

180101
 APPROVED
 BOARD MEETING DATE: September

AGREEMENT / CONTRACT REVIEW FORM

WHEN THIS APPROVAL IS REQUIRED DO NOT PLACE ITEM ON AGENDA UNTIL REVIEW IS COMPLETED

Date Submitted: 7.10.17

Contact Name (Person Overseeing the Contract): Terry D. Roth Telephone Number: 904-529-4977

School/Department Submitting Contract: County Office/Exceptional Student Education

Vendor Name: Clay Behavioral Health Center - Middleburg

Contract Title: Clay Behavioral Health Center Agreement 2017-18

Contract Type: New Renewal Amendment Extension

Date Original Contract Approved: 06/24/1998 Prior Year's Pricing: \$ 61,654.50

Contract Term: July 1, 2017 - June 30, 2018 Renewal Option(s):

Contract Cost: \$70,000.00 Payment Schedule (Are the payments made monthly, when task is finished, etc.): Monthly

Funding Source: 0100.5200.0310.9005.0000

Strategic Plan Tie-In Explanation: Services are required under the Individuals with Disabilities Education Act (IDEA).

Background/Discussion/Research/Alternatives: Mental health counseling services are frequently required for students with disabilities. Contracting for those services with Clay Behavioral Health Center remains the most efficient method of providing services for eligible ESE students. This contract provides counseling services to such students, as determined by the Individual Education Plan (IEP).

CONTRACT REVIEW REQUIRED DOCUMENTS ATTACHED If more space is needed, please attach Word document.

Completed Contract Review Form

Original Contract and all Terms & Conditions that apply with the Contract

SIGNED SBCC Addendum A *

*This Statement MUST BE written on Original Contract: The terms and conditions included in Addendum A shall be incorporated into this agreement. If there are any conflicts in the language provided in the agreement and that of Addendum A, then the language provided in Addendum A shall prevail.)

Certificate of Insurance (COI) for General Liability & Workers' Compensation that meet these requirements:

COI must list the School Board of Clay County as Additional Insured and as Certificate Holder. Insurer must be rated as A- or better.
 General Liability = \$1,000,000 Each Occurrence & \$2,000,000 General Aggregate.
 Auto Liability = \$1,000,000 Combined Single Limit (\$5,000,000 for Charter Buses).
 Workers' Compensation = \$100,000 Minimum [If exempt from Workers' Compensation Insurance they must sign a SBCC Release and Hold Harmless Form. If they are not exempt, they must provide Workers' Compensation COI.]

RECEIVED
 JUL 17 2017
 PURCHASING

Approvals

Comments

Superintendent:	Approved	Denied	
Review Date:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
District Attorney:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 7/28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Information & Technology:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 8/1/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Finance:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 7/31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Insurance Certificate:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Review Date: 7/19/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/15/17 Rated Street attached cannot verify work comp ins.
Purchasing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Need correct NAIC # of Releases
Review Date: 7/19/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Same as prior years

AGREEMENT BETWEEN
SCHOOL BOARD OF CLAY COUNTY, FLORIDA
AND
CLAY BEHAVIORAL HEALTH CENTER, INC.
FOR
MENTAL HEALTH COUNSELING SERVICES – FY 2017/2018

THIS AGREEMENT made and entered on this **1st Day of July 2017** and continued for the **2017-2018** school year, by and between the School Board of Clay County, Florida, 900 Walnut Street, Green Cove Springs, Florida 32043 (hereinafter called the **CLIENT**) and Clay Behavioral Health Center, Inc., whose address is 3292 County Road 220, Middleburg, Florida 32068, (hereinafter called **AGENCY**).

WITNESSETH

WHEREAS **CLIENT** desires to retain an agency that is qualified to furnish mental health counseling and consultation services as needed and has determined that **AGENCY** has the expertise to perform this task based on information submitted and previous services provided; NOW, THEREFORE, IN CONSIDERATION of the foregoing and the mutual covenants and promises contained herein, the parties agree as follows:

A. The **AGENCY** agrees to provide, under the general supervision of a licensed psychiatrist, mental health counseling and consultation service as needed and as identified herein.

