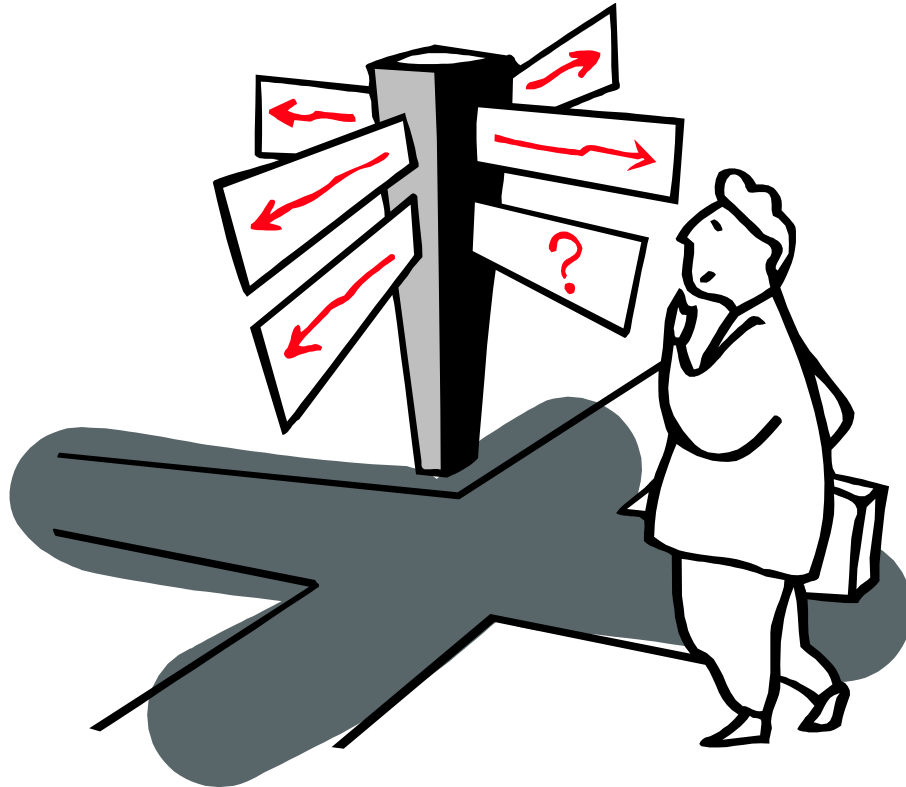


SUBSTANCE ABUSE TREATMENT & RELATED SUPPORT SERVICES



September 1, 2010



Implementation Guide

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CHAPTER 1 SPECIAL TERMS & CONDITIONS

I. Statement of Philosophy

The Whatcom County Substance Abuse Program seeks to build an integrated substance abuse treatment network, in order to ensure connectivity among individual programs and services, both within the local continuum of care and in collaboration with other service providers. Collaboration of this nature is fully embraced by all parties, helping to identify intra- and cross-system gaps.

Providers of services are committed to quality improvement processes that incorporate research-based and best or innovative practices, to the extent that those practices are consistent with the goals of the Substance Abuse Program. Comprehensive treatment services are provided in a manner consistent with individualized care and progress in recovery. The County expects that County-funded service partners will make every effort to assist clients in moving to the next level of care within the continuum.

Whatcom County and service providers are committed to identifying and measuring clear, concise, countywide treatment outcomes. Providers strive towards improvement in areas such as treatment retention and completion rates, quality of life, and long-term recovery from the effects of substance abuse.

The County and its partners strive to maximize limited resources, in recognition that demand will continue to exceed available resources. Together, we will adapt to shifting local needs and federal and state priorities for funding, while maintaining a commitment to quality services.

All services are provided without regard to disability, gender and gender orientation, cultural and ethnic background, developmental issues, sexual preference, and religious and nonreligious orientation. We recognize and value the importance of support services, such as outreach, case management, interim services, recovery services, child care, and other ancillary support services.

II. Contractor Requirements

- A. State Licensure. Contractors shall be licensed by and in good standing with the Washington State Department of Social and Health Services (DSHS), Division of Behavioral Health and Recovery (DBHR). Contractors shall maintain other certifications, licenses, and accreditations, as necessary, to meet the contractual terms of this Agreement.

- B. Staff Qualifications. Contractors shall retain competent staff whose job descriptions, qualifications, orientation, training, and performance comply with WAC 388-805 and 388-810, as applicable.

- C. Sliding Fee Schedule. Contractors shall establish and use a fee schedule for low-income clients (see Chapter 2, Section I.E for further information). The sliding fee schedule shall be available and accessible to the Contractor's staff and clients.
- D. Consumer Rights. Contractors shall ensure clients are informed of and protected by their rights, as defined in WAC 388-805-305.
- E. Consent to Treatment and Access to Records. Contractors shall ensure that clients served by the Contractor consent to and have access to their records, in accordance with WAC 388-805-305 and -320.
- F. Confidentiality. Contractors shall ensure the confidentiality of client information in accordance with 42 CFR Part 2, RCW 70.96A.150, WAC 388-805-320, and all other applicable confidentiality state and federal statutes and regulations.
- G. Medicaid Eligibility. All Contractors shall screen and refer clients who may be eligible for Medicaid.
- H. Requirements to Work with Youth. Chemical Dependency Professional (CDPs) who are working with the youth outpatient treatment population must dedicate 10 of the 40 required Continuing Education credits for CDP recertification to adolescent-specific training or professional development activities.

III. Employee Requirements and Background Checks

A. Employee Education About False Claims Recovery

If the Contractor makes or receives payments under Title XIX (Medicaid) of at least \$5,000,000 annually, the Contractor shall establish written policies for all employees and subcontractors that provide detailed information about the False Claims Act established in Section 1902(a)(68)(A) of the Social Security Act. The written policies shall include detailed information about the Contractor's policies and procedures for detecting and preventing waste, fraud, and abuse. If the Contractor has an employee handbook, it shall include a specific discussion of the laws described in the written policies, the right of employees to be protected as whistleblowers, and a specific discussion of the Contractor's policies and procedures for detecting and preventing fraud, waste, and abuse.

B. Background Checks

State law requires that children, vulnerable adults, and persons who are developmentally disabled who are receiving services in the state are to be protected from the possibility of criminal activity by people who have been convicted of certain crimes.

All Contractor staff, subcontractors, and volunteers who have unsupervised access to children, adolescents, vulnerable adults, and/or persons who have developmental disabilities are required to have a background check, in accordance with RCW 43.20A.710, RCW 43.43, RCW 74.34, RCW 71A.10.020, and WAC 388-805-200. All persons convicted of crimes listed in RCW 43.43.830 through RCW 43.43.842 are prohibited from having access to clients. Unsupervised access is defined in RCW 43.43.830(8).

Background checks shall be done a) at the time of the initial employment decisions [RCW 43.43.834(5)] and b) when an employer knows or has reason to believe that a disqualifying conviction or finding occurred after completion of the most recent background check [RCW 43.43.832(8)(d)].

DBHR has published the "Background Check Resource Guide for DASA Certified and Contracted Agencies," containing information and guidance to assist in meeting the requirements of RCWs and WACs related to background checks. This guide can be accessed through the Washington State Alcohol/Drug Clearinghouse (<http://clearinghouse.adhl.org/>).

IV. Confidentiality

All client information is protected by law from any unauthorized access or disclosure. All staff are required to adhere to the strict procedures outlined in 42 CFR, Part 2. This federal regulation prohibits the release of any information identifying anyone as receiving or having received services for an alcohol and/or drug problem without the specific written consent of the client involved.

The federal regulations also state that Social Security Numbers (SSN) can only be collected from clients on a voluntary basis, unless the program is providing income assistance. ADATSA is the income assistance program operated by DBHR. Therefore, only ADATSA clients can be required to submit their SSNs. All staff are charged with the responsibility of keeping such information confidential and making it available only to staff and other approved individuals on a need-to-know basis.

The regulations are quite specific about accessing information in situations where the client's written permission is not required. Such situations are quite limited. The only allowed exceptions are as follows:

- Medical personnel may access identifying information if they are dealing with a life-threatening situation.
- An accepted researcher may use the information to conduct research. "Accepted" means a researcher whose specific project has been reviewed and approved by an authorized Human Subjects Review Board.
- The information can be used for specific audit and evaluation of contracted programs by an agency providing direct funding for a treatment program.

- The information can be used by state and federal agencies conducting Medicaid or Title XIX service audits.
- The information may be accessed by the courts through a very specific form of court order signed by a judge. A standard court order or subpoena is not sufficient to access this information.

V. Service Availability

The Contractor shall budget funds for assessment, treatment, and support services that are awarded under this Agreement in such a manner as to ensure availability of such services throughout the entire term of the Agreement. If necessary, the Contractor shall follow and document the following process in budgeting funds:

- Limit access to services.
- Refer the client to other publicly-funded treatment providers.
- Refer the client to interim services.
- Develop waiting lists.
- Notify the County of the lack of capacity.

If the client refuses referral to other providers, the Contractor must document the client's refusal.

Contractors shall make every effort to distribute funding and provide services in 24 monthly increments throughout the Contract Authorization period. Funding that is not spent at the end of any six-month period may be reallocated to other provider agencies to sustain other services funded by the County.

VI. Urinalysis (UA) Testing Standards and Protocols

Screens and UA testing is an allowable cost only within the context of a treatment plan. Screens and UA tests are limited to no more than eight (8) tests per month for each client. For Medicaid-eligible methadone patients and pregnant women, urinalysis testing is provided by a DSHS-contracted vendor. If UA testing on low-income clients is done by a laboratory other than the DSHS-contracted vendor, the Contractor shall use the testing standards identified on the County Minimum Urinalysis Testing Requirements document found by accessing the Provider page of the DSHS website at <http://www.dshs.wa.gov/DASA>.

The Contractor shall use the following standards and protocols as minimum requirements when contracting for urinalysis testing services with testing laboratories and when using County funds under contract to pay for the testing:

- A. The laboratory performing urinalysis must maintain current laboratory certifications with the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) or other national laboratory certification body.

