Comprehensive Assessments met criteria designated in the DJJ Mental Health/Substance Abuse Services Manual	Chapter 5, III, B, C	There were no comprehensive assessments reviewed.
31.	X			Comprehensive Mental Health Evaluations and Comprehensive Assessments Evaluations conducted by detention provider meet criteria in the DJJ Mental Health and Substance Abuse Services Manual.	Chapter 5, IV, C & IV, A 1-2	There was 1 comprehensive evaluation (#960597) available for review. The Level 1 evaluation was completed by the detention mental health provider through their contract with Probation. The evaluation met criteria in the Manual.

Mental Health/Substance Abuse Treatment Planning and Treatment Services

Number of youth receiving individual therapy	1
Number of youth receiving psychotropic meds	1
Number of youth receiving group therapy	0

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health &d Substance Abuse Services Manual	Findings and Comments
32.	X			Youth had properly signed/executed AET (HS 002) for mental health services.	Chapter 3, II, A 1-7; B	5/5 files had a completed and properly executed AET available. 2 youths are 18 y/o and had the applicable signed AETs.
33.	X			Youth had properly signed/executed consent of substance abuse services on form MHSA 012 or form which contains all elements of MHSA 012.	Chapter 3, III, A (page 3-11)	3/5 youth were receiving substance abuse specific treatment and/or assessments and had a substance abuse consent and release of substance abuse information/records available in their charts (#s960597, 1090648, 834687).
34.	X			Youth had properly signed/executed consent for release of substance abuse information/records on form MHSA 013 or form which contains all elements of MHSA 013.	Chapter 3, III, B (page 3-11)	3/5 youth were receiving substance abuse specific treatment and/or assessments and had a substance abuse consent and release of substance abuse information/records available in their charts (#s960597, 1090648, 834687).
35.	X			JJIS mental health and/or medical (psychotropic medication) alerts for youth receiving treatment were accurate.	Chapter 5, V, A	Review of the JJIS alert list indicated that 1 youth requiring such had an alert for psychotropic medication.
36.	X			Reason for the initiation of treatment is clearly identified on an initial or individualized mental health/substance abuse treatment plan.	Chapter 6, II,A	1/5 youth (960597) had an active treatment plan and the reason treatment was initiated was clearly identified in the treatment plan.
37.	X			All youth (with a treatment plan) were staffed in mini-treatment team.	Chapter 6, II, A	Documentation indicated that all youth in the facility are staffed in treatment team weekly, regardless of whether they have a treatment plan. Treatment team is held in conjunction with weekly detention review meetings.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health &d Substance Abuse Services Manual	Findings and Comments
38.	There were no available samples for review.			Initial treatment plans (for youth in the facility ≤30 days) were developed within 7 days of starting treatment, and for youths receiving psychotropic medication within 14 days of initial diagnostic psychiatric interview.	Chapter 6, II, A	There were no initial treatment plans available for review. Please refer to individualized treatment plan section below.
39.	There were no available samples for review.			Initial treatment plans include all elements of form MHSA 015	Chapter 6, II, A-1	See #38 above.
40.	There were no available samples for review.			Initial treatment plans contained youth and parent/guardian's signature (or documented reason for its absence).	Chapter 6, II, A	See #38 above.
41.	There were no available samples for review.			Initial treatment plan contains treatment team members' signatures.	Chapter 6, II, A	See #38 above.
42.	There were no available samples for review.			Signature of clinician completing initial treatment plan, and if unlicensed, their licensed supervisor's signature.	Chapter 6, II, A-3	See #28 above.
43.	X			Individualized treatment plans completed for youth requiring treatment and detained 30 days or more.	Chapter 6, II, B-1	1 (#960597) individualized treatment plan was available for review. The treatment plan was completed within 30 days of youth's admission.
44.	X			Individualized treatment plans include all elements of Form MHSA 016	Chapter 6, II, B-2	The individualized treatment plan identified above was completed in DFMS and was consistent with Form MHSA 016.
45.	X			Individualized treatment plans are based on comprehensive assessments or evaluations and address the youth's diagnoses, symptoms, behaviors, skills, needs.	Chapter 6, II, B-2	Treatment plan and comprehensive evaluation were completed by same provider. Treatment plan was based on the evaluation, with consistent diagnoses.
46.	N/A			Individualized treatment plans updated every 30 days on Form MHSA 017 or a form which contains all of the elements of form MHSA 017.	Chapter 6, II, B-3	Youth was not detained long enough for individualized treatment plan review.
47.	X			Individualized treatment plans contained youth and parent/guardian's signature (or documented reason for its absence).	Chapter 6, II B, g-h	Treatment plan contained youth's signature, but was substance abuse related and does not require a parent/guardian signature.
48.	X			Individualized treatment plan contains treatment team members' signatures.	Chapter 6, II, B h	Treatment team members' signatures were included on individualized treatment plan as required.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
49.	X			Signature of clinician completing individualized treatment plan, and if unlicensed, their licensed supervisor's signature.	Chapter 6, II, B g	Above identified individualized treatment plan contained unlicensed mental health clinician's signature and that of her licensed supervisor.
50.	X			Counseling/Therapy notes support treatment goals in treatment plan, and are documented on form MHSA 018 or a form containing all elements of MHSA 018	Chapter 6, II, B-3 Chapter 4, Section III, E	Notes contained all elements of form MHSA 018 and indicated that treatment sessions were consistent with goals identified in treatment plan.
51.		X		Psychiatric referrals by mental health staff are documented and provided to the psychiatrist or psychiatric ARNP.	DJJ Health Services Manual, Chapter 12, Section B, 2	Provider does not utilize a specific psychiatric referral form. However, notes provide documentation supporting reason youth referred to psychiatrist.
52.	X			The psychiatrist's or psychiatric ARNP's evaluation and recommendations are incorporated into the youth's individualized mental health/substance abuse treatment plan.	Chapter 6, VI	Youth with individualized treatment plan (identified above) was also receiving medication management services at the facility. Psychiatric evaluation evidenced a revision to youth's diagnosis, which was incorporated into youth's treatment plan, along with supporting documentation in chorological note.
53.	X			Youth entering the facility on psychotropic medication must receive an initial diagnostic psychiatric interview by psychiatrist or psychiatric ARNP within 14 days.	Chapter 6, VI, 1a & Health Services Manual: Chapter 12, Section III, A.7 and Section IV, A. 1-2	Youth #960597 entered the facility on psychotropic medication and underwent a psychiatric evaluation within 14 days, as required.
54.		X		Youth not on medication at the time of entry, but referred for psychiatric evaluation are seen by psychiatrist within 14 days of referral.	Chapter 6, VI, 1a & Health Services Manual: Chapter 12, Section III, B, 1-3 and Section IV, A, 1-2	All youth on medication had previously been prescribed psychotropic medication and no new medications had been prescribed. Youth #1090648 was a patient of Dr. Aguinaga outside of the facility. Notes indicated that Dr. A was contacted 03/07, 03/08 and 03/09 and that he would assess her 03/10 - but no follow-up information was documented as to whether she was assessed.
55.	X			Psychiatric evaluation meets criteria in Manual and is legible.	Chapter 6, VI 3,a-e & 4 a-b Health Services Manual, Chapter 12, V, 1, a-c	1 youth's psychiatric evaluations met criteria identified in MH/SA Services Manual and were legible. Notes were completed in CPPN format.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
56.	X			Psychiatrist's orders were consistent with treatment recommendations in psychiatric evaluation.	Chapter 6, VI Health Services Manual: Chapter 12, Section VIII, 7	Page 3 of CPPN was completed appropriately for both youth reviewed (#960597) and was consistent with psychiatrist's orders for youth.
57.	X			The use of psychotropic medication is referenced and incorporated into the youth's treatment plan.	Health Services Manual: Chapter 12, Section IX	Psychotropic medication was identified in youth's treatment plans as required.

Suicide Prevention

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
58.	X			Youth with suicide risk factors at the time of intake or after admission were referred to mental health and placed on Precautionary Observation or Secure Observation.	Chapter 5, II, A 2b. pages 5-6&5-7; Chapter 7, III, A 2, Page 7-5	Intake information for 5/5 youth (#s960597, 1090648, 834687, 922868, and 681900) was reviewed and indicated positive suicide risk factors. All 5 youth were placed on Precautionary Observation at the time of intake and a referral to mental health made via DFMS. Per review of the Precautionary Observation Log in DFMS, since 01/01/11, 10 youth had been placed on PO due to suicide risk information indicated at intake.
59.	N/A			Youth placed on Precautionary Observation during length of stay were referred to mental health and placed on either constant supervision or one-to-one supervision.	Chapter 7, V, VI, B-D, pages 7-15 & 7-16	No youth reviewed, or any since 01/01/11, had been placed on precautionary observation or secure observation during length of stay.
60.	N/A			Youth are placed on Secure Observation if exhibit at-risk behavior while on confinement or if behavioral incident occurs while youth is on suicide precautions.	Chapter 7, VII, D-2, page 7-20 & 7-23	Per review of the Secure Observation Log in DFMS, no youth had been placed on Secure Observation since 01/01/11.
61.	N/A			Youth placed on Secure Observation included consultation with administration, Health Status Checklist (MHSA 008) and evidence of room/youth searches.	Chapter 7, VII, E, page 7- 22	See #60 above.
62.	X			Youth maintained on suicide precautions are provided supportive services by mental health staff and mental health staff document review of Suicide Precautions Observation Log (MHSA 006).	Chapter 7, VI, F., page 7-24	Reviewed youths' charts which included chronological notes documenting mental health staff's interventions with youth daily (m-f), as well as their signed suicide precaution logsheets.
63.	X			JJIS alerts accurate for youth placed on suicide precautions.	Chapter 5, V, C & D, pages 5-24 & 5-25	Review of JJIS for 5/5 youth identified above indicated that their JJIS suicide alerts were appropriately opened and closed.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
64.	X			Assessment of Suicide Risk (form MHSA 004) is completed within 24 hours, or immediately if the youth is in crisis. If facility's mental health contract does not provide 7 day/week coverage, all youth were seen in accordance with contract.	Chapter 7, IV, D, pages 7-10 and 7-11	4/5 youths' ASRs were completed appropriately in DFMS within 24 hours as required. 1/5 was completed within 48 hours, as the youth entered the facility on a weekend, when there is no mental health coverage.
65.	X			Assessment of Suicide Risk (form MHSA 004) if completed by a non-licensed mental health clinical staff person is reviewed by a licensed mental health professional within 24 hours.	Chapter 7, IV, D, pages 7-10 & 7-11	5/5 youths' ASRs were completed by an unlicensed clinician and all included the clinician's licensed supervisor's signature.
66.	X			Follow-Up Assessment of Suicide Risk (form MHSA 005) if completed by a non-licensed mental health clinical staff person is reviewed by a licensed mental health professional within 24 hrs.	Chapter 7, IV, D, pages 7-12 – 7-14	5/5 youths' charts evidenced that the Follow-Up ASR forms were reviewed by the DMHA with 24 hours.
67.	X			Administrative and Clinical Review of ASR (MHSA 004) and Follow-Up ASR (MHSA 005) are documented.	Chapter 7, II 2a and IV	5/5 youths' charts included documentation of administrative/clinical reviews completed in DFMS.
68.		X		Suicide Precaution Observation Log (MHSA 006) sheets are accurate and present for the duration that youth remained on Suicide Precautions (must remain on constant or one-to-one supervision)	Chapter 7, pages 7-17, 7-24	There were 13 logsheets present for the charts reviewed. Logsheet for youth #1090648 was confusing, as it appeared to be missing B & C shifts for 03/09, but there was an extra sheet for 3/10 – B shift (could be from 03/09). However, loghsheet from 03/09 C shift appeared to be missing.
69.	X			Suicide Precaution Observation Log (MHSA 006) sheets were reviewed/signed by mental health staff and shift supervisors	Chapter 7, pages 7-17, 7-24	All 13 logsheets identified above were signed by mental health staff and shift supervisors.
70.	There were no available samples for review.			Warning signs on the Suicide Precaution Observation Log (MHSA 006) sheets resulted in notification to Superintendent and DMHA	Chapter 7, pages 7-17, 7-24	There were no warning signs observed on any of the above logsheets reviewed.
71.	X			Parental notification and JPO notification was made for youth maintained on Suicide Precautions following an ASR (MHSA 005) for youth placed on suicide precautions during length of stay.	Chapter 7, II, H	File review indicated that youth #1090648 remained on suicide precautions following completion of an ASR, with documented communication with youth's parent/guardian.

Item	Yes	No	QIP or CAP	Criteria	DJJ Mental Health & Substance Abuse Services Manual	Findings and Comments
72.	X			Parental notification of youth's suicide risk was made if youth released while still on suicide precautions through form MHSA 009. A copy of form MHSA 009 was provided to parents with copy in chart.	Chapter 7, page 7-3	Youth #1090648 was transferred to Miami-Dade RJDC while on suicide precautions. Youth's suicide alert remained open and loghsheets traveled with her to the facility, to allow for documentation of her supervision during transport.
73.	There were no available samples for review.			Youth hospitalized under a Baker or Marchman Act were reviewed by mental health clinical staff upon return to the facility.	Chapter 7, page 7-12	The have been no youths hospitalized under a Baker or Marchman Act during the last quarter. The most recent Baker Act (youth #1070083) was included in documentation on a previous site visit report.
Crisis Intervention & Emergency Mental Health Services						
74.		X		Mental Health and Substance Abuse crises were assessed using a crisis assessment, meeting criteria in the DJJ Mental Health and Substance Abuse Services Manual.	Chapter 8, III	Review indicated that youth #1090648 presented with emotional instability, and although an ASR was completed, it may have been more appropriate to complete a Crisis Assessment.
75.	N/A			Youth hospitalized under a Baker or Marchman Act were reviewed by the DMHA and administration to assess for compliance with policies and procedures.	Chapter 8, page 8-5	See #73 above.
76.	X			Youth's parent/guardian, JPO, Superintendent and DMHA were appropriately notified regarding the crisis or emergency.	Chapter 9, II, B	Review of youth identified in #74 above, indicated good communication regarding youth's status.

Interviews with Youth and Staff

77.	Youth Interviewed: Youth #1124431 was interviewed during this review. Youth reported that he felt safe in the facility, and noted that he finds detention and mental health staff to be helpful. He said that he had been assessed by mental health staff, and is aware how to access additional mental health services if needed.
78.	Staff Interviewed: Officer Dumas was interviewed during this review. Officer Dumas recently returned from the Academy, and noted that the training appears to be sufficient, especially with regards to suicide prevention and levels of supervision. Officer Dumas was able to identify the various levels of supervision and when they are used, and was aware of how to initiate a mental health referral.

QIP Information

Previous QIP (If yes, attach QIP)	**Yes**	No: **X**	
If Yes, what is the status of the QIP	QIP Closed	QIP Active	
If QIP closed, provide reason QIP was closed: 1.		When:	By Whom: 1.
If QIP is active have issues identified in the previous QIP been addressed?	Yes	No	Explain
What QIP items remain open at this time?			
What action will be taken in response to previous QIP items that remain active? N/A			
QIP Recommended for Issues Identified This Site Visit	**Yes X**	**No:**	**Explain:**
If yes, what items require QIP? 1. 23 2. 68 3.	What action is needed in response to each deficiency? 1. Ms. Casper and/or Ms. Kempa must provide critique of the mock suicide drills reviewed. 2. Logsheets for youth identified in #68 were confusing and should be reviewed, with revisions to dates provided.		

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CAP Information

Previous CAP (If yes, attach CAP)	**Yes X**	No:	
If Yes, what is the status of the CAP	**CAP Closed X**	CAP Active	
If CAP Closed: Provide Reason CAP Closed. CAP was closed following review indicating that staff received training regarding warning signs, and that there is presently increased oversight of the loghsheets.		When: 03/24/11	By Whom: Dr. Leslie Swanson
If CAP is active have issues identified in the previous CAP been addressed?	Yes	No	Explain
What CAP items remain open at this time? NONE 1. 2.			
What action will be taken in response to previous CAP items that remain active?			
CAP Recommended for Issues Identified This Site Visit	Yes X	**No: X**	Explain
If yes, what items require CAP? =	What action is needed in response to each deficiency?		

COMMENTS: Overall, mental health/substance abuse services, provided through the Care Center for Mental Health, are excellent. Ms. Casper is knowledgeable regarding the Mental Health and Substance Abuse Services Manual and has good administrative and organizational skills. As noted previously, she also completes comprehensive assessments and evaluations for Probation, and has evidenced a good ability to organize her time at the facility to meet the needs of both Probation and Detention.

RECOMMENDATIONS: In the interest of increasing her contact with youth, it is also advised that Ms. Casper be permitted to meet with youth while youth are on the mod, rather than wait for youth to be transported to her office. It is further recommended that mental health staff be provided keys to their work area to expedite their access to the facility.

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South Florida Provider Coalition

A Consortium of Behavioral Health Care Providers

www.sfpc.us

March 25th, 2010

Jamie Pipher
Regional Vice President
The Guidance/Care Center, Inc.
3000 41st Street Ocean
Marathon, FL 33050

Dear Ms. Pipher,

The South Florida Provider Coalition (SFPC) conducted an on-site Contract Monitoring of your Agency during the week of February 1st, 2010. The purpose for the monitoring was to evaluate your Agency's relative compliance, as required by your contract with us.

The results of the review indicate that your agency *does* require a Corrective Action Plan (CAP), based on the findings outlined in the attached report. We have included a CAP outline for you to review and complete.

A Repeat Finding in the Service Event Validation section of the monitoring is noted. The high error rate is due to the inability of SFPC Monitors to cross-validate invoices, KIS data and supporting documents for services. SFPC Executive Management has determined that a Level II Follow-Up will not be required, as the nature of the findings are related to inadequate documentation and improper coding of services in KIS.

Within ten (10) calendar days of receiving this report, kindly submit your comments or questions, if any, to your SFPC Contract Manager regarding our findings. For example, if you are in disagreement with any of our findings or, if there is evidence that there is in fact no issue to be resolved, kindly let us know in your comments to us. Once a review of submitted documentation and information is complete, SFPC will issue an Amended Report, if needed. Should you have no questions or comments, we will expect a Corrective Action Plan Outline from your agency in ten (10) calendar days.