B. The **AGENCY** agrees to provide the following insurance coverage's with a carrier authorized to do business in Florida and acceptable to the **CLIENT**:

- General Liability insurance coverage, three million dollars (\$3,000,000) General Aggregate, one million dollars (\$1,000,000) personal, one million dollars (1,000,000) per occurrence. The **CLIENT** shall be named as additionally insured and this Agreement shall be named ("Mental Health Counseling Services") on the **AGENCY'S** insurance certificate.

-Professional Liability insurance coverage, one million dollars (\$1,000,000) per occurrence, three million (\$3,000,000) aggregate.

-Automobile insurance coverage, one million dollars (\$1,000,000) combined-single limit (coverage's shall extend for all owned and non-owned vehicles used in connection with providing services under this Agreement).

-Workers' Compensation insurance coverage as required by Chapter 440, Florida Statutes.

Notwithstanding any contrary contractual language, nothing in any agreement shall be construed or interpreted to increase the scope or dollar limit of the School's or School Board's liability beyond that which is set forth in 768.28 Fla. Stat. , or to otherwise waive School's or School Board's sovereign immunity, or to require School or School Board to indemnify the vendor or any other person, corporation or legal entity of any kind or nature whatsoever for injury or loss resulting from any acts other than the negligent acts of School or School Board or its agents or employees. Vendor shall, in addition to any other statutory or common law obligation to indemnify the School Board of Clay County, Florida, indemnify, defend and hold harmless the School Board of Clay County, Florida, its agents, officers, elected officials and employees against all claims, actions, liabilities, damages, losses, costs, fines punitive damages and expenses of any

kind or nature whatsoever, including but not limited to attorney's fees and legal costs, brought against the School Board of Clay County, Florida, and/or its agents, officers, elected officials, employees and assigns, by any individual, corporation, consortium or any other legal person or entity, arising out of or caused by acts or omissions, negligence, recklessness, intentional wrongful misconduct, violations of laws, statutes, ordinances, government administration orders, rules or regulations of the contractor, contractor's employees, officers, agents, subcontractors, sub-subcontractors, material man or agents of any tier or their respective employees. This indemnification clause shall not be construed to require any indemnitor to indemnify the School Board of Clay County, Florida, for any negligence on the part of the School Board of Clay County, Florida, its agents or employees.

The indemnification obligations hereunder shall not be limited to any limitation on the amount, type of damages, compensation or benefits payable by or for the contractor or any subcontractor under workers' compensation acts, disability benefit acts, other employee benefits acts or any statutory bar.

This indemnification/hold harmless provision shall survive the termination of any contract with the School Board of Clay County, Florida.

Nothing contained in this Agreement shall be construed as creating any contractual relationship between a sub-contractor and the CLIENT. The AGENCY shall be as fully responsible to the CLIENT for the acts and omissions of a sub-contractor as they are of persons directly employed by the AGENCY.

The AGENCY shall not assign, transfer, convey, sublet or otherwise dispose of this Agreement or of any or all of its rights, title or interest herein to any agency, person, company or corporation without prior written consent of the CLIENT. The AGENCY has sole and exclusive responsibility for furnishing services in accordance with this Agreement.

All employees of the AGENCY shall be considered to be at all times the sole employees of the AGENCY under its sole direction and not an employee or agent of the CLIENT. The AGENCY shall provide qualified personnel only. All employees of AGENCY shall, at no cost to client, submit to and pass a level 2 background check as required by Fla. Stat. 1012.465 and 1012.467 prior to entering upon school grounds when students are present or coming in contact with students. Each employee of the CLIENT shall submit to and pass a Level 2 background check by the Clay County School District and/or present a Level 2 certified copy of background clearance to the AGENCY's Human Resource Department.

The AGENCY agrees to enroll in E-Verify. All new employees assigned by the AGENCY to perform work pursuant to this contract shall have their citizenship verified through E-Verify and shall be verified as employment eligible within 3 business days after the date of hire. Said verification shall be supplied to School Board upon receipt.