- B. All testing shall be done by approved screening tests and meet all forensic standards for certified laboratories. The use of "Instant Test Kits" is allowed only as a screen and requires laboratory confirmation if the screen is positive.
- C. Gas Chromatography/Mass Spectrometry (GS/MS) or Liquid Chromatography/Tandem Mass Spectroscopy must automatically confirm all positive screens, with the exception of methadone. For individuals on methadone, an immunoassay-screening reagent that detects EDDP (methadone) may be used.
- D. Confirmation testing is not required on negative tests. If a client requests confirmation of a negative test, it shall be done at the client's expense.
- E. Alcohol testing should be part of the drug-testing panel only when the donor is suspected by odor or overt behavior.
- F. The laboratory performing urinalysis shall retain positive samples in a frozen condition for a period of no less than six months or other agreed timelines with the Contractor, after the results have been reported to the Contractor.
- G. All specimens subject to any court action shall be retained in a frozen condition until such time as the matter is disposed of by the court.
- H. The laboratory conducting urinalysis shall provide a secure chain of custody for handling and processing of specimens. The laboratory's procedures shall be acceptable by a court of law.
- I. Initial results may be communicated by fax, carrier delivery, mail, or electronically downloaded. Results communicated other than with the original report must be confirmed by mailing the originals to the Contractor, upon request.
- J. Negative results will be communicated to the Contractor within 24 hours from the receipt of specimens at the laboratory.
- K. Positive results will be communicated to the Contractor within 72 hours of receipt of specimens at the laboratory.
- L. The laboratory shall supply order forms, and all other necessary supplies for sample collection and transportation, which are unique to the services provided.

VII. Services to Ethnic Minorities and Diverse Populations

Cultural competence is defined as a set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or their professionals that enables them to work effectively in cross-cultural situations. The culturally-competent professional

refrains from making generalized assumptions about any person based on stereotypes and instead adopts a perspective of inquiry to understand that person's true cultural experience and beliefs.

As professionals, providers are expected to commit themselves to continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources, and adaptability of practice in order to best meet the needs of individuals. Being respectful, accepting, cooperative, and open-minded are particular keys to achieving cultural competency.

Cultural competency is achieved by translating and integrating knowledge about individuals and groups of people into specific practices and policies applied in appropriate cultural settings. When professionals are culturally competent, they establish positive helping relationships, engage the client, and improve the quality of services they provide.

Race and ethnicity are commonly thought to be dominant elements of culture. However, culture is much broader and includes ethnic and racial background, sexual identity and sexual orientation, language differences, experience of disabling conditions, educational levels, income levels, geographic residence, identification with community groups, individual experiences, place of birth, age, and many other factors.

All services and activities provided by the Contractor or subcontractor under this Agreement shall be designed and delivered in a manner sensitive to the needs of all ethnic minorities and diverse populations. The Contractor shall:

- Ensure all services and activities are designed and delivered in a manner sensitive to the needs of all ethnic and cultural minorities.
- Initiate actions to ensure or improve access, retention, and cultural relevance of treatment services for ethnic minorities and other diverse populations who are in need of treatment and prevention services, as identified in their needs assessment.
- Take the initiative to strengthen working relationships with other agencies serving these populations.

The Contractor shall require its subcontractors to adhere to these requirements.

VIII. Billing

- A. The County shall reimburse the Contractor according to the fee schedule in Exhibit "C," Substance Abuse Outpatient Treatment Rates, of the Contract for Services Agreement. (Billing, invoicing, and reimbursement is further described in Exhibit "B," Compensation.) Only those services that are indicated in the "Contract Authorization," as approved by the County Contract Administrator, shall be allowable expenditures.
- B. Reimbursement will be for actual costs incurred within the period of performance of this Agreement.

- C. The County shall not be obligated to pay the Contractor for any services or activities until the County has approved the Contract Authorization.
- D. Contractor requests for reimbursement shall be submitted on a County-approved invoice for all low-income services.
- E. Medicaid rates are established by the Contractor's "Core Provider Agreement" with Washington State. Contractors shall send a copy of the "Core Provider Agreement" to the County Substance Abuse Program within 30 days of receipt of the fully executed agreement.
- F. Title XIX (Medicaid-eligible) services shall be invoiced through Provider One, the Medical Assistance Administration's Medicaid billing system beginning December 2009. The Contractor will receive information and/or training in the use of Provider One. (Medicaid is further described in Section IX below.)
- G. All invoices and reports shall be submitted to the County by the 10th calendar day of the month. All "Treatment and Report Generating Tool" (TARGET) activities must be entered into the DBHR database by the 10th calendar day of the month.
- H. Any required revisions to invoices must be completed and re-submitted to the County no more than sixty (60) days after the calendar month in which the services were performed.
- I. The Contractor's participation match shall in no case be less than 10 percent.
- J. The Contractor shall provide no less than 85 percent of the contracted treatment services during any six-month biennial quarterly period for the term of the contract. If spending falls below the 85 percent level, the County reserves the right to unilaterally reduce funding pursuant to this Agreement.
- K. Billing for flexible funds or transportation as cost reimbursement is only allowed if authorized in the Contract Authorization.
- L. All backup documentation shall be kept on file for six years and will be reviewed during annual on-site reviews by the County.
- M. Contractors may be requested to provide services to certain populations in order to assist the County in meeting state "maintenance of effort" requirements.

IX. Medicaid Services and Match

Contractors providing Medicaid (Title XIX) services shall:

- A. Complete the multi-step registration process for ProviderOne prior to the anticipated December 2009 activation date.
- B. Contract with DSHS through DBHR for those services and report on Title XIX expenditures and services to the County.
- C. Budget their designated Medicaid state match so Medicaid funding is prioritized over other funding sources throughout the term of this Agreement.
- D. Increase their Medicaid state match funds from low-income funding if the Medicaid state funds are less than the amount required to meet Medicaid expenditures.
- E. Not charge for covered Medicaid chemical dependency treatment services for Medicaid-eligible patients as non-Medicaid expenditures. Any such expenditure under this Agreement will constitute an overpayment.
- F. Ensure that all subcontractors that serve Medicaid-eligible patients maintain and meet all Medicaid requirements.
- G. Establish and adhere to policies and procedures for screening all potential Medicaid-eligible clients for Medicaid eligibility; require all subcontractors to likewise adhere to the Contractor's policies and procedures.
- H. Refer potential Medicaid-eligible clients to the appropriate CSO to apply for medical assistance.
- I. Not submit requests for payment for Medicaid services more than 90 days after the Contract Authorization period ends.
- J. Medicaid-eligible clients shall not be charged any fees for any reason including, but not limited to, appointments for:
 - Screening
 - Brief risk intervention therapy
 - Interim services
 - Assessments
 - Individual sessions
 - Group sessions
- K. Medicaid-eligible clients who are not diagnosed as chemically dependent but who receive substance abuse services titled Alcohol and other Drug Information School (ADIS) may be charged for ADIS because they are not Medicaid-billable services.

X. Treatment Completion Plan and Reporting

Research has shown that those clients who stay engaged in treatment longer have better outcomes in continued sobriety and future employment, have fewer contacts with the criminal justice system, and are less likely to need other support services.

The overriding theme of the treatment completion initiative is to improve treatment service delivery by focusing on quality enhancements.

Each Contractor will work with the County each fiscal year to establish the current treatment completion rate, based on the 2007-2009 biennium baseline Treatment Completion Performance, and negotiate with the County to determine an acceptable and realistic expectation concerning an incremental improvement of that rate.

Contractors shall submit a DASA-TA (Treatment Analyzer) report for each calendar year, with a written treatment completion improvement strategy and estimated percentages of overall improvement. Contractors may also be required to submit TARGET data when more detail is necessary. Failure to complete TARGET data input in a timely manner each month may result in funding reductions.

XI. Data Sharing Arrangement and TARGET

A. Purpose/Justification

Federal regulations and state law require that DBHR maintain a data system that will report on all chemical dependency services to all clients who are publicly funded. DBHR uses the TARGET system to meet this mandate.

DBHR and the County use summary (non-client specific) information for contract monitoring, for legislative reporting, and for showing how public dollars are spent at both the state and federal levels. Additionally, DBHR research staff use data for research studies regarding the effectiveness of treatment, cost savings resulting from dollars spent on chemical dependency services, and outcome studies that support budget requests and effective treatment strategies.

B. Description of Data

The Contractor and all subcontractors shall submit the full set of TARGET data, as determined by the current version of the TARGET data collection forms and as described in the current version of the TARGET Data Dictionary. The Contractor will enter full and complete client information including, but not limited to, Waiting List services, Assessment services, and Treatment services.

The date of first contact shall be entered in TARGET within seven (7) business days. TARGET data entry for all activities and discharges shall be completed in a timely and accurate fashion by the 10th calendar day of the month following the month in which the services were delivered. The

Contractor shall ensure that inactive clients (60 days and over) are fewer than 10% each month.

Data collected are stored and managed by DSHS/Health and Recovery Services Administration (HRSA)/Office of Technology Services (OTS). Data are stored in computers located in the HRSA offices. The computers are located in a locked facility in a locked, unmarked room. All data are maintained on machines that require double log-ins and passwords. Only HRSA OTS Information Technology staff has access to the computer room. Access to any client-identifying information in the data system is limited to those programs that put the information into the system and to those State, County, or Contractor staff who have a legal need to know the specific information.

C. Access to Data

1. Method of Access/Transfer: The data shall be provided to HRSA OTS on a regular basis through the TARGET Internet reporting system.
2. Frequency of Data Exchange: Data are to be submitted on a regular and consistent basis by the 10th calendar day of the month following the month in which the services were delivered.
3. Other Provisions Regarding Data: The raw data and analyses generated by HRSA will not identify personal information by name and will be used for evaluation reporting purposes only.

D. Security of Data

1. Data Protection:
 - a) The Contractor shall not share digital certificates, user IDs, or passwords among staff members or other workers.
 - b) The Contractor shall ensure that there is at least one trained back-up data-entry worker at the service agency throughout the contract period.
 - c) The Contractor shall ensure that any subcontractor(s) take due care to protect data from unauthorized physical and electronic access.
2. Data Disposition: The data provided to HRSA will remain the property of DSHS and shall be maintained in a secure fashion until such time as DSHS determines that it should be destroyed.
3. Confidentiality and Nondisclosure:
 - a. The Contractor and its subcontractors may use personal information and other information or data gained by reason of this Agreement only

for the purpose of this Agreement. The Contractor shall not disclose, transfer, or sell any such information to any party, except as provided by law or, in the case of personal information, with the prior written consent of the person to whom the personal information pertains. The Contractor shall maintain the confidentiality of all personal information and other information gained by reason of this Agreement.

- b. No information that identifies an individual client will be shared with any other agency (county, state, federal, or other), unless the client specifically approves the request in writing or the data sharing meets one of the exceptions described in CFR 42, Part 2. All DBHR, County, and Contractor staff are required to sign an Oath of Confidentiality that states specifically the prohibitions in federal law and indicates the criminal penalties for violations.
4. Persons Having Access to Data: Access to data shall be limited to staff whose duties specifically require access to such data in the performance of their assigned duties. Prior to making data available, the Contractor shall notify all staff with access to the data of the use and disclosure requirements.