Thank you for your Agency's professionalism before and during the monitoring process. Your cooperation during our review facilitated the successful completion of our on-site visit.

If you have any questions, please feel free to contact us at 305-858-3335.

Cordially,

SOUTH FLORIDA PROVIDER COALITION, INC.

Roy Thompson
Contracts Supervisor

Cc: John Dow, SFPC Executive Director
Stephen Zuckerman, SFPC Chief Financial Officer
Jessica Rodriguez, DCF Contract Manager

Partially funded by the Florida Department of Children & Families

2140 South Dixie Highway, Suite 204-205 Miami, FL 33133 Phone: (305) 858-3335 Fax: (305) 860-4869

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South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

Provider: **GCC, Inc.** Contract #: **KD 228-27** Monitoring Date: **Feb. 2nd 2010**

Summary of findings	TO BE COMPLETED BY PROVIDER		
	Corrective Action steps to be taken	Staff Responsible	Completion Date
Programmatic:			
1) Repeat Finding: An error rate of 37.09% was noted in the Validation of Service Events reviewed resulted in noncompliance in demonstrating that the Provider maintains service documentation for services billed to the Managing Entity pursuant to this contract. Proper service documentation for billing under this contract for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C. *As per KD 228-27 Attachment I, C10(a-b).*	1) Chart Documentation training will be conducted for program staff located in all sites. This training will include the requirement to provide an adequate note to substantiate the service provided, requirement to provide the start time and duration and the reporting of accurate reporting of time.	Key West site-Jail : JoAnn Brancel; Key West-Main/School: Larry Prescott; Marathon-Betty Reynolds, Nadine Hood Key Largo-Deb Matthews	May 28, 2010
	A Service Event Validation Audit will be created to compare the data submitted to the supporting documentation for no less than 10 clients monthly.	Deb Genners Larry Prescott Betty Reynolds Nadine Hood Maureen G	June 10, 2010 and on going
2) Repeat Finding: The notes/recommendation section of the ASAM forms did not provide a sufficient individualized summary of justification for placement. *As per KD 228-27, Attachment I, B(1)(a)(6).*	2) ASAM training with VTC capability to connect sites in KW, Marathon and UK will be conducted for program staff on the subject of the completion of a quality ASAM form including narrative summary that justifies the placement and the requirement to have each form signed, dated and validated for treatment.	Frank Scafidi	June 1, 2010
	A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	May 15, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

3) The incorrect ASAM forms were used in the ASA Intervention client charts reviewed. *As per KD 228-27, Attachment I, B(1)(a)(6).*	3) A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	May 15, 2010
	Incorrect form has been replaced with the correct form at the location with the wrong form	Larry Prescott	March 31,2010
4) Treatment plan and treatment plan reviews did not include *measurable behavioral objectives* to be achieved by the client. *As per 65D-30.004 (17)(a) F.A.C.*	4)Training with VTC capability to connect all sites will be conducted on development of measurable behavioral objectives for treatment plans	Frank Scafidi	June 1, 2010
	Treatment plans and treatment plans reviews will be reviewed as part of the peer review process. Non compliant or partial compliant plans will be referred back to the clinical staff member for correction and the appropriate Clinical Supervisor will review skill development during the next Supervisory review.	KW- Larry Prescott Mar- Betty Reynolds KL- Deb Matthews	May 1, 2010 and on going
Administrative:			
1) Training Requirements for New Direct Care Staff were not met for those staff working in component services identified in subsection 65D-30.004(21), F.A.C., all new direct care staff shall have **CPR training** within the first six months of employment. *As per 65D-30.004(31)(b) F.A.C.*	1) CPR training has been scheduled for the locations with non compliance in this area.	Sean Furey Paulette Sheagren, RN	May 1, 2010
	A Training Spreadsheet will be developed to record all staff trainings allowing for this information to be reported to supervisors for follow up.	Sean Furey	May 1, 2010
	Non compliance with required trainings is a job performance criteria.	Diana A. Directors	March 1, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

2) A review of the Providers Incident Reporting Database for the months of November & December 2009 reflected incidents related to SFPC funded clients that were not sent to SFPC. (27) Incident Reporting Pursuant to paragraph 397.419(2)(f), F.S. Incident reporting is required of all Providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Incident reporting shall include the following: (d) Reporting, tracking, and responding to incidents in accordance with departmental regulation. *As per 65D-30.004(27)(d) & KD228-27 Exhibit C Required Reports.*	2) All DCF reportable incidents were reported to a state agency. Procedures has been updated to dual or triple report incidents to state funded agencies to ensure all state funded agencies for which the client was enrolled at the time of the incident, will receive an incident report.	Jamie Pipher	April 1, 2010
	Incident Report Guidance memo will be emailed/copied to each staff member reviewing the incident reporting requirements.	Jamie Pipher	March 31, 2010
	An electronic review of the incident reporting will be conducted using the WestCare Incident Reporting system to monitor compliance.	Jamie Pipher Site and Program Directors	March 31, 2010
Fiscal Functions:			
Repeat Finding: According to the Invoice Validation Desk Review, data reported to the SFPC KIS Database does not reflect the number of units invoiced to SFPC for the months of November 2009 and December 2009. Error rate of November 2009 Year to Date average is 59.66% incorrect, and December 2009 Year to Date average 32.59% incorrect. *As per KD 228-27 Attachment I, C10(a-b) & B6a(13).*	1) The Units invoiced are net after subtracting units as local match creating some of the error that can not be rectified		
	Regional Controller will submit a spreadsheet with any invoice where there is 5% difference as result of the match issue.	Marianne Benvenuti	April 15, 2010
	Invoice will reflect the data.	Marianne Benvenuti	April 15, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

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FOR SFPC INTERNAL USE ONLY

Date CAP outline sent to provider:_____

Date CAP received by SFPC:_____

Date CAP approved by SFPC:_____

Date CAP returned to Provider:_____

Reason of returned CAP:_____

CAP reviewed by:_____

CAP Follow-up date:_____

Staff signature:_____

Date:_____

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Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:	**Source:** Monitoring	**CAP Accepted by:**
	Category: Background Screening	**CAP Accepted Date:**
	Description: Background Screening	

Task	Person(s) Responsible	Estimated Completion Date
1. DCF Screening Unit was contacted and copy of missing FBI clearance letter was obtained for one person.	Patricia Polivchak	1/20/10
2. Two employees need electronic screens. GCC does not have current access to electronic screen capability. GCC will locate means for electronic location.	HR Director or designee	3/1/10
3. All caregiver files will be audited to verify FDLE and FBI screening letters annually.	HR Director or designee	3/31/10 and ongoing
4. All new hires will have reference checks done before hire.	HR Director or designee	21/10 and on going

Success Indicator:	**Measure Methodology:**	**Last Task Completion Date:**
100% of caregiver's employee files will contain a FDLE and FBI letter. Caregivers requiring electronic fingerprinting will have access to electronic fingerprinting.	**HR Director or designee will verify compliance by conducting semi annual employee file reviews for all persons hired during the reviewed 6 months.**	**3/31/10**

Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:		
	Source: Monitoring	**CAP Accepted by:**
	Category: Incident Reporting	**CAP Accepted Date:**
	Description: Incident Reporting	

Task	Person(s) Responsible	Estimated Completion Date
1. An Incident Reporting guidance memo will be emailed/copied to each staff member reviewing the incident reporting requirements including the timeline for reporting.	Jamie Pipher – RVP	2/28/10
2. A electronic review of the incident reporting logs will be conducted using the WestCare Intranet Incident Reporting system to monitor compliance to 24 hr time frame.	Site Directors and Program Directors	2/1510 and on going
3. Current DCF form will be integrated into the WestCare Intranet Incident Reporting system.	Frank Scafidi and Diana Easley	3/1/10

Success Indicator: **95% of incidents reported to DCF will meet the 24 hr time frame**	**Measure Methodology:** **The Directors will verify compliance by running the Incident Report log monthly for all locations until there are 3 consecutive months with goals achievement.**	**Last Task Completion Date:** 3/1/10

Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:	**Source:** Monitoring	**CAP Accepted by:**
	Category: Invoicing	**CAP Accepted Date:**
	Description: Medicaid Covered Services	

Task	Person(s) Responsible	Estimated Completion Date
1. A data management system change will be made to identify Medicaid eligible services as being Medicaid eligible at time of service.	Deb Genners	1/31/10
2. YTD (8/1/09 - 2/31/10) all services submitted as DCF units that were Medicaid eligible will be reversed from the DCF invoice.	Deb Genners and Marianne Benvenuti	2/1/10
3. A front office process and data base will be established and implemented to verify Medicaid eligibility and Medicaid eligible services.	Marianne Benvenuti and Deb Genners	3/1/10
4. The recommendations of the Independent Revenue Enhancement audit currently being conducted by Medicaid Consultant Dick Hollar will be used to design and implement a Medicaid billing system that results in Medicaid eligible services being billed and GCC getting reimbursed.	Marianne Benvenuti, Diana Easley, And Deb Genners	4/1/10
5. GCC Medicaid billing system will identify and report services denied by Medicaid.	Marianne Benvenuti	4/1/10
6. Individual and treating Medicaid providers will be linked to GCC group provider number for billing purposes.	Marianne Benvenuti	2/15/10
6. Invoicing and reporting data will accurately reflect Medicaid eligible services and Medicaid clients.	Marianne Benvenuti	2/1/10

Success Indicator: 98% of the DCF invoices will accurately reflect Medicaid eligible services.	**Measure Methodology: Marianne Benvenuti will run Excel reports monthly reconciling reported data and invoices.**	**Last Task Completion Date:** 4/1/10

Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:	**Source:** Monitoring	**CAP Accepted by:**
	Category: Invoicing	**CAP Accepted Date:**
	Description: Service Documentation	

Task	Person(s) Responsible	Estimated Completion Date
1. Support documentation requirements including start time, duration and full staff ID, will be reviewed at Clinical staffing for all programs in all locations monthly for three months and quarterly for following 3 quarters.	Larry Prescott- KW Maureen Grynewicz and Deb Matthews- UK Betty Reynolds, Lisa Marciniak, Nadine Hood- Marathon Dr. A – Medical	On going
2. Quantitative charts audits will be conducted at each location monthly as part of peer and utilization review to include review of start time, duration and full staff ID documentation. Results will be reported to supervising staff and to PI for follow up and corrective action.	Larry Prescott- KW Maureen Grynewicz and Deb Matthews- UK Betty Reynolds, Lisa Marciniak, Nadine Hood- Marathon Dr. A – Medical	On going
3. A duty roster will be posted daily to list the names of staff available to provide CCST services. The duty roster will be produced electronically via of email daily and copy of the daily roster will be maintained by Finance.	Candice Atwell JoAnn Brancel Nadine Hood Lisa Marciniak Maureen Grynewicz Betty Reynolds	2/12/10
4. A Incidental Expense form containing all required documentation for the chart and for financial record will be developed and implemented	Lisa Marciniak Sean Furey Anne Romance	2/5/10

Success Indicator: Individual counseling and corrective actions will occur in 75% of the cases where chart documentation non compliance is reported.	**Measure Methodology: HR Director or designee will report documentation corrective actions/ counseling plans to PI for three months.**	**Last Task Completion Date:** On going

Duty roster will be posted 99% of the business days in all locations.		

Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:	**Source:** Monitoring	**CAP Accepted by:**
	Category: Invoicing	**CAP Accepted Date:**
	Description: Invoice and Data Reconciliation	

Task	Person(s) Responsible	Estimated Completion Date
Invoice will match data at time of invoicing.	Marianna Benvenuti and Deb Genners	2/1/10

Success Indicator: 100% of amount invoiced will match data reported.	**Measure Methodology: MKB and Deb G will review data before invoicing monthly.**	**Last Task Completion Date:** 2/1/10

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Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:	**Source:** Monitoring	**CAP Accepted by:**
	Category: Performance Measures	**CAP Accepted Date:**
	Description: Data Reporting	

Task	Person(s) Responsible	Estimated Completion Date
1. Data reporting methodology that reflect dollars as units will be created in data base system for reporting incidental expenses.	Deb Genners	2/1/10
2. SAMHIS reports will be monitored and error reports will be corrected to accurately reflect reported service events.	Deb Genners	On going

Success Indicator:	**Measure Methodology:**	**Last Task Completion Date:**
Dashboard results will report accurate data.	**Deb Genners will review error reports and will follow up with staff on coding errors.**	On going

Corrective Action Plan

Provider:	GUIDANCE / CARE CENTER, INC.
Contract Manager:	PHELAN, TRIXIE

Contract # / Circuit: KH201 / 16 **CAP Due Date:** 2/5/2010

Finding:		
	Source: Monitoring	**CAP Accepted by:**
	Category: Programmatic Issues	**CAP Accepted Date:**
	Description: Consent for Release of Information	

Task	Person(s) Responsible	Estimated Completion Date
1. Consent to Release Information training will be conducted at the 3 main site locations with a post test. Staff with scores below 90% will continue the training session with additional review.	Jamie Pipher	4/1/10
2. Consent to Release Information Guidance Memo will be developed and sent to all staff with a post test for return and grading. Staff with scores below 90% will receive 1-1 review by the Supervisor.	Jamie Pipher	2/19/10
3. Add Consent to Release Information training as an annual training requirement.	Jamie Pipher	On going
4. Add Consent to Release Information as an audit element in the peer to peer review.	Frank Scafidi	7/1/10

Success Indicator:	Measure Methodology:	Last Task Completion Date:
90% of the Peer to Peer Reviews will show compliance to the Consent to Release audit elements	**Larry Prescott, Betty Reynolds, and Deb Matthews will verify compliance by conducting a sample of the peer to peer reviews quarterly for three months**	On going and 7/1/10

South Florida Provider Coalition
A Consortium of Behavioral Health Care Providers
www.sfpc.us

April 9th, 2010

Jamie Pipher
Regional Vice President
Guidance/Care Center, Inc.
3000 41st Street Ocean
Marathon, FL 33050

Dear Ms. Pipher,

The South Florida Provider Coalition (SFPC) is in receipt of, and approves the Corrective Action Plan (CAP) submitted by your agency on April 8th, 2010.

In the near future, the SFPC Monitoring Team will conduct an on-site follow up visit to ensure implementation of all corrective actions identified in your plan.

Thank you once again for your Agency's time and professionalism.

If you have any questions, please feel free to contact me at 305-858-3335 ext. 314

Cordially,

SOUTH FLORIDA PROVIDER COALITION, INC.

Andrea L. Hernandez
Sr. Contract Manager

Roy Thompson
Contracts Supervisor

Cc: John W. Dow, SFPC Executive Director
Steve Zuckerman, SFPC Chief Financial Officer
Lauran Naredo, SFPC Chief Operating Officer
Jessica Rodriguez, DCF Contract Manager

Partially funded by the Florida Department of Children & Families

2140 South Dixie Highway, Suite 204-205 Miami, FL 33133 Phone: (305) 858-3335 Fax: (305) 860-4869

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

Provider: **GCC, Inc.** Contract #: **KD 228-27** Monitoring Date: **Feb. 2nd 2010**

Summary of findings	TO BE COMPLETED BY PROVIDER		
	Corrective Action steps to be taken	Staff Responsible	Completion Date
Programmatic:			
1) Repeat Finding: An error rate of 37.09% was noted in the Validation of Service Events reviewed resulted in noncompliance in demonstrating that the Provider maintains service documentation for services billed to the Managing Entity pursuant to this contract. Proper service documentation for billing under this contract for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C. *As per KD 228-27 Attachment I, C10(a-b).*	1) Chart Documentation training will be conducted for program staff located in all sites. This training will include the requirement to provide an adequate note to substantiate the service provided, requirement to provide the start time and duration and the reporting of accurate reporting of time.	Key West site-Jail : JoAnn Brancel; Key West-Main/School: Larry Prescott; Marathon-Betty Reynolds, Nadine Hood Key Largo-Deb Matthews	May 28, 2010
	A Service Event Validation Audit will be created to compare the data submitted to the supporting documentation for no less than 10 clients monthly.	Deb Genners Larry Prescott Betty Reynolds Nadine Hood Maureen G	June 10, 2010 and on going
2) Repeat Finding: The notes/recommendation section of the ASAM forms did not provide a sufficient individualized summary of justification for placement. *As per KD 228-27, Attachment I, B(1)(a)(6).*	2) ASAM training with VTC capability to connect sites in KW, Marathon and UK will be conducted for program staff on the subject of the completion of a quality ASAM form including narrative summary that justifies the placement and the requirement to have each form signed, dated and validated for treatment.	Frank Scafidi	June 1, 2010
	A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	May 15, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

3) The incorrect ASAM forms were used in the ASA Intervention client charts reviewed. *As per KD 228-27, Attachment I, B(1)(a)(6).*	3) A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	May 15, 2010
	Incorrect form has been replaced with the correct form at the location with the wrong form	Larry Prescott	March 31,2010
4) Treatment plan and treatment plan reviews did not include *measurable behavioral objectives* to be achieved by the client. *As per 65D-30.004 (17)(a) F.A.C.*	4)Training with VTC capability to connect all sites will be conducted on development of measurable behavioral objectives for treatment plans	Frank Scafidi	June 1, 2010
	Treatment plans and treatment plans reviews will be reviewed as part of the peer review process. Non compliant or partial compliant plans will be referred back to the clinical staff member for correction and the appropriate Clinical Supervisor will review skill development during the next Supervisory review.	KW- Larry Prescott Mar- Betty Reynolds KL- Deb Matthews	May 1, 2010 and on going
Administrative:			
1) Training Requirements for New Direct Care Staff were not met for those staff working in component services identified in subsection 65D-30.004(21), F.A.C., all new direct care staff shall have **CPR training** within the first six months of employment. *As per 65D-30.004(31)(b) F.A.C.*	1) CPR training has been scheduled for the locations with non compliance in this area.	Sean Furey Paulette Sheagren, RN	May 1, 2010
	A Training Spreadsheet will be developed to record all staff trainings allowing for this information to be reported to supervisors for follow up.	Sean Furey	May 1, 2010
	Non compliance with required trainings is a job performance criteria.	Diana A. Directors	March 1, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

2) A review of the Providers Incident Reporting Database for the months of November & December 2009 reflected incidents related to SFPC funded clients that were not sent to SFPC. (27) Incident Reporting Pursuant to paragraph 397.419(2)(f), F.S. Incident reporting is required of all Providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Incident reporting shall include the following: (d) Reporting, tracking, and responding to incidents in accordance with departmental regulation. *As per 65D-30.004(27)(d) & KD228-27 Exhibit C Required Reports.*	2) All DCF reportable incidents were reported to a state agency. Procedures has been updated to dual or triple report incidents to state funded agencies to ensure all state funded agencies for which the client was enrolled at the time of the incident, will receive an incident report. Incident Report Guidance memo will be emailed/copied to each staff member reviewing the incident reporting requirements. An electronic review of the incident reporting will be conducted using the WestCare Incident Reporting system to monitor compliance.	Jamie Pipher Jamie Pipher Jamie Pipher Site and Program Directors	April 1, 2010 March 31, 2010 March 31, 2010
Fiscal Functions:			
<u>Repeat Finding:</u> According to the Invoice Validation Desk Review, data reported to the SFPC KIS Database does not reflect the number of units invoiced to SFPC for the months of November 2009 and December 2009. Error rate of November 2009 Year to Date average is 59.66% incorrect, and December 2009 Year to Date average 32.59% incorrect. *As per KD 228-27 Attachment I, C10(a-b) & B6a(13).*	1) The Units invoiced are net after subtracting units as local match creating some of the error that can not be rectified Regional Controller will submit a spreadsheet with any invoice where there is 5% difference as result of the match issue. Invoice will reflect the data.	Marianne Benvenuti Marianne Benvenuti	April 15, 2010 April 15, 2010

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South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

FOR SFPC INTERNAL USE ONLY

Date CAP outline sent to provider:_____ CAP reviewed by:_____

Date CAP received by SFPC:_____ CAP Follow-up date:_____

Date CAP approved by SFPC:_____ Staff signature:_____

Date CAP returned to Provider:_____ Date:_____

Reason of returned CAP:_____

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FLORIDA DEPARTMENT OF CORRECTIONS

COMPREHENSIVE PROGRAM EVALUATION
RESIDENTIAL SUBSTANCE ABUSE TREATMENT SERVICES

Contract #:	C2546	**Contractor:**	Guidance/Care Center
Evaluation Date:	October 21, 2010	**Program Manager:**	Arnia Perpignand
Program Type:	Non-secure	**Program Evaluators:**	Arnia Perpignand

Program in Compliance:	X	**Corrective Action Plan Due Date:**	December 10, 2010
Program in Compliance with minor Operational Issues to be resolved:	X	**Date of Follow Up Monitoring to CAP:**	TBD
Program in Non-Compliance:			

PERFORMANCE MEASURES

1. The Contractor must meet or exceed the contractually specified percentage of successful discharges for offenders admitted to the program. Performance shall be measured on a fiscal year-end basis or upon termination of the Contract, if the Contract is terminated early, or by any other date specified in the Contract.

