

**Alachua County Board of County Commissioners
Amendment 122**

This amendment (the "Amendment") is made and entered into by and between Lutheran Services Florida, Inc. d/b/a LSF Health Systems ("LSF") and Alachua County Board of County Commissioners ("Provider") to be effective September 1, 2024. Provider and LSF may be referred to herein individually as a "party" or collectively as "the parties."

Whereas, LSF wishes to amend the contract entered into between said parties on July 1, 2020 the purpose of this amendment is to update covered service rates and revise Appendix A.

NOW THEREFORE, in consideration of the mutual covenants, and the mutual promises contained hereinafter, and in exchange for good and valuable consideration, the sufficiency of which is hereby acknowledged by the parties, as independent contractors, the parties agree as follows:

1. Capitalized terms herein shall be ascribed the meaning given by the Contract. In the event of conflict between this Amendment and the Contract, this Amendment shall control.
2. Exhibit L, 'Covered Service Rates by Program' is replaced in its entirety with the Exhibit L, 'Covered Service Rates by Program' revised September 1, 2024, incorporated herein. All prior references to same content are deleted. The terms outlined in this Exhibit shall be retroactive to July 1, 2024.
3. Appendix A, 'Exhibits and Incorporated Documents' is replaced in its entirety with the Appendix A, 'Exhibits and Incorporated Documents' revised September 1, 2024, incorporated herein. All prior references to same content are deleted. The terms outlined in this Exhibit shall be retroactive to July 1, 2024.

Except as amended herein, the terms and conditions of the Agreement remain the same in full effect and authority.

The parties' authorized representatives have executed this seven-page Amendment to be effective this 1st day of September 2024.

Alachua County Board of County Commissioners

Lutheran Services Florida, Inc. d/b/a LSF Health Systems

Signature Date

Signature Date

Printed Name Title

Dr. Christine Cauffield
Printed Name Title
CEO

**LSF HEALTH SYSTEMS
MENTAL HEALTH AND SUBSTANCE ABUSE
COVERED SERVICE RATES BY PROGRAM**

Alachua County Board of County Commissioners

Provider Name: _____ Effective: 9/1/2024 Amend. #: 122
 Contract No.: ME020 Retroactive to: 7/1/2024

Covered Service/Project Code	Unit of Measurement	Program 1 - Adult Mental Health	Program 2 - Adult Substance Abuse	Program 3 - Children's Mental Health	Program 4 - Children's Substance Abuse
01 Assessment	Direct Staff Hour				
02 Case Management	Direct Staff Hour				
02 Case Management [Forensic]	Forensic Direct Staff Hour				
03 Crisis Stabilization	Bed-Day				
04 Crisis Support/Emergency	Direct Staff Hour	\$95.00	\$95.00	\$95.00	
05 Day Care	Direct Staff Hour (4 hour)				
06 Day Treatment	Direct Staff Hour (4 hour)				
07 Drop-In/Self Help Ctr.	Non-Direct Staff Hour				
08 In-Home & Onsite	Direct Staff Hour				
09 Inpatient	Day (24 hour)				
10 Intensive Case Mgmt.	Direct Staff Hour				
11 Intervention (Indiv.)	Direct Staff Hour		\$69.00		
11 Intervention (Indiv.) [FSPT]	FSPT Direct Staff Hour				
12 Medical Services	Direct Staff Hour				
13 Medication-Assisted Tx;	Dosage				
14 Outpatient (Indiv.)	Direct Staff Hour				
15 Outreach	Non-Direct Staff Hour	\$47.79			
18 Residential I	Day (24 hour)				
18 Residential I [Forensic]	Forensic Day (24 hour)				
19 Residential II	Day (24 hour)		\$193.52		
19 Residential II [Forensic]	Forensic Day (24 hour)				
19 Residential II [PIL]	PIL Day (24 hour)				
19 Residential II [STGC]	STGC Day (24 hour)				
20 Residential III	Day (24 hour)				
20 Residential III [Forensic]	Forensic Day (24 hour)				
21 Residential IV	Day (24 hour)				
21 Residential IV [Forensic]	forensic Day (24 hour)				
22 Respite Services	Direct Staff Hour				
24 Inpatient Detoxification	Bed-Day				
25 Supported Employment	Direct Staff Hour				
26 Supportive Housing/Living	Direct Staff Hour				
27 TASC	Direct Staff Hour				
28 Incidental Expenses	Dollar Spent	\$1.00	\$1.00	\$1.00	
28 Incidental Expenses [FSPT]	FSPT Dollar Spent				
28 Incidental Expenses [Uncontracted]	Dollar Spent				