E. Other TARGET Requirements

1. The Contractor shall participate fully and completely in the OTS Management Information System (TARGET), or its successor, for all DBHR-funded service recipients. To ensure this capability, the Contractor must have a functional personal computer using a Windows operating system that has a connection to the Internet and that meets TARGET specifications.
2. The Contractor must have at least one trained primary and one trained back-up data operator who has a functional Universal Serial Bus (USB) token, has a protected high security level digital certificate from the State of Washington Certification Authority (Digital Signature Trust), and is registered for TARGET access.
3. The Contractor shall implement procedures to ensure that there shall be no sharing of digital certificates, pass phrases, or TARGET logon information, since the digital certificate is issued to an individual staff member, not to an agency. Contractors will notify the TARGET Helpdesk at 1-800-461-8898 within three (3) business days regarding any staff member who holds a digital certificate for access to TARGET who resigns or is terminated. The Helpdesk shall be notified when new certificated staff need access to TARGET data so an ID can be created.
4. Computers that access TARGET are to be located in secure areas away from general public viewing and traffic.

5. The Contractor must have access to the technical expertise necessary to keep these resources operational. A Contractor may enter into a Qualified Service Agreement with another organization to meet these contract-reporting requirements. Participation shall include the prompt and orderly submission of all required data, completed in the detail and submitted in the manner and timeframes prescribed by DBHR, including timely discharge and closure records.
6. Generally, prompt submission means that data will be entered by the 10th calendar day of the month following the month of service. Documentation of a pattern of failure to comply with this expectation may result in corrective action and/or withholding of funds. The Contractor shall require and ensure that its subcontractors meet these requirements.

XII. Failure to Maintain Reporting Requirements

In the event the Contractor or a subcontractor fails to maintain its reporting obligations under this Agreement, the County reserves the right to withhold reimbursements to the Contractor or order payment stopped to a subcontractor.

The amount withheld will be proportional to the data estimated to be outstanding, as determined by DBHR, until such time as the Contractor has complied with its reporting requirements. The Contractor shall require its subcontractors to adhere to the reporting requirements in this Agreement.

XIII. Subcontracting

- A. Subcontracting by County-funded contractors is only permitted for services which DSHS has provided prior written approval, such as childcare, urinalysis, and transportation.
- B. The Contractor shall ensure that any subcontract awarded under this Agreement contains language that incorporates all Agreement requirements and conditions, including the following:
 - Records and reports.
 - Conflict of interest.
 - Treatment of assets.
 - DBHR Management Information System (TARGET) reporting.
 - Nondiscrimination in employment.
 - Nondiscrimination in client services.
 - Indemnification.
 - Services provided in accordance with laws, rules, and regulations.
 - Data provision and authorization of facility inspection.
 - Audit requirements, including annual audits based upon Generally Accepted Accounting Principles (GAAP).
 - Unallowable uses of federal funds.
 - Debarment and suspension certification.

- Treatment completion language.
 - OMB Circular A-133 audit requirements, if applicable to the subcontractor.
 - Requirements outlined in Section XVII, "Data Sharing Arrangement and TARGET."
 - Background checks.
 - Minimum standards for urinalysis testing.
- C. In any subcontract in which the authority to determine service recipient eligibility is delegated to the subcontractor, such subcontract shall include a provision acceptable to DSHS and the County specifying:
- How eligibility will be determined.
 - How service applicants and recipients will be informed of their right to file a grievance in the case of:
 - Denial or termination of service.
 - Failure to act upon a request for services with reasonable promptness.
 - That subcontract termination shall not be grounds for a fair hearing for the service applicant or a grievance for the recipient if similar services are immediately available in the County.
- D. All subcontracts shall be in writing and executed by both parties.
- E. All subcontracts shall be fee-for-service, cost related, or price related, as defined in BARS.
- F. The Contractor shall submit copies of all subcontract boilerplate language, including treatment, prevention, and other special projects, and any subsequent boilerplate changes and subcontract amendments, to the County within 20 days prior to the subcontract execution.
- G. DBHR and the County reserve the right to inspect any subcontract document.
- H. The Contractor shall ensure that subcontractors reconcile data in TARGET to ensure all data on services provided have been entered into TARGET.
- I. DBHR or the County may, upon 60-day calendar notice, cancel approval of any subcontractors and require the Contractor to seek another subcontractor or to provide services directly.
- J. All activities and services performed pursuant to this Agreement, which are not performed directly by the Contractor, must be subcontracted in accordance with the terms set forth under this Agreement.
- K. The Contractor shall ensure that subcontractors comply with the provisions of this section.

XIV. Non-Compliance

- A. Recovery of Costs Claimed in Error: If the Contractor claims and DSHS or the County reimburses for expenditures under this Agreement which DBHR or the County later find were (1) claimed in error or (2) not allowable costs under the terms of the Agreement, DBHR and/or the County shall recover those costs and the Contractor shall fully cooperate with the recovery.
- B. Stop Placement: DBHR or the County may stop the placement of clients in a treatment facility immediately upon finding that the Contractor or subcontractor is not in substantial compliance, as determined by DBHR or the County, with provisions of any WAC related to chemical dependency treatment or this Agreement.
- C. Additional Remuneration Prohibited: The Contractor shall not charge or accept additional fees from any client, relative, or any other person for services provided under this Agreement, other than those specifically authorized by DBHR or the County. The Contractor shall require any subcontractor(s) to adhere to this requirement. In the event the Contractor or subcontractor charges or accepts prohibited fees, DBHR shall have the right to assert a claim against the Contractor or subcontractor(s) on behalf of the client, per RCW 74.09. Any violation of this provision shall be deemed a material breach of this Agreement.

XV. Special Conditions with Use of Federal Block Grant Funds

- A. Notice of Federal Block Grant Funding Required and Grant Funding Under This Agreement

When the County allocates federal block grant funds to the Contractor or to subcontractors for the delivery of services and activities under this Agreement, the County shall advise the Contractor (who shall advise subcontractors) in writing of the federal funds.

The Contractor shall pass on and ensure all subcontractors comply with all conditions and requirements for use of federal block grant funds within any subcontracts or other agreements.

- All contractors receiving Federal Block Grant Funding are required to provide the same services to all clients who are financially eligible to receive state or federal assistance and who are in need of services. No distinction shall be made between state and federal funding when providing services **except for assuring priority to the following populations under Federal (SAPT)Block Grant Funds:**
 - **Pregnant injecting drug users**
 - **Pregnant substance abusers**
 - **Injecting drug users**

(Priority populations for the state are described under the Outpatient section on page 25.)

B. Continuing Education

The Contractor shall ensure that continuing education is provided for employees of any entity providing treatment services or prevention activities.

C. Pregnant and Parenting Women

The Contractor shall ensure pregnant and parenting women in need of treatment or who are referred for treatment shall be given admission preference to treatment facilities receiving block grant funds.

D. Childcare and Prenatal Care

The Contractor shall, directly or through arrangements with other public or nonprofit private entities, make available prenatal care and childcare to women receiving treatment services.

E. Treatment for Injecting Drug Users (IDUs)

The Contractor must establish admission priorities for IDUs. The Contractor or its subcontractors shall notify the County in writing if they fall below 90 percent of their capacity to admit IDUs to their program.

The Contractor shall provide chemical dependency assessment and treatment services to IDUs no later than 14 days after the individual has requested the service. If the individual cannot be placed in treatment within 14 days, interim services must be made available to the individual.

F. Outreach for IDUs Required

Outreach activities are specifically designed to reduce transmission of HIV/AIDS and to encourage IDUs to undergo treatment. In conducting IDU outreach:

1. Programs may engage in street outreach activities, as well as more formal education and risk-reduction counseling at the treatment site.
2. Specific service levels and funds budgeted under this Agreement for IDU outreach activities shall be designated in the Contract Authorization. If IDU outreach activities are provided from a documented source of revenue outside of this Agreement, then these service levels and funds are not designated in the Contract Authorization.

G. Peer Review Required

The Substance Abuse Prevention and Treatment (SAPT) Block Grant requires annual peer review of at least five percent of treatment providers by individuals with expertise in the field of drug abuse treatment. When requested by DBHR, Contractors shall participate in the peer review process.

H. Charitable Choice

1. Faith-based organizations (FBO) contracting with the County shall meet the requirements of 42 CFR Part 54 as follows:
 - a. Applicants for or recipients of services shall be provided with a choice of prevention and treatment providers.
 - b. The FBO shall facilitate a referral to an alternative provider within a reasonable time frame when requested by the client.
 - c. The FBO shall report to the County all referrals made to alternative providers.
 - d. The FBO shall provide clients with notice of their rights.
 - e. The FBO shall provide clients with a summary of services that includes any inherently religious activities.
 - f. Funds received from the federal block grant must be segregated in a manner consistent with Federal regulations.
 - g. No funds may be expended for religious activities.

I. Tuberculosis Services

The Contractor shall provide, either directly or through arrangements with other entities, tuberculosis services, per CFR 45 96.121 and 96.127 and WAC 388-805. Tuberculosis services include, but are not limited to:

1. Counseling the client with respect to tuberculosis.
2. Screening to determine whether the client has been infected with mycobacteria tuberculosis, in order to determine the appropriate referral for client treatment.
3. Providing or referring clients infected by mycobacteria tuberculosis for appropriate medical evaluation and treatment.

J. Limitations

No federal funds can be used for ADATSA stipends or other direct payments to clients, services in penal or correctional institutions of the state, or inpatient hospital substance abuse treatment.

K. Fiscal Policies

1. Standards for Reimbursable Costs under the SAPT block grant are governed by the following:
 - a. State of Washington Office of Financial Management's State Administrative and Accounting Manual (SAAM), the federal Office of Management (www.ofm.wa.gov/policy/default.asp).
 - b. Federal Circular A-122 Cost Principles for Non-Profit Organizations (www.whitehouse.gov/omb/circulars/a122/a122_2004.html).
 - c. Federal Circular A-87 Cost Principles for State, Local, and Indian Tribal Governments (www.whitehouse.gov/omb/circulars/a087/a87_2004.html).
2. The following costs are considered Unallowable Uses of SAPT block grant funds for Agreements and for any subcontracts that use SAPT block grant funding:
 - a. Costs of hospital inpatient services.
 - b. Cash payments to departmental patients.
 - c. Purchase or permanent improvement of lands or facilities without written approval from DBHR and the federal granting authority.
 - d. Purchase of equipment with a cost of more than \$5,000 without written approval from DBHR and the federal granting authority.
 - e. Costs used as cost-sharing or matching for other federal funds requiring non-federal matching funds.
 - f. Carrying out any program of distributing sterile needles for the hypodermic injection of any illegal drug, or distributing bleach for the purpose of cleansing needles for such hypodermic injection.
 - g. Carrying out any testing for the etiologic agent for Acquired Immune Deficiency Syndrome (AIDS), unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
 - h. Services in a correctional setting, whether state, county, city, adult, or juvenile.