Compliant [X] **Noncompliant** [ ] **NA** [ ]

2. The Contractor shall achieve one hundred percent (100%) compliance with the Contract requirements reflected on the Department's monitoring tool (the Comprehensive Program Evaluation or CPE). Performance shall be measured on an annual basis. The Department will accept initial compliance at eighty percent (80%) and will allow a thirty (30) day period of correction for deficiencies noted, based on prior CPE results.

Date of Last CPE: October 21, 2009

Compliant [X] **Noncompliant** [ ] **NA** [ ]

PROGRAM FUNCTION SUMMARY

ADMINISTRATIVE:	**100%**	**PROGRAM STAFF:**	**100%**
PROGRAM OPERATION:	**100%**	**CLINICAL RECORD REVIEW:**	**98%**
PROGRAM FACILITY:	**100%**	**OVERALL TOTAL:**	**99%**

Program Manager: Arnia Perpignand

Date: November 10, 2010

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DISTRIBUTION:
Original - Contractor
Copies - Bureau Chief, Substance Abuse
Regional Director
Circuit Administrator
Program Manager
Correctional Probation Officer

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EVALUATION SUMMARY:

Guidance/Care Center, Inc., Keys to Recovery (KTR) program provides quality residential substance abuse treatment services to the Department of Corrections offender population. Guidance /Care Center exceeded its contractual performance measure of those who successfully complete Keys to Recovery Program this past fiscal year. Hence, 2009/2010 successful completion rate was sixty-seven percent (67%). Guidance/Care Center again received accrediation by CARF from June 2010 to Jun 2013 (a three year accrediation). Nadine Hood is the new Director of Criminal Justice for Guidance/Care Center, Inc. She will still serve as program director and qualified professional for the KTR program. KTR currently has one (1) qualified professional, Nadine Hood; one (1) primary counselor, Fran Senecke; one (1) recovery support specialist, Brad Noack; and four (4) technical support staff. KTR has incorporated a CBT therapuetic model for trauma / posttraumatic stress disorder (PTSD) and substance abuse called "Seeking Safety" into its curricula. In November the bio-pscyhosocial assessment and ASI instrument will be replaced with the GAIN Assessment.

Employment: According to Fran Senecke, offenders are finding employment. Typically the restaurant business referrals are good; and construction jobs are starting to open (due to the installation of sewer lines; marine construction of sea walls and docks). Recreation - Sponsor groups on Friday nights; Saturday night AA/NA open to the public; there is a softball game once a month; Sunday AA/NA groups meeting and group community service projects. KTR has a new electronic system for tracking and monitoring facility maintenance. Operation Procedure Manual - no procedural changes only change is with name from Guidance to Guidance/care center.

The program is in overall compliance with the terms of its residential substance abuse Contract. Upon review, the clinical charts and monthly drug test logs for DC# L71107,102245, 413385, K08235, it was determined that a minimum of one (1) random drug test was not being performed in accordance with the DOC guidelines once offenders were transitioned into the Employment Re-entry Component. A Corrective Action Plan (CAP) is required for Standard #102. Peronnel file reviewed: K. Butler, SAP Tech.; active clinical charts reviewed - DC# L71107, K07697, K02014, 413385-monthly drug testing log review; K08235-monthly drug testing log review; closed charts reviewed - DC# K08051, 441743, K07988, and 102245-monthly drug testing log review.

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Scoring Guide:
M – (Meets) Program fully meets this standard
PM – (Partially Meets) Program partially meets this standard (comments are required)
DNM — (Does Not Meet) Program does not meet this standard (CAP and comments are required)
DCF - (Department of Children and Families) Standard met through DCF license audit
NA - Not applicable or appropriate

ADMINISTRATIVE						
STANDARD	**M**	**PM**	**DNM**	**DCF**	**NA**	**COMMENTS**
1. Documentation supports that the Contractor is currently licensed under DCF Rule 65D-30, F.A.C. as a residential substance abuse treatment facility at the appropriate level for this contract. CBRT Manual/Guide, pg. 35); (II. C. 1., pg. 3, II. C. 5., pag . 3 and II. C. 13., pg. 4 and II. G. 4. a., pg. 11)				X		Guidance/Care Center has a DCF Operational License from July 20, 2010 until November July 19, 2011 - Received CARF Accred.
2. Documentation supports that the Contractor has the latest copy of licensure review reports and other such reports from accrediting agencies and will provide these to the Department. (CBRT Manual/Guide, X. B. 9.pg. 45 and pgs. 45-46); (II.G. 6. c.., pg. 13)				X		CARF accredition Report; DCF Licensure received
3. Documentation supports that the Contractor maintains a Policy and Procedure that defines their compliance with all applicable Federal and State privacy regulations. (CBRT Manual/Guide, pg. 3 and pgs. 45-46); (II. C. 13., pg. 4.)	X					
4. The Contractor has program operating procedures including a detailed description of operational policies and procedures governing the daily operations of the program. (CBRT Manual/Guide. X. C., pg 45); (II. G. 6. a., pg. 11-12)	X					
5. Documentation supports that the Contractor notifies the Department in writing immediately upon notification from the licensing body of any of the following licensing issues: issuance of a regular license; issuance or extension of probationary license, issuance or extension of an interim license; suspension of the program's license to operate. (CBRT Manual/Guide, pg. 35); (II. G. 4. a. pg. 11)	X					Guidance/Care Center, Inc. is aware of this requirement

6. The Contractor verbally acknowledges an understanding that: (1) only those communications in writing from the Department's Contract Manager (or designee) are to be duly authorized expressions on behalf of the Department. (2) Communications from the Contractor's representative, identified as such in the Contract, must be in writing, meet the required timeframes as specified in the contract and signed by the Contract's representative in order to be recognized by the Department as duly authorized expressions. (II. B., pg. 2; II. C. 13., pg. 4)	X					Guidance/Care Center, Inc. understands this requirement
7. Documentation supports that the Contractor has developed and utilizes a date/numbering system for tracking of formal and informal communication which occurred by facsimile or e-mail. (II. B., pg. 2)					X	Per contract, responsibility of DOC
8. If applicable, the Contractor secures written consent from the Department's Contract Manager before entering into written subcontract(s) for performance of functions under this contract. (II. C., 9., pgs 3-4 and VII. M., pg. 32)	X					all functions are completed by provider
9. There is no evidence that the Contractor is in violation of Section 112.3185, Florida Statutes, regarding employment of any current or former employee of the Department. (VII. E., pg. 30)	X					
10. Documentation supports that the Contractor complies with all reporting requirements by providing a report of urinalysis results, program invoice and monthly performance report, incident reports, staffing report, grievance log summary, quality assurance program report and any other reports as the Department may require within the term of this contract. (CBRT Manual/Guide X. A., pg. 44); (II. I. 1-7, pgs. 17-18)	X					
11. Documentation supports that the Contractor meets or exceeds a minimum outcome of the contractually specified percentage of successful discharges for offenders admitted to the program. (II. K. 1., p. 19)	X					During FY 09-10 Guidance/Care Center, Inc. contract perf. measure was at 67%
ADMINISTRATIVE TOTAL:			0%			

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PROGRAM OPERATION						
STANDARD	M	PM	DNM	DCF	NA	COMMENTS
12. Documentation/direct observation supports that the Contractor has developed and posted a detailed daily schedule reflecting program activities twenty-four (24) hours per day, seven (7) days per week, showing all counseling and therapeutic activities and when they are scheduled. (CBRT Manual/Guide, pg. 6); (II. F. 2., pg. 6, and II. G. 2. a. 3., pg. 9)	X					***Observed on facility bulletin board; observed in "Client Handbook"***
13. The Contractor's Program Rules are conspicuously posted in the facility. (CBRT Manual/Guide, pg. 11)	X					***Observed during facility tour-bulletin board***
14. Documentation supports that the Contractor has developed an Offender Handbook that describes the activities in which the offender will participate. The Contractor will submit the Offender Handbook to the Contract Manager or designee for review and approval, including subsequent revisions. (CBRT Manual/Guide, pg. 46); (II. G. 1. b. 5., pg. 7)	X					***"Cient Handbook" Received during site visit***
15. Documentation supports that the Contractor provides on-site and available for review by the Department the Program Curricula. (II. G. 6. c., pg. 12 and 13) (CBRT Manual/ Guide, pg. 13)	X					
16. Documentation supports that the Contractor provides offenders with the opportunity to participate in leisure and recreational activities both on and off-site.(II. G. 3., pg. 10) (CBRT Manual/Guide, pg. 31)	X					***The facility provides for group off-site and onsite activities***
17. Documentation supports that the Contractor has developed a procedure detailing their graduated sanction policy. The policy is approved by the Contract Manager or designee. (CBRT Manual/Guide, pg. 46)	X					***Policies described in "Client Handbook"***
18. Documentation supports that the contractor has a written procedure that clearly defines all internal, external and extra duty work assignments. (CBRT Manual/Guide, pgs. 22-24); (II. G. 3., pg. 10)	X					Review of chore list, review of "Client Handbook"

19. Documentation supports that the Contractor has and follows a written policy prohibiting offenders from performing duties that include but are not limited to: New construction, remodeling or renovation, carpentry, electrical or mechanical work, air conditioning installation or repair, primary food service or other similar duties. (CBRT Manual/Guide, pgs. 22-24); (II. G. 3 ., pg. 10, II. G)	X					
20. Documentation supports that internal work details do not exceed: **Nonsecure** - a maximum of two (2) hours per day, per offender, six (6) days per week. **Secure** - four (4) hours per day, per offender six (6) days per week. (CBRT Manual/Guide, pg. 23); (II. G. 3., pg. 10)	X					
21. Documentation supports that external work details do not exceed: **Nonsecure** - a maximum of five (5) hours per week for the entire community. **Secure** - a maximum of twelve (12) hours per week, four (4) hours per day for the entire community. (CBRT Manual/Guide, pg. 23); (II. G. 3., pg. 10)	X					
22. Documentation supports that extra duty can be imposed for rule infractions but does not exceed two (2) hours per infraction, and a maximum of two (2) hours per day and a maximum of ten (10) hours per week. (CBRT Manual/Guide, pgs. 23-24); (II. G. 3., pg. 10)	X					
23. There is no evidence that offenders enrolled in the program complete any community service work hours at the treatment facility. (CBRT Manual/Guide, pg. 33); (II. G. 3., pg. 10)	X					
24. Documentation supports that the Contractor has in place a grievance procedure and that a program grievance log is available for review upon request by the Department. (CBRT Manual/Guide, pg. 46); (II. G. 3., pg. 10, II. G. 6. a. 5., pg. 12, and II. G. c. 6., pg. 13)	X					Described in "Client Handbook"
25. Documentation supports that the Contractor provides transportation of offenders in accordance with the Community Based Residential Treatment Manual/Guide. (CBRT Manual/Guide, pgs. 33-34); (II. G. 3., pg. 10)	X					

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26. Documentation supports that employed offenders use of an employer's vehicle or their personal vehicle is in accordance with the Community Based Residential Treatment Manual/Guide. (CBRT Manual/Guide, pg. 33); (II. G. 3., pg. 10)	X					Described in "Client Handbook"
27. Documentation supports that the Contractor reports all incidents in writing and submits to the Contract Manager or Designee with 24 hours in a Department-approved format. (CBRT Manual/Guide, X G., pg. 47); (II. G. 6. c., pg. 13)	X					
PROGRAM OPERATION TOTAL:			0%			

PROGRAM FACILITY						
STANDARD	***M***	***PM***	***DNM***	***DCF***	***NA***	***COMMENTS***
28. Documentation supports that the Contractor's current residential licensure report reflects compliance with the requirements of Rule 65D-30 F.A.C. for program facility standards. (CBRT Manual/Guide, pg. 35); (II., F., pg. 5)				X		Per DCF licensure
29. Through direct observation, the Contractor provides housing that includes a bed, pillow and mattress, bed linens, towels, electricity, central heating and air conditioning, running water/both hot and cold, and access to on-site local telephone service to make and receive calls. (CBRT Manual/Guide, pg. 36); (II. F., pg. 5)	X					Facility Tour conducted
30. Through direct observation, the Contractor provides a minimum of one (1) operable toilet, one (1) sink and one (1) bathing facility for every eight (8) offenders. (II. F., pg. 5)	X					Facility Tour Conducted
31. Documentation supports that the Contractor has a written pest control program for prevention of vermin, insects and other pests. (CBRT Manual/Guide, pg. 36); (II. F. 1. i., pg. 6)	X					Facility has a Pest Service Contract - Reciepts received
32. Through direct observation, the Contractor provides office space available for use by Department staff that allows for confidential business to be conducted, along with access to a phone and computer hook-up. (CBRT Manual/Guide, pg. 36); (II. F. 1. n., pg. 6)	X					
33. Documentation supports that the Contractor conducts monthly maintenance inspections with prompt correction of any facility deficiencies. (II., F. 1. j., pg. 6)	X					Facility has mantenance staff and conduct facility safety checks

(Intentionally Blank)

34. Documentation supports that the Contractor food service operations shall be conducted in accordance with state and/or county licensing requirements (on-site or off-site. (II., F., 1. a., pg. 5)	X					Department of Health Report - Report was satisfactory
35. Through direct observation, the Contractor provides a fully equipped kitchen where on-site meals are prepared. (II., F., 1., g. pg. 6)	X					Facility Inpsection conducted
36. The Contractor provides a dining area in which food may be served and consumed. If meals are prepared off-site, a service kitchen will be provided (refrigerator, stove/toaster oven/microwave oven, sink). (CBRT Manual/Guide, pg. 36); (II., F. 1. g., pg. 6)	X					Facility Inpsection conducted
37. Through direct observation, the Contractor provides clean, dry, ventilated space, not subject to waste, water back flow, or other contamination, in which to store dry food supplies. (CBRT Manual/Guide, pg. 36); (II., F. 1. l., pg. 6)	X					
38. Documentation supports that the Contractor provides a bag meal when the offender is out of the facility at mealtime. (CBRT Manual/Guide, pg. 36)	X					Policy / Procedure in place
39. Documentation supports that the Contractor makes arrangements for special diets required by a physician or provision for those offenders who work odd hours and are not available at mealtime. (CBRT Manual/Guide, pg. 36)	X					Program Policies and Procedures
40. Documentation supports that the Contractor has a written plan for managing diseases in accordance with Rule 65D-30 F.A.C. The plan is maintained on-site and provided to the Contract Manager or designee upon request. In the event the facility is required to be evacuated the Contractor provides written notice (e-mail acceptable) to the Contract Manager to ensure services remain ongoing during the evacuation period. (CBRT Manual/Guide, pg. 36); (II. F. 3. a-b., pgs. 6-7)	X					Program Policies have been developeed and executed to comply with this standard
41. Documentation supports that the Contractor has written policies and procedures regarding emergencies including pandemic and infectious disease plans and evacuation and isolation plans. (CBRT Manual/Guide, pg. 36); (II. F. 3. a-b, pgs. 6-7.; II. G. 4. d-e., pg. 11, and II. G. 6. a. 4 and 6, pg. 12)	X					Policies and Procedures along with a review of Infection Control Plan Environment of Care Management Plan