C. The AGENCY agrees to provide services consistent with the highest degree of care and shall comply with all of the medical and ethical requirements imposed by the Florida State Department of health, the Florida State Department of Education and any other applicable regulatory agency.

In the event of delivery of services of a quality not complying with specifications or failure to

comply with service schedules, the CLIENT may declare the AGENCY in default and terminate the Contract because of the AGENCY's breach of contract. This termination of Contract shall be by written notice to the AGENCY; the date of termination shall be stated in this notice. The CLIENT shall be the sole judge for determining non-performance.

Either party may terminate this Agreement at any time by giving not less than thirty (30) days advance written notice to the other party. Termination or cancellation shall not affect the rights and obligations of the parties accrued prior to termination unless termination is due to breach of contract.

D. The AGENCY agrees to submit to the CLIENT monthly invoices for the hours they have scheduled services. This monthly invoice shall reflect billing at the current Medicaid hourly rate for hours scheduled during that month. Additionally, the AGENCY agrees to maintain a log, reporting the time spent in the performance of authorized services rendered. The CLIENT shall include this log in their audit of the billing to make any adjustments needed when there are differences between services scheduled and services actually rendered. Audits shall be performed every four months during the Contract period to make any adjustments needed for the previous four month period. This "Adjustment" invoice shall reflect a line item listed as "four month adjustment" stating it is either an additional charge or a credit based on the CLIENT'S attached log of actual time spent providing services. Services to students should conclude no later than **Wednesday, June 06, 2018. In all cases, invoices must be received by June 11, 2018.** Any invoices received after that date will not be paid.

E. The AGENCY agrees to comply with all policies and procedures established by the CLIENT which shall include but not be limited to the following:

- a. Priorities of Service
- b. Communication Procedures
- c. Referral, Screening, Evaluation, Staffing, Scheduling and Dismissals
- d. Record Keeping and Reporting
- e. Confidentiality
- f. Participation in Required Individual Educational Plan Meetings and Documentation

F. The AGENCY agrees to provide, prior to performance under this contract, the following documents:

- 1) Copy of Provider's State of Florida License
- 2) Certificate of Insurance as specified herein.

G. The AGENCY'S goal is to maintain, or return, students with significant behavioral disabilities to the least restrictive educational environment, in part, through the provision of appropriate mental health services.

H. DEFINITIONS

1-**Eligible Students** - Students who:

- a) Are already staffed into ESE Programs and
- b) Display emotionally/behavioral problems which have not been re-mediated in spite of the implementation of appropriate interventions, and

c) Are in need of additional or more-in-depth counseling than can be provided by CLIENT'S staff.

2-Referral Process

The ESE Contract Counseling Request with attachments is to be submitted to the Director of ESE and Student Services. Upon receipt, the Director shall review and consider for approval all referrals. The AGENCY shall be notified by letter of all approved requests together with copies of the ESE Contract Counseling Request itself. This shall authorize the AGENCY'S staff to contract the school that confers with appropriate personnel regarding the IEP review. During or before the IEP review, the AGENCY'S staff shall complete the Registration and Consent for Treatment form

The precise number of cases that shall require counseling services is unknown and none is guaranteed by the CLIENT.

I. The AGENCY shall provide the following services as related to students reviewed for therapeutic counseling by the CLIENT'S Director of ESE and Student Services:

1-AGENCY shall provide all authorized counseling services at CLIENT facilities during regular school hours, with the exception of authorized group meetings held at school facilities during evening hours. Such group meetings may include, but are not limited to, parent education meetings.

2-The primary responsibility of the AGENCY in providing services to students with significant behavioral disabilities shall be to meet the counseling needs of these students as documented on their Individual Educational Plans. It is the intention of the CLIENT that these services are primarily utilized by students in the Emotionally Behaviorally Disordered self-contained (EBD SC) programs. Any exception to this policy shall be made on a case by case basis.