- i. The salary for an individual in excess of \$180,100 per year, pursuant to Section 204 of P.L. 108-447.
- j. Lobbying activities or an attempt to influence the award of any Federal contract, grant, loan, or cooperative agreement.
- k. Youth tobacco enforcement.

XVI. Other Requirements

- A. Integrated Screening and Assessment: The Contractor shall conduct integrated screen and assessment on all new clients by:
- Using or ensuring the use of the Global Assessment of Individual Needs – Short Screener (GAIN-SS) as the tool for conducting the integrated screening process, per RCW 70.96C.010.
 - Reporting the GAIN-SS in TARGET.
 - Documenting the quadrant placement during the assessment process and again on discharge into TARGET.
 - Ensuring the provision of an integrated assessment for clients with a positive screen for the possibility of a co-occurring disorder.
 - Ensuring that those with positive GAIN-SS results indicative of the presence of a co-occurring disorder have this information considered in the development of the treatment plan, including appropriate referrals.
 - Ensuring that employees and subcontractors receive training on the GAIN-SS.

Contractors will screen and assess individual service needs according to the American Society of Addiction Medicine (ASAM), Patient Placement Criteria (PPC) or its successor.

- B. Drug of Choice: The Contractor shall not deny treatment services to any individual solely on the basis of that individual's drug(s) of choice.
- C. Medically-Prescribed Medications: The Contractor shall not deny access to treatment services solely on the basis that a client is taking medically-prescribed medications.
- D. Nicotine: The Contractor shall not deny access to treatment services solely on the basis that a client is using over-the-counter nicotine cessation medications or actively participating in a Nicotine Replacement Therapy regimen.
- E. Individuals Infected with HIV/AIDS: The Contractor shall establish admissions priorities for individuals infected with HIV/AIDS.
- F. Prohibition of Residency Requirement: The Contractor shall not deny services to eligible clients who are Washington State residents based upon

their county of residence. The Contractor shall, subject to available funds and service availability, serve all eligible Washington State residents who may be transient and require services.

- G. Single Source Funding: All services provided to an individual client during any one period of time must be funded from a sole source of funds under this Agreement. The funding designated by the treatment provider in TARGET defines the sole source of funds to be used to fund the services provided to the individual client. Sole source funding means that a provider can use only one source of funds for any one client or service at any given time.
- H. Tobacco-free Facility and Grounds: All substance abuse treatment facilities and grounds must be tobacco-free no later than July 1, 2010. No exceptions will be granted.

The Contractor shall:

- Notify staff and clients in advance of the change date the treatment facility becomes tobacco-free.
- Prohibit the use and/or possession of any form of tobacco product or paraphernalia in the facility or on the grounds.
- Post appropriate signage identifying the area as tobacco-free both inside the facility and outside the grounds.
- Facilitate client access to tobacco cessation programs and materials.
- Ensure staff is trained on nicotine dependence and implementation of the selected cessation curricula by integrating nicotine cessation into treatment, applying the Stages of Change model and other cessation curricula to address tobacco cessation, and making referrals as appropriate to cessation support including the Washington State Quitline (1-800-QUITNOW) or locally-based support.

XVII. Collaboration with Other Systems

- A. The Contractor will work to reduce fragmentation or duplication and to strengthen cross-system relationships by implementing a collaborative initiative or effort with another system. The Contractor shall notify the County of such activities. Any effort or initiative undertaken will complement the County Substance Abuse Program plan and the local continuum of care.

Examples of collaborative treatment efforts include working with the criminal justice, corrections, juvenile rehabilitation, mental health, housing, vocational, child protection and welfare, adult protection and welfare, or primary health care systems.

- B. The Contractor shall send one or two representatives who are empowered to make decisions for their organizations to monthly provider meetings. The purpose of the meetings is to disseminate information, provide oversight, and/or to foster, maintain, and enhance the coordination and delivery of

services. Such meetings may include other community partners, such as DCFS, the local CSO, Juvenile Detention, etc.

- C. The Contractor will make a good faith effort to attend other meetings (e.g., ADATSA services, outreach meetings, etc.) convened by the County for the purpose of addressing emerging issues or for resolving cross-system issues. The agency director or his/her designee, who shall be both knowledgeable and authorized to make decisions on behalf of that agency, shall attend meetings.

XVIII. Arm's Length Placement

The Contractor shall maintain written criteria and supervision procedures establishing an objective "arm's length" basis for review of referral options given and/or placement decisions. In other words, clinical decisions shall be solidly based on ASAM criteria and shall not benefit or disadvantage any particular referral agency. A perceived conflict of interest should result in a referral to any other available source. Such criteria shall ensure that a conflict of interest does not occur and that all assessments are in compliance with WAC 388-805-310.

Objective referrals will be made as follows:

- The Contractor shall be responsible for obtaining information from public-funded outpatient treatment providers about space availability .
- The Contractor shall assess clinical need, according to ASAM placement criteria.
- For initial assessment and outpatient treatment, the Contractor shall provide the client with a list of publicly-funded outpatient treatment providers and allow the client to choose a state-certified treatment provider.
- The Contractor shall document the provider of choice and assist the client with transportation and childcare needs.
- For inpatient services, the Contractor shall make client placement to state-certified treatment facilities, allowing the client to choose from two or three agencies.

XIX. Conflict Management

Whatcom County acknowledges the inevitability of conflict and encourages risk taking, openness, and trust building among all partners. Whatcom County encourages agency providers to make every effort to resolve conflict directly with the management of other provider organizations. Whatcom County reserves the right to conduct and facilitate a conflict resolution process when unresolved cross-agency issues adversely affect substance abuse agency client services covered under this Agreement. Contractors will be required to participate and show good faith in attempting to resolve problems. The intent will be to build consensus and reach mutual agreement. In the event that such an agreement cannot be reached, the Whatcom County Substance Abuse Program, at its sole discretion, may impose binding resolution through a contract amendment.

XX. Auditing and Monitoring

A. On-Site Monitoring

The County shall conduct at least one on-site visit during the contract period to each Contractor site providing treatment services. Additional on-site monitoring may be performed as necessary, per Section 33.1, Right to Review, of the Contract for Services Agreement.

The purpose of the on-site visit is to monitor compliance with contract performance criteria and the requirements of the contract. Written documentation of each on-site visit will be kept on file by the County.

In the event of identified or outstanding review findings, the Contractor will take appropriate corrective action, as identified by DBHR or the County, to mitigate risk or resolve the findings.

B. Audit Requirement

1. The Contractor shall obtain a periodic independent review or independent audit of its financial records. The review or audit shall be performed biennially based upon the fiscal year of the Contractor. This requirement will be included in all subcontractor contracts.

The purpose of the independent review or audit is to reasonably ensure the financial stability of County contractors and that adequate internal control exists to ensure the efficient, proper processing and use of contract funds.

2. If the Contractor is subject to OMB Circular A-133, it or its subcontractors shall comply with the single audit requirements of OMB Circular A-133. In the event of audit findings, the Contractor will take appropriate corrective action, per OMB Circular A-133 requirements.

CHAPTER 2 OUTPATIENT SERVICES

I. Client Eligibility (Adults and Youth)

A. Client Financial Eligibility

1. Definitions

- a. Indigent Clients are Medicaid clients and Medicaid-eligible individuals who receive a DSHS income assistance grant (e.g., GA-U, GA-X, ADATSA, TANF, SSI) or medical assistance (e.g., Categorically Needy, Medically Needy, Medical Care Services). They are usually identified by a medical coupon or Medicaid identification card. Food stamp recipients are not considered indigent clients unless they also receive a form of assistance identified above.
- b. Low-income Clients are those individuals whose gross household monthly income does not exceed the monthly income determined by 220% of the Federal Poverty Guidelines, shown in the Low-Income Service Eligibility Table below. Those individuals whose monthly income falls below the amount listed on the table are considered “low-income.” These individuals are eligible to receive services partially funded through the Contractor’s contract with Whatcom County.

Note: As of July 1, 2009, individuals who previously received services but did not qualify for low-income services under the former eligibility requirement, **but do qualify under the new eligibility requirements**, will be allowed to convert to low-income. Services delivered on or after July 1, 2009 will qualify as low-income services.

Individuals who received low-income treatment services **but no longer qualify under the new eligibility requirements** will be allowed to be grandfathered in through June 30, 2010. If these individuals do not meet the new eligibility requirements after June 30, 2010, they will no longer be allowed to receive low-income services. Individuals continuing to receive services beyond June 30, 2010 will be re-evaluated at that time to determine eligibility.

Low-Income Service Eligibility Table

Family Size	Monthly Income	Annual Income
1	\$1,986	\$23,826
2	\$2,672	\$32,054
3	\$3,357	\$40,282
4	\$4,043	\$48,510
5	\$4,729	\$56,738
6	\$5,414	\$64,966
7	\$6,100	\$73,194
8	\$6,786	\$81,422
9	\$7,471	\$89,650
10	\$8,157	\$97,878

For each additional family member, \$686 is added to the monthly maximum income, with a total of \$3,740 added annually.

B. Other Financial Eligibility Requirements

1. The Contractor and all its approved subcontractors are authorized to determine eligibility for clients served pursuant to this Agreement. The following criteria must be used to determine eligibility:
 - a. Eligibility is to be determined in accordance with RCW 70.96A.100 and 70.96A.180.
 - b. ADATSA clients shall meet eligibility requirements in accordance with applicable sections of WAC 388-800 or its successor. Eligibility for services shall be limited to individuals determined financially eligible for ADATSA by the local CSO and who have been assessed and referred for care as an ADATSA client.
 - c. Clients receiving services supported by Title XIX funds must meet the eligibility requirements contained in the Contractor's Title XIX "Core Provider Agreement" with the State.
2. The Contractor shall screen all persons applying for services funded through the Contractor's Whatcom County contract for financial eligibility and refer eligible individuals to the appropriate DSHS Community Services Office (CSO). In addition, the Contractor will screen clients for continuing financial eligibility no less than once each month. Evidence of each financial screening shall be documented in individual client records. The Contractor will also participate in the reconciliation process for retroactive Medicaid coupons for each fiscal year of the contract period.
3. If any service defined in this Agreement is available free of charge from the Contractor to individuals who have the ability to pay, the Contractor

shall not charge the County or DSHS for such services provided to eligible persons.