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PROGRAM FACILITY TOTAL: 0%

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PROGRAM STAFF						
STANDARD	M	PM	DCM	DCF	NA	COMMENTS
42. Documentation supports that the Contractor reports any incident requiring investigation by the Contractor in writing to the Contract Manager within 24 hours of the Contractor's knowledge of the incident. (CBRT Manual/Guide, pg. 47); (II. H. 4. a. 7., pg. 16)	X					
43. Documentation supports that the Contractor maintains adequately trained, physically able, paid and awake staff on the premises twenty-four (24) hours per day, seven (7) days per week. (CBRT Manual/ Guide, pg. 37); (II. F. 2. pg. 6 and II. H. 3. a., pg. 15)	X					Review of Staff Schedule
44. Documentation supports that the Contractor has at least one (1) full-time qualified professional on-site forty (40) hours per week. (CBRT Manual/Guide, pg. 37); (II. H. 3. a., pg. 15)	X					Staff Schedule reviewed
45. Documentation supports that the Contractor maintains sufficient staff to carry out the program requirements and to cover staff absences and vacancies. (CBRT Manual/ Guide, pg. 37); (II. H. 2., pgs. 13-14)	X					Review of staff schedule; review of program schedule
46. Documentation supports that the contractor has submitted a written staffing schedule listing the job title and number of staff scheduled to work on each shift. Any changes are approved in writing and in advance by the Department's Program Manager or designee. (CBRT Manual/Guide, pg. 37); (II. H. 1., pg. 13)	X					Review of staff schedule
47. Documentation supports that the personnel files include documentation that each employee received twenty (20) hours of orientation on center rules and regulations before assuming the responsibility for which they were hired. (CBRT Manual/Guide, pgs. 37-38); (II. G. 4. g., pg. 11)	X					New hires receive more than the required orientation hours
48. Documentation supports that the Contractor notifies the Department's Program Manager or designee in writing of resignations or terminations within two (2) calendar days as specified in the Community Based Residential Treatment Manual/Guide. (CBRT Manual/Guide, pg. 38); (II. H. 2., pg. 14)	X					Notification, via electronic message

49. Documentation supports that vacancies of required positions specified in the Community Based Residential Treatment Manual/Guide do not exceed twenty-eight (28) continuous calendar days of becoming vacant; or ensures interim staff are assigned to carry out the duties. (CBRT Manual/Guide, pg. 38); (II. H. 2., pg.14)	X					staff are assigned to carry out duties if position becomes vacant
50. Documentation supports that all Primary Counselors meet the acceptable qualifications as defined in the Community Based Residential Treatment Manual/Guide. (CBRT Manual/Guide, pgs. 38-39); (II. H. 2. b. 1-9, pg. 14)	X					Review of job decription, resume, application, trainings
51. Documentation supports that the Contractor maintains a job description for all positions providing direct client care services under this contract and provides each employee with a copy of their job description. (CBRT Manual/Guide, pg. 39); (II. H. 2. d., pg. 14)	X					Review of personnel files
52. Documentation supports that all on-site employees are provided a copy of the Department's requirements for Staff Conduct as defined in the Community Based Residential Treatment Manual/Guide and a signed acknowledgement is maintained in each employee's personnel file. (CBRT Manual / Guide, pg. 39); (II. H. 4. a-b, pgs. 15-16)	X					Review of personnel files
53. Documentation supports that all employees assigned to this contract have undergone an FCIC/NCIC background check and FBI fingerprint check, and are approved by the Department. This approval is maintained in each employee's personnel file. (CBRT Manual/Guide, pg. 41); (II. H. 5. a., pg. 16)	X					
54. Documentation supports that the Contractor screens all prospective employees through referral and employment checks. (CBRT Manual/Guide, pg. 41); (II. H. 5. i., pg. 17)	X					Review of personnel file
55. Documentation supports that the Contractor does not employ any individual under the supervision or jurisdiction of any parole, probation or correctional authority to provide services under this contract. (CBRT Manual/Guide, pg. 42); (II. H. 5. e., pg. 16)	X					Review of personnel file

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56. Documentation supports that the Contractor immediately reports any new staff arrest, filing of criminal charges or conviction of any current employee within twenty-four (24) hours of the contractor's knowledge of the event and follows up in writing within three (3) calendar days. (CBRT Manual/Guide, pg. 42); (II. H. 5. h. and j., pg. 17)	X					Review of personnel file
PROGRAM STAFF TOTAL:			0%			

CLINICAL RECORD REVIEW						
STANDARD	***M***	***PM***	***DNM***	***DCF***	***NA***	***COMMENTS***
57. Documentation supports that a Community Supervision Referral Form (DC5-404) referral form is contained in all offender treatment files. (CBRT Manual/Guide, pg. 18); (II. G. 1. a., pg. 7)	X					
58. Documentation supports that all Department funded offenders meet the eligibility requirements specified in the Community Based Residential Treatment Program Manual/Guide. (CBRT Manual/Guide, pgs. 17, 18); (II. G. pg. 7)	X					Review of clinical files - (three active)
59. Documentation supports that the Contractor documents the clinical rationale for an offender's admission or exclusion from the program, in writing, as well as any recommendations for alternative treatment. (CBRT Manual/Guide, pg. 17); (II. G. 1. a., pg. 7)	X					
60. Documentation supports that the Program screening, and orientation; assessments (physical health and psychosocial); Initial Treatment Plan and Individualized Treatment Plan Referral, Admission and Intake are completed in accordance with the requirements and within the timeframes specified in Rule 65D-30, F.A.C. (CBRT Manual/Guide, pgs. 18-19); (II. G. pg. 7)	X					Psychosocial assessments are typically done on the day following admission (reviewed 3 active files)
61. Documentation supports that during Orientation, the Contractor fully discloses to the offender any fees to be incurred by the offender while participating in the treatment program. (CBRT Manual/Guide, pg. 14); (II. G. 2. a., pg. 9)	X					Review of clinical charts, review of "Client Handbook"

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62. Documentation supports that the Contractor provides, in writing, the terms under which offenders' funds will be managed. Each offender signed an acknowledgement of the terms and a copy is be retained in the offender's case file. (CBRT Manual/Guide, pg. 27)	X					Review of "Client Handbook"
63. Documentation supports that each offender has signed for a copy of the Contractor's Program Rules in accordance with the Community Based Residential Treatment Program Manual/Guide. (CBRT Manual/Guide pg. 11); (II. G. 1. b. 5.,pg. 7)	X					Observed in Clinical Charts reviewed
64. Documentation supports that the Contractor has completed Section III of the Community Supervision Referral Form (DC5-404) for all program discharges. (CBRT Manual/Guide, pgs. 19)	X					Reviewed four (4) closed charts
65. Documentation supports that the Contractor forwarded the completed DC5-404 form for all discharges to the local Correctional Program Supervisor within three (3) calendar days from discharge. (CBRT Manual/Guide, pgs. 19)	X					Fax documentation in closed charts
66. Documentation supports that the Contractor has completed a written discharge summary for clients who complete services or who leave prior to completion of services in accordance with Rule 65D-30, F.A.C. (CBRT Manual/Guide, pg. 19)	X					Review of Discharge Summary
67. Documentation supports that a written discharge summary is provided to the officer assigned to the facility within seven (7) calendar days of the offender's discharge. (CBRT Manual/Guide, pg. 19)	X					Fax documentation in charts
68. Documentation supports that the Contractor has developed a policy on successful, unsuccessful and administrative discharges which clearly defines the program's behavioral expectations of the offender. (II. G. 1. c., pg. 7) (CBRT Manual/Guide, pg. 20)	X					Review of Discharge Summary, and "Client Handbook"
69. Documentation supports that the Contractor notifies the probation officer assigned to the facility immediately upon unsuccessful termination of an offender. (CBRT Manual/Guide, pg. 21); (II. G. 1. c. 2. d., pg. 8)	X					

70. Documentation supports that when an offender cannot be located the program staff notifies the Department's designated probation officer or other designated person within two (2) hours, and written follow-up within one (1) calendar day. (CBRT Manual/Guide, pgs. 21-22)	X					Probation officer is notified immediately when an offender can not be located; clinical notes; probation officer
71. Any offender discharged and subsequently re-admitted to the program requires a new DC5-404 Referral form. (CBRT Manual/Guide, pg. 22); (II. G. 1. d., pgs. 8-9)	X					Clinical charts
72. Documentation supports that if an offender is discharged and determined ineligible or inappropriate for re-entry, the contractor will document their findings in writing to the Department. (CBRT Manual/ Guide, pg. 22); (II. G. 1. a., pg. 7)	X					Clinical Charts; Referral Form
73. All requests to extend an offender in a Nonsecure program beyond seven (7) months are approved by the Contract Manager or designee. (CBRT Manual/Guide, pg. 16)	X					Requests are submitted to the PM;via electronic message
74. Nonsecure programs will not exceed eight (8) months. Secure programs will not exceed eighteen (18) months in length. (CBRT Manual/Guide, pg. 16)	X					
75. The Clinical Chart shows that during the Intensive Treatment Phase, offenders receive one (1) individual counseling session per month, or more frequently if clinically indicated and lasting a minimum of thirty (30) minutes of face-to-face contact. (CBRT Manual/Guide, pgs. 6 and 13); (II. G. 2. a. 2., pg. 9)	X					Guidance/Care Center affords offenders 3-4 individual sessions per month - review of active clinical charts
76. The Clinical Chart shows that during the Intensive Phase each offender will participate in a minimum of ten (10) counseling hours per week. (CBRT Manual/Guide, pg. 15); (II. G. 2. a. 1., pg. 9)	X					Review of active clinical charts
77. The Clinical Chart shows that during the Intensive Treatment Phase, offenders receive thirty (30) hours each week of therapeutic activities. (CBRT Manual/Guide, pgs. 15); (II. G. 2., pg. 9)	X					Review of clinical charts
78. Through direct observation, it is evidenced that Process Groups contain a maximum of twenty (20) offenders per group. (CBRT Manual/Guide, pgs. 10 and 13); (II. G. 2., pg. 9)	X					9/29/10, 10/18/10 and 10/17/10 observed by Karen Diehl

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79. Through direct observation, it is evidenced that Process Groups last a minimum of fifty (50) minutes of face-to-face contact, exclusive of time for record keeping, and are facilitated by a professional level counselor. (CBRT Manual/Guide, pgs. 6 and 13); (II. G. 2., pg. 9)	X					9/29/10, 10/17/10, observed by Karen Diehl
80. Through direct observation, it is evidenced that criminal conduct experiential groups, if utilized, have a maximum of thirty (30) offenders per group and are a minimum of fifty (50) minutes of face-to-face contact. (CBRT Manual/Guide, pg. 13); (II. G. 2., pg. 9)	X					10/18/10, observed by Karen Diehl
81. Through direct observation, it is evidenced that Family Counseling, if utilized, is a minimum of thirty (30) minutes of face-to-face contact. (CBRT Manual/Guide, pg. 13)	X					10/17/10, observed by Karen Diehl
82. Through direct observation, it is evidenced that Substance Abuse Education Groups contain a maximum of thirty (30) offenders per group and last a minimum of fifty (50) minutes of face-to-face contact. (CBRT Manual/Guide, pg. 13); (II. G. 2., pg. 9)	X					9/29/10, observed by Karen Diehl
83. Through direct observation, it is evidenced that all TC groups such as house meeting groups, encounter groups, evening wrap up groups, etc., are facilitated by a counselor. (CBRT Manual/Guide, pg. 13)	X					10/18/10, observed by Karen Diehl
84. The Contractor provides access to educational and/or vocational training opportunities. (CBRT Manual/Guide, pg. 26); (II. F.1. m., pg. 6)	X					
85. The Clinical Chart shows that each offender will receive instruction and guidance on personal financial management and budgeting. The budget shall is be reviewed monthly and documented in the progress notes. (CBRT Manual/Guide, pg. 26); (II. G. 2. b., pg. 10)	X					Budgets are reviewed by counselor upon employment and monthly thereafter
86. The Clinical Chart shows that during the Employment/Re-entry component each offender participates in a minimum of four (4) hours of counseling activities each week. (CBRT Manual/Guide, pg. 15); (II. G. 2. b. 1., pg. 10)	X					Review of Clinical Charts
87. The Clinical Chart shows that during the Employment/Re-entry component each offender will have at least one (1) individual counseling session per month. (CBRT Manual/Guide, pg. 16); (II. G. 2. b. 2., pg. 10)	X					offenders recv. 3-4 individual sessions per month - review of active clinical chart

88. The Clinical Chart shows that during the Employment/Re-entry phase each offender will participate in a minimum of twenty (20) hours of therapeutic activities each week. (CBRT Manual/Guide, pg. 16); (II. G. 2. b. 3., pg. 10)	X					Review of clinical chart
89. Through review of approved program schedule, curriculum, and offender interviews, the Contractor shall provide instruction and guidance in employment readiness skills such as preparing resumes, completing applications for employment, interviewing skills, developing good work habits, etc. (CBRT Manual/Guide, pg. 24); (II. G. 3., pg. 10)	X					Performed by Fran Senecke, Therapist
90. The Clinical Chart shows the Contractor contacted the employer and verified employment within the first seven (7) days of an offender's employment. (CBRT Manual/Guide, pg. 25)	X					
91. The Clinical Chart shows the Contractor verified offender's employment by weekly paycheck, phone call or on site visit. (CBRT Manual/Guide, pg. 25)	X					Review of clinical chart
92. The Clinical Chart shows the Contractor contacted each offender's employer, at least monthly, to substantiate the offender's work performance, and attendance and discuss any problems the offender may have at the workplace. (CBRT Manual/Guide, pgs. 25-26)	X					Documentation in clinical chart
93. The Clinical Chart shows the Contractor has a primary and secondary job contact person. (CBRT Manual/Guide, pg. 26)	X					
94. Documentation supports the collection of subsistence by the Contractor from offenders assigned to work in the community, including receipts provided to the offender in the clinical file. The amount collected is in accordance with current guidelines. (CBRT Manual/Guide X. E., pg. 47); (II. G., 6. b., pg 12)	X					Review of subsistence fees and client account history
95. Documentation supports that if appropriate, the offenders are participating in education and vocational activities. (CBRT Manual/Guide, pg. 26)	X					
96. Documentation supports that during the first two (2) months (non-secure) / four (4) months (secure) after program entry, no offender leave was approved. (CBRT Manual/Guide, pgs. 29-30); (II. G. 3., pg. 10)	X					Review of clinical charts; review of "Client Handbook"

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97. Documentation supports that the Contractor has not billed the Department in excess of a maximum of two (2) days for offenders absent from the program on approved offender leave. (CBRT Manual /Guide, pg. 30)	X					
98. Documentation supports that all off-site activities and offender leaves are approved, in advance and in writing, by the Contractor and the supervising Probation Officer and meet the criteria addressed in the CBRT Manual/Guide. (CBRT Manual/Guide, pg. 28); (II. G. 3., pg. 10)	X					
99. Documentation supports that the Contractor has a written procedure detailing how offenders sign-in and sign-out from the facility that accounts for their whereabouts at all times. (CBRT Manual/Guide, pg. 27); (II. G. 3., pg. 10)	X					Review of activity logs

100. Documentation supports that the Contractor has a written procedure that details the frequency and documentation of telephone contacts made with offenders while they are off-site. (CBRT Manual/Guide, pg. 27); (II. G. 3., pg. 10)	X					Review of activity logs
101. The monthly Urinalysis Results Report and Urinalysis Logs show that during the Intensive Treatment Component, the Contractor conducts a minimum of one (1) random drug test (on-site and/or laboratory) per calendar month on each offender. (II. G. 6. c., pg. 12 and 13) (CBRT Manual/Guide, pg. 34)	X					Upon review of drug testing logs
102. The monthly Urinalysis Results Report and the Urinalysis Logs show that during the Employment Re-entry Component, the Contractor conducts a minimum of one (1) random drug test (on-site and/or laboratory) every calendar week/Monday thru Sunday on each offender. (II. G. 6. c., pg. 12 and 13); (CBRT Manual/Guide, pg. 34)			X			Upon review, Monthly drug testing activity log does not show compliance with drug testing requirements
103. Documentation supports that the medical exam is conducted and includes a blood test for syphilis (RPR) and a skin test for tuberculosis (PPD); and are completed in accordance with the requirements and within the timeframes specified in Rule 65D-30, F.A.C. (II. G. 1. b. 2. a., pg. 7)				X		Clinical Chart Review - Program in Compliance
104. Documentation supports that the Contractor has a procedure in place with a detailed description of how medical services are provided to offenders on a twenty-four (24) hour basis for routine and emergency medical treatment. (CBRT Manual/Guide pg. 46); (II. G. 6., pgs. 11, 12)				X		Program in Compliance
CLINICAL REVIEW TOTAL:			2%			

2009-2010
DCF Contract Oversight Exit Log

The following abbreviations are used in this exit log.

AMH = Adult Mental Health

CCST = Comprehensive Community Service Teams

CMH = Children Mental Health

F.A.C. = Florida Administrative Code

FBI = Federal Bureau of Investigation

FDLE = Florida Department of Law Enforcement

F.S. = Florida Statute

ID = Identification

IDP = Indigent Drug Program

PATH = Projects for Assistance in Transition from Homelessness

SAMH = Substance Abuse and Mental Health

SAMHIS = Substance Abuse and Mental Health Information System

2009-2010
DCF Contract Oversight Exit Log

Medicaid Covered Services

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, Exhibit B, 5.g.

Monitoring Method: Review of 552 service events in July and August 2009 that were reported in SAMHIS with an SAMH fund code and were also identified by SAMHIS as Medicaid-billable services delivered to Medicaid-eligible recipients.

Area of Noncompliance	Required by...
552 of 552 service events were billable to Medicaid but were billed to the Department, and the provider did not have a denial from Medicaid.	Rule 65E-14.021 (10)(a)3., F.A.C.

2009-2010
DCF Contract Oversight Exit Log

Service Documentation

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, B.4.c.(3)(b)

Monitoring Method: Review of 10 CMH medical service events, 10 CMH case management service events, 10 CMH assessment service events, 10 AMH incidental expense service events, and AMH individual CCST services for July and August 2009.