3-The initial schedule of the AGENCY'S time at school sites shall be based on these IEP requirements. An initial meeting shall be held as needed at each site to include, at least, the following individuals:

- a. The Principal or Administrative Designee
- b. The ESE teacher(s)
- c. CLIENT'S Appropriate Personnel

The purpose of this meeting - and any later ad hoc meetings - shall be to discuss the AGENCY'S service provisions in the following priority areas:

- a. Direct Counseling with Students, Per IEP Requirements
- b. Group Therapy
- c. Parent Education

Recommendations from these meetings must be approved by the AGENCY; the CLIENT'S Director of ESE and Student Services or designee and, if approved, should be reflected on subsequent logs and billings under this Agreement.

4-AGENCY shall review all information provided on students referred for direct counseling services

5-AGENCY shall schedule and conduct in-school groups and/or individual counseling sessions, in cooperation with CLIENT personnel, and with the students. The scheduling and extent of the counseling must be approved by the Director of ESE and Student Services based on

recommendations resulting from a review of the student's Individual Educational Program.

6-AGENCY shall participate in IEP Reviews and planning sessions regarding ESE students, as authorized by the CLIENT'S Director of ESE for students referred under this contract. These planning sessions shall include, at least, the Building Administrator, ESE teachers, ESE District Office Representative and the AGENCY'S Mental Health Provider.

7-AGENCY shall participate in monthly planning meetings upon request. Meetings shall include the AGENCY'S Contract Manager or designee, the school administrator and the ESE Director or designee.

8-AGENCY may engage the assistance of other qualified mental health professionals in the counseling provided the assisting mental health professional remains under the direct supervision of and at the expense of the AGENCY.

9-AGENCY shall provide full written progress reports to the CLIENT upon request.

10-AGENCY Agrees to bill the CLIENT on a monthly basis for services rendered. Agency personnel shall sign in and out upon arrival and departure from each campus.

11-Under the conditions stated herein the AGENCY shall be responsible for administration of the AGENCY'S role in this therapeutic counseling as may be necessary for successful delivery of authorized counseling, and invoice to the CLIENT on a continuing basis.

12-AGENCY shall provide technical assistance, training, or other related help as may be necessary for teachers, support personnel, parents, or others regarding a carryover of the therapeutic counseling.

13-AGENCY'S Director shall review and approve all therapy materials prior to their use with CLIENT'S Students.

14-AGENCY shall provide consultation to staff serving students with significant behavioral disabilities.

15-AGENCY shall provide psychiatric evaluation of students referred by the CLIENT'S Director of Exceptional Student Education and/or Student Services (approximately 5-6 students).

16-AGENCY shall provide access to psychiatric intervention during emergency crisis situations involving students with significant behavioral disabilities during the school day.

17-AGENCY shall ensure that each of their employees who come in contact with client's students or who enter upon school grounds when students are present have, at no cost to the CLIENT, undergone fingerprinting and background screening or have otherwise met the requirements of 1012.465, 1012.467 or 1012.468, prior to having contact with students or entering upon school grounds when students are present.

J. The CLIENT shall do the following:

1-CLIENT agrees to provide the facilities necessary for on-site therapeutic counseling

2-CLIENT agrees to design and implement all referral forms as may be required for the administration of this program by all parties.

3-CLIENT agrees to design and implement procedures for the identification and referral of students in need of therapeutic counseling services.

4-CLIENT agrees to administer such part of this counseling program as may be necessary for the development and maintenance of the CLIENT 'S project records concerning referrals, planning and counseling and payment procedures and other records as may be deemed desirable for the student's welfare or for CLIENT'S needs.

5-CLIENT shall be responsible for presenting eligible pupils at their appointed time for counseling by the AGENCY.

6-CLIENT shall ensure staff members' participation as needed in quarterly meetings with the AGENCY for the purpose of planning and scheduling for services to CLIENT'S ESE students.

7-CLIENT shall pay to the AGENCY, on a monthly basis, charges based on the current hourly Medicaid Rate and invoiced for authorized on-site counseling services. Fractional hours shall be rounded to the nearest quarter hour. Such hourly compensation for on-site work shall be the only compensation payable by the CLIENT and shall be deemed by the parties as total compensation to the AGENCY hereunder including but not limited to compensation for procedural updating, supervision, management billing, travel, and any off-site work performed by the AGENCY in their performance of this Agreement.