- C. The Contractor shall ensure the best feasible access to appropriate services for indigent and low-income clients, provided that access to services shall be first offered to persons within the following **priority categories**, in the following order of precedence:

Washington State defined priority populations; subsections (b) through (f) are in no particular order:

- Parenting women (first priority)
- Postpartum (up to one year, regardless of pregnancy outcome)
- Parenting individuals involved with Child Protective Services
- Youth
- Offenders (as defined in RCW 70.96A.350)
- Other Medicaid Clients
- All others

Please refer to DBHR memo of May 28, 2010 for further information.

D. Requirements for Priority Populations

1. All clients eligible for publicly-funded services provided through this Agreement will be offered such services on a first-come, first-served basis, provided, however, that individuals in the priority categories listed above shall be offered services according to the following requirements, consistent with state policy and Federal Block Grant requirements. See Section 4, Adult Treatment Services below for further information.
 - a. The Contractor shall document that **pregnant women** are provided with comprehensive assessment services within 48 hours of referral. Treatment services shall be provided no later than seven days after the assessment has been completed. "Waiting List Interim Services" (see below) must commence upon a request for services when comprehensive services are not immediately available.
 - b. The Contractor shall document that **injecting drug users** are provided comprehensive assessment and treatment services no later than 14 days after the service has been requested. "Waiting List Interim Services" must commence upon a request for services when comprehensive services are not immediately available.
 - c. The Contractor shall document that **parents with dependent children** are provided comprehensive assessment and treatment services no later than 90 days after the service has been requested. "Waiting List Interim Services" must commence upon a request for services when comprehensive services are not immediately available.

- d. The Contractor must give admission priority into available ADATSA outpatient treatment slots to clients who are **completing ADATSA residential treatment** and are returning to their local area for continuing outpatient services.

E. Fee Requirements – Low-Income Clients

1. The Contractor shall use a sliding fee schedule in setting fees for low-income clients who are determined to be eligible for service. Sliding fee schedules shall be developed and applied in accordance with the Low-Income Service Eligibility Table (above). Individuals with a gross monthly income (adjusted for family size) falling below the amounts indicated on the table are eligible to receive services partially supported by funds included in this Agreement.
2. The Contractor shall charge, and require subcontractors to charge, fees in accordance with the fee schedule(s) to all clients receiving assessment and treatment services who are determined, through a financial screening, to be low-income. For the purposes of this section, “low-income” clients include low-income pregnant or postpartum women up to one-year post delivery, low-income clients receiving methadone services, and low-income youth under 20 years of age. These low-income clients may be exempted from the fee requirement if the Contractor determines that the imposition of a fee to the individual will prevent the low-income client from continuing treatment.
3. Waiting List Interim Services (described below) are exempt from the fee requirement.
4. The minimum fee per counseling visit is \$2.00 for sliding fee clients. The maximum fee per service visit is the actual cost of the service provided.
5. Indigent clients, as defined above, are exempt from the fee requirement.

II. **Waiting List Interim Services**

- A. “Waiting List Interim Services” are services provided until an individual is admitted to a substance abuse treatment program. The purpose of the services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease.

At a minimum, Waiting List Interim Services must include, but are not limited to:

1. Screening to determine any acute client needs and to confirm client eligibility for comprehensive services.

2. Counseling and education about HIV and tuberculosis (TB) risks of transmission and prevention measures.
3. For pregnant women, counseling on the effects of alcohol and drug use on the fetus, as well as referral to prenatal care.
4. Referral to other health services (e.g., HIV or TB treatment services) and social services, depending upon the individual's apparent needs.
5. Periodic contacts with the person through one-on-one contact or in group settings to provide supportive counseling and updated information regarding treatment availability.
6. Development of a service plan, which includes proposed services and target dates for completion.

Services to these clients will be provided as follows:

1. ***Pregnant injecting drug users and pregnant drug abusers:*** If capacity for treatment services is not available, interim services must begin no later than 48 hours after a pregnant woman seeks treatment services. Interim services must include the services identified in Section VII.A above as well as education on the effects of alcohol and drug use on the fetus and a referral to prenatal care.
 2. ***Injecting drug users:*** If capacity for treatment services is not available, interim services must begin no later than 14 days after making a request for admission to a injecting drug user treatment program. Interim services shall be provided for the lesser of a maximum of 120 days or until placement in a treatment program.
- B. A Waiting List Interim Services plan record must be created for all persons receiving Waiting List Interim Services. The interim services plan record must include, at a minimum:
1. An application form that includes "client master data" consisting of the applicant's full name (last, first, and middle), birth date, gender, race (including Hispanic origin), Social Security number, address, and telephone number.
 2. An indication of the client's priority group category, if applicable.
 3. Proposed treatment modalities and tentative treatment date(s).
 4. A record of all contacts and specific referrals.
- C. Agencies providing Waiting List Interim Services must enter the "client master data" into the DBHR Management Information System, or TARGET

(Treatment Assessment Report Generation Tool), and report ongoing contacts as service hours under “Interim Services” in the same. (DSHS 04-419 [Rev. 10/2006] [AC 11/2006]). Available on the Provider page at <http://www.dshs.wa.gov/DASA/>.

III. Treatment Services: All Services

All treatment services must be provided by DBHR-certified treatment providers according to WAC 388-805 or its successor. In consideration of funding awarded under this Agreement and Contractor matching funds, the Contractor shall provide any of the services described herein, as authorized by the Contract Authorization. Unless otherwise arranged, the Contractor shall accept any combination of funding (e.g., federal, state) for services, as deemed necessary by the County.

Providers of adult treatment services may provide services to specialty populations (e.g., co-occurring, etc.). However, the Contractor will treat any adult person on a first-come, first-served basis, providing services to priority populations first. The goal is to ensure access for all clients, many of whom are limited by transportation issues. The County requires maximum flexibility for shifting resources. As capacity shifts, agencies are asked to keep referents, including other treatment agencies, apprised of their capacity. As a specific program administered by the state, ADATSA clients may only be assessed and admitted to treatment by those who are certified and receive County funding.

IV. Adult Treatment Services

Adult Treatment Services provide non-residential, outpatient chemical dependency assessment and treatment to individuals ages 18 and over. Services provided to family members or significant others of individuals in treatment are also included. Adult Treatment Services do not include services to family or significant others of a person not currently in treatment. Outpatient treatment services must meet the criteria of the specific modality provisions set forth in WAC 388-805.

A. ADATSA Client Services

1. The Contractor will make available ADATSA assessment, treatment, protective payee, and other treatment support services to ADATSA-eligible individuals, per WAC 388-800, WAC 388-805, and the “ABCs of ADATSA.”
2. ADATSA Assessment Services
 - a. The Contractor shall provide assessments and case monitoring services for all eligible ADATSA treatment clients in accordance with applicable portions of WAC 388-800 and WAC 388-805.
 - b. The Contractor shall ensure the receipt of an ADATSA Referral Form from the local DSHS CSO verifying the individual’s ADATSA financial eligibility; the ADATSA Referral Form shall be maintained in the client’s file.
 - c. The Contractor shall provide a quality and timely clinical evaluation of an individual’s eligibility for ADATSA services and any subsequent case monitoring services. The Contractor shall make every reasonable effort to conduct assessment services for applicants within 30 working days from the date of request.
 - d. The Contractor shall enter all necessary TARGET placement data at least one day prior to the planned admission into residential treatment.
 - e. The Contractor shall establish written criteria and objective policies to ensure provider integrity and that a conflict of interest does not occur when assessment agencies also provide outpatient treatment.
 - f. Clients on ADATSA shall be entered into outpatient treatment in the following order of priority:
 - Pregnant women
 - Parent with a child under 18 years old in the home
 - Client referred by DSHS’s Child Protective Services (CPS) program
 - Intravenous injecting drug user
 - Patient completing residential treatment
 - g. The Contractor shall report all admissions and discharges for treatment and assessment to the appropriate assessing agency and CSO in writing within five days of admission or discharge.

B. Pregnant, Postpartum, and Parenting Client Services

1. Eligibility

- a. Clients are eligible for these services while pregnant, postpartum (up to one-year post delivery, regardless of birth outcome, adoption, or foster care placement of children), or parenting dependent children. “Dependent children” are defined as children a) under age 18 living with the parent or b) through age 20, if enrolled in school and financially supported by the parent. “Parents” include a) pregnant women, b) men or women who are parenting children under the age of six, including those attempting to regain custody of their children under DSHS supervision.
- b. All clients shall be screened to determine potential eligibility for financial aid through DSHS (e.g., ADATSA, SSI, GA-U, or TANF) and, if potentially eligible, shall be referred to a DSHS CSO immediately for financial and medical eligibility determination.

2. Assessment and Referral

- a. A pregnant, postpartum, or parenting client shall receive a “Priority Client Assessment” and referral to an appropriate level of care.
- b. Assessment services shall be provided and documented within 48 hours of application to ensure that pregnant women who are at greatest risk for continuing to use substances are provided rapid to appropriate care. The assessment shall include a review of the gestational age of the fetus, the mother’s age, living arrangements, and family support status. If assessment services are not available upon request, Waiting List Interim Services shall be provided immediately.
- c. **Pregnant women found through assessment to be eligible and appropriate for comprehensive outpatient care shall be admitted to such care within seven (7) days of request for these services.** This urgent admission must be documented. Such services shall include a referral for prenatal care. If the Contractor does not have the capacity to admit the woman to comprehensive treatment immediately, the Contractor shall immediately make available or make a referral to Waiting List Interim Services.
- d. Women actively using substantial amounts of alcohol or other substances in any stage of pregnancy shall be assessed as priority for placement in an inpatient treatment program or a Chemical Using Pregnant (CUP) detoxification facility.

- e. Assessment and treatment services will be provided to postpartum women and parenting clients within 90 days after the services has been requested.
- f. Providers may be required to develop separate Memoranda of Agreement with other community providers or organizations to ensure a smooth referral process.

3. Services

Services for pregnant, postpartum, or parenting clients shall take into consideration a full continuum of care for each client, in accordance with WAC 388-805. The Contractor shall:

- a. Make training available to ensure treatment staff receive information/education for addressing the specific issues related to pregnant, postpartum, and parenting clients.
- b. Assign gender-specific counselors as primary counselors for pregnant, postpartum, and parenting women whenever possible.
- c. Provide a monthly summary of treatment progress and discharge summaries for each change in level for those pregnant and parenting clients in treatment.
- d. Treat pregnant women and women with children who are receiving treatment services as a family unit.
- e. Provide the following services directly, or make arrangements for the provision of the following services:
 - Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care.
 - Primary pediatric care including immunization for their children.
 - Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, and parenting; child care will be provided while women are receiving these services.
 - Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs and their issues of sexual, physical abuse and neglect.
 - Sufficient case management and transportation to ensure that women and their children have access to services listed above.