Area of Noncompliance	Required by...
10 of 10 CMH medical service events had discrepancies between the data reported into SAMHIS and the support documentation found in the client file. All 10 were missing the duration and the staff name or ID.	Rule 65E-14.021(10) (d)1., F.A.C.
5 of 10 CMH assessment service events reported into SAMHIS did not have complete or accurate support documentation. 4 did not contain the start time or the duration and 1 had a discrepancy in the duration.	Rule 65E-14.021(10) (d)1., F.A.C.
4 of 10 CMH case management service events reported into SAMHIS did not have complete or accurate support documentation. 2 did not contain the start time or the duration, 2 had discrepancies in start time and 1 of the 2 also had a discrepancy in staff name or ID.	Rule 65E-14.021(10)(d)1., F.A.C.
The provider did not utilize the required unit of measure when reporting AMH individual CCST service units. The correct unit of measure is available staff hour, but the hours reflected were based on actual service events and not staff availability. Also the provider had not developed duty rosters for all areas providing CCST services.	Contract KH201, Attachment I, Exhibit M Rule 65E-14.021(5)(a)1., F.A.C.
8 of 8 AMH incidental expenses did not contain audit documentation in the client file and the service documentation was not complete. The provider's census log did not document the recipient name and ID.	Rule 65E-14.021(10) (d)1., F.A.C.

2009-2010
DCF Contract Oversight Exit Log

Data Reporting

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, Exhibit B.4.c.(3)

Monitoring Method: Review of July and August 2009 data reported into SAMHIS.

Area of Noncompliance	Required by...
Incidental expenses were not reported into SAMHIS.	Rule 65E-14.022, F.A.C. DCF Pamphlet 155-2, Chapter 7, I.3.
35 service events reported into SAMHIS were not accurate. 13 AMH assessment service events and 22 CMH CCST individual service events were reported, but not contracted for in Exhibit G.	Rule 65E-14.021(10)(a)1.a., F.A.C.

2009-2010
DCF Contract Oversight Exit Log

Invoice and Data Reconciliation

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, B.6.a.(3)

Monitoring Method: Review of July and August 2009 data reported into SAMHIS and review of units reported on invoice.

Area of Noncompliance	Required by...
The provider's year-to-date number of units of service reported on the request for payment ending August 2009 exceeded the total number of units reported and accepted in SAMHIS for the following programs in the following cost centers. CMH • Crisis support units exceeded the units reported into SAMHIS by 48. • Information and referral units exceeded the units reported into SAMHIS by 180. • Assessment units exceeded the units reported into SAMHIS by 29. • Intervention individual units exceeded the units reported into SAMHIS by 14. • In-home and on-site units exceeded the units reported into SAMHIS by 5. AMH • Crisis stabilization units exceeded the units reported into SAMHIS by 176. • Crisis support units exceeded the units reported into SAMHIS by 147. • Room and board level III units exceeded the units reported into SAMHIS by 34.	Rule 65E-14.021(10)(b)6.b., F.A.C.

2009-2010
DCF Contract Oversight Exit Log

Incident Reporting

This issue relates to Contracts KH201

Contract Reference(s): Contract KH201, Standard Contract, I.K.1., Contract KH201, Attachment I, D.6., and Contract KH201, Attachment I, Exhibit I

Monitoring Method: Review of all reportable incidents from July 1, 2009 through November 19, 2009.

Area of Noncompliance	Required by...
5 of 13 reportable incidents were reported to the Department after the required 24 hour time frame.	Contract KH201, Attachment I, D.6.
1 of 13 incidents was not reported on the current form.	Contract KH201, Attachment I, D.6.

2009-2010
DCF Contract Oversight Exit Log

Consent for Release of Information

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, B.6.a.(3)

Monitoring Method: Review of 10 client files.

Area of Noncompliance	Required by...
5 of 10 consent to release forms did not document the designated agency receiving the information.	Rule 65E-4.014, (3)(b)8., F.A.C.
1 of 10 consent to release form did not contain a signature or date by the client or guardian.	Rule 65E-4.014, (3)(b)8., F.A.C.
1 of 10 consent to release form did not have a specific date of expiration.	Rule 65E-4.014, (3)(b)8., F.A.C.

2009-2010
DCF Contract Oversight Exit Log

Personnel Requirements

This issue relates to Contract KH201

Contract Reference(s): Contract KH201, Attachment I, B.2.b.(2)

Monitoring Method: Review of 10 personnel files.

Area of Noncompliance / Area of Concern	Required by...
3 of 10 employee records reviewed did not contain results of a check by the FBI and 1 of 3 did not contain results of an FDLE.	435.04(1), F.S.
1 of 10 employee records reviewed did not contain evidence of an employment history check.	435.03(1), F.S.

2009-2010
DCF Contract Oversight Exit Log

No Findings Identified

Findings were not identified in the following areas of scope.

Topic or Area of Review	Method and Scope
Data-related requirements	Review of information management policy and procedures and review of data security officer personnel file.
PATH Grant	Interview with the Regional Controller regarding the internal tracking of PATH data.
Indigent Drug Program	Interview with staff regarding the IDP process, guidelines, and review of policy.
Staffing levels	Review of July and August 2009 duty roster, staff schedule, and time sheets.

2009-2010
DCF Contract Oversight Exit Log

Exit Log Signature Page

This monitoring was conducted in the manner specified by CFOP 75-8.

_____

Contract Oversight Unit Team Leader Signature / Date

By signing below, you indicate you received a copy of this document.

Provider Representatives:

_____	_____
Signature / Date	Signature / Date

DCF Contract Managers:

_____	_____
Signature / Date	Signature / Date
_____	_____
Signature / Date	Signature / Date
_____	_____
Signature / Date	Signature / Date

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DEPARTMENT OF CORRECTIONS
BUREAU OF SUBSTANCE ABUSE PROGRAM SERVICES
CORRECTIVE ACTION PLAN

DEPARTMENT OF CORRECTIONS' STAFF REQUESTING CORRECTIVE ACTION PLAN: ARNIA PERPIGNAND, PROGRAM MANAGER, REGION IV, COMMUNITY CORRECTIONS, OFFICE OF REENTRY

CONTRACT NAME AND NUMBER: GUIDANCE /CARE CENTER, INC. / C2546

PROGRAM TYPE AND LOCATION: NON-SECURE, CIRCUIT 16 (MONROE COUNTY)

DATE SENT TO VENDOR: 11-10-10

COMPREHENSIVE PROGRAM EVALUATION OR PROGRAM SITE VISIT DATE: OCTOBER 21, 2010 - CPE

CONTRACTUAL NON-COMPLIANCE ISSUES REQUIRING CORRECTIVE ACTION	DEPARTMENT'S CORRECTIVE ACTION PLAN DUE DATE	DATE RECEIVED BY VENDOR	VENDOR'S CORRECTIVE ACTION PLAN	PERSON RESPONSIBLE FOR CORRECTIVE ACTION	ACTUAL DATE OF COMPLETION OF CORRECTIVE ACTION
1. Clinical Record Review - Random Drug Testing, Standard #102, page 17	December 10, 2010	November 10, 2010	Staff will complete a UA screen for ITC and ERC clients each week, Sunday - Saturday ensuring that no more than 7 days lapse between UA Screens. SA techs who perform UA Screens will be notified of importance of strict adherance to this policy by email on 11/10/10 and it will be reviewed in December Staff meeting.	C. Nadine Hood	12/10/10
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

This Section For Department of Corrections Use Only

REVIEWED BY: _____ ACCEPTED AND APPROVED: _____ DATE: _____

DISAPPROVED: _____ ISSUES DISAPPROVED: _____ DATE: _____

IF DISAPPROVED, CORRECTIVE ACTION PLAN DUE DATE: _____

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Guidance Clinic of the Middle Keys
ATTN: Betty Reynolds
3000 41 Street Ocean
Marathon, FL 33050

Sent via secured email

June 9, 2010

Dear Ms. Reynolds:

Attached please find the final report from the Clinical Record Review for the second quarter of 2010 for the Molina contract with your agency. There were five (5) outpatient records reviewed, including services of Initial Psychiatric Evaluation, Psychiatric Medication Management and Individual Therapy. The total score for the treatment record review tool was **93%**. This is indicative of only minimal deficiencies and successful completion of your corrective action plan.

Magellan Health Services also monitors the adherence to clinical guidelines. The Clinical Practice Guidelines (CPGs) that we currently score are for Major Depression, Schizophrenia and Substance Use Disorders. You may find additional information for clinical guidelines at www.magellanprovider.com. You can click on the 'get information' tab without registering. Your agency may share this information with your front line staff can access the website without accessing agency information. It is possible that in the future we will score for ADHD. During this review one record was reviewed for following clinical guidelines for schizophrenia and scored 100%.

I have attached the scoring tool for you to review as well as noted strengths and recommendations in this letter. For criteria that were not applicable for a record the response 'yes' is marked and n/a is documented in the comments section.

The Microsoft Excel TRR (Treatment Record Review)-CPG (Clinical Practice Guidelines) Tool includes the following tabs:

a. ***TRR & CPG Tab:*** This is the tool that was used to score the records reviewed for your agency.
    i. This also includes all of the comments made for each record (click on the comments space next to each question to expand the content section).
    ii. Please see **Row 74** or **Overall Score** in order to see how each record scored.
b. ***Summary Tab:*** Includes the Summary Score Report.

i. This records the actual score for each section of the clinical record review.

ii. This also includes a score for each record scored for one of the Clinical Practice Guidelines (CPG). Please note that this is an independent score and not included in the total score of the clinical record review.

c. ***User's Guide Tab:*** This tab contains the explanation/instructions for meeting each individual criterion assessed.

Strengths that were noted include:

1. As always, the Client Handbook is an excellent resource and provides clear information about psychiatric advanced directives.
2. There are excellent questions regarding spirituality on the biopsychosocial assessment.
3. There is good documentation throughout the record of discussions regarding treatment and goals with the clients. This was found in the assessments, the treatment plan and in progress notes.
4. Record 1 had good documentation that there was an identified need for the enrollee and that the mother would not allow the client to engage in developing additional support.
5. There was significant improvement in the treatment planning section.

Opportunities for Improvement include:

1. The crisis plan can be a Wellness Recovery Action Plan (WRAP) or other type of proactive plan.
2. Discharge planning should include actions taken towards developing community resources to continue increasing level of functioning in the community.
3. Objectives should be easily measurable; this allows the client to identify when he or she has accomplished something in treatment.

As mentioned above, this closes out your corrective action plan. There is no formal plan to conduct a follow up review at this time. Magellan Health Services will continue to monitor your agency as needed in the future. It was a pleasure to review your records.

Sincerely,

Miriam A. Nichols, LCSW

Miriam A. Nichols, LCSW
QI Clinical Reviewer
MANichols@magellanhealth.com
305-717-5328

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South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

Provider: **GCC, Inc.** Contract #: **KD 228-27** Monitoring Date: **Feb. 2nd 2010**

Summary of findings	TO BE COMPLETED BY PROVIDER		
	Corrective Action steps to be taken	Staff Responsible	Completion Date
Programmatic:			
1) Repeat Finding: An error rate of 37.09% was noted in the Validation of Service Events reviewed resulted in noncompliance in demonstrating that the Provider maintains service documentation for services billed to the Managing Entity pursuant to this contract. Proper service documentation for billing under this contract for each SAMH cost center is outlined in Rule 65E-14.021(7), F.A.C. *As per KD 228-27 Attachment I, C10(a-b).*	1) Chart Documentation training will be conducted for program staff located in all sites. This training will include the requirement to provide an adequate note to substantiate the service provided, requirement to provide the start time and duration and the reporting of accurate reporting of time.	Key West site-Jail : JoAnn Brancel; Key West-Main/School: Larry Prescott; Marathon-Betty Reynolds, Nadine Hood Key Largo-Deb Matthews	May 28, 2010
	A Service Event Validation Audit will be created to compare the data submitted to the supporting documentation for no less than 10 clients monthly.	Deb Genners Larry Prescott Betty Reynolds Nadine Hood Maureen G	June 10, 2010 and on going
2) Repeat Finding: The notes/recommendation section of the ASAM forms did not provide a sufficient individualized summary of justification for placement. *As per KD 228-27, Attachment I, B(1)(a)(6).*	2) ASAM training with VTC capability to connect sites in KW, Marathon and UK will be conducted for program staff on the subject of the completion of a quality ASAM form including narrative summary that justifies the placement and the requirement to have each form signed, dated and validated for treatment.	Frank Scafidi	June 1, 2010
	A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	May 15, 2010

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South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

			May 15, 2010
3) The incorrect ASAM forms were used in the ASA Intervention client charts reviewed. *As per KD 228-27, Attachment I, B(1)(a)(6).*	3) A copy of the ASAM PPC-2R 2nd edition will be located at each site as a Resource Guide for clinical staff.	Jamie Pipher	
	Incorrect form has been replaced with the correct form at the location with the wrong form	Larry Prescott	March 31,2010
4) Treatment plan and treatment plan reviews did not include *measurable behavioral objectives* to be achieved by the client. *As per 65D-30.004 (17)(a) F.A.C.*	4)Training with VTC capability to connect all sites will be conducted on development of measurable behavioral objectives for treatment plans	Frank Scafidi	June 1, 2010
	Treatment plans and treatment plans reviews will be reviewed as part of the peer review process. Non compliant or partial compliant plans will be referred back to the clinical staff member for correction and the appropriate Clinical Supervisor will review skill development during the next Supervisory review.	KW- Larry Prescott Mar- Betty Reynolds KL- Deb Matthews	May 1, 2010 and on going
Administrative:			
1) Training Requirements for New Direct Care Staff were not met for those staff working in component services identified in subsection 65D-30.004(21), F.A.C., all new direct care staff shall have **CPR training** within the first six months of employment. *As per 65D-30.004(31)(b) F.A.C.*	1) CPR training has been scheduled for the locations with non compliance in this area.	Sean Furey Paulette Sheagren, RN	May 1, 2010
	A Training Spreadsheet will be developed to record all staff trainings allowing for this information to be reported to supervisors for follow up.	Sean Furey	May 1, 2010
	Non compliance with required trainings is a job performance criteria.	Diana A. Directors	March 1, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

2) A review of the Providers Incident Reporting Database for the months of November & December 2009 reflected incidents related to SFPC funded clients that were not sent to SFPC. (27) Incident Reporting Pursuant to paragraph 397.419(2)(f), F.S. Incident reporting is required of all Providers and shall be conducted in accordance with Children and Families Operating Procedure 215-6, incorporated herein by reference. Incident reporting shall include the following: (d) Reporting, tracking, and responding to incidents in accordance with departmental regulation. *As per 65D-30.004(27)(d) & KD228-27 Exhibit C Required Reports.*	2) All DCF reportable incidents were reported to a state agency. Procedures has been updated to dual or triple report incidents to state funded agencies to ensure all state funded agencies for which the client was enrolled at the time of the incident, will receive an incident report. Incident Report Guidance memo will be emailed/copied to each staff member reviewing the incident reporting requirements. An electronic review of the incident reporting will be conducted using the WestCare Incident Reporting system to monitor compliance.	Jamie Pipher Jamie Pipher Jamie Pipher Site and Program Directors	April 1, 2010 March 31, 2010 March 31, 2010
Fiscal Functions:			
<u>Repeat Finding:</u> According to the Invoice Validation Desk Review, data reported to the SFPC KIS Database does not reflect the number of units invoiced to SFPC for the months of November 2009 and December 2009. Error rate of November 2009 Year to Date average is 59.66% incorrect, and December 2009 Year to Date average 32.59% incorrect. *As per KD 228-27 Attachment I, C10(a-b) & B6a(13).*	1) The Units invoiced are net after subtracting units as local match creating some of the error that can not be rectified Regional Controller will submit a spreadsheet with any invoice where there is 5% difference as result of the match issue. Invoice will reflect the data.	Marianne Benvenuti Marianne Benvenuti	April 15, 2010 April 15, 2010

South Florida Provider Coalition, Inc.

Corrective Action Plan Outline

FOR SFPC INTERNAL USE ONLY

Date CAP outline sent to provider:_____ CAP reviewed by:_____

Date CAP received by SFPC:_____ CAP Follow-up date:_____

Date CAP approved by SFPC:_____ Staff signature:_____

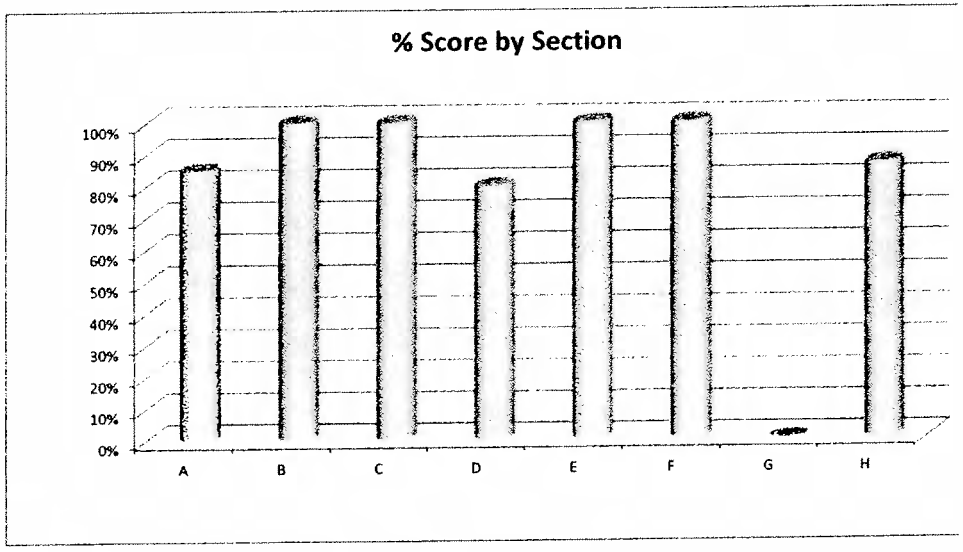
Date CAP returned to Provider:_____ Date:_____

Reason of returned CAP:_____

Magellan Behavioral Health
Treatment Record Review
Summary Report for Provider

Provider: Guidance Clinic of the Middle Keys, Inc.
Reviewer: Miriam A. Nichols, LCSW
CMC: Florida
Date of Review: June 8, 2010

Section	Section Content	Score
A	General	85%
B	Consumer Rights & Confidentiality	100%
C	Initial Evaluation	100%
D	Individualized Treatment Plan	80%
E	Ongoing Treatment	100%
F	Addendum for Special Populations	100%
G	Addendum for NCQA Sites Only	
H	CMC Addendum	87%
	Total	93%



Clinical Practice Guideline Conformance (if applicable)

RECORD #	Member ID#	CPG 1: Major Depression (296.2 or 296.3)	CPG 2: Schizophrenia – 295 Series	CPG 3: Substance Use Disorders – 291; 292; 303; 304; 305
1	1663019126		100%	
2	8122831338			
3	8207058897			
4	7683325872			
5	3517804100			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	0			
23	0			

Performance Expectations and Followup Requirements	
Final Score	**Requirements**
80-100	**Minimal deficiencies**: no formal followup activity required; practitioner is requested to incorporate recommendations from the feedback report as a means to improve documentation practices.
70-79	**Moderate deficiencies**: no formal followup activity required; practitioner is requested to submit an informal corrective action plan (CAP).
69-below	**Serious deficiencies**: The practitioner must submit a formal CAP, which includes a plan to remedy deficiencies noted. The corrective actions must be completed within 30-90 days. A followup of the CAP, including additional treatment record review, is conducted to confirm the deficiencies are corrected.