K. The parties agree that the terms of this agreement shall incorporate all of the terms contained in CLIENTS purchase order.

This Agreement constitutes the entire agreement between the parties and supersedes all previous agreements and understandings relating to the work to be performed.

SCHOOL BOARD OF CLAY COUNTY, FLORIDA

CLAY BEHAVIORAL HEALTH CENTER, INC.

By _____
Janice Kerekes, Chairman of the Board

By Irene M. Toto
Irene M. Toto, LMHC
Chief Executive Officer

Attest Terry D. Roth
Terry D. Roth, Director
Exceptional Student Education and
Student Services

Attest Louise Vandercar
Louise Vandercar

Date 9.7.17

Date 7/18/17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lassiter-Ware Insurance of Tampa Bay 1300 N. Westshore Blvd. Suite 110 Tampa FL 33607	CONTACT NAME: Lorri Lawler
	PHONE (A/C, No. Exl): (800) 845-8437 FAX (A/C, No): (888) 883-8600
	E-MAIL ADDRESS: lorril@lassiter-ware.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Berkshire Hathaway Specialty <i>AW</i> NAIC # 22276
INSURED Clay Behavioral Health Center, Inc. 1726 Kingsley Ave. Ste. 2 Orange Park FL 32073	INSURER B: Comp Options Insurance Company, Inc 10834 <i>NIR</i>
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 17-18 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	47SPK25501602	7/1/2017	7/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		47RW825501902	7/1/2017	7/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	CWC1014179 <i>NOT RATED</i>	9/1/2016	9/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The School Board of Clay County holder is an additional insured under the terms and conditions of the General Liability policy with respect to work being performed by the named insured as required by written contract.

CERTIFICATE HOLDER linda.evans@myoneclay.net The School Board of Clay County 23 South Green Street Green Cove Springs, FL 32043	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mike Shea/LORRIL
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A.M. Best Rating Services

Associated Industries Insurance Company, Inc. (?)

A.M. Best #: 011693 NAIC #: 23140 FEIN #: 590714428


Mailing Address [View Additional Address Information](#)

P.O. Box 812319
 Boca Raton, FL 33481-2319
[United States](#)

Web: www.amtrustgroup.com



Phone: 561-962-9300

Fax: 561-995-1004

Financial Strength Rating

A Excellent
 Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

[View additional news, reports and products](#) for this company.

Based on A.M. Best's analysis, [051002 - AmTrust Financial Services, Inc](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.


Best's Credit Ratings	
Financial Strength Rating View Definition	
Rating:	A (Excellent)
Affiliation Code:	g (Group)
Financial Size Category:	XV (\$2 Billion or greater)
Outlook:	Negative
Action:	Affirmed
Effective Date:	February 27, 2017
Initial Rating Date:	December 20, 1999
Long-Term Issuer Credit Rating View Definition	
Long-Term:	a
Outlook:	Negative
Action:	Affirmed
Effective Date:	February 27, 2017
Initial Rating Date:	September 27, 2010
u Denotes Under Review Best's Rating	
Best's Credit Rating Analyst	
Rating Issued by: A.M. Best Rating Services, Inc.	
Director: Jennifer Marshall, CPCU, ARM	
Senior Director: Michael J. Lagomarsino, CFA, FRM	
Disclosure Information	
	View A.M. Best's Rating Disclosure Form
	A.M. Best Revises Outlooks to Negative and Affirms Credit Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries February 27, 2017


Rating History
A.M. Best has provided ratings & analysis on this company since 1999.

Financial Strength Rating	
Effective Date	Rating
2/27/2017	A
7/8/2016	A
5/29/2015	A
5/30/2014	A
5/24/2013	A
5/29/2012	A

Long-Term Issuer Credit Rating	
Effective Date	Rating
2/27/2017	a
7/8/2016	a
5/29/2015	a
5/30/2014	a
5/24/2013	a
5/29/2012	a

AMB Credit Reports

 **AMB Credit Report** - Includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.
Report Revision Date: 2/27/2017 (represents the latest significant change).

 Historical Reports are available in [AMB Credit Report Archive](#).

View additional [news](#), [reports](#) and [products](#) for this company.

Press Releases	
Date	Title
May 25, 2017	A.M. Best Comments on Credit Ratings of AmTrust Financial Services, Inc. and Subsidiaries Following Common Equity Raise
Feb 27, 2017	A.M. Best Revises Outlooks to Negative and Affirms Credit Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
Jul 08, 2016	A.M. Best Affirms Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
May 29, 2015	A.M. Best Affirms Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
Apr 23, 2015	A.M. Best Places Ratings of Springfield Insurance Company Under Review With Positive Implications
May 30, 2014	A.M. Best Affirms Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
May 24, 2013	A.M. Best Affirms Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
May 29, 2012	A.M. Best Affirms Ratings of AmTrust Financial Services, Inc. and Its Subsidiaries
Jun 13, 2011	A.M. Best Affirms Ratings of AmTrust Group and Its Members
Sep 27, 2010	A.M. Best Assigns Ratings to Associated Industries Insurance Company, Inc.

European Union Disclosures

A.M. Best - Europe Rating Services Limited (AMBERS), a subsidiary of A.M. Best Rating Services, Inc., is an External Credit Assessment Institution (ECAI) in the European Union (EU). Therefore, Credit Ratings issued and endorsed by AMBERS may be used for regulatory purposes in the EU as per Directive 2006/48/EC.

Australian Disclosures

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A.M. Best Rating Services

Comp Options Insurance Company, Inc. (2)

A.M. Best #: 012095 NAIC #: 10834 FEIN #: 593433503

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Rating History

Financial Strength Rating

Effective Date	Rating
3/7/2017	NR
2/27/2017	A
7/8/2016	A
5/29/2015	A
1/23/2015	A
6/11/2014	A
4/26/2013	A
5/30/2012	A

Long-Term Issuer Credit Rating

Effective Date	Rating
3/7/2017	nr
2/27/2017	a
7/8/2016	a
5/29/2015	a
1/23/2015	a
6/11/2014	a
4/26/2013	a
5/30/2012	a

AMB Credit Reports

Historical Reports are available in [AMB Credit Report Archive](#).View additional [news, reports and products](#) for this company.

Press Releases

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Jan 23, 2015	A.M. Best Affirms Ratings of Subsidiary of AmTrust Financial Services, Inc.
Jun 27, 2014	A.M. Best Comments on the Ratings of Comp Options Insurance Company, Inc. Following Acquisition Announcement
Apr 26, 2013	A.M. Best Upgrades Ratings of Blue Cross Blue Shield of Florida, Inc. d.b.a. Florida Blue and Health Options, Inc.
Mar 23, 2011	A.M. Best Affirms Ratings of Blue Cross and Blue Shield of Florida, Inc. and Its Subsidiaries
May 28, 2008	A.M. Best Upgrades Ratings of Comp Options Insurance Company

European Union Disclosures

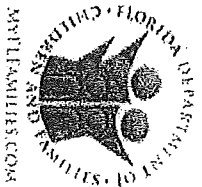
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State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
3292 County Road 220
Middleburg, Florida 32068

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services

for Adults, Adolescents, & Children for the following components:

Outpatient Treatment, Aftercare, & Intervention: Case Management

[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"



Herbert Helsel for Jayne Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

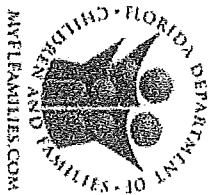
1059721931700

Type of License

License Number

02/25/2018

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Lake Asbury Jr High
2851 Sandridge Road
Green Cove Springs, Florida 32043

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services

for Adolescents for the following component:

General Intervention & Prevention Levels 1 & 2

[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"

Herbert Helsel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931729

02/25/2018

Type of License

License Number

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Keystone Heights Jr./Sr. High School
900 Orchid Avenue
Keystone Heights, Florida 32656

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services

for Adolescents for the following components:
General Intervention & Prevention Levels 1 & 2

[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"