C. Children's Administration (CA)/Division of Children and Family Services (DCFS) Assessment, Treatment, and Support Services

1. The Contractor shall provide alcohol and substance abuse assessment, outpatient treatment-related services, and childcare services for clients served or referred by CA/DCFS.
2. The Contractor shall provide an expanded assessment process when requested by the referring CA/DCFS social worker. Expanded assessments will include:
 - An assessment of imminent or future risk of child abuse and neglect related to parents' substance abuse.
 - A list of the assessment instruments/tools used in the assessment process.
 - Psychosocial history including past drug/alcohol use, financial problems, education, and legal issues.
 - Information from collateral contacts, including friends, relatives, immediate and extended family members, and professional service providers who have had prior involvement with the client.
 - Chemical dependency diagnosis, with a specific, recommended chemical dependency treatment course and the recommended duration of chemical dependency treatment.
 - Results of an initial urinalysis.
 - Prognosis for recovery.

D. Temporary Assistance for Needy Families (TANF) Services

In consideration of any funds awarded for TANF client treatment services and Contractor matching funds, the Contractor shall provide alcohol and substance abuse assessment, outpatient treatment, treatment-related services, and child care services to TANF clients. The Contractor shall ensure compliance with the guidelines entitled "Procedures and Implementation of Chemical Dependence Services for WorkFirst Clients," published by the Division of Alcohol and Substance Abuse.

E. Opiate Substitution Treatment (OST) and HIV Outreach Services

In consideration of any OST funds awarded and Contractor matching funds, the Contractor may provide OST and HIV outreach services as described below.

Contractors offering opiate substitution treatment program maintenance and/or detoxification services must a) maintain accreditation from the federal Center for Substance Abuse Treatment and b) comply with the following rules and regulations, as they now exist or are hereafter amended:

- WAC 388-805.
- The federal Center for Substance Abuse Treatment (CSAT), 42 CFR.
- Washington State Board of Pharmacy WAC 246-887.

Contractors serving HIV clients will:

1. Make early intervention services for HIV disease and other blood-borne pathogens available to individuals seeking treatment services. Early intervention services include:
 - Appropriate pre-test counseling.
 - Referral for testing and treatment.
 - Referral for appropriate post-test counseling.
2. Ensure that early intervention services are provided with the informed consent of the client. Receipt of such services will not be required as a condition of receiving substance abuse treatment services or any other services.
3. Prioritize individuals with HIV or Hepatitis C for admission to treatment services. Individuals placed on a waiting list to access services will receive interim services. Documentation of activities is required.

Contractors serving OST clients receiving Medicaid transportation broker services will work with the County to ensure that OST clients fill vacant slots at publicly-funded OST facilities that are closest to their residence. Clients will not be required to transfer to a closer agency if there are clinical reasons for not transferring the client.

F. Treatment Expansion Services and Title XIX

In consideration of any Treatment Expansion funds awarded and Contractor matching funds, the Contractor shall provide Treatment Expansion alcohol and drug treatment services per RCW 70.96A to adults and youth as follows:

1. Adults prioritized in the following order:
 - Medicaid Disabled, General Assistance Expedited Medicaid Disability (GA-X), Blind, and Aged clients (including SSI clients).
 - Other Medicaid adults, including clients receiving medical coverage related to the Temporary Assistance for Needy Families (TANF) program.
 - General Assistance Unemployable (GA-U) clients.
2. Youth prioritized in the following order:
 - Medicaid clients who are under 18 years of age at admission.
 - Non-Medicaid, low-income clients who are under 18 years of age at admission.

Contractors may be required to serve a specified number of Treatment Expansion clients, as indicated by the County.

G. Criminal Justice Treatment Account (CJTA) Services

1. In consideration of any Criminal Justice Treatment Account (CJTA) funds awarded and Contractor matching funds, the Contractor shall provide CJTA-funded alcohol and drug treatment and treatment support services per RCW 70.96A to the following populations:

- Adults with an addition or a substance abuse problem that, if not treated, would result in addiction, against whom charges have been filed by a prosecuting attorney in Washington State.
- Adult or juvenile offenders within a drug court program, as defined in RCW 70.96A.055 and RCW 2.28.170.

2. Funding limitations for services to persons who are incarcerated:

(1) Medicaid funds: Medicaid funds shall not be used to provide services of any kind to persons incarcerated in a correctional setting, including but not limited to any correctional facility owned or operated by the state, county, or city.

(2) State Grant-in-Aid and CJTA funds: Assessment services are the only services allowed to persons incarcerated.

H. Jail Assessments

Chemical Dependency Assessments, which are completed in the County Jail, shall be reimbursed. Jail assessments shall be conducted according to WAC 388-805. Assessment must be conducted face-to-face with the client present. Reimbursement for services shall cover all costs associated with transportation, case management, TARGET data entry, and waiting for inmates to be escorted. The Contractor agrees to work with the County-funded jail outreach workers to conduct assessments in the jail. Treatment services for jail clients cannot be paid for with CJTA funds.

I. Detoxification Services

Detoxification services may be provided to those clients qualifying for such services. Detoxification service contractors shall establish a protocol regarding how they will serve methadone clients who need detoxification from other substances.

V. Youth Treatment Services

A. Eligibility

The Contractor shall provide the services described below to youth ages 10 through 17 who meet the financial and eligibility requirements for publicly-funded chemical dependency treatment services.

Clients under age 10 may be served with the approval of the County Substance Abuse Program. The age at which a youth may self-refer for treatment without parental consent (age of consent) is 13 years of age.

Young adult patients ages 18 through 20, based on developmental needs, may be more appropriately served in a youth outpatient treatment setting. They may be admitted by exception. The reason for the exception must be documented in the client file. These young adults will be billed as youth patients, using youth funding.

Youth patients, based on developmental needs, may be more appropriately served in an adult outpatient treatment setting. They may be admitted by exception. The reason for the exception must be documented in the client file. These youth patients will be billed as adult patients, using adult funding.

The Contractor shall provide the services described below to youth who meet the financial and eligibility standards for publicly-funded chemical dependency treatment services.

B. Title XIX Eligibility

The Contractor shall screen for Title XIX eligibility and prioritize services for youth who are Medicaid clients. Youth who are ineligible for Title XIX must have their ineligibility documented within the client case file.

C. Assessment Services

The Contractor shall conduct a multi-dimensional assessment with each youth, per WAC 388-805-310.

D. Treatment Services

1. Youth outpatient services shall include treatment appropriate for substance abuse disorder in addition to treatment for substance dependency.
2. Youth outpatient services shall address the needs of those youth waiting for placement in youth residential treatment and those youth requiring continuing care (aftercare) following youth residential treatment. Outpatient programs shall be involved in discharge planning for youth in residential treatment programs.
3. EPSDT Services

The Contractor shall refer each Title XIX-eligible youth who has not previously received an Early Periodic Screening, Diagnosis, and Treatment (EPSDT) health screen to an EPSDT primary health care provider for such services.

4. Services for Youth in Detention

The Contractor shall screen youth in detention. Youth may also be assessed and provided treatment or outreach services while in detention. Every effort shall be made to involve the youth's family in treatment via family groups, education, and family counseling with the client present.

VI. Childcare

The Contractor shall provide, directly or through arrangements with other public or non-profit private entities, childcare to clients participating in assessment and treatment activities and support activities, such as support groups, parenting education, and other supportive activities, when those activities are recommended as part of the recovery process and noted in the client's treatment plan.

- A. Services: The Contractor shall inform all parenting recipients of treatment services that childcare services are available and offer such services while clients are participating in treatment. Documentation regarding the offer and parent acknowledgement of such offer shall be maintained by the Contractor.
1. Childcare and prenatal services shall be provided or arrangements for the provision of these services shall be made for clients receiving chemical dependency assessment and treatment services.
 2. All off-site childcare services (with the exception of care provided in the child's or a relative's home) shall be delivered by childcare providers licensed or certified by the Department of Early Learning, in accordance with WAC 170-296.
 3. Childcare provided on a treatment facility site shall be licensed or certified by the Department of Early Learning, per WAC 170-295.
 4. When on-site childcare is not available, the Contractor shall provide the parent with information to assist the parent in making a responsible decision regarding the selection of an off-site childcare provider. The Contractor shall:
 - a. Provide parents with childcare information via the Department of Early Learning website at <http://www.del.wa.gov/care>.

- b. Provide parents with information on selecting childcare services at the Department of Early Learning website (<http://www.del.wa.gov/care/find-facility/Default.aspx>).
- c. Supply the parent with written verification indicating the location of the childcare services, the number of hours and length of childcare authorization, and the payment process for the type of care selected.

The confidentiality of those clients utilizing childcare services shall be according to the federal confidentiality regulation (42 CFR, Part 2). This shall include a release of information and/or qualified service organization agreement.

VII. Case Management

Case management services may be provided in adherence to the following guidelines.

A. What are Case Management Services?

1. Case Management – General

General Case Management refers to costs incurred to provide case planning, case consultation and referral services, and other support services to clients assessed as needing treatment. The purpose of case management is to engage, retain, or maintain clients in treatment. Case management services assist clients in gaining access to needed medical, social, or education services. Case management does not include treatment planning activities required in WAC 388-805 or direct treatment services.

2. Case Management – Pregnant and Parenting Women

Case Management for pregnant and parenting women refers to General Case Management services that are delivered solely to pregnant and parenting women. All other characteristics and requirements of General Case Management apply.

3. Case Management – Youth

Case Management for youth refers to General Case Management services that are delivered solely to youth. All other characteristics and requirements of General Case Management apply.

B. What are the provider qualifications to provide Case Management services?

1. Non-Medicaid Case Management

Case management services billed under the County contract must be provided by a CDP, CDP Trainee, or other staff as deemed appropriate by the County.

2. Medicaid Case Management

Case management services billed under a Medicaid contract must be provided by a CDP or a CDP Trainee who is under the supervision of a CDP.

C. What are the requirements for billing Case Management Services?

1. Written documentation in the client's case file giving date, duration, and referral information for each contact. The Contractor must maintain files and forms to document case management activities and services received and record the activities and services in TARGET using form #DSHS 04-418 (REV. 10/2006), which can be accessed through the Provider page of the DSHS website at <http://www.dshs.wa.gov/DASA>.
2. Referrals for service must include contact information of other agencies that are involved in providing services to the person.
3. Required release(s) of information in the case file.
4. Documentation of the outcome of case management services.
5. Funds provided through contract with the County shall be the dollar of last resort for case management services.

