



**ARKANSAS
DEPARTMENT OF HUMAN SERVICES,
DIVISION OF BEHAVIORAL HEALTH
SERVICES**

**ALCOHOL AND DRUG ABUSE
PREVENTION**

**RULES OF
PRACTICE AND
PROCEDURE**

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INTRODUCTION

The Arkansas Department of Human Services, Division of Behavioral Health **Services, Alcohol and Drug Abuse Prevention's** *Rules of Practice and Procedure* replaces and supersedes any and all previous editions of the *Rules of Practice and Procedure*.

The Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention² (DHS/DBHS/OADAP or OADAP), is the single state agency responsible for developing and promulgating standards, rules and regulations for alcohol and other drug abuse prevention and treatment programs within the State, and operation of a comprehensive management evaluation and community research process for the allocation of resources. It is the primary point of contact in the state for the award of federal funds to be used in alcohol and other drug abuse prevention and treatment programs in the state.

It is determined that, in order to combat the abuse and misuse of alcohol, tobacco and other potentially harmful drugs, a comprehensive prevention and treatment strategy must be developed in Arkansas. This strategy shall include the development and administration of a wide range of activities and campaigns deemed effective and tailored to the needs of Arkansas citizens.

MISSION

To help Arkansas Citizens live productive lives free from the abuse of alcohol, tobacco and other drugs.

GOALS

1. To act as a strong advocate for comprehensive alcohol, tobacco and other drug abuse, education, intervention, prevention and treatment services in Arkansas and to assure that these programs are identified and presented to lawmakers and to key decision makers.
2. To assure the provision of comprehensive treatment and prevention services to citizens of Arkansas who have an alcohol, tobacco and/or other drug abuse problem or potential problem.
3. To assure that comprehensive services are tailored to the specific needs of individuals within each county and region of the State.
4. To assure that all services provided for the alcohol and drug abuser meet minimum standards required for quality care.
5. To distribute available resources in the most cost efficient and cost effective process available.
6. To coordinate with others to maximize utilization of available resources and services.
7. To provide comprehensive educational and training resources that are responsive to the changing and diverse needs of alcohol, tobacco and drug abuse services in Arkansas.
8. To create and sustain a constituency of citizens to serve as advocates for substance abuse services.

OADAP PHILOSOPHY

The philosophies of OADAP recognize that:

1. Even though there are generally accepted solutions to the problems of alcohol, tobacco, other drug abuse and youth violence, local communities' problems and needs must be considered when determining successful prevention approaches.
2. Effective alcohol, tobacco, other drug abuse and youth violence prevention and treatment activities must have local citizen input, community support, and community involvement.
3. An effective alcohol, tobacco and other drug (ATOD) plan must provide opportunities for persons to become functional and productive citizens, either through prevention, intervention or treatment activities. All components are important in effectively addressing ATOD problems.
4. Effective prevention, intervention and treatment programs cannot rely on a single source of support but must utilize local resources such as existing sources of supportive services, community programs, neighborhood organizations, social services and others.
5. In order to assist local communities in the development of alcohol, tobacco, other drug abuse and youth violence prevention activities, OADAP must first assist the community by generating community awareness of alcohol, tobacco and other drug abuse problems. This includes an understanding of the nature and extent of the alcohol, tobacco and other drug abuse problems, the deeper issues underlying the problems, and the need for efforts to deal with the problems.
6. Alcohol, tobacco, other drug abuse, and youth violence may reflect or contribute to underlying individual and/or community problems; the most successful measures are those that deal with helping a person in the development of his/her inner resources (feelings, attitudes, values clarification, communication skills, etc.) so that he can deal more effectively with his/her role in life.
7. Alcohol, tobacco, other drug abuse and youth violence are problems found in rural areas as well as metropolitan areas. Programs should be available to rural and small communities.
8. Information on alcohol, other drugs and youth violence should be presented in a clear, unbiased and factual method. OADAP believes "scare tactics" are an inappropriate mechanism for conveying information to the general public.
9. ATOD services are based on the knowledge that alcohol and other drug abuse is a multifaceted, complex problem, and that alcoholism and other drug addiction is a primary, progressive, but treatable disease.

PREVENTION PHILOSOPHY

1. Prevention is defined as a **proactive** process **designed** to empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles (Center for Substance Abuse Prevention, 1996).
2. Prevention begins within communities by helping individuals to learn that they can have an impact in solving their local problems and setting local norms. Prevention emphasizes collaboration and cooperation, both to conserve limited resources and to build on existing relationships within the community. Community groups are routinely used to explore new, creative ways to use existing resources.
3. Prevention is part of a broader health promotion effort, based on the knowledge that addiction is a primary, progressive, chronic, and fatal disease. As such, it focuses on helping people develop new, more positive views of themselves. It is aimed at both users and non-users, with a goal to helping community members to achieve healthier life-styles.
4. Community activities sometimes incorporate problem identification and referral activities, which attempt to assist individuals who may have already developed inappropriate means of dealing with anger, or who have begun inappropriate use of alcohol or other drugs. Problem identification may include referral to a diagnostic or treatment center.
5. Comprehensive prevention efforts target many agencies and systems, and use many strategies in order to have the broadest possible impact. Therefore, evaluation is crucial in order for communities to identify their successful efforts and to modify or abandon their unproductive efforts.
6. The overall goal for prevention is the development of healthy, responsible, productive citizens who will be unlikely to experience youth-related violence, alcohol or drug-related problems in their lives.
7. OADAP promotes the risk and protective factor approach to prevention of problem behaviors which is based on the work of Drs. J. David Hawkins and Richard F. Catalano and their colleagues at the University of Washington. This approach addresses risk factors in important areas of daily life: 1) the community, 2) the family, 3) the school, and 4) within individuals themselves and their peer interactions. Many of the problem behaviors faced by youth--delinquency, substance abuse, violence, school dropout and teen pregnancy—share many common risk factors. Thus, reducing those common risk factors will have the benefit of reducing several problem behaviors.
8. Building coordinated prevention efforts that offer multiple strategies, provide multiple points of access and coordinate and expand citizen participation in community activity is a most promising approach to preventing alcohol and other drug problems, and youth-related violence.