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Covered Service/Project Code	Unit of Measurement	Program 1 - Adult Mental Health	Program 2 - Adult Substance Abuse	Program 3 - Children's Mental Health	Program 4 - Children's Substance Abuse
29 Aftercare (Indiv.)	Direct Staff Hour		\$73.49		
30 Information and Referral	Direct Staff Hour	\$35.79			
30 Information and Referral [FSPT]	FSPT Direct Staff Hour				
32 Outpatient Detoxification	Direct Staff Hour (4 hour)				
35 Outpatient (Group)	Direct Staff Hour				
36 R&B with Sup. I	Day (24 hour)				
37 R&B with Sup. II	Day (24 hour)				
37 R&B with Sup. II [PIL]	PIL Day (24 hour)				
37 R&B with Sup. II [PIL - Enhanced Rate]	PIL Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC]	STGC Day (24 hour)				
37 R&B with Sup. II [STGC - B]	STGC - B Day (24 hour)				
37 R&B with Sup. II [STGC - B Enhanced Rate]	STGC - B Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC - L]	STGC - L Day (24 hour)				
37 R&B with Sup. II [STGC - L Enhanced Rate]	STGC - L Enhanced Day (24 hour)				
37 R&B with Sup. II [STGC - N]	STGC - N Day (24 hour)				
37 R&B with Sup. II [STGC - N Enhanced Rate]	STGC - N Enhanced Day (24 hour)				
37 R&B with Sup. II [OTPR]	OTPR Day (24 hour)				
38 R&B with Sup. III	Day (24 hour)				
39 Short-term Residential	Bed-Day				
40 MH Clubhouse	Direct Staff Hour				
42 Intervention (Group)	Direct Staff Hour		\$17.00		
42 Intervention (Group) [FSPT]	FSPT Direct Staff Hour				
43 Aftercare (Group)	Direct Staff Hour		\$18.35		
44 Comprehensive Community Service Team (Indiv.)	Direct Staff Hour				
45 Comprehensive Community Service Team (Group)	Direct Staff Hour				
46 Recovery Support (Indiv.)	Direct Staff Hour		\$41.00		
47 Recovery Support (Group)	Direct Staff Hour		\$10.89		
48 Prevention – Indicated	Direct Staff Hour				
48 Prevention – Indicated [Alachua County]	Direct Staff Hour				
48 Prevention – Indicated [Clay, Baker, Duval & Bradford Counties]	Direct Staff Hour				
48 Prevention – Indicated [Dixie, Gilchrist, Lafayette & Levy Counties]	Direct Staff Hour				
48 Prevention – Indicated [Putnam County]	Direct Staff Hour				
49 Prevention – Selective	Non-Direct Staff Hour				
49 Prevention – Selective [Alachua County]	Non-Direct Staff Hour				
49 Prevention – Selective [Clay, Baker, Duval & Bradford Counties]	Non-Direct Staff Hour				

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49 Prevention – Selective [Dixie, Gilchrist, Lafayette & Levy Counties]	Non-Direct Staff Hour				
49 Prevention – Selective [Putnam County]	Non-Direct Staff Hour				
50 Prevention – Universal Direct	Non-Direct Staff Hour				
50 Prevention – Universal Direct [Alachua County]	Non-Direct Staff Hour				
50 Prevention – Universal Direct [Clay, Baker, Duval & Bradford Counties]	Non-Direct Staff Hour				
50 Prevention – Universal Direct [Dixie, Gilchrist, Lafayette & Levy Counties]	Non-Direct Staff Hour				
50 Prevention – Universal Direct [Putnam County]	Non-Direct Staff Hour				
51 Prevention – Universal Indirect	Non-Direct Staff Hour				
51 Prevention – Universal Indirect [Alachua County]	Non-Direct Staff Hour				
51 Prevention – Universal Indirect [Clay, Baker, Duval & Bradford Counties]	Non-Direct Staff Hour				
51 Prevention – Universal Indirect [Dixie, Gilchrist, Lafayette & Levy Counties]	Non-Direct Staff Hour				
51 Prevention – Universal Indirect [Putnam County]	Non-Direct Staff Hour				
52 Care Coordination	Direct Staff Hour				
53 HIV Early Intervention Services	Direct Staff Hour				
54 Room and Board with Supervision Level IV	Day (24 hour)				
A0 Forensic Multidisciplinary Team	Monthly Fixed Rate				
A0 Forensic Multidisciplinary Team [Daily]	Daily Census Rate per client				
A0 Forensic Multidisciplinary Team [Weekly]	Weekly Census Rate per client				
A1 BNET	Monthly Census Rate per client				
A2 FIT Team	Monthly Fixed Rate				
A2 FIT Team [Expansion]	Monthly Fixed Rate				
A3 Central Receiving System	Monthly Fixed Rate				
A4 Care Coordination	Monthly Fixed Rate				
A4 Care Coordination [Supportive Housing/Living - Monthly]	Monthly Rate per client served				
A5 First Episode Team	Monthly Fixed Rate				
A6 Self-Directed Care	Monthly Fixed Rate				
A7 Federal Project Grant	Monthly Fixed Rate				
A7 Federal Project Grant [MAT - Buprenorphine]	Dosage				
A7 Federal Project Grant [MAT - Weekly Methadone]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Weekly]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Weekly Buprenorphine]	Weekly Census Rate per client				
A7 Federal Project Grant [MAT - Multiple Tablets Dispensed]	Dosage				
A7 Federal Project Grant [MAT - Sublocade]	Sublocade Dosage				
A7 Federal Project Grant [MAT - Brixadi - Weekly]	Brixadi Dosage				
A7 Federal Project Grant [MAT - Brixadi - Monthly]	Brixadi Dosage				