D. What are the limitations for billing for Case Management Services?

Contractors cannot bill for case management under the following situations:

1. If a pregnant woman is receiving maternity case management services under the First Steps Program.
2. If a person is receiving HIV/AIDS case management services through the Department of Health.
3. If a youth is in foster care through the Division of Children and Family Services (DCFS).
4. If a youth is on parole in a non-residential setting and under Juvenile Rehabilitation Administration (JRA) supervision. Youth served under the Chemical Dependency Disposition Alternative (CDDA) program are not under JRA supervision.

5. If a person is receiving case management services through any other funding source from any other system (i.e. Mental Health, Children's Administration, Juvenile Rehabilitation). For Medicaid billings, youth in foster care through DCFS are receiving case management services through DCFS.

E. Contractors cannot bill for Case Management for the following activities:

1. Outreach activities.
2. Services for people in residential treatment.
3. Time spent by a CDP reviewing a CDP Trainee's file notes and signing off on them.
4. Time spent on internal staffing.
5. Time spent on writing treatment compliance notes and monthly progress reports to a court of law.
6. Direct treatment services or treatment planning as required in WAC 388-805.

F. Maximum time limitations

Case Management Services are limited to a maximum of five (5) hours per month per patient.

Exceptions to the five-hour limitation may be granted on an individual basis, as needed and as indicated in the treatment plan, based on the clinical needs of the individual client. Exceptions will not be granted to Medicaid-billed services. Exceptions will be reviewed during annual County contract monitoring visits.

VIII. Other Support Services

Within available funding, Contractors may elect to provide services in the following areas. These services must be identified by the Contractors in their RFQ response. Based on funding availability, the County will determine if awards will be made for these services. Funding for these services will be approved by the County and may require a written plan. Such services will be funded from the Contractor's total award. At the end of the biennial period, the County reserves the right to increase or decrease funding and service levels according to County needs and priorities. The funding source for these services will be determined at the sole discretion of the Whatcom County Health Department. Services must not interfere with the delivery of existing services in the substance abuse continuum of care. Services not approved by the County for reimbursement but ascribed a fee may be claimed as match.

- A. Community Outreach, Intervention, and Referral: Outreach and intervention consists of services that identify hard-to-reach individuals who are abusing or addicted to alcohol and other drugs, link these individuals with chemical dependency assessments, and enroll these individuals in treatment. (See Chapter 3 for further information.)

All outreach projects shall document monthly the capacity of assessment and treatment slots reported by treatment agencies, including the date of the monthly report.

- B. Screening Tests: Screening tests include urinalysis or breathalyzers to indicate the use of drugs or alcohol. There is a maximum limit of eight tests per month for any individual.

Screening is an allowable activity for the following populations only:

- CJTA (non-drug court) clients.
- Pregnant women.
- Youth.
- Current injecting drug users.

All efforts should be made to secure other sources of funding to conduct screening with DCFS clients, probation clients, and others. DBHR funding is funding of last resort. Pregnant women who are Medicaid clients must be billed through the Medicaid system.

Urinalysis is an allowable cost only within the context of the ASAM multi-dimensional treatment plan. Screening tests for the use of drugs or alcohol through testing processes such as urinalysis or breathalyzers is allowed.

- C. Family Support: Services may include information, education, intervention, and other supportive services provided in a group or individual setting to individuals who have significant personal relationships (e.g., sibling, child, parent, or spouse) with an alcoholic or drug addict not currently in treatment. Family Support does not include services to significant others of a client currently in treatment.
- D. Transportation: Contractors may transport clients to and from chemical dependency residential or outpatient treatment when no other method of transporting a client exists.

CHAPTER 3 OUTREACH PROGRAMS

I. Community Outreach, Intervention, and Referral Services

In providing Community Outreach, Intervention, and Referral Services, the Contractor will comply with the requirements set forth in Chapters 1 and 2 and the following additional requirements:

A. Client Eligibility

Eligibility is as indicated in Chapter 2. The County, however, may specify priority populations for contracted outreach services in Exhibit A, "Scope of Work," in the Contract for Services Agreement or Letter of Agreement.

B. Outreach Activities

All contracted outreach services will include engagement activities that assist individuals with accessing treatment. Emphasis is placed on engaging difficult priority populations and collaborating with other organizations, including inpatient providers, outpatient providers, other outreach services, and the facility at which the outreach services are provided. All outreach providers will demonstrate an understanding of and training in American Society of Addiction Medicine (ASAM) Patient Placement Criteria. The County may specify outreach services to be delivered in Exhibit A, "Scope of Work," in the Contract for Services Agreement or Letter of Agreement. Common outreach activities are as follows:

- Assertively engaging clients to assist them in accessing services.
- Screening all potential clients for Title XIX eligibility and, when applicable, referring eligible clients to the appropriate DSHS CSO to apply for financial assistance.
- Referring clients to treatment services and other community services (e.g., medical, mental health, housing, vocational, public assistance).
- Communicating with local outpatient treatment providers by the 10th business day of every month regarding treatment capacity, in order to facilitate client access to treatment.
- Coordinating Waiting List Interim Services prior to treatment.
- Following up with and monitoring the client for three months or until the client is successfully engaged in a treatment program.
- Monitoring or tracking clients throughout treatment.
- Participating in TARGET data collection by reporting on client demographics, outputs, and outcomes for those clients referred to treatment.
- Arranging for client assessment appointments.
- Transporting or arranging for transportation for clients to appointments.
- Verifying client attendance at assessment appointments.
- Re-scheduling assessment appointments as needed.

- Working with clients to reduce client barriers to assessment and treatment.
- Communicating with staff at out-stationed facilities about client progress and outcomes.
- Assisting clients with completing necessary DSHS CSO paperwork to access substance abuse treatment or publicly-funded services (e.g., GA-U, SSI, TANF, GA-X, or ADATSA).
- Assisting clients' family members in obtaining treatment and/or support services for identified clients and for themselves.
- Conducting home visitation, as needed, with a caseworker from another organization.
- Making presentations on outreach services offered to County-contracted outpatient treatment agencies every six months.
- Making presentations to the Substance Abuse Advisory Board, as requested by the County Substance Abuse Program.

Contractors will establish Memoranda of Understanding (MOUs) with their respective out-stationed locations (e.g., the jail, DCFS, DSHS) and with other outreach projects within 120 days of the contract start date.

C. Outputs and Outcomes

The Contractor will participate in the countywide outcome measurement, yet to be determined, in addition to TARGET reporting.

CHAPTER 4 REPORTING

The Contractor shall provide timely and accurate reports, and other documents as deemed necessary by the County, regarding services provided directly in performance of this Agreement. The Contractor shall also ensure that subcontractors provide timely and accurate reports regarding subcontracted services.

The Contractor shall submit progress reports covering each 12-month period of the Agreement period. Each report shall include information related to all program services provided under County contract, including the progress of services provided, from the beginning of the biennium to the end of the fiscal year being reported. Reports shall be submitted no later than 60 days following the end of each state fiscal year reporting period. Report formats will be specified by the County at the end of each fiscal year. The Contractor may contact the County for electronic versions or hard copies of the forms, or for additional reporting forms as required by DBHR and the County.

There may be a change to required reports during the biennium. If this happens, the County will communicate on the need for the change in the reports and/or the change in format and will coordinate with the Contractor.

A. Regular Reporting

Contractors are required to comply with TARGET data entry requirements, as described in Chapter 1.

Outreach providers are also required to comply with the following:

1. **TARGET Reporting:** Contractors are required to report outreach activities on the Client Support Activities Form (Non-Treatment), and other forms as required by DBHR.
2. **Monthly Reporting:** Monthly reports related to outreach services shall be submitted by the 10th business day of the month following the month in which the services were delivered in a County-approved format. Reports shall include, but not be limited to:
 - a. Monthly totals, year-to-date totals, and biennium-to-date totals of clients served who:
 - Have been referred for assessment.
 - Have been assessed by the agency providing outreach.
 - Completed assessment at other locations.
 - Completed assessment via the outreach worker.
 - Entered treatment.
 - Completed treatment.
 - Entered into housing.
 - Entered into employment/vocational services.

b. Client demographics

c. Outcomes of outreach services, as specified by the County.

B. Annual Reports

The Contractor will submit the following reports on an annual basis:

1. Criminal Justice Treatment Act Innovative Report (fiscal year), in a form to be determined by DBHR.
2. Treatment Completion/Treatment Analyzer Report (fiscal year summary), including a written treatment completion improvement strategy and an estimated percentage of overall improvement.
3. IDU Report, including the number of people currently receiving IDU interim services, the number receiving treatment services, and the number waiting for treatment.
4. Local Match Form (fiscal year)
5. Applicable TARGET reports, currently M-2, M-4, and D-5, for outpatient programs.
6. Annual Program Evaluation Report to the Substance Abuse Advisory Board
7. System Collaboration Report, discussing system(s), issue(s), or effort(s) mutually identified and the activities undertaken by the Contractor to increase collaboration. The report will include the issue or effort identified, activities undertaken, and the degree to which the issue or effort has been resolved.
8. Faith-Based Organizations Report, including the number of referrals made by Faith-Based Organizations that contract with the County to other providers.
9. Services and Activities to Ethnic Minorities and Diverse Populations report, including activities undertaken and the success of these activities.
10. Other reports, as required by DBHR.

C. Additional Reporting Requirements

1. CJTA Services – Innovation Projects

In addition to reporting all clients in TARGET, the Contractor shall submit an annual report, as described below, to the Whatcom County Substance Abuse Program Specialist no later than July 15 of each year.

- a. Annual Progress Report, summarizing the status of the Contractor's innovative project. The following items are to be included in the annual report:
 - 1) Type of project (innovation, best practice, or regional project).
 - 2) Status of project (innovation, best practice, or regional project), including a project description.
 - 3) How the project has enhanced treatment services for offenders?
 - 4) Number of offenders served during the report period.
 - 5) Cost of service per participant.
 - 6) Progress in meeting project goals and objectives. If any goals or objectives were not achieved, indicate any changes in the project that will allow for the goals and objectives to be met.
 - 7) Evaluation strategy that addresses, at a minimum:
 - Treatment retention/completion rates, including whether the rates are the same, better, or worse than for other offenders
 - Recidivism rate, including whether the rates are the same, better, or worse than for other offenders.