9. OADAP supports a holistic approach to preventing youth violence, drug, alcohol, and other education including health education, self-appreciation and personal development for grade kindergarten through 12.
10. OADAP supports the development of alcohol and other drug abuse education, conflict resolution and violence prevention in schools. It is the philosophy of OADAP that effective education is dependent upon quality teacher training.

SECTION I **OADAP PROGRAM POLICY**

1. Any activity or program funded by OADAP must be consistent with the goals established by OADAP; however, funding requirements must be flexible to allow a responsiveness to individual community needs.
2. State level responsibilities to alcohol, tobacco, other drug abuse and youth violence prevention and treatment activities in Arkansas shall be in management, coordination and technical assistance areas.
3. An applicant may be afforded an opportunity to appear before the Treatment and Prevention Committee of the Alcohol and Drug Abuse Coordinating Council in matters of the award of funds, review of an application, or adjustment to an existing contract or grant.
4. OADAP shall not enforce or develop a policy or guideline for the awarding of contracts or grants, or to continue to disburse funds, which it knowingly finds to be in conflict with any state or federal rule or regulation.
5. OADAP shall not recommend for funding any application that does not comply with OADAP *Rules of Practice and Procedure*.
6. OADAP shall present the *Rules of Practice and Procedure* affecting all contracts and grants prior to its implementation. The *Rules of Practice and Procedure* will be reviewed and updated at least annually.
7. OADAP shall present applications/proposals for service delivery which are recommended for award to the Arkansas Alcohol and Drug Abuse Coordinating Council for review and approval. This procedure does not apply to administrative contracts such as equipment purchases, newspaper contracts, training contracts, planning contracts or pilot projects.
8. OADAP shall encourage development of standards for alcohol and drug abuse professionals in the state.
9. OADAP shall develop a management information system for all programs, whereby OADAP can conduct program planning activities.

10. OADAP shall allocate funds in each area of the state based on federal or state mandates, special projects and a needs based funding formula.
11. OADAP shall allocate regional/area funding for Alcohol Safety Education, Detoxification and Treatment services.
12. OADAP shall initiate, if funds are available, the development of pilot projects in treatment, prevention and education that shall be evaluated for future development of model programs and activities.
13. OADAP shall assist local communities in securing all available financial assistance for provision of treatment and prevention activities.
14. In conformance with the Health Insurance Portability and Accountability Act (HIPAA), OADAP may coordinate with any public or private agency or organization which can assist in collecting data on incidence and prevalence of alcohol and other drug abuse and youth violence.
15. OADAP shall require that any funded prevention and treatment program make available continuing education in prevention and/or treatment activities to employees of the program.
16. OADAP shall require that each funded program coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment) within their service area.

SECTION II

POLICIES AFFECTING PREVENTION

1. Prevention programs approved for funding must:
 - Be designed to create measurable changes in risk and/or protective factors of an identified target population;
 - Identify the specific population to receive services including numbers, age(s), gender, ethnicity and geographical location;
 - Use developmentally appropriate strategies and approaches proven effective on substance abuse indicators/measures.
 - Assure adequate measures to recruit and retain participants;
 - Be designed to impact multiple life domains and provide ample dosage, duration, and intensity to create change;
 - Establish action plans necessary to complete outcome objectives; and

- Have adequate evaluation methodology which includes both process and outcome evaluation.
 - Be aligned with the direction and requirements of the federal funding sources.
2. OADAP shall encourage all primary prevention programs to become self-sustaining after initial funding.
 3. Prevention programs shall emphasize zero tolerance of youth violence, the use of alcohol and tobacco by youth, and illicit drug use by all persons.

SECTION III **POLICIES AFFECTING TREATMENT**

Mission Statement- Program Compliance and Outcome Monitoring: To assure that quality treatment services are provided to those persons receiving alcohol, tobacco and/or other drug abuse treatment in the State of Arkansas.

1. OADAP shall develop a plan for each area of the State which shall include the present funding, utilization and need.
2. OADAP shall determine a plan for allocations of funding, (e.g., Federal mandates, special projects and a statewide funding formula, etc.).
3. OADAP will purchase a continuum of alcohol and other drug abuse services within a reasonable rate.
4. OADAP supports the concept that non-medical as well as medical treatment models are viable and effective approaches in providing quality care.
5. Successful treatment and rehabilitation must utilize the total range of services that the individual can appropriately and productively use in the recovery process.
6. While client work may be an important part of the recovery process, the program should develop policies which safeguard the client from inappropriate work. Active clients cannot be employed by the program.
7. OADAP shall not initiate, encourage, or approve neither the development nor funding of programs seeking to provide treatment by modifying behavior through the use of psychosurgery, aversion therapy, or chemotherapy as a primary treatment method.
8. OADAP shall serve as the State Authority for Methadone and shall develop standards, provide coordination and oversight of all Opioid Treatment Programs (OTP) applications, exemptions, waivers, monitoring and

closings in coordination and cooperation with the various federal agencies having regulatory oversight for methadone and Opioid Treatment Programs.