Herbert Heisel for Jaymie Carter
Regional SAMH Director

02/26/2017

Effective Date

1059221931728

License Number

02/25/2018

Expiration Date

Type of License

Regular



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
R.C. Bannerman Learning Center
608 Mill Street
Green Cove Springs, Florida 32043

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

[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"

Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931723

Type of License

License Number

Expiration Date

02/25/2018



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Clay High School
2025 Highway 16
Green Cove Springs, Florida 32043

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

[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"



Herbert Hiesel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931711

Type of License

License Number

Expiration Date

02/25/2018



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Middleburg High School
3750 State Rd. 220
Middleburg, Florida 32068

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

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

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Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931712

02/25/2018

Type of License

License Number

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

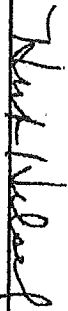
Clay Behavioral Health Center
Orange Park High School
2300 Kingsley Ave
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

[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"


Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931714

Type of License

License Number

Expiration Date

02/25/2018



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Ridgeview High School
466 Madison Avenue
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

[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"



Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

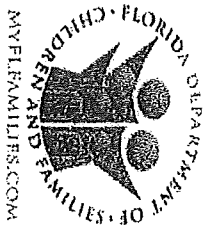
1059221931718

02/25/2018

Type of License

License Number

Expiration Date



State of Florida Department of Children and Families

CERTIFIES


Clay Behavioral Health Center
Fleming Island High School
2233 Village Square Parkway
Orange Park, Florida 32003

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adolescents for the following component:

General Intervention & Prevention Program: Prevention Level 1 & 2

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

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Herbert Helsel for Jayme Carter
Regional SAMH Program Director

Regular

1059221931724

Type of License

License Number

02/26/2017

Effective Date

02/25/2018

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Oakleaf High School
4085 Plantation Oak Blvd
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services

for Adults & Adolescents for the following components:

General Intervention & Prevention Levels 1 & 2

[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"



Herbert Helsel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

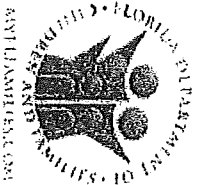
1059221931725

Type of License

License Number

Expiration Date

02/25/2018



State of Florida

Department of Children and Families

CERTIFIES

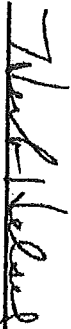
Clay Behavioral Health Center
Orange Park Jr. High School
1500 Gano Drive
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for Adolescents & Children for the following components:

General Intervention & Prevention Levels 1 & 2

[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"



Herbert Helsel for Jaymie Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

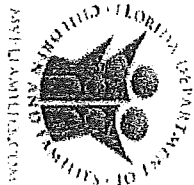
1059221931715

Type of License

License Number

02/25/2018

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Lakeside Jr. High School
2750 Moody Road
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adolescents & Children for the following components:

General Intervention & Prevention Levels 1 & 2

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

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Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

1059221931717

License Number

02/25/2018

Expiration Date

Regular

Type of License



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Green Cove Springs Jr. High School
1220 Bonaventure Avenue
Green Cove Springs, Florida 32043


is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services

for Adolescents & Children for the following components:

General Intervention & Prevention Levels 1 & 2

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

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Herbert Helsel for Jaymie Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059721931721

Type of License

License Number

Expiration Date

02/25/2018



State of Florida

Department of Children and Families

CERTIFIED


Clay Behavioral Health Center
Oakleaf Jr. High School
4035 Plantation Oaks Boulevard
Orange Park, Florida 32073

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adolescents & Children for the following components:

General Intervention & Prevention Levels 1 & 2

[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"


Herbert Heisel for Jayme Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931726

Type of License

License Number

Expiration Date



State of Florida

Department of Children and Families

CERTIFIES

Clay Behavioral Health Center
Wilkinson Jr. High School
5025 County Rd 218 West
Middleburg, Florida 32068

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for Adolescents & Children for the following components:

General Intervention & Prevention Levels 1 & 2

[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"



Herbert Heisel for Jayne Carter
Regional SAMH Director

02/26/2017

Effective Date

Regular

1059221931727

Type of License

License Number

Expiration Date