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A8 Local Diversion Forensic Project	Daily Bed Availability Rate				
A9 Disaster Behavioral Health	Monthly Fixed Rate				
B1 Network Eval. & Dvlpmt.	Dollar Spent	\$1.00	\$1.00		
B2 Transition Voucher	Monthly Fixed Rate				
B2 Transition Voucher [Supportive Housing/Living - Monthly]	Monthly Rate per client served				
B3 Cost Reimbursement	Dollar Spent				
B4 CAT Team	Monthly Fixed Rate				
B5 FACT Team	Weekly Census Rate per client				
B6 Provider Proviso Projects	Monthly Fixed Rate				
B6 Provider Proviso Projects [Transitional Beds]	Daily Bed Availability Rate				
B7 Wraparound	Monthly Fixed Rate				
B7 Wraparound Projects [Case Management - Wraparound Clients]	Daily Rate per client served				
B8 FFPSA Training Projects	Monthly Fixed Rate				
B9 LATTERS Projects	Monthly Fixed Rate				
C0 Other Bundled Projects	Monthly Fixed Rate	See Exhibit I	See Exhibit I	See Exhibit I	
C0 Other Bundled Projects [MAT - Weekly]	Weekly Census Rate per client				
C0 Other Bundled Projects [Drop-In/Self Help Centers - Daily]	Day (24 hour)				
C0 Other Bundled Projects [RTH]	Daily Bed Availability Rate				
C0 Other Bundled Projects [Residential Enhanced Rate]	Day (24 hour)				
C0 Other Bundled Projects [MAT - Brixadi - Weekly]	Brixadi Dosage				
C0 Other Bundled Projects [MAT - Brixadi - Monthly]	Brixadi Dosage				
C1 Sustainability Payment for Emergency Response	Monthly Fixed Rate				
C2 Community Action Treatment (CAT) Teams for Ages 0-10	Monthly Fixed Rate				
C3 Multidisciplinary Child Welfare Teams	Monthly Fixed Rate				

All Exhibits and Incorporated Documents can be found on the LSF Health Systems website:
<https://www.lsfhealthsystems.org/contract-documents/>

Document	#	Title
Exhibit	A	Required Reports
Exhibit	B	Performance Outcome Measures
Exhibit	C	Projected Operating and Capital Budget
Exhibit	D	Personnel Detail Record
Exhibit	E	Agency Capacity Report
Exhibit	F	Program Descriptions
Exhibit	G	Submission of Information Form
Exhibit	H	Funding Detail
Exhibit	I	Invoice
Exhibit	J	Local Match Calculation Form
Exhibit	K	Federal Block Grant Requirements
Exhibit	L	Covered Service Rates by Program
Exhibit	M	Bed Hold Request Form
Exhibit	N	Incidental Expenses Request/Approval Form
Exhibit	O	Expenditure Reconciliation Report
Exhibit	Q	Network Development Template
Incorporated Document	1	LSF Glossary of Contract Terms
Incorporated Document	2	Evidence-Based Practice Guidelines
Incorporated Document	3	State and Federal Laws, Rules, and Regulations
Incorporated Document	5	Substance Abuse and Mental Health (SAMH) Funding Resource Guide
Incorporated Document	6	Residential Placements using Statewide Inpatient Psychiatric Programs (SIPP) Funding and Referral Process
Incorporated Document	11	Expiration/Termination Transition Planning Requirements
Incorporated Document	13	Tangible Property Requirements and Contract Provider Property Inventory Form
Incorporated Document	14	Performance Outcomes Measurement Manual
Incorporated Document	19	Financial Management Requirements
Incorporated Document	21	Temporary Assistance to Needy Families (TANF) Guidelines
Incorporated Document	27	National Voter's Registration Act Guidelines
Incorporated Document	29	Seclusion and Restraint Reporting

Incorporated Document	31	Care Coordination
Incorporated Document	32	Suicide Prevention Best Practices
Incorporated Document	36	Recovery Management Practices
Incorporated Document	43	Mobile Response Team (MRT)
Incorporated Document	51	988 Implementation
Incorporated Document	54	Opioid Settlement Trust Funds

****All Exhibits and Incorporated Documents are subject to revision. The Managing Entity may update the Exhibits and/or Incorporated Documents without drafting an Amendment to the Network Service Provider’s Contract. The Managing Entity shall publish revised documents to its website and announce revisions via electronic mail to the Network Service Provider’s designated point of contact.***