9. OADAP shall require that funded treatment programs provide priority admission in the following order: (1) Pregnant Injecting Drug Users (IDU), (2) Pregnant Substance Abusers, (3) Injecting Drug Users, (4) Clients with the greatest clinical need, (5) Clients from the Catchment area as specified by OADAP, (6) Clients from the State of Arkansas, and (7) Clients from other states.
10. OADAP funded treatment programs shall be designated as mandatory receiving facilities for voluntary admissions and involuntary commitments in compliance with Act 1268 of 1995 or its successor. Non-funded treatment programs may be designated as receiving facilities at their request.
11. OADAP shall develop licensure standards for all treatment programs. All alcohol and other drug abuse/addiction treatment programs must comply with OADAP Licensure Standards.
12. Any program currently licensed by OADAP that fails a scheduled licensure review may be given a Probationary License, depending upon the severity of noted deficiencies. The Probationary License shall not exceed six months from the date of its issue. Any program issued a probationary license shall submit a corrective action plan to the Director, OADAP within thirty (30) calendar days from the receipt of the Probationary License. Any program receiving a Probationary License must bring all applicable failed standards into compliance prior to the end of the six-month period.
13. OADAP shall require that OADAP funded treatment programs shall comply with all federal and state funding criteria and shall meet all program Licensure Standards as defined in Arkansas Code §20-64-901 et seq.
14. Programs meeting the alcohol and drug abuse treatment program standards of the Joint Commission on Accreditation of Health Care Organizations (JCAHCO), ~~or~~ the Commission on Accreditation of Rehabilitation Facilities (CARF), or the Council on Accreditation (COA) will automatically receive Alcohol and Drug Abuse Prevention licensure as a licensed alcohol and drug abuse treatment program.-Such license shall be awarded by the Office of Alcohol and Drug Abuse Prevention upon presentation by the program of evidence of Joint Commission of Health Care Organizations, the Council on Accreditation or the Commission on Accreditation of Rehabilitation Facilities' **accreditation. Termination of** licensure/accreditation by JCAHO, CARF or COA for alcohol and/or drug treatment services will result in a termination of OADAP licensure.
15. OADAP shall not use Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to carry 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.

16. OADAP shall not fund testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
17. It is the policy of OADAP and the State of Arkansas that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in a state agency's workplace is prohibited. This policy is established in compliance with the Drug Free Workplace Act of 1988 and **Governor's Policy Directive A5 (GPD-5)**.
18. OADAP has established the following policies affecting special emphasis program development:
 - A. OADAP shall place a high priority on programming for pregnant women and women with dependent children.
 - B. OADAP may plan and develop special emphasis programs for special population groups that include, but are not limited to, the elderly, youth, women and other minorities.
 - C. Any action strategy designed by OADAP will be to expand and coordinate with existing programs to assure that needs of special groups are met.

SECTION IV **POLICIES AFFECTING MONITORING**

1. OADAP will review all contracts and grants for utilization and overall effectiveness and performance. The review will include but not be limited to the following:
 - A. A site visit at least annually.
 - B. Review of Prevention Information System reports, and/or ADMIS, audits, program files, incident and expenditure reports, etc.
 - C. A desk audit review of monthly billing may be performed on a random basis. Contract/grant providers may be required to submit documentation to support billing to facilitate the review.
 - D. Treatment Licensure reviews will be performed in accordance with the licensure standards. The frequency of licensure reviews will **occur as dictated by the program's licensure status.**
2. Independent Peer Review

Purpose: The purpose of the independent peer review process is to assess the quality, appropriateness, and efficacy of treatment services provided by funded

treatment programs. At least 5% of the funded programs shall be reviewed annually. Programs reviewed shall be representative of the total population of the funded programs. The review will focus on the substance abuse service **system and the quality and appropriateness of treatment services.** "Quality" is the provision of treatment services which, within the constraints of technology, resources, and patient/client circumstances, will meet accepted standards and practices which will improve patient/client health and safety status in the context **of recovery.** "Appropriateness" means the provision of treatment services **consistent with the individual's identified clinical needs and level of functioning.**

Qualifications of Peer Reviewers: Independent peer reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment and shall be representative of the various disciplines utilized by the programs under review. The peer reviewers must be knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment and be sensitive to the cultural and environmental issues that may influence the quality of the services provided.

Review Procedures: Independent peer reviewers shall review a sample of patient/client records to determine quality and appropriateness of treatment services while adhering to all Federal and State confidentiality requirements, including 45 CFR Part 2. Peer reviewers shall examine the following:

1. Admission criteria/intake process;
2. Assessments;
3. Treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
4. Documentation of implementation of treatment services;
5. Discharge and continuing care planning; and
6. Indications of treatment outcomes.

Questions arising during the implementation of the independent peer review process shall be resolved in consultation with the Office of Alcohol and Drug Abuse Prevention.

OADAP shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decision makers. The independent peer review process shall not be conducted as part of the licensing/certification process.

Goal: The goal of the independent review process is to seek continued quality improvement of client treatment.

SECTION V
POLICIES AFFECTING PLANNING AND COORDINATION

1. OADAP shall develop an annual state plan for the delivery of alcohol and other drug abuse services.
2. OADAP shall do planning on a regional basis or as special needs dictate.
3. OADAP shall involve special interest groups and professions in the planning process.
4. Agreements may be developed or coordinated with other state governmental units that have some involvement in the areas of alcohol and other drug abuse.

SECTION VI
POLICIES AFFECTING TREATMENT FUNDING

1. OADAP will allocate not less than 70 percent (70%) of the Substance Abuse Prevention and Treatment (SAPT) Block Grant for alcohol and other drug treatment services.
2. Priority for expanded level programming shall be given to the following programs:
 - A Programs that provide specialized services as identified by OADAP (e.g., pregnant women, women with children, adolescents, high-risk youth, etc.)
 - B. Not more than 3% may be spent from the general program portion for the administration of the SDFSCA program.
3. Unexpected and/or unallocated funding that becomes available during the fiscal year, but which will not be continued in subsequent fiscal years, may be allocated to programs which are over utilizing funds or to activities which will not be ongoing programs.

SECTION VII
POLICIES REGARDING FEDERAL FUNDING REQUIREMENTS

OADAP and its program providers shall adhere to the following federal funding mandates:

1. Substance Abuse Prevention and Treatment (SAPT) Block Grant:

- A. At least 20% of the SAPT Block Grant shall be spent for prevention services.
- B. SAPT Block Grant funds that are spent for services to women will include an emphasis on specialty services for pregnant women and women with children according to a formula provided by the Center for Substance Abuse Treatment.
- C. No more than 5% of the SAPT Block Grant may be spent on administration.
- D. Maintenance of Effort for State expenditures. P.L. 102-321, Subpart II, Section 1930 of the SAPT regulations provides that the State agrees to maintain State expenditures for alcohol and drug abuse services at a level that is not less than the average level of such expenditures maintained by the State for the two (2) year period preceding the fiscal year for which the State is applying to receive block grant payments.
- E. Maintenance of Effort for HIV and TB Services. The state agrees to maintain State expenditures for HIV and TB services at a level that is not less than an average of such expenditures maintained by the State for the two year period preceding the first fiscal year for which the state received such a grant. In making this determination, states shall establish a base for fiscal year 1993.
- F. Charitable Choice/Right to Services from an Alternative Provider.

(a) General requirements. If an otherwise eligible program beneficiary or prospective program beneficiary objects to the religious character of a substance abuse treatment program, such program beneficiary shall, within a reasonable period of time after the date of such objection, have rights to notice, referral, and alternative services, as outlined in paragraphs (b) through (c) of this section.

(b) Notice. Programs that refer an individual to alternative providers shall **ensure that notice of the individual's rights to services from an alternative provider is provided to all program beneficiaries or prospective beneficiaries.** The notice must clearly **articulate the program beneficiary's** right to a referral and to services that reasonably meet the requirements of timeliness, capacity, accessibility, and equivalency. The notice required to be provided is set out below:

Notice to Individuals Receiving Substance Abuse Services

No provider of substance abuse services receiving federal funds from the U.S. Substance Abuse and Mental Health Services Administration through OADAP may discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to actively participate in a religious practice. If you object to the religious character of a substance abuse treatment provider, federal law gives you the right to a referral to another provider of substance abuse services. The referral, and your receipt of alternative services, must occur within a reasonable period of time after you request them. The alternative provider must be accessible to you and have the capacity to provide substance abuse services. The services provided to you by the alternative provider must be of a value not less than the value of the services you would have received from the organization from which you were referred.

(c) Referral to Services from an Alternative Provider. When an OADAP funded substance abuse treatment program beneficiary or prospective program beneficiary objects to the religious character of a program that is a religious organization, that participating religious organization shall, within a reasonable time after the date of such objection, refer such individual to an alternative provider. OADAP will monitor program compliance with this section and ensure that such referrals are made in accordance with the following requirements:

(i) The religious organization that is an OADAP funded treatment program participant shall, within a reasonable time after the date of such objection, refer the beneficiary to an alternative provider;

(ii) In making such referral, the religious organization shall consider any list that OADAP makes available to entities in the geographic area that provide program services;

(iii) All referrals are to be made in a manner consistent with all applicable confidentiality laws, including, but not limited to, **42 CFR part 2 (“Confidentiality of Alcohol and Drug Abuse Patient Records”)** and the Health Insurance and Portability and Accountability Act (HIPAA), 45 C.F.R Parts 160 and 164).;

(iv) Upon referring a program beneficiary to an alternative provider, the religious organization shall notify OADAP of such referral; and

(v) The religious organization shall ensure that the program beneficiary makes contact with the alternative provider to which he or she is referred.

2. Safe and Drug-Free Schools and Communities Act of 1994 (SDFSCA):
 - A. Not more than 3% may be spent from the general program portion for the administration of the SDFSCA program.
 - B. All recipients of these funds must also follow the guidelines for administration as described in the Education Department General Administration Regulations (EDGAR) and National Regulatory Guidelines (NRG).

3. **United States Department of Education "Principles of Effectiveness"**

To ensure that Safe and Drug-Free Schools and Communities dollars are used in ways that are most likely to reduce drug use and violence among youth, all grantees shall coordinate their programs with other available prevention efforts, thereby maximizing the impact of all the drug and violence prevention programs and resources available to the state, school district, or community, and shall:

IN GENERAL – For a program or activity developed pursuant to this subpart to meet the principles of effectiveness, such program or activity shall:

- A. be based on an assessment of objective data regarding the incidence of violence and illegal drug use in the elementary schools and secondary schools and communities to be served, including an objective analysis of the current conditions and consequences regarding violence and illegal drug use, including delinquency and serious discipline problems, among students who attend such schools (including private school students who participate in the drug and violence prevention program) that is based on ongoing local assessment or evaluation activities;
- B. be based on an established set of performance measures aimed at ensuring that the elementary schools and secondary schools and communities to be served by the program have a safe, orderly and drug-free learning environment;
- C. be based on scientifically based research that provides evidence that the program to be used will reduce violence and illegal drug use;
- D. be based on an analysis of the data reasonably available at the time, of the prevalence of risk factors including high or increasing rates of reported cases of child abuse and domestic violence; protective factors, buffers, assets; or other variables in schools and

communities in the State identified through scientifically based research; and

- E. include meaningful and ongoing consultation with an input from parents in the development of the application and administration of the program or activity.

PERIODIC EVALUATION

- A. REQUIREMENT – The program or activity shall undergo a periodic evaluation to assess its progress toward reducing violence and illegal drug use in schools to be served based on performance measures.
 - B. USE OF RESULTS – The results shall be used to refine, improve, and strengthen the program and to refine the performance measures, and shall also be made available to the public upon request, with public notice of such availability provided.
4. Other Federal Funds: OADAP will administer other federal funds according to the laws and guidelines of the federal funding source.
 5. OADAP will comply with the mandates of the Cash Management Improvement Act of 1990 as amended.
 6. All sub-grantees shall adhere to the cost principles set forth in the United States Office of Management and Budget (OMB) Circular A-122, as applicable, in the use of OADAP funds.

1.00 PURPOSE OF RULES OF PRACTICE AND PROCEDURE

- 1.01 Scope
- 1.02 Where to obtain information and assistance
- 1.03 Availability of Funds
- 1.04 Manual content and organization

1.00 PURPOSE OF RULES OF PRACTICE AND PROCEDURE

This manual provides information on the conduct of programs and activities related to the education, treatment and prevention of alcohol and other drug abuse in the State of Arkansas, and which have funds provided by the Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention (OADAP). It provides guidance to prospective applicants about the steps in making application for such funds, and guidance to contractors/grantees, hereinafter referred to as "Providers," on their responsibility for accounting for such funds, reporting on progress, and observing applicable laws and regulations.

1.01 SCOPE

The provisions of this manual are applicable to all OADAP operations, including contract and grant applications administered by OADAP.

1.02 WHERE TO OBTAIN INFORMATION AND ASSISTANCE

Persons needing help in using this manual should contact OADAP. A new applicant should contact the Director, Program Compliance and Outcome Monitoring for information regarding treatment services, and the Director, Prevention Services for information regarding prevention programs/activities, or that person's designee.

1.03 AVAILABILITY OF FUNDS

Although it is the intent of OADAP to address as many of the appropriate approaches to education, prevention and treatment as may be brought to it, applicants and providers should be aware that there is no certainty that funds will be available for every program and every proposed project however worthwhile. Projects selected for funding may be limited geographically and numerically so that the awards will have a measurable impact on the State. Furthermore, it is also possible that funds may not be available for the continuation of every contract/grant, even if approved for the first year.

1.04 MANUAL CONTENT AND ORGANIZATION

The following sections of this manual will cover:
Contract/Grant specifications and the Application Process, Financial Provisions, General Requirements, Specific Requirements and Definitions.

2.00 **CONTRACT/GRANT SPECIFICATIONS AND THE APPLICATION PROCESS**

- 2.01 Projects Considered Eligible for Funding By OADAP
 - 2.011 Treatment
 - 2.012 Primary Prevention
 - 2.013 Drug and Alcohol Safety Education Program (DASEP)
 - 2.014 Data, Research and Analysis
 - 2.015 Training
- 2.02 Eligible Applicants
 - 2.021 Non-profit Organizations
 - 2.022 Local Education Agencies
 - 2.023 Local Units of Government
 - 2.024 Public and Private Non-Profit Service Agencies
 - 2.025 IRS Certified 501(c)3 entity
- 2.03 Accessibility of Facilities
- 2.04 Equal Opportunity
- 2.05 Licensure
- 2.06 Prohibitions on Fund Use
 - 2.061 Prohibitions on Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds
- 2.07 Application Submission and Procedures
 - 2.071 OADAP Guidelines
 - 2.072 Assurances and Certifications
 - 2.073 OADAP Access to Records
 - 2.074 Financial Disclosure
 - 2.075 Processing
- 2.08 Prerequisites to Funding of the Application
 - 2.081 Administrative and Fiscal Structure
 - 2.082 Clear Purpose
 - 2.083 Specific, Measurable Goals
 - 2.084 Referral Agreements
 - 2.085 Community Support and Assistance
 - 2.086 Coordination with Regional Prevention Resource Center
- 2.09 Continuation Support Policy
- 2.10 Award Period
- 2.11 Grant Approval Process

2.00 CONTRACT/GRANT SPECIFICATIONS AND THE APPLICATION PROCESS

2.01 PROJECTS CONSIDERED ELIGIBLE FOR FUNDING BY OADAP: Federal and State laws and regulations designate certain categories that OADAP may address. An appropriate Request for Proposal (RFP) or Request for Application (RFA), will be developed for each category. The RFP, or RFA, or CAP will include requirements and instructions for the applicant. The categories are as follows:

- 2.011 Treatment. Any program that delivers alcohol and/or other drug abuse treatment services to a defined client population.

The intent of the program of treatment services is to insure the restoration of a client to the fullest physical, mental, social, vocational, and economic usefulness of which he or she is capable. Rehabilitation may include, but is not limited to, residential and outpatient counseling, medical treatment, psychological therapy, occupational training, job counseling, social and domestic rehabilitation and education.

- 2.012 Primary Prevention. Primary prevention programs are those directed at individuals and families who have not been determined to require treatment for substance abuse. Such programs are aimed at educating and guiding individuals to prevent and/or reduce violent behavior or substance abuse and providing activities to reduce the risk of violent behavior or substance abuse. Primary prevention includes a broad array of prevention activities and services including strategies to discourage the use of illicit substances and/or violence, alcoholic beverages and tobacco products by minors. These activities and services must be provided in a variety of settings for both the general population, as well as targeted subgroups who are at high risk for violence or substance abuse. A variety of strategies, as appropriate for each target group, shall be used. These include, but are not limited to the following: (1) Information Dissemination; (2) Education; (3) Alternative Activities; (4) Problem Identification and Referral; (5) Community Based Processes; and (6) Environmental Changes. See Definitions, Section 7.15.

- 2.013 Drug and Alcohol Safety Education Program (DASEP). A program for persons who plead guilty, nolo contendere or found guilty of Driving While Intoxicated (DWI), Minor In Possession (MIP), Possession of fraudulent or altered personal identification under certain circumstances, Underage Refusal to Submit or Driving Under the Influence (DUI). The DASEP program provides an investigation, screening/assessment, referral to treatment, or at least twelve (12) contact hours of education for level I. This includes classes for English speaking individuals and for all other languages as well. Level II classes will be at least fifteen (15) hours in length. Marathon (all day) classes are prohibited. Because the standardized DASEP curriculum is participatory in nature and requires assignments that are to be done away from

class (homework), it is advised that classes not exceed 4 hours per session. Under no circumstances will classes exceed six (6) hours per session. The preliminary investigation will consist of a **Pre-sentence Screening Report which will include the offender's** driving record, an alcohol problem assessment, a victim impact statement (if applicable), and the blood-alcohol content (BAC) at the time of arrest. Based upon the investigation and assessment, the DASEP will make a recommendation to the court for the offender to complete a DASEP school or an alcohol/drug treatment program approved by the Arkansas Department of Human Services, Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention. Completion of one of these programs is required to **have the offender's driver's license reinstated. All DASEP** schools/programs must be approved under the administration and authority of OADAP, as provided under Ark. Code Ann. 5-65-104 (b) (1) (A).

2.014 Data, Research and Analysis. Approaches to and mechanisms for the collection of data on alcohol and other drug abuse in the state or local area; also the development of systems to evaluate the data for use in planning processes for Arkansas alcohol and other drug treatment and prevention services.

2.015 Training. Includes knowledge transfer and skills development targeted to workers in alcohol or other drug abuse treatment, alcohol or other drug prevention or problem identification and referral programs, and other targets including professionals and paraprofessionals in local communities, including physicians, teachers, law enforcement, etc.

2.02 ELIGIBLE APPLICANTS

2.021 Non-profit corporations

2.022 Local Education Agencies

2.023 Local units of government

2.024 Public and private non-profit service agencies

2.025 All applicants for funding, other than state and local governmental agencies, must provide IRS Certification of their 501(c)3 status as an eligible entity.

Applications must be made by an official authorized to sign for the eligible applicant.

2.03 ACCESSIBILITY OF FACILITIES

Facilities, programs, and services supported in part or in whole with funds provided by OADAP will be so located and operated as to be readily accessible, available, and responsive to the needs of the population to be served without discrimination because of sex, race, disability, age, religion, color, national origin, or duration of residence. Treatment providers must have Policies and Procedures that address grievances that are a result of non-compliance with the Americans With Disabilities Law of 1990, as specified in the OADAP Licensure

Manual. Services for alcohol and other drug abuse prevention and treatment will be actively publicized so as to be generally known to the population to be served.

2.04 EQUAL OPPORTUNITY

As recited under Ark. Code Ann. 15-4-312, it is the policy of the State of Arkansas to support equal opportunity as well as economic development in every sector. Accordingly, OADAP is committed to support, to the fullest, all possible participation of firms owned and controlled by minority persons, as defined under Ark. Code Ann. 15-4-313 (5), in the purchase of goods and services from the State of Arkansas.

All programs must furnish assurance of compliance with applicable civil rights laws and regulations.

2.05 LICENSURE

All persons, partnerships, associations or corporations establishing, conducting, managing, or operating and holding themselves out to the public as an alcohol, drug, or alcohol and drug abuse treatment program must be licensed by the Arkansas Department of Human Services, Division of Behavioral Health Services, Alcohol and Drug Abuse Prevention as provided by Arkansas Code §20-64-901 through §20-64-906.

2.06 PROHIBITIONS ON FUND USE

Applications will not be considered for programs using any procedures which seek to provide treatment by modifying behavior by means of psychosurgery, aversion therapy, or chemotherapy (except as a part of routine clinical care). This does not apply to those programs of behavior modification which involve environmental changes or social interaction where no medical procedures are used.

2.061 Prohibitions on Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds. The State shall not use SAPT Block Grant funding to carry out any projects which include (1) the exchange of sterilized needles for hypodermic injection of any illegal drug, or (2) distribution of bleach.

SAPT Block Grant funds may not be used to (1) provide inpatient services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, construct or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment; (4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or (5) provide financial assistance to any entity other than a public or non-profit private entity, except for subcontractors who may be private for-profit organizations

2.07 APPLICATION SUBMISSION AND PROCEDURES

2.071 OADAP Guidelines. The application must comply with state and federal guidelines and must be consistent with established priorities

of OADAP for the prevention and reduction of alcohol and other drug abuse.

2.072 Compliance with State and Federal Law/Certifications.

The applicant must comply with state and federal laws, regulations and policies governing the operations of purchase of service programs operated by the Arkansas Department of Human Services, and, upon request, execute certain -certifications appertaining thereto These include:-

- A. Certification Regarding Lobbying. OADAP and its funded contract/grant providers shall complete the Certification Regarding Lobbying statement for contracts of \$100,000 or more. This certification assures that no federal funds have been paid or will be paid for the purposes of lobbying in connection with the awarding of any Federal contract, grant, loan, cooperative agreement, and the extension, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

- B. Confidentiality Requirements. The treatment services applicant must certify familiarity and agreement to comply with the confidentiality requirements of 42 CFR, Part 2, which prohibit the unlawful disclosure of client records or any other client identifying information by alcohol or other drug abuse treatment programs which are partially or totally funded by Federal funds, and/or licensed by OADAP-, as well as the Health Insurance Portability and Accountability Act (HIPAA), 45 CFR Parts 160 AND 164, Subparts A and E, also **known as the "Privacy Rule"**.

- C. Contract and Grant Disclosure and Certification Form. The applicant must complete the Contract and Grant Disclosure and Certification Form in compliance with the requirements of Executive Order 98-04 and Section 504 of the Rehabilitation Act of 1973, prohibiting discrimination on the basis of handicap in federally funded programs.

- D. The Fair Labor Standards Act of 1938, as amended (FLSA), which sets a floor for a minimum rate of compensation to employees, along with provisions for overtime compensation for hours worked exceeding a 40 hour work week.

- E. Certification Regarding Debarment and Suspension. The applicant must complete the requirements for the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower tier Covered Transactions. Under Executive Order 12549 entities receiving federal funding are prohibited from doing business with persons suspended or barred from doing business with any agency of

the Executive Branch of the Federal Government.

- F. The Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in all federally funded programs.
 - G. Americans With Disabilities Act of 1990, which prohibits discrimination on the basis of disability and provides equal opportunities in employment, state and local government entities, public accommodations, transportation, and telecommunications for persons with disabilities.
 - H. Drug-Free Workplace Act of 1988, which requires contractors and grantees of federal agencies to certify that they will provide drug-free workplaces.
- 2.073 OADAP Access to Records. The applicant must allow access to all records related to the grant or contract or licensure at OADAP's request. OADAP assures compliance with all state and federal requirements regarding confidentiality.
- 2.074 Financial Disclosure. The applicant must provide financial disclosure for the total agency, if part of a larger organization, if so requested by OADAP.
- 2.075 Processing. Deadlines for submission of the final application must be observed to receive consideration for review.

The applicant is required to submit sufficient copies of the RFP, RFA, or Continuation Application Package (CAP), as designated in the Specifications Sheet of the RFP, RFA, or as noted in the CAP.

2.08 PREREQUISITES FOR FUNDING OF THE APPLICATION

A proposed program cannot be considered for funding without the following prerequisites. Applicants should review the Request for Proposal, Request for Application or Continuation Application Package for the prerequisites specific to the program for which they are making application. Compliance with the following does not, however, guarantee funding.

- 2.081 Administrative and Fiscal Structure. The applicant must be responsible to an administrative and fiscal structure, capable of administering an alcohol or other drug treatment, education or prevention program or a youth violence prevention program. Consideration of ability to administer a program shall include any past experience that OADAP has had with either the recipient institution or the project director. Past failure to meet minimum standards of a grant/contract by a recipient institution or project director may be the basis for denial of support.

- 2.082 Clear Purpose. The purpose, objectives and scope of the project shall be clear.
- 2.083. Specific, Measurable Objectives. The applicant must establish specific, attainable, measurable outcome objectives that logically support goal attainment. These must be capable of being evaluated by OADAP. Programs will be required to participate in OADAP Evaluation System, including client, program and financial management review, and site visits by OADAP staff or outside evaluators retained by OADAP to evaluate its various programs/grantees.
- 2.084 Referral Arrangement. The applicant for treatment services must have written referral agreements with local or state agencies which may provide supportive services to the clients served in the proposed program or which may refer potential clients to the proposed program. These arrangements refer to formal written referral agreements signed by both parties and not to support letters.
- 2.085 Community Commitment. There must be validated evidence for the need for such a program with adequate community commitment to insure continuation after termination of the contract/grant funding. Such commitment must consist of defined offers of support and assistance, and must be clearly documented giving details of the plan for continuation. These should include but are not limited to: volunteers, funding and equipment donations from community groups (e.g., churches, civic organizations), participation by local units of government, participation by private industry or business. OADAP must be assured that services do not duplicate existing effective and efficient programs.
- 2.086 Coordination with Regional Prevention Resource Center. In addition, applicants for community prevention services should have a letter from Regional Prevention Resource Coordinator (RPRC) acknowledging awareness of the proposed services. Applicants for school-based efforts need the letter from the RPRC, and also need to provide a letter from the school district drug coordinator **documenting that proposed services are appropriate to the district's Safe and Drug Free Schools and Communities (SDFSC) plan.**
- 2.09 CONTINUATION SUPPORT POLICY
Funding of a project does not imply approval for subsequent years.
- 2.10 AWARD PERIOD
Grant awards are usually made for a twelve-month period, normally coinciding with the state or federal fiscal year. Contracts or grants may be made for shorter periods after the start of the fiscal year.

3.00 **CONTRACT AND GRANT FINANCIAL PROVISIONS**

- 3.01 Policies Affecting Funding
- 3.02 General Considerations
- 3.03 Income Eligibility
 - 3.031 OADAP Income Eligibility
 - 3.032 Social Services Block Grant Income Eligibility
- 3.04 Rate Characteristics
- 3.05 Reimbursable Treatment Services
- 3.06 Treatment Service Capacity
- 3.07 Provision of Services to Indigent Clients
- 3.08 Audit
 - 3.81 Independent Audit
 - 3.83 Audit/Review Performed by OADAP
 - 3.82 Audit Settlement
- 3.09 Use of Funds - Specific Requirements
 - 3.91 Restrictions
 - 3.92 Transfer of Funds
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 - 3.94 Deviation from Budget
 - 3.95 Retention of Financial Records
 - 3.96 Third Party Reimbursement - Treatment
 - 3.97 Third Party Reimbursement - Prevention
 - 3.98 Deobligation of funds
 - 3.99 Program Implementation Requirements
- 3.10 Allowable Costs
 - 3.101 Salaries and Fringe Benefits
 - 3.102 Maintenance and Operation
 - 3.102.01 Accounting and Auditing
 - 3.102.02 Advertising and Publicity
 - 3.102.03 Bonding and Insurance
 - 3.102.04 Building Space and Related Facilities
 - 3.102.05 Communications
 - 3.102.06 Depreciation and Use Allowance
 - 3.102.07 Equipment Expenditures
 - 3.102.08 Equipment Rental
 - 3.102.09 Field Trips
 - 3.102.10 Food Service Supplies
 - 3.102.11 Freight
 - 3.102.12 Indirect Costs
 - 3.102.13 Inspections
 - 3.102.14 Insurance
 - 3.102.15 Lease Costs
 - 3.102.16 Maintenance and Repair
 - 3.102.17 Materials and Supplies
 - 3.102.18 Meetings and Conferences
 - 3.102.19 Memberships
 - 3.102.20 Postage
 - 3.102.21 Printing and Reproduction
 - 3.102.22 Public Information Costs
 - 3.102.23 Rental Costs
 - 3.102.24 Subcontracted Services

- 3.102.25 Subscriptions or Reference Materials
- 3.102.26 Taxes
- 3.102.27 Training, Meetings and Conferences
- 3.102.28 Travel
- 3.102.29 Utilities
- 3.11 Unallowable Costs
- 3.12 Unduplicated Salaries
- 3.13 Cash Depositories
- 3.14 Program Income
- 3.15 Reimbursement
 - 3.151 Billing
 - 3.152 Billing for Services
 - 3.153 Advance Payment
 - 3.154 Billing Due Dates - Reimbursement Requests
- 3.16 Notification of Change
- 3.17 Termination of Contract/Grant

3.00 CONTRACT AND GRANT FINANCIAL PROVISIONS

3.01 POLICIES AFFECTING FUNDING

- 3.011 OADAP shall make funds available for the delivery of services through funding mechanisms known as contracts, grants and interagency agreements.
- 3.012 OADAP shall not award an application that is not consistent with its funding plan and allocations approved by the Arkansas Alcohol and Drug Abuse Coordinating Council.
- 3.013 Allocated funding for programs that do not demonstrate the ability **to utilize at least 90% of the programs' funds may be reallocated to** other programs based on need and utilization of funds. Evaluation of utilization shall be done quarterly throughout the budget year and, when applicable, project period.

3.02 GENERAL CONSIDERATIONS

All sub grantees shall adhere to the cost principles set forth in the U.S. Office of Management and Budget (OMB) Circular A-122 or its successors. All providers shall adhere to generally accepted accounting principles and/or applicable industry accounting principles established by the American Institute of Certified Public Accountants and the Comptroller General of the United States of America.

3.03 INCOME ELIGIBILITY

- 3.031 OADAP Income Eligibility. OADAP makes every effort to provide quality services to clients while keeping costs as low as possible. For example, third party benefits are applied to offset costs first. These benefits can come from private or public health insurance policies. If these payments are insufficient, a client or his family is **asked to contribute a portion of the costs based on the family's** ability to pay for care given to a client.

Providers may collect payment for services over and beyond OADAP contracted rate schedule using the following tables. OADAP has developed an Income Scale based on the 2006 Food Stamp Certification Basis of Issuance eligibility rate of \$6.13 per hour or \$12,744 annually. A client whose income exceeds 80% of the OADAP Income Scale shall not be eligible for OADAP funding.

Table 1 –ALCOHOL AND DRUG ABUSE PREVENTION INCOME SCALE

<u>Family Size</u>	<u>Annual Income</u>	<u>Monthly Income</u>
1	\$12,744	\$1,062
2	17,160	1,430
3	21,588	1,799
4	26,004	2,167
5	30,420	2,535
6	34,848	2,904
7	39,264	3,272
8	43,680	3,640
9	48,108	4,009
10	52,536	4,378

**Table 2 — EXAMPLE
Family Of One (1)**

<u>Family of One</u>	<u>Maximum fee that may be charged to the client</u>
Less than or equal to \$12,744	\$0 – OADAP pays for all treatment services
Income up to \$15,293 (+20% of \$12,744)	Treatment cost paid by OADAP plus 20% of cost in Table 3
Income up to \$17,842 (+40% of \$12,744)	Treatment cost paid by OADAP plus 40% of cost in Table 3
Income up to \$22,939 (+80% of \$12,744)	Treatment cost paid by OADAP plus 80% of cost in Table 3

OADAP will not pay for treatment services for a client whose income exceeds 80% of the OADAP Income Scale. A client whose income exceeds 80% of the OADAP Income Scale may be charged the full amount for treatment services.

Table 3 -FEE COLLECTION SCHEDULE

Type of Service	Maximum per episode Cap
Intake and Assessment	\$200 per episode
Residential	\$1,860 per 30 days
Partial day	\$1,560 per 30 days
Out Patient	\$480 per 30 days
SWS	\$3,000 per 30 days
RADD Observation	\$250 per episode

To determine the maximum allowable per treatment episode fee for service that a provider may charge a client in addition to OADAP payment, the provider shall perform an in-depth financial assessment to the client prior to admitting the client, except in an emergency admission, i.e. RADD, and Act 1268. Prior to admission, the provider shall furnish to the client a written estimated statement of charges that the client may incur if admitted to treatment.

A financial assessment shall be completed which will take into consideration income earned over the last twelve months. A client's Social Security number, proof of dependents (copy of Income Tax Form), and proof of residency should be obtained. Sources of income to consider are public assistance, Veterans Administration income, wages, Social Security retirement, pension, annuities, Supplemental Security Income, spousal income, child support, alimony, unemployment insurance, workers compensation, rental income, etc. A client shall provide documentation of proof of income (i.e., Income Tax Return, W-2's, check stubs, bank statements, etc.) **A client must prove income or lack of income. A client's** insurance coverage shall be documented, shall include the name of the company, address, policy or group number and type of coverage.

3.032 Social Services Block Grant (SSBG) Income Eligibility.

Clients being billed for alcohol and drug treatment utilizing Social Services Block Grant (SSBG) funds must use the SSBG Services eligibility criteria for determining eligibility. Vendors must use SSBG forms when submitting billing. A copy of the Social Services Block Grant Program Manual and Social Services Block Grant Service Income Scale can be obtained through the internet by accessing <http://www.arkansas.gov/dhhs/webmanuals/ssbg/ssbg.toc.htm>

3.04 RATE CHARACTERISTICS

All rates must be reasonable to ensure the efficient and economic provision of quality services. The Department of Human Services is not liable for payment in excess of the maximum contract/grant liability or for payment in excess of OADAP rates where applicable. OADAP does not enter into open-ended agreements with no limitations on the total liability to the State or Federal Government.

Payment to providers is final payments regardless of the actual cost to the provider, and is not subject to adjustments other than recoupment.

3.05 Reimbursable Treatment Services - See Section 7.00 for definitions of these services.

- Intake and Assessment for Substance Abuse
- Medical Detoxification
- Observation Detoxification
 - Outpatient Service - Family
 - Outpatient Service - Group
 - Outpatient Service - Individual
- Partial Day Treatment
- Residential

Residential Services for Adolescents - Comprehensive
Specialized Women's Services (SWS)

3.06 TREATMENT SERVICE CAPACITY

Treatment programs shall provide treatment services, if OADAP funding is available, within fourteen (14) days of receipt of request for admission by a person with intravenous drug abuse (IDU). Treatment programs shall provide treatment services within forty-eight (48) hours for pregnant women who request admission.

For IDUs who cannot be placed in comprehensive treatment within 14 days from the date of the request for admission, or pregnant women within 48 hours from **the date of request, "interim services" will be provided within 48** hours of the request, until the time of admission to treatment. See Definitions Section, 7.07 for "Interim Services."

Treatment programs must notify OADAP when they reach 90% of their capacity to admit individuals to their program. Therefore, each program must **develop and implement a "waiting list system."** This waiting list system will include a unique patient identifier for each pregnant woman or IDU seeking treatment. The list shall include those receiving interim services while awaiting admission to such treatment. The program shall develop a mechanism for maintaining contact with the individual awaiting admission, and to ensure that individuals on waiting lists are transferred at the earliest possible time