



Submission of Information

Request for Changes from Currently Contracted Network Service Providers or Request for Funding from Uncontracted Service Providers

Introduction

LSF Health Systems (LSFHS) is the Managing Entity for the Florida Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) programs in the Northeast and North Central Florida Region. LSFHS is responsible for the administration of mental health and substance abuse treatment programs for the underserved populations creating a safety net for vulnerable consumers.

Each program serves the neediest individuals that meet DCF's SAMH target population criteria in the Northeast and North Central region and provides for a comprehensive array of outpatient, inpatient and residential services including, but not limited to; therapy, case management, medication management, residential, room and board, crisis and emergency support, prevention, intervention, outreach, peer services, supported housing, and supported employment.

LSFHS uses the Submission of Information process for the following:

- Requests for funding from uncontracted service providers;
- Requests for restoration of funds pulled due to lapse;
- Requests for changes to programming;
- Request for shifts between funding areas;
- Requests for an increase in funding for any reason.

It is the policy for contracted Network Service Providers to provide information and justification for any of the above circumstances. LSFHS accepts submissions from providers at any time and may also initiate this process due to a specific funding concern within the system of care including the need to redistribute lapsed funding.

Submissions shall be submitted to the Network Service Provider's assigned Network Manager via email. LSFHS Management Team will review all submissions, conduct an analysis of the impact of the request, and provide a written response, if chosen for the next step in the selection process. Additional information and follow-up questions may be solicited based on this review.

Funding Request Form

Please fill out the information below accurately and completely, then submit to procurement@lsfnet.org.

1. Organization Name, Address and Contract Number (if current Network Service Provider):

2. Organization Contact Person Name, Email, and Phone Number for this Submission:

3. Briefly describe the programs, counties and populations served which are impacted by this request.

4. Briefly describe your organization’s need for additional funding, for a change in programming and/or for a change in funding as currently allocated. **Please include the dollar amount(s) you are requesting and whether or not the amount requested is for a full year or partial.** If the need for additional funding is due to funding being lapsed in the previous Fiscal Year, please provide an explanation for the lapse and describe your organization’s capacity to spend funds if restored.

5. Briefly describe your organization’s plan for the additional funding, change in funding or change in programming. In the event that a service is being discontinued, this plan should outline how the previously served population will be served after the change is made.

6. If a license is required for the proposed program, have you obtained it (DCF Substance Abuse license for Outpatient services, AHCA license, etc.)? If not, but you have submitted your application, please describe what stage in the process you are in?

7. Briefly describe your organization’s expertise about the delivery of service to the identified population which will be impacted by this change.

8. Are the changes outlined above to be made for this fiscal year only or to be continued beyond year-end into subsequent fiscal years, assuming an ongoing contractual relationship between the agency and LSF Health Systems? Please explain this response.

9. Define and describe the Program Goals.

10. Define and describe the Proposed Outcome Measures for the program in which funding is being requested.

11. **Outside organizations only:** Describe your organization’s data collection capacity and list the name of the data collection system. If you utilize an Electronic Health Record (EHR) system, confirm its capacity to export data as an XML file.

12. **Outside organizations only:** Describe your organization’s business administration capacity specifically related to human resources and financial management.

13. **Outside organizations only:** Level 2 Background Screening, through the DCF Clearinghouse, is a requirement for staff members from each agency who enters into a contract with LSFHS. Does your organization currently conduct Level 2 Background Screenings for staff members using this method? If not, are you willing to conduct the required screenings for compliance with the contract?

14. Please provide, as an attachment, the Exhibit C and D - Projected Operating and Capital Budget, using the most recent template, outlining the requested funding including OCAs and associated covered services. Statistics or data regarding utilization to substantiate the request may also be supplied.

Claudia H Tuck

Signature of Organization's Department Director

Date

Cheryl Ellis

Signature of Organization's Contract Manager

___09/13/2024___

Date