24	0			
25	0			

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Office of Contracted Client Services

CERS Data Entry

Contracting Home | Contact Us

Instructions for filling out the CERS CAP Form

For an explanation of each term move the cursor over the underlined word or phrase. Guidance for completing this section can be found at CERS training or CAP Tips for Providers handout

Fiscal Year - 09-10 **Circuit -** 11,16

Contract Number KH201 **Contract Manager -** PHELAN, TRIXIE **Amended Amount** $6,179,168.00

Provider - GUIDANCE CLINIC OF THE MIDDLE K

Report Date - 1/6/2010 **Report entered by** Dusenbury, Diane

CAP Due Date - 2/5/2010

Source - Monitoring

Background Screening

Finding Level - KH201

Category - Background Screening

Description -

Background Screening

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
1. DCF Screening Unit was contacted and copy of missing FBI clearance letter was obtained for one person.	Patricia Polivchak, HR Director 1/20/10
2. Two employees need electronic screens. GCC does not have current access to electronic screen capability. GCC will locate means for	HR Director or designee 5/5/10
3. All caregiver files will be audited to verify FDLE and FBI screening letters annually.	HR Director or designee 3/31/10
4. All new hires will have reference checks done before hire.	HR Director or designee 2/1/10

Add Task to CAP1 | Remove

Success Indicator:(7)	Measure Methodology:(8)
100% of caregiver's employee files will contain a FDLE and FBI letter. Caregivers requiring electronic	HR Director or designee will ver. compliance by conducting semi an employee file reviews for all pe

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP accepted for this finding.
PHELAN, THERESA - 3/4/2010: Provider has requested additional time for Task #2 as DCF live scan is not an opti
House Family Services for possible assistance.
PHELAN, THERESA - 4/1/2010: Wesley House Family Services has agreed to assist with live can for two employe
additional time to arrange for travel to Tavernier to complete this process.

CAP1

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
5/5/2010 (mm/dd/yyyy)

CAP Closed: (13)

- Action Completed(14)
- New CAP Initiated(15) **Date Closed:**
- Contract Terminated (16)

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Incident Reporting

Finding Level - KH201
Category - Incident Reporting
Description -

Incident Reporting

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
1. An Incident Reporting guidance memo will be emailed/copied to each staff member reviewing the incident reporting requirements including the	Jamie Pipher - RVP 3/31/10
	Site Directors and Program Directors

2. A electronic review of the incident reporting logs will be conducted using the WestCare Intranet Incident Reporting system to monitor compliance	2/15/10
3. Current DCF form will be integrated into the WestCare Intranet Incident Reporting system.	Frank Scafidi and Diana Easley 3/1/10

Add Task to CAP2 | Remove

Success Indicator:(7)	Measure Methodology:(8)
95% of incidents reported to DCF will meet the 24 hr time frame	The Directors will verify compli. by running the Incident Report 1. monthly for all locations until

CAP2

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP accepted for this finding
PHELAN, THERESA - 3/4/2010: Provider reports that Task #1 will not be completed until 3/10/2010. Tasks #2 & #3
PHELAN, THERESA - 4/1/2010: Memo sent to all staff, copy to contract manager, regarding incident reporting. All t
Measure methodology indicates success will be determined upon three consecutive months of goal achievement, tl
this until that occurs.

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
5/5/2010 (mm/dd/yyyy)

CAP Closed: (13)

- Action Completed(14)
- New CAP Initiated(15) **Date Closed:**
- Contract Terminated (16)

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Invoicing

Finding Level - KH201
Category - Invoicing
Description -

Medicaid Covered Services

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task[4]	Person Responsible[5]
1. A data management system change will be made to identify Medicaid eligible services as being Medicaid eligible at time of service.	Deb Genners 1/31/10
2. YTD (8/1/09 - 2/31/10) all services submitted as DCF units that were Medicaid eligible will be reversed from the DCF invoice.	Deb Genners and Marianne Benvenuti 2/1/10
3. A front office process and data base will be established and implemented to verify Medicaid eligibility and Medicaid eligible	Deb Genners and Marianne Benvenuti 5/5/10

Add Task to CAP3 | Remove

Success Indicator:[7]	Measure Methodology:[8]
98% of the DCF invoices will accurately reflect Medicaid eligible services.	Marianne Benvenuti will run Exce reports monthly reconciling repo data and invoices.

CAP3

Progress Notes [10]

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP aaccepted for this finding.
PHELAN, THERESA - 3/4/2010: Provider reports that Tasks #1 and #2 are complete but requested additional time complete Task #3.
PHELAN, THERESA - 4/1/2010: Provider has requested additional time for Task #3.

Last Updated:[11]
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:[12]
5/5/2010 (mm/dd/yyyy)

CAP Closed: [13]

- ○ Action Completed[14]
- ○ New CAP Initiated[15] **Date Closed:**
- ○ Contract Terminated [16]

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Finding Level - KH201
Category - Invoicing
Description -

Service Documentation

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
1. Support documentation requirements including start time, duration and full staff ID, will be reviewed at Clinical staffing for all programs in	Prescott, Grynewicz, Reynolds, Marcinia 2/15/10
2. Quantitative charts audits will be conducted at each location monthly as part of peer and utilization review to include review of start time, duration	Prescott, Grynewicz, Reynolds, Marcinia 5/5/10
3. A duty roster will be posted daily to list the names of staff available to provide CCST services. The duty roster will be produced electronically	Atwell, Brancell, Reynolds, Grynewicz 4/8/10
4. A Incidental Expense form containing all required documentation for the chart and for financial record will be developed and implemented	Marciniak, Furey, Romance 2/5/10

Add Task to CAP4 | Remove

CAP4

Success Indicator:(7)	Measure Methodology:(8)
: Individual counseling and corrective actions will occur in 75% of the cases where chart documentation non	HR Director or designee will rep documentation corrective actions counseling plans to PI for three

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: Cap accepted for this finding.
PHELAN, THERESA - 3/4/2010: Provider reports that initial training required in Task #1 is complete. Trainings will (months and then occur quarterly. Provider requested additional time for Tasks #2 and #3 and reports that Task #4 i
PHELAN, THERESA - 4/1/2010: Provider has requested additional time for Tasks #2 and #3.

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
5/5/2010 (mm/dd/yyyy)

CAP Closed: (13)

- Action Completed(14)
- New CAP Initiated(15) **Date Closed:**
- Contract Terminated (16)

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Finding Level - KH201
Category - Invoicing
Description -

Invoice and Data Reconciliation

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
Invoice will match data at time of invoicing.	Marianne Benvenuti and Deb Genners 2/1/10

Add Task to CAP5 | Remove

Success Indicator:(7)	Measure Methodology:(8)
100% of amount invoiced will match data report	MKB and Deb G will review data r before submitting invoice. 2/1/10

CAP5

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP accepted for this finding.
PHELAN, THERESA - 3/4/2010: Report data was much improved for January invoice - CM will continue to monitor
PHELAN, THERESA - 4/1/2010: Report data in line with invoice for February - action complete.

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
4/1/2010 (mm/dd/yyyy)

CAP Closed: (13)

- (●) Action Completed(14)
- ( ) New CAP Initiated(15)
- ( ) Contract Terminated (16)

Date Closed: 4/1/2010

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Performance Measures

Finding Level - KH201
Category - Performance Measures
Description -

Data Reporting

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
1. Data reporting methodology that reflect dollars as units will be created in data base system for reporting incidental expenses.	Deb Genners 2/1/10
2. SAMHIS reports will be monitored and error reports will be corrected to accurately reflect reported service events.	Deb Genners 2/1/10

Add Task to CAP6 | Remove

Success Indicator:(7)	Measure Methodology:(8)
Dashboard results will be accurate	Deb Genners will review error re and will follow up with staff on coding errors.

CAP6

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP accepted for this finding.
PHELAN, THERESA - 3/4/2010: January invoice much improved for accuracy - CM will continue to monitor for addi
PHELAN, THERESA - 4/1/2010: Report data in line with invoice for February -action complete.

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
4/1/2010 (mm/dd/yyyy)

CAP Closed: (13)

- (●) Action Completed(14)
- ( ) New CAP Initiated(15) **Date Closed:** 4/1/2010
- ( ) Contract Terminated (16)

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

Programmatic Issues

Finding Level - KH201
Category - Programmatic Issues
Description -

Consent for Release of Information

CAP Received Date:(1)	CAP Accepted By:(2)	
2/8/2010	T. Phelan	2/

Task(4)	Person Responsible(5)
1. Consent to Release Information training will be conducted at the 3 main site locations with a post test. Staff with scores below 90% will	Jamie Pipher 7/1/10
2. Consent to Release Information Guidance Memo will be developed and sent to all staff with a post test for return and grading. Staff with scores	Jamie Pipher 3/31/10
3. Add Consent to Release Information training as an annual training requirement.	Jamie Pipher 4/1/10

Add Task to CAP7 | Remove

CAP7

Success Indicator:(7)	Measure Methodology:(8)
90% of the Peer to Peer Reviews will show compliance to the Consent to Release audit elements	Larry Prescott, Betty Reynolds, Deb Matthews will verify complia conducting a sample of the peer

Progress Notes (10)

PHELAN, THERESA - 2/5/2010: Provider has requested an extension: CAP now due 2/8/2010.
PHELAN, THERESA - 2/8/2010: CAP accepted for this finding.
PHELAN, THERESA - 3/4/2010: Provider has requested additional time for this issue.
PHELAN, THERESA - 4/1/2010: Consent to Release Information memo sent to all staff, copy to contract manager. time to conduct training in all service site locations.

Last Updated:(11)
4/1/2010 (mm/dd/yyyy) (double click for current date)

Next Review Date:(12)
5/5/2010 (mm/dd/yyyy)

CAP Closed: (13)

- Action Completed(14)
- New CAP Initiated(15) **Date Closed:**
- Contract Terminated (16)

Both CAP Status and Date Closed fields must be entered in order to close the CAP.

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CHARLES H. BRONSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety

FOOD SAFETY INSPECTION REPORT

F.S. Chapter 500
(850) 245-5520

Print Date: April 8, 2010

Visit# 7065-0868-7002-71

Bureau of Food and Meat Inspection
Attention: Records Section
3125 Conner Boulevard, C-26
Tallahassee, Florida 32399-1650

Firm Number:	298068
Firm Name:	THE GUIDANCE CLINIC OF THE MIDDLE KEYS
Date of Visit:	April 8, 2010
Firm Location Address:	3000 41ST STREET OCEAN MARATHON, FL 33050
Firm Mailing Address:	3000 41ST STREET OCEAN, MARATHON, FL 33050
Firm Type/Description:	135 SPECIALTY FOOD SHOPS
Firm Owner:	THE GUIDANCE CLINIC OF THE MIDDLE KEYS

Owner Code:

OVERALL RATING - GOOD

On April 8, 2010, THE GUIDANCE CLINIC OF THE MIDDLE KEYS was inspected by SCOTT RAPRAGER, a representative of the Florida Department of Agriculture and Consumer Services and the Overall Sanitation Rating was GOOD.

PERMIT APPLICATION INFORMATION

Permit Application Information was verified with management.

FIELD TESTS

The following field tests were conducted with the results as indicated:

	Legal	Illegal
LOTS EXAMINED FOR INFESTATION	1	0
TEMPERATURE - COLD	1	0
LABELING	1	0

VIOLATIONS (*) indicates a critical violation.

The following violations were noted:

DELI DEPARTMENT

23 Non food contact surfaces of equipment or utensils are not free of soil, oily residue or encrusted food particles. RUST ON TOP OF REACH IN COOLER/FREEZER - ISSUED FOR IN-STORE DELI

24 Equipment and utensils are not stored clean and protected from contamination by using a method such as inverting or covering. SOME PANS NOT COVERED - ISSUED FOR IN-STORE DELI

37 Walls, ceilings, attached equipment are not kept clean and free of excess grease or dust accumulation. DUST ON AC VENTS - ISSUED FOR IN-STORE DELI

CHARLES H. BRONSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Food Safety

FOOD SAFETY INSPECTION REPORT

F.S. Chapter 500
(850) 245-5520

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Attention: Records Section
3125 Conner Boulevard, C-26
Tallahassee, Florida 32399-1650

Firm Number: 298068
Firm Name: THE GUIDANCE CLINIC OF THE MIDDLE KEYS
Date of Visit: April 8, 2010

COMMENTS

PAYMENT INFORMATION

Payment Received Yes ( ) No ( ) Refer to the Comments section for payment explanation.

ACKNOWLEDGMENT

I acknowledge receipt of a copy of this document, and I further acknowledge that I have verified the location and mailing addresses on the first page of this document are correct, or I have written the correct information on the first page of this document.

(Signature of DACS Representative)

SCOTT RAPRAGER, SANITATION AND SAFETY SPECIALIST

(Signature of Person in charge)

Lisa Marciniak

(Please print name and title)

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carf INTERNATIONAL

SURVEY OUTCOME

Three-Year Accreditation

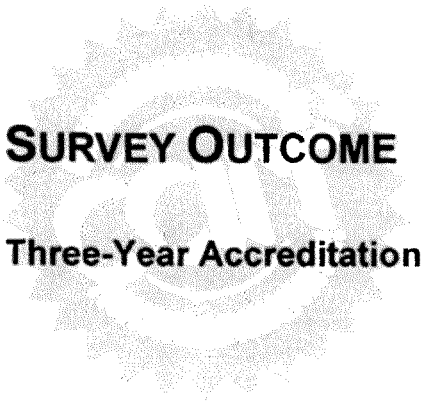
CARF Survey Report for Guidance/Care Center, Inc.

CARF INTERNATIONAL
4891 East Grant Road
Tucson, AZ 85712 USA
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129
www.carf.org

CARF-CCAC
1730 Rhode Island Avenue, NW, Suite 209
Washington, DC 20036 USA
Toll-free 866 888 1122 ■ Fax 202 587 5009
www.carf.org/aging

CARF CANADA
10665 Jasper Avenue, Suite 1400A
Edmonton, Alberta T5J 3S9 Canada
Tel 780 429 2538 ■ Fax 780 426 7274
www.carfcanada.ca

carf INTERNATIONAL



Organization

Guidance/Care Center, Inc.
3000 41st Street, Ocean
Marathon, FL 33050

Organizational Leadership

Jamie T. Pipher, M.S., Regional Vice President

Survey Dates

May 3-5, 2010

Survey Team

John York, M.A., LPE, Administrative Surveyor

Shelly Larson, CADC, Program Surveyor

Debbie J. Sirk, M.P.A., Program Surveyor

Suzanne Q. Yoster, LPC, MHSP, Program Surveyor

Programs/Services Surveyed

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Community Integration: Mental Health (Consumer-Run)
Community Integration: Psychosocial Rehabilitation (Consumer-Run)
Crisis Stabilization: Mental Health (Adults)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Previous Survey

June 20-22, 2007
Three-Year Accreditation

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Survey Outcome

Three-Year Accreditation
Expiration: June 2013

SURVEY SUMMARY

Guidance/Care Center, Inc., has strengths in many areas.

- The commitment of the board of directors and the dedication and skills of the staff members are definite strengths. A high level of professional commitment is found throughout the organization, from upper management to direct care staff members. Despite budget cuts and being required to do more with less, the staff members' compassion for the clients and commitment to the mission remain intact.
- Guidance/Care Center has an excellent leader in its regional vice president for the Florida Keys. She is responsible for the day-to-day operations of the organization, and it is clear that she is highly respected and valued by staff members at every level of the organization. It is equally clear that she has been instrumental in developing and maintaining the strong relationships the organization enjoys with other community stakeholders. She is viewed as an integral leader in the social service field throughout Monroe County and, having been a resident in the county for many years, knows the community and characteristics of the persons served well. Staff members from several areas of the organization commented about how much they have learned from her and expressed their appreciation for the compassion she displays toward employees and persons served alike.
- Staff members at all levels are open and responsive to the needs and requests of the persons served and possess exceptional passion for and commitment to assisting persons served to build a strong foundation for their recovery and stabilization.
- The organization is recognized for the tenure of staff. It has retained excellent qualified personnel. This is evident in the services delivered and its administrative and business practices.
- The board and management staff members' vision and forward-thinking philosophy are considered strengths of the organization. Examples include their efforts to integrate veterans' services and primary care into the programs and services offered. The "six features" in the strategic plan reflect and prioritize this philosophy that is summarized in the plan as "focusing on the full needs of the persons served rather than a diagnostic category."
- The relationship between Guidance/Care Center and its parent organization, WestCare, is considered a strength of the organization. The administrative and technical support provided by WestCare in several areas of operation complements the strengths of the local leadership and management staff.

- The organization's transportation system is countywide and provides much needed transportation for persons from Key Largo to Key West, and all points in between, who could not otherwise afford to access behavioral health treatment and other healthcare services. This area of operations is well managed, and much of the recordkeeping and monitoring functions are computerized. Detailed reports on the maintenance of each vehicle are generated that track and provide a history of service records and other related information.
- Guidance/Care Center has an excellent and well-deserved reputation in the community for providing quality services, as evidenced by the many tributes paid by the persons served, funding sources, and other stakeholders. A common theme heard from funding and referral sources was their appreciation of the organization's responsiveness to the needs of the local community.
- The organization has developed comprehensive personnel policies and procedures, and the personnel department is managed by knowledgeable staff members. The computerized tracking of training for all employees provides detailed reports that help ensure that all training requirements are met.
- Guidance/Care Center has a comprehensive strategic planning process that incorporates various self-assessment tools and results in a "sustainability plan" with action plans and time tables.
- The psychiatrist/medical director is open and responsive to the needs and requests of the persons served and possesses exceptional passion for and commitment to assisting clients in building a strong foundation for their recovery and well-being. He listens and responds to the needs and desires of the persons served, when medically appropriate. Several clients commented that they "really like him" and that "he is caring and understanding."
- The organization continues to expand and find new and innovative ways to assist the persons served with their medications. Ideas for enhancing and enabling the persons served to get their medications free or at a reduced cost have been developed by the organization. Staff members are constantly working with insurance companies/suppliers, drug representatives, and patient assistance programs to identify proactive ways to change and positively impact the medication acquisition of the persons served.
- The relationship between Guidance/Care Center staff and the correctional staff at the jail program in Key West is considered a definite strength of the organization. There is a high level of mutual respect between the two entities, and it is clear that the correctional staff fully supports and appreciates the treatment provided to mutual clients.
- Technological capabilities are comprehensive and extend into all areas of operation. The computer and technology systems developed by WestCare generate numerous computerized reports, and staff members are continuously assessing the organization's technology needs with the goal of finding better and more efficient ways of doing things through technology.

In the following area Guidance/Care Center demonstrates exemplary conformance to the standards.

- Guidance/Care Center has an outstanding health and safety program that demonstrates a strong commitment and ongoing attention to the reduction of health and safety risks and a clear concern for the health and safety of the persons served and personnel. Particularly noteworthy is the intranet-based incident reporting system developed by WestCare that is a comprehensive, user-friendly World Wide Web-based reporting system. It provides for automatic notification to appropriate supervisory and management personnel each time an incident is reported, and it

generates summary reports that help identify possible causes for the incidents and possible trends or common themes that may be emerging. The quarterly incident breakdown reports delineate the reported incidents by facility, program, incident category, and seriousness (in regard to primary and secondary incidents). Equally impressive is the organization's environment-of-care plan that includes computerized health and safety self-inspections for each location with detailed, time-specific action plans to address identified areas for improvement.

Guidance/Care Center should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Guidance/Care Center has a long history as a recognized provider of behavioral healthcare services in Monroe County. The board, leadership, and staff members demonstrate a strong commitment to providing quality services that are responsive to the needs of the persons served. Clients and other stakeholders report that the organization facilitates positive changes in the clients and families served and produces successful outcomes. This is evidenced through a number of interviews with clients, funding and referral sources, and staff members, as well as through the reviews of clinical records and other documents. The organization is clearly committed to maintaining effective administrative operations and to meeting the CARF standards in order to promote quality throughout the organization.

Guidance/Care Center, Inc., has earned a Three-Year Accreditation and is congratulated on this significant accomplishment. The board, administration, and staff members are complimented for the positive efforts they have made in the pursuit of international accreditation and are encouraged to use their resources to address opportunities for improvement.

SECTION 1. ASPIRE TO EXCELLENCE®

A. Leadership

Principle Statement

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

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Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

There are no recommendations in this area.

C. Strategic Integrated Planning

Principle Statement

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Principle Statement

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

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Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

E. Legal Requirements

Principle Statement

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

There are no recommendations in this area.

F. Financial Planning and Management

Principle Statement

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures

- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

F.7.a. through F.7.b.(3)

Although there was no evidence of billing errors found, as a proactive measure, Guidance/Care Center is urged to review a representative sampling of records of the persons served at least quarterly to document that dates of services provided coincide with billed episodes of care, determine that the bills accurately reflect the services that were provided, and identify any necessary corrective action.

Consultation

- In view of the current funding situation, the organization is encouraged to continue its efforts to identify funding and find ways to bring its ideas of improving the programs and services to fruition.

G. Risk Management

Principle Statement

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

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H. Health and Safety

Principle Statement

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

There are no recommendations in this area.

Exemplary Conformance

H.1.

H.7.a. through H.7.c.

H.12.b.(1) through H.12.b.(3)

Guidance/Care Center has a comprehensive health and safety program that demonstrates a strong commitment and ongoing attention to the reduction of health and safety risks and a clear concern for the health and safety of the persons served and personnel. Particularly noteworthy is the intranet-based incident reporting system developed by WestCare that is a comprehensive, user-friendly World Wide Web-based reporting system. It provides for automatic notification to appropriate supervisory and management personnel each time an incident is reported, and it generates summary reports that help identify possible causes for the incidents and possible trends or common themes that may be emerging. Equally impressive is the organization's environment-of-care plan that includes computerized comprehensive health and safety self-inspections for each location with detailed, time-specific action plans to address identified areas for improvement.

Consultation

- The organization's emergency procedures for fires, bomb threats, natural disasters, utility failures, and medical emergencies are found in several areas of various health and safety policies, procedures, and documents. It is suggested that they be consolidated into one repository or manual that is duplicated and easily available to line staff at all locations.

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- It is suggested that the location of the safety equipment in the organization's vehicles be standardized so that each piece of equipment is maintained in the same location in each vehicle. Consistency in the placement of the equipment could save valuable time when drivers or other personnel need to find the equipment quickly in an emergency situation. This particularly applies to the first aid supplies.

I. Human Resources

Principle Statement

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization is meeting all state requirements for staffing ratios, it is suggested that management continue to review staffing patterns on an ongoing basis to ensure that there is always an adequate number of personnel available to maximize quality of service, guard against staff burnout, and maintain high staff morale. With more and more funding cuts occurring that are unquestionably a byproduct of the current economic environment, providing even small monetary perquisites is difficult, if not impossible, for many behavioral health organizations, and Guidance/Care Center is no exception. Management is encouraged to continue in its efforts to provide creative ways to recognize staff members for their hard work, and when funding levels are sufficient to merit lifting the current salary freeze or possibly hiring additional personnel, the organization is encouraged to do so, where appropriate. In discussions with the management

team members, it is clear that they support and sincerely appreciate the hard work of the staff members; are in total agreement with this suggestion; and, in fact, wish that they had the where-with-all to do so now.

J. Technology

Principle Statement

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Principle Statement

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

K.7.a.

To help safeguard the records of the persons served in the Personal Growth Center, it is recommended that a system of accountability be implemented for removing and returning client charts. Although the charts are maintained in a locked cabinet in a secure area, staff members currently take the charts out of the secure area, as well as out of the building, without any indication

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as to who has removed the charts. One way this could be accomplished would be a simple sign-in/sign-out log maintained on top of the file cabinet or a sign-in/sign-out card that takes the place of the chart when it is removed.

L. Accessibility

Principle Statement

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Status report regarding removal of identified barriers
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Information Measurement and Management

Principle Statement

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Principle Statement

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

N.1.b.(2)(a)

Although the organization is collecting effectiveness data on the persons served in each program at six months following discharge (to meet a state reporting requirement), a comparative analysis of the data collected to determine effectiveness of treatment is only being conducted for clients in the Women In Transition (WIT) program. Consequently, it is recommended that Guidance/Care Center conduct its own analysis at least annually on the effectiveness of services, as measured by the analysis of performance indicators in relation to performance goals, at a point in time after discharge for all programs. It is noted that the WIT analysis is an excellent report that could possibly be used as a model for the other programs.

SECTION 2. GENERAL PROGRAM STANDARDS

Principle Statement

For an organization to achieve quality services, the persons served are active participants in the planning, prioritization, implementation, and ongoing evaluation of the services offered. A commitment to quality and the involvement of the persons served span the entire time that the persons served are involved with the organization. The service planning process is individualized, establishing goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the persons served. The persons served have the opportunity to transition easily through a system of care.

A. Program Structure and Staffing

Principle Statement

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Written program plan
- Crisis intervention provided
- Medical consultation
- Services relevant to diversity
- Assistance with advocacy and support groups
- Team composition/duties
- Relevant education
- Clinical supervision
- Family participation encouraged

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that clinical supervision records be kept in a locked file to be kept confidential like personnel files and only available to the supervisor.
- It is suggested that the organization make the detoxification and crisis stabilization programs more therapeutic for the persons served by making the environments more comfortable and inviting.

B. Screening and Access to Services

Principle Statement

The process of screening and assessment is designed to maximize opportunities for the persons served to gain access to the organization's programs and services. Each person served is actively involved in, and has a significant role in, the assessment process. Assessments are conducted in a

manner that identifies the strengths, needs, abilities, and preferences of each person served. Assessment data may be gathered through various means, including face-to-face contact, telepsychiatry, or from external resources.

Key Areas Addressed

- Screening process described in policies and procedures
- Ineligibility for services
- Admission criteria
- Orientation information provided regarding rights, grievances, services, fees, etc.
- Waiting list
- Primary and ongoing assessments
- Reassessments

Recommendations

B.5.c.(2) through B.5.e.

It is recommended that the organization maintain current waiting list information through contact with the persons on the list based on each person's needs and documentation of any and all contacts with the persons on the waiting list. It is further recommended that procedures for referral to necessary care, including medical and crisis care, be developed for the persons on the waiting list. If an individual is in need of detoxification and there are no beds available, the individual might be provided alternatives, especially when the individual is in a crisis state.

B.9.a. through B.9.c.
B.9.h.(1) through B.9.l.
B.9.n.(3) through B.9.n.(7)
B.9.o.
B.9.q. through B.9.v.

The organization is urged to ensure that personal strengths, individual needs, abilities and/or interests, and preferences for the primary assessment process are consistently gathered in order to develop an individualized person-centered plan for each person served. The primary assessment should also consistently document each client's medication use profile, in addition to verifying the efficacy of current or previously used medication; medication allergies or adverse reactions to medications; physical health history, including current medical needs; diagnosis(es); co-occurring disabilities, disorders, or medical concerns; mental status; and current level of functioning. In addition, the primary assessment should consistently include employment history; legal involvement; family history of abuse, neglect, or violence; relationships, including natural supports; issues important to the person served; the need for and availability of social supports; the need for assistive technology in the provision of services; risk-taking behaviors; level of educational functioning; advance directives, when applicable; and adjustment to disabilities and/or disorders.

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B.10.a. through B.10.c.

It is recommended that the organization consistently use the assessment results in the preparation of an interpretive summary that is based on the assessment data, is used in the development of the individual plan, and identifies any co-occurring disabilities and/or disorders and how they will be addressed in the development of the individual plan.

C. Individual Plan

Principle Statement

Each person served is actively involved in and has a significant role in the individual planning process and has a major role in determining the direction of his or her individual plan. The individual plan contains goals and objectives that incorporate the unique strengths, needs, abilities, and preferences of the person served, as well as identified challenges and problems. Planning is consumer directed and person centered.

Key Areas Addressed

- Development of individual plan
- Co-occurring disabilities/disorders
- Individual plan goals and objectives
- Designated person coordinates services

Recommendations

C.2.a.

The organization is urged to ensure that the individual plan is prepared consistently using the information from the assessment and interpretive summary.

C.3.b.(7) through C.3.b.(9)
C.3.g.(1) through C.3.g.(5)

It is recommended that the individual plan consistently include specific treatment objectives that are measurable, achievable, and time specific and, when applicable, a personal safety plan be completed consistently as soon as possible after admission that identifies triggers, including assessment of the risk for dangerous behaviors; current coping skills; warning signs; preferred interventions; and advance directives, when available.

C.7.a.(2) through C.7.d.

Signed and dated progress notes should consistently document achievement of identified objectives, goals, significant events or changes in the life of the person served, the delivery of services, and specific interventions that support the individual plan and movement to other levels of care.

D. Transition/Discharge

Principle Statement

Transition, continuing care, or discharge planning assists the persons served to move from one level of care to another within the organization or to obtain services that are needed but are not available within the organization. The transition process is planned with the active participation of each person served. Transition may include planned discharge, placement on inactive status, movement to a different level of service or intensity of contact, or a re-entry program in a criminal justice system.

The transition plan is a clinical document that includes information about the person's progress in recovery and describes the completion of goals and the efficacy of services provided. It is prepared to ensure a seamless transition to another level of care, another component of care, or an after care program.

A discharge summary, identifying reasons for discharge, is completed when the person leaves services for any reason (planned discharge, against medical advice, no show, infringement of program rules, etc.).

Just as the assessment is critical to the success of treatment, the transition services are critical for the support of the individual's ongoing recovery or well-being. The organization proactively attempts to contact the persons served after formal transition or discharge to gather needed information related to their postdischarge status. Discharge information is reviewed to determine the effectiveness of its services and whether additional services were needed.

The transition plan and/or discharge summary may be included in a combined document as long as it is clear whether the information relates to a transition or discharge planning.

Key Areas Addressed

- Referral or transition to other services
- Active participation of persons served
- Transition planning at earliest point
- Unplanned discharge referrals
- Plan addresses strengths, needs, abilities, preferences
- Follow-up for persons discharged for aggressiveness

Recommendations

There are no recommendations in this area.

E. Medication Use

Principle Statement

Medication use is the practice of handling, prescribing, dispensing, and/or administering medications to persons served in response to specific symptoms, behaviors, and conditions for which the use of medications is indicated and deemed efficacious. Medication use may include self-administration, or be provided by personnel of the organization or under contract with a licensed individual. Medication use is directed toward maximizing the functioning of the persons served while reducing their specific symptoms and minimizing the impact of side effects.

Medication use includes prescribed or sample medications, and may include over-the-counter or alternative medications provided to the person served as part of the therapeutic treatment/service program. Alternative medications can include herbal or mineral supplements, vitamins, homeopathic remedies, hormone therapy, or culturally specific treatments.

Medication control is identified as the process of physically controlling, transporting, storing, and disposing of medications, including those self-administered by the person served.

Self-administration for adults is the application of a medication (whether by injection, inhalation, oral ingestion, or any other means) by the person served, to his/her body; and may include the organization storing the medication for the person served, or may include staff handing the bottle or blister-pak to the person served, instructing or verbally prompting the person served to take the medication, coaching the person served through the steps to ensure proper adherence, and closely observing the person served self-administering the medication.

Self-administration by children or adolescents in a residential setting must be directly supervised by personnel, and standards related to medication use applied.

Dispensing is considered the practice of pharmacy; the process of preparing and delivering a prescribed medication (including samples) that has been packaged or re-packaged and labeled by a physician or pharmacist or other qualified professional licensed to dispense (for later oral ingestion, injection, inhalation, or other means of administration).

Prescribing is evaluating, determining what agent is to be used by and giving direction to a person served (or family/legal guardian), in the preparation and administration of a remedy to be used in the treatment of disease. It includes a verbal or written order, by a qualified professional licensed to prescribe, that details what medication should be given to whom, in what formulation and dose, by what route, when, how frequently, and for what length of time.

Key Areas Addressed

- Individual records of medication
- Physician review
- Policies and procedures for prescribing, dispensing, and administering medications
- Training regarding medications
- Policies and procedures for safe handling of medication

Recommendations

There are no recommendations in this area.

F. Nonviolent Practices

Principle Statement

Programs strive to be learning environments and to support persons served in the development of recovery, resiliency, and wellness. Relationships are central to supporting individuals in recovery and wellness. Programs are challenged to establish quality relationships as a foundation to supporting recovery and wellness. Providers need to be mindful of developing cultures that create healing, healthy and safe environments, and include the following:

- Engagement
- Partnership—power with, not over
- Holistic approaches
- Respect
- Hope
- Self-direction

Programs need to recognize that individuals may require supports to fully benefit from their services. Staff members are expected to access or provide those supports wanted and needed by the individual. Supports may include environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement.

Even with supports, there are times when individuals may show signs of fear, anger, or pain, which may lead to aggression or agitation. Staff members are trained to recognize and respond to these signs through de-escalation, changes to physical environment, implementation of meaningful and engaging activities, redirection, active listening, etc. On the rare occasions when these interventions are not successful and there is imminent danger of serious harm, seclusion or restraint may be used to ensure safety. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. The use of seclusion and restraint must always be followed by a full review, as part of the process to eliminate the use of these in the future.

The goal is to eliminate the use of seclusion and restraint in behavioral health, as the use of seclusion or restraint creates potential physical and psychological dangers to the persons subject to the interventions, to the staff members who administer them, or to those who witness the practice. Each organization still utilizing seclusion or restraint should have the elimination thereof as an eventual goal.

Restraint is the use of physical or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary administration of medication, in immediate response to a dangerous behavior, to temporarily subdue a person or manage their behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior, or holding a person's hand or arm to safely guide him or her from one area to another, is not a restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

Seclusion refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

Seclusion or restraint by trained and competent personnel is used only when other less restrictive measures have been found to be ineffective to protect the person served or others from injury or serious harm. Peer restraint is not considered an acceptable alternative to restraint by personnel. Seclusion or restraint is not used as a means of coercion, discipline, convenience, or retaliation.

In a correctional setting, the use of seclusion or restraint for purposes of security is not considered seclusion or restraint under these standards. Security doors designed to prevent elopement or wandering are not considered seclusion or restraint. Security measures for forensic purposes, such as the use of handcuffs instituted by law enforcement personnel, are not subject to these standards. When permissible, consideration is made to removal of physical restraints while the person is receiving services in the behavioral health care setting.

Key Areas Addressed

- Emergency intervention procedures
- Patterns of use reviewed
- Policies and procedures for use of seclusion and restraint
- Persons trained in use
- Designated room

Recommendations

There are no recommendations in this area.

G. Records of the Persons Served

Principle Statement

A complete and accurate record is developed to ensure that all appropriate individuals have access to relevant clinical and other information regarding each person served.

Key Areas Addressed

- Confidentiality
- Time frames for entries to records
- Individual record requirements
- Duplicate records

Recommendations

G.1.b.

G.1.c.

It is recommended that the individual record consistently communicate information in a manner that is organized and complete.

G.3.c.

The records of persons served should consistently identify information about the individual to contact in the event of an emergency, including the name, address, and telephone number.

Consultation

- Due to the inconsistencies noted in the area of records documentation, it is suggested that the organization develop and implement a core training program stressing documentation methodology/requirements, etc.

- It is suggested that the person served not be allowed to sign blank forms such as informed consent to service, property, and any other forms without being completely filled out and witnessed.
- It is suggested that the organization consider developing a forms committee to look at all the forms used throughout the organization and see if some of the information on the forms could be consolidated in order to alleviate redundancy.

H. Quality Records Review

Principle Statement

The organization has systems and procedures that provide for the ongoing monitoring of the quality, appropriateness, and utilization of the services provided. This is largely accomplished through a systematic review of the records of the persons served. The review assists the organization in improving the quality of services provided to each person served.

Key Areas Addressed

- Quarterly professional review
- Review current and closed records
- Items addressed in quarterly review
- Use of information to improve quality of services

Recommendations

H.5.a. through H.5.c.

It is recommended that the organization demonstrate that the information collected from the quarterly review process is consistently reported to applicable staff, used to identify training needs, and used to improve the quality of services.

ALCOHOL AND OTHER DRUGS/ADDICTIONS

Core programs in this field category are designed to provide services for persons who have or are at risk of having harmful involvement with alcohol or other drugs/addictions. These programs use a team approach to minimize the effects and risks associated with alcohol, other drugs, or other addictions.

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SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

J. Detoxification

Principle Statement

Detoxification programs provide support to the persons served during withdrawal from alcohol and/or other drugs. Services may be provided in a unit of a medical facility, in a freestanding residential or community-based setting, or in the home of the person served.

Recommendations

There are no recommendations in this area.

R. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors; family relations; interpersonal relationships; mental health issues; life span issues; psychiatric illnesses; addictions (such as alcohol or other drugs, gambling, and Internet); eating or sexual disorders; and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

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T. Prevention/Diversion

Principle Statement

Prevention/diversion programs are proactive and evidence based, striving to reduce individual, family, and environmental risk factors; increase resiliency; enhance protective factors; and achieve individual and comprehensive community wellness through a team or collaborative approach. Prevention/diversion programs utilize strategies designed to keep individuals, families, groups, and communities healthy and free from the problems related to alcohol or other drug use, mental disorders, physical illness, or violence and abuse; to inform the general public of problems associated with those issues, thereby raising awareness; or to intervene with at-risk or identified individuals to reduce or eliminate identified concerns. Programs are provided in the community, school, home, workplace, or other settings.

Organizations may provide one or more of the following three types of prevention programs, categorized according to the audience for which they are designed:

- *Universal* programs target the general population and seek to reduce the overall prevalence of problem behaviors, and include comprehensive, well-coordinated components for individuals, families, schools, communities, and organizations.
- *Selected* programs target groups that are exposed to factors that place them at a greater than average risk for the problem behavior. These programs are tailored to reduce identified risk factors and strengthen protective factors in the individual. Selected programs may include student assistance (SAP), peer counseling, or peer mentor groups.
- *Indicated* programs target groups that are exhibiting early signs of the problem behavior. These individuals are at risk for continued or increased problems. Indicated prevention may include programs traditionally thought of as intervention that focus on changing outcomes for individuals and targeting antecedents of problem behavior. Indicated programs may also include diversion programs such as DUI/OWI classes, report centers, home monitoring, after-school tracking, or supervised visitation.

Recommendations

There are no recommendations in this area.

U. Residential Treatment

Principle Statement

Residential treatment programs are organized and staffed to provide both general and specialized nonhospital-based interdisciplinary services 24 hours a day, 7 days a week for persons with behavioral health disabilities or co-occurring disabilities, including intellectual or developmental disability; victims or perpetrators of domestic violence or other abuse; or persons needing treatment because of eating or sexual disorders or drug, gambling, or Internet addictions. Residential treatment services are organized to provide environments in which the persons reside and receive services

from personnel who are trained in the delivery of services for persons with behavioral health disorders or related problems. Residential treatment may be provided in freestanding, nonhospital-based facilities or in clearly identified units of larger entities, such as a wing of a hospital. Residential treatment programs may include domestic violence treatment homes, nonhospital addiction treatment centers, intermediate care facilities, psychiatric treatment centers, or other nonmedical settings.

Recommendations

There are no recommendations in this area.

MENTAL HEALTH

Core programs in this field category are designed to provide services for persons with or who are at risk for psychiatric disabilities/disorders or have other mental health needs. These programs encompass a wide variety of therapeutic settings and intervention modalities. Core programs in this field category may also provide services to persons with co-occurring disabilities/disorders, such as mental illness and a developmental disability.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

C. Case Management/Services Coordination

Principle Statement

Case management/services coordination programs provide goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination

results in community opportunities and increased independence for the persons served. Programs may provide occasional supportive counseling and crisis intervention services, when allowed by regulatory or funding authorities.

Case management/services coordination may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization that works with individuals who are internal and/or external to the organization, or by an organization with the sole purpose of providing case management/services coordination. Such programs are typically provided by qualified case managers/coordinators or by case management teams.

Organizations performing case management/services coordination as a routine function of other services or programs are not required to apply these standards unless they are specifically seeking accreditation for this program.

Recommendations

There are no recommendations in this area.

E. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.

- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Recommendations

There are no recommendations in this area.

H. Crisis Stabilization

Principle Statement

Crisis stabilization programs are organized and staffed to provide the availability of overnight residential services 24 hours a day, 7 days a week for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served. Often crisis stabilization programs are used as a preemptive measure to deter unnecessary inpatient hospitalization.

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the organization provide more activities in the crisis stabilization unit for the person served such as therapeutic, training, and educational activities.

R. Outpatient Treatment

Principle Statement

Outpatient treatment programs provide services that include, but are not limited to, individual, group, and family counseling and education on recovery and wellness. These programs offer comprehensive, coordinated, and defined services that may vary in level of intensity. Outpatient programs may address a variety of needs, including, but not limited to, situational stressors; family

relations; interpersonal relationships; mental health issues; life span issues; psychiatric illnesses; addictions (such as alcohol or other drugs, gambling, and Internet); eating or sexual disorders; and the needs of victims of abuse, domestic violence, or other trauma.

Recommendations

There are no recommendations in this area.

PSYCHOSOCIAL REHABILITATION

Core programs in this field category demonstrate a strong collaborative partnership with the persons served, the development of opportunities for personal growth, a commitment to community integration, goal-oriented and individualized supports, and the promotion of satisfaction and success in community living. Programs in this category may serve persons with a variety of concerns, including persons with developmental or physical disabilities.

SECTION 3. BEHAVIORAL HEALTH CORE PROGRAM STANDARDS

Principle Statement

The standards in this section address the unique characteristics of each type of core program area. Behavioral health programs are organized and designed to provide services for persons who have or who are at risk of having psychiatric disorders, harmful involvement with alcohol or other drugs, or other addictions or who have other behavioral health needs. Through a team approach, and with the active and ongoing participation of the persons served, the overall goal of each program is to improve the quality of life and the functional abilities of the persons served. Each program selected for accreditation demonstrates cultural competency and relevance. Family members and significant others are involved in the programs of the persons served as appropriate and to the extent possible.

E. Community Integration

Principle Statement

Community integration is designed to help persons to optimize their personal, social, and vocational competency in order to live successfully in the community. Activities are determined by the needs of the persons served. The persons served are active partners in all aspects of these programs. Therefore, the settings can be informal in order to reduce barriers between staff members and program participants. A psychosocial clubhouse, a drop-in center, an activity center, and a day program are examples of community integration services.

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Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services based on the identified needs and desires of the persons served. A person may participate in a variety of community life experiences that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Vocational pursuits.
- Development of work attitudes.
- Employment activities.
- Volunteerism.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.

Recommendations

There are no recommendations in this area.

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SECTION 4. BEHAVIORAL HEALTH SPECIFIC POPULATION DESIGNATION STANDARDS

A. Children and Adolescents

Case Management/Services Coordination: Mental Health
Outpatient Treatment: Alcohol and Other Drugs/Addictions
Outpatient Treatment: Mental Health
Prevention/Diversion: Alcohol and Other Drugs/Addictions

Principle Statement

Programs for children and adolescents consist of an array of behavioral health services designed specifically to address the treatment needs of children and adolescents. Such programs tailor their services to the particular needs and preferences of children and adolescents and are provided in a setting that is both relevant to and comfortable for this population.

Recommendations

A.1.f.(2) through A.1.h.

It is recommended that the organization consistently include in the assessments of each child or adolescent served information on his or her hearing functioning, visual functioning, and immunization records.

B. Consumer-Run

Community Integration: Mental Health
Community Integration: Psychosocial Rehabilitation

Principle Statement

Improvement of the quality of an individual's situation requires a focus on the person served and his or her identified strengths, abilities, needs, and preferences. The program is designed around the identified needs and desires of the persons served, is responsive to their expectations, and is relevant to their maximum participation in the environments of their choice.

The person served participates in decision making and planning that affects his or her life. Efforts to include the person served in the direction of the program or delivery of applicable services are evident. The service environment reflects identified cultural needs and diversity. The person served is given information about the purposes of the program.

Recommendations

There are no recommendations in this area.

C. Criminal Justice

Outpatient Treatment: Alcohol and Other Drugs/Addictions

Principle Statement

Criminal justice programs serve special populations comprised of accused or adjudicated individuals referred from within the criminal justice system who are experiencing behavioral health needs, including alcohol or other drug abuse or addiction, or psychiatric disabilities or disorders. Services can be provided through courts, through probation and parole agencies, in community-based or institutional settings, or in sex offender programs. Institutional settings may include jails, prisons, and detention centers. The services are designed to maximize the person's ability to function effectively in the community. The criminal justice mandates include community safety needs in all judicial decisions and require that behavioral health programs are aware of the safety requirements of not only the individual, program staff members, and peers, but also the community at large.

Criminal justice educational programs may include either community-based or institution-based educational and training services. Such programs may include personal and interpersonal skills training, conflict resolution, anger management, DUI/DWI education, mental health education, education about alcohol and other drugs, information on criminal thinking patterns, or traditional academic education.

Recommendations

There are no recommendations in this area.

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PROGRAMS/SERVICES BY LOCATION

Guidance/Care Center, Inc.

3000 41st Street, Ocean
Marathon, FL 33050

Case Management/Services Coordination: Mental Health (Adults)
Community Integration: Mental Health (Consumer-Run)
Community Integration: Psychosocial Rehabilitation (Consumer-Run)
Crisis Stabilization: Mental Health (Adults)
Detoxification: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Guidance/Care Center, Inc. - Lower Keys

1205 Fourth Street
Key West, FL 33040

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)

Guidance/Care Center, Inc. - Upper Keys

99198 Overseas Highway, Suite 5
Key Largo, FL 33007

Case Management/Services Coordination: Mental Health (Adults)
Case Management/Services Coordination: Mental Health (Children and Adolescents)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Adults)
Outpatient Treatment: Alcohol and Other Drugs/Addictions (Children and Adolescents)
Outpatient Treatment: Mental Health (Adults)
Outpatient Treatment: Mental Health (Children and Adolescents)
Prevention/Diversion: Alcohol and Other Drugs/Addictions (Children and Adolescents)

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Guidance/Care Center, Inc. - Monroe County Jail

5525 College Road
Key West, FL 33040

Outpatient Treatment: Alcohol and Other Drugs/Addictions (Criminal Justice)
Outpatient Treatment: Mental Health (Adults)

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enhancing PEOPLE'S LIVES

QUALITY IMPROVEMENT PLAN

BH

Company ID Number: 75960

Guidance/Care Center, Inc.
3000 41st Street, Ocean
Marathon, FL 33050
US

Survey Number: 54791

Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 6/30/2013
Survey Date(s): 5/3/2010 through 5/5/2010

Return to CARF by 9/16/2010

Completed by (Name): Jamie Pipher

Date Completed: 9/12/10

Job Title: Regional Vice President, Guidance/Care Center, Inc.

Standard Number for Recommendation	Action to be Taken	Completion Date (Actual or Estimated)
Section 1 F.7.a. thru F.7.b.(3)	Financial Planning/Mgmt.: Review a representative sample of client records at least quarterly to : 1) document that dates of services provided coincide with billed episodes of care, 2) determine that bills accurately reflect the services that were provided, 3) identify any necessary corrective action **ACTION:** Regional Comptroller will designate a staff person to coordinate and conduct a quarterly audit to compare client charts to the Service Activity Log to determine billing accurately reflects the services provided. Chart selection will include a sample for each location and each program. Designated staff person will notify the Regional Comptroller and the Program Director of any non compliance for appropriate fiscal, data and/or clinical corrective action.	9/30/10
K.7.a.	Rights of Persons Served: Safeguard client records at Personal Growth Center(PGC) by developing system of sign in/out when removing from designated, locked area. **ACTION:** PGC Director developed a Client Chart Sign In /Out system for charts housed at the PGC. PGC Director provided training on the new system at staff meetings and has added training to the PGC Departmental new employee orientation.	7/1/10
N.1.b.(2)(a)	Performance Improvement: Post-discharge data - Collect/analyze/utilize effectiveness data post-discharge for all programs. **ACTION:** Post Discharge data will be collected for all programs by the Prevention Specialist and reported to the PI Coordinator monthly for inclusion into the Quarterly PI report. PI Coordinator will analyze and	12/31/10

	report data. PI Quarterly report will be distributed to the GCC Community Board and the PI Committee. Management team members will take actions as deemed appropriate.	
Section 2. B.5.c.(2) thru B.5.e.	Screening/Access to Services: Waiting List - Maintain current waiting list information thru contact w/client based on needs & document all contacts; develop procedures for referral for persons on waiting list. **ACTION:** Management Team will develop a waiting list procedure for Keys wide implementation to include client information to be collected, wait list review, updating procedures, documentation of contacts, and procedures for referrals for persons on the wait list. Site Managers will train front office staff to the new procedures and monitor compliance.	12/31/10
B.9.a. thru B.9.c. B.9.h.(1) thru B.9.l B.9.n.(3) thru b.9.n.(7) B.9.o. B.9.q thru B.9.v.	Screening/Access to Services – Primary Assessment – should *consistently* document: strengths, needs, abilities and/or interests, preferences, medication use profile, efficacy of meds, allergies, adverse reactions to meds., physical health hx, current med. needs, diagnosis(es), co-occurring disabilities/disorders, medical concerns, mental status, current level of functioning, employment history, legal involvement, family hx of abuse, neglect, violence, relationships, including natural supports, issues important to client, need for/availability of social supports, need for assistive technology, risk-taking behaviors, level of educational functioning, advance directives, when applicable, adjustment to disabilities/disorders. **ACTION:** Primary assessment tools are being mandated by our major state funder. The delayed completion date is based on our desire to successfully participate in this District wide initiative. Once the mandated tool is established by the State, GCC Management and WestCare Clinical will review the state tool, add missing required CARF assessment elements and implement a consistent tool (s) for all sites and all programs.	4/1/11
B.10.a. thru. B.10.c.	Screening/Access to Services – Primary Assessment – should *consistently* use assessment results in preparation of interpretative summary based on assessment data and in development of individual plan, identifying co-occurring disabilities/disorders & how they will be addressed in development of individual plan. **ACTION:** Primary assessment tools are being mandated by our major state funder. The delayed completion date is based on our desire to successfully participate in this District wide initiative. Once the mandated tool is	4/1/11

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	established by the State, GCC Management and WestCare Clinical will review the state tool and implement an interpretive summary based on the assessment data. The IS will be used in the development of the individual plan, identifying COD and will be used to address the individual plan. The IS format will be consistent for all sites and programs.	
C.2.a.	Individual Plan – should *consistently* use information from assessment and interpretative summary **ACTION**: GCC and WestCare Clinical/South Florida have established a group of Wellness and Recovery Treatment Plans to be used for the initial treatment plan, re-assessments, annual reviews, and Medication Only clients. These tools use the information for the assessment and IS to develop the treatment plan and will be implemented for all sites and all programs under the direction of the Program Directors. Training will be provided by the Regional Senior Clinical Officer.	12/31/10
C.3.b.(7) thru C.3.b.(9) C.3.g.(1) thru C.3.g.(5)	Individual Plan – should *consistently* include specific treatment objectives that are measurable, achievable, time specific & when applicable, a personal safety plan as soon as possible after admission that identifies triggers, including assessment of risk for dangerous behaviors, current coping skills, warning signs, preferred interventions and advance directives, when applicable. **ACTION:** GCC and WestCare Clinical/South Florida have established a group of Wellness and Recovery Treatment Plans to be used for the initial reviews, re-assessment, annual reviews, and Medication Only clients. These tools include specific treatment objective that are measurable, achievable, time specific & when applicable, a personal safety plan and will be implemented for all sites and all programs under the direction of the Program Directors. Training will be provided by the Regional Senior Clinical Officer	12/31/10
C.7.a.(2) thru C.7.d.	Individual Plan Section – Progress Notes topic – progress notes should *consistently* document achievement of specific interventions that support Tx. Plan and movement to other levels of care. **ACTION:** GCC and WestCare Clinical/South Florida have established a standard Progress Note template that identifies achievement of specific interventions that support Tx. Plan and movement to other levels of care and will be implemented for all sites and all programs under the direction of the Program Directors. Training will be provided by the Regional Senior Clinical Officer	12/31/10

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G.1.b., G.1.c.	Records of Persons Served – These should *consistently* communicate information in a manner that is organized and complete. **ACTION:** GCC Management team will finalize a standard chart format that communicates a client record that is organized, clear, complete, current and legible and is consistent for all sites and programs. Process will be implemented under the direction of the Program Directors and monitored by Site Directors	4/1/11
G.3.c.	Records of Persons Served – These should *consistently* identify information about the individual to contact in the event of an emergency, including the name, address and telephone number. **ACTION:** GCC Management team will finalize a standard chart format that communicates a consistent method to collect and report client identification information regarding emergency contacts including name, address, and telephone number for all sites and programs. Process will be implemented under the direction of the Program Directors and monitored by Site Directors	12/31/10
H.5.a. thru H.5.c.	Quality Records Review – need to demonstrate that the information colleted in the quarterly record review process is *consistently* reported to applicable staff, <u>used</u> to identify training needs, and used to improve the quality of services. **ACTION:** Quarterly record reviews will be reported to the PI Coordinator monthly. The EOC committee will review compliance of the monthly submission and report non compliance to GCC program directors for follow up. The PI Coordinator will report findings in the Quarterly PI Report. Findings will be reviewed by the EOC committee and by the PI Committee for training needs and quality of services.	11/1/10
Sect. 4. A.1.f.(2) thru A.1.h.	Children/Adolescent population designation – *consistently* include in assessments information on client's hearing functioning, visual functioning, and immunization records; **ACTION:** Primary assessment tools are being mandated by our major state funder. The delayed completion date is based on our desire to successfully participate in this District wide initiative. Once the mandated tool is established by the State, GCC Management and WestCare Clinical will review the state tool to ensure the inclusion of information on client's hearing functioning, visual functioning, and immunization records for all sites	4/1/11

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	and all programs.	

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