Procedure for Requesting Change in Authorization

(Funding or Services)



AGENCY Requests	
Timeframe	Action
<ul style="list-style-type: none"> ▪ By the 15th of the month 	<p>Request for changes in funding must be made in writing (to the Program Specialist (currently Jackie). E-mail is acceptable.</p> <p>Changes within an agency authorization should be addressed specific to each authorized service. (For example, \$10,000 from Adult Outpatient to GAU Adult Outpatient.)</p>
<ul style="list-style-type: none"> ▪ 15th-22nd of the month 	<p>Negotiate changes if necessary. Internal approval and changes made in system by County.</p>
<ul style="list-style-type: none"> ▪ 25th of the month 	<p>New Authorizations sent to agencies for the following month.</p>

COUNTY Requests	
Timeframe	Action
<ul style="list-style-type: none"> ▪ 15th of the month 	<p>County precipitates changes to authorizations. Agencies respond within two working days.</p>
<ul style="list-style-type: none"> ▪ 15th-22nd of the month 	<p>If the agency has not responded within two days of notification, the County may change the agency authorization.</p> <p>Internal approval and changes made in system by County.</p>
<ul style="list-style-type: none"> ▪ 25th of the month 	<p>New Authorizations sent to agencies for the following month.</p>
	<p><i>Agencies should identify 2 people who can respond to requests and assure availability of at least one of those people during working hours.</i></p>

BILLING:	
Timeframe	Action
<ul style="list-style-type: none"> ▪ Due by 10th working day of the month ▪ Any required revisions to invoices must be completed and re-submitted to the County no more than sixty (60) days after the calendar month in which the services were performed. 	<ul style="list-style-type: none"> • Agencies submit TARGET M-4s and C-7 reports with invoice billings. Billings for non-treatment services must be supported by other documentation. • Unmatched M-4s and C-7s will not be reimbursed. • Changes in TARGET reports should be submitted with parallel adjusted invoices and vice versa.

**APPENDIX B
WHATCOM COUNTY IMPLEMENTATION GUIDE INDEX**

Acronyms

ADATSA	Alcoholism and Drug Addiction Treatment and Support Act
ASAM	American Society of Addiction Medicine
CA	Washington State Department of Social and Health Services, Children’s Administration
CDDA	Chemical Dependency Disposition Alternative
CDP	Chemical Dependency Professional
CFR	U.S. Code of Federal Regulations
CJTA	Criminal Justice Treatment Account
CJTA-I	Criminal Justice Treatment Account - Innovative
CPS	Washington State Department of Social and Health Services, Children’s Administration, Division of Children and Family Services, Child Protective Services
CSO	Washington State Department of Social and Health Services, Economic Services Administration, Community Services Office
DASA-TA	DASA Treatment Analyzer
DBHR	Washington State Department of Social and Health Services, Health and Recovery Services Administration, Division of Behavioral Health and Recovery
DCFS	Washington State Department of Social and Health Services, Children’s Administration, Division of Children and Family Services
DSHS	Washington State Department of Social and Health Services
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
ESA	Washington State Department of Social and Health Services, Economic Services Administration
FBO	Faith-Based Organization
GA-U	General Assistance – Unemployable
GA-X	General Assistance – Expedited Medical
GAIN-SS	Global Appraisal of Individual Needs – Short Screener
GPRA	Government Performance Reporting Act
GS/MS	Gas Chromatography/Mass Spectrometry
HHS	U.S. Department of Health and Human Services
HIV/AIDS	Human immunodeficiency virus/Acquired Immune Deficiency

	Syndrome
IDU	Injecting Drug User
JRA	Washington State Department of Social and Health Services, Juvenile Rehabilitation Administration
OSTP	Opiate Substitution Treatment Program
RCW	Revised Code of Washington
SAMHSA	U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
SSI	Supplemental Security Income
SSN	Social Security Number
TANF	Temporary Assistance to Needy Families
TARGET	Treatment Assessment Report Generation Tool
TB	Tuberculosis
UA	Urinalysis
USB	Universal Serial Bus Token
WAC	Washington Administrative Code

Definitions

ADATSA	A state-funded treatment and support program for indigent individuals who are chemically dependent. Provides treatment, support, shelter, and medical services.
Aged/Elderly	An individual age 65 years or older at the time of admission.
ASAM Patient Placement Criteria	Guidelines based on a medical model for placement, continued stay and discharge of clients with alcohol and other drug problems.
Assessment	A set of activities conducted on behalf of a new client that results in a determination of eligibility, an evaluation of treatment needs, referrals, and completion of forms needed to enter treatment. Minimum requirements for assessment can be found in WAC 388-805-310.
Chemical Dependency Professional	A person certified as a Chemical Dependency Professional by the Washington State Department of Health under RCW 18.205.
Community Services Office	The local DSHS office where individuals apply for public assistance benefits, including Medicaid, TANF, Food Stamps, ADATSA, etc.

County Contract Administrator	Whatcom County Substance Abuse Program Specialist
CJTA	A fund authorized by the Washington State Legislature to provide community-based substance abuse treatment alternatives for offenders with an addiction or substance abuse problem against whom charges have been filed by a Prosecuting Attorney in Washington State.
Family Members	All persons of a household living under one roof and/or a group of people sharing common ancestry.
GA-U	A state-funded program providing cash and medical benefits for adults without dependents who are physically or mentally incapacitated and are expected to be unemployable for more than 90 days. Many GA-U clients become eligible for Medicaid.
GA-X	A state-funded program providing cash and medical benefits to low-income adults without dependents who are physically or mentally incapacitated, unable to work, and who are awaiting a SSI determination. GA-X clients are not eligible for ADATSA.
Indigent	Medicaid and Medicaid-eligible clients who receive DSHS income assistance or medical assistance.
Low-income	Individuals whose monthly income does not exceed the state median income, adjusted for family size.
New Client	An individual who does not currently have an open substance abuse services case. Clients who are discharged from treatment but who return to treatment at a later date are considered "new clients" as well.
Outpatient Counseling	The provision of substance abuse treatment and other support services in a non-residential setting, according to a prescribed plan.
Parenting Woman	A woman legally and financially responsible for a dependent child, children, or youth under the age of 18 or under age 20, if enrolled in school. Included are women who are attempting to regain custody of a dependent child, children, or youth under DSHS supervision.
Pregnant and Postpartum Woman	A woman with a verified pregnancy <u>or</u> a woman who a) is assisted through state funding and has given birth within the last year, regardless of birth outcome or b) is assisted through Medicaid and has given birth within the last 60 days or any remainder of the month in which the 60 th day falls.
Priority Populations	Adult Medicaid clients prioritized as follows: <ul style="list-style-type: none"> ▪ Blind, Disabled, and GA-X clients.

- Aged clients.
- GA-U clients.
- Other Medicaid clients.

Adult Priority Populations:

- Pregnant Women.
- Injecting Drug Users.
- Persons infected with HIV/AIDS.
- Parents with dependent children, including CPS referrals.
- Clients who have completed DBHR-funded residential treatment and have further outpatient treatment prescribed in their treatment plan.

Youth Priority Populations:

- Medicaid clients under 18 years of age at admission.
- Non-Medicaid, low-income clients under 18 years of age at admission.

Rural Populations	Whatcom County residents living outside Bellingham, Blaine, Ferndale, Everson, Lynden, Nooksack, and Sumas.
SSI	A federally-funded program governed by the Social Security Administration that provides income assistance to individuals who have little or no income <u>and</u> who are aged (ages 65 and older), blind, or disabled. Individuals receiving SSI are eligible for Title XIX-funded services.
TANF	A federally-funded public assistance program for families (i.e. households with a child under the age of 18, or 19 if the dependent is still in school, or pregnant women) administered by DSHS/ESA. TANF clients are eligible for Title XIX-funded services. Eligibility and enrollment in services is administered through local CSOs.
TARGET	The DBHR management information system that tracks chemical dependency treatment services.
Title XIX (Medicaid)	Title XIX of the Social Security Act (U.S. Code 42, Chapter 7, Subchapter XIX), administered by the Centers for Medicare and Medicaid Services, which provides funding to states for medical assistance programs.
Treatment Analyzer	A DHBR database that compiles data collected through TARGET and generates reports, such as caseload sizes, treatment retention rates, treatment completion rates, employment outcomes, etc.
Treatment Completion Goal	3% more than a Contractor's current end-of-calendar-year treatment completion rate.

APPENDIX C
REFERENCE GUIDE FOR RULES AND REGULATIONS

I. CODE OF FEDERAL REGULATIONS*

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

42 CFR, Part 2	Confidentiality
42 CFR, Part 8	Certification of Opioid Treatment Programs
45 CFR, Part 96	Substance Abuse Prevention and Treatment Block Grant
45 CFR, Parts 160 - 164	Health Insurance Portability and Accountability Act of 1996 (HIPAA)

*Once at the web page, check the box that corresponds to the citation you want, then return to the top of the page and click "Continue."

II. REVISED CODE OF WASHINGTON (<http://apps.leg.wa.gov/rcw>)

RCW 18.19	Counselors
RCW 18.130	Regulation of Health Professions – Uniform Disciplinary Act
RCW 18.205	Chemical Dependency Professionals
RCW 26.44	Abuse of Children
RCW 42	Conflict of Interest
RCW 43	As it relates to Background Checks Required
RCW 46.61	Reckless Driving, Driving under the Influence, Vehicular Homicide and Assault
RCW 69.50	Uniform Controlled Substances Act
RCW 70.96A	Chemical Dependency Treatment
RCW 71A	As it relates to Background Checks Required
RCW 74.34	Abuse of Vulnerable Adults
RCW 74.50	ADATSA

III. WASHINGTON ADMINISTRATIVE CODE (<http://apps.leg.wa.gov/wac>)

WAC 246-326	Residential Treatment Facilities
WAC 246-811	Chemical Dependency Professionals
WAC 246-887	Pharmacy Regulations Implementing the Uniform Controlled Substances Act
WAC 388-800	ADATSA
WAC 388-805	Certification Requirements for Chemical Dependency Treatment Service providers
WAC 388-810	Administration of Chemical Dependency Services

IV. OFFICE OF MANAGEMENT AND BUDGET
(<http://www.whitehouse.gov/OMB/circulars>)

- A-122 Cost Principles for Non-Profit Organizations
- A-133 Audit Requirement for States, Local Governments, and Non-Profit Organizations

The above-listed rules and regulations identifies those regulations and statutes that are believed by the County to apply to the tasks and services that are to be performed pursuant to this Agreement. This list is not represented as and is not intended to be inclusive of all regulations, statutes, and/or other rules that may apply to the tasks and services to be performed, nor is this section of the Implementation Guide to be construed as legal advice. The reader shall not rely upon this section other than as a suggestion of what rules, regulations, and/or statutes may apply to the services described in the Implementation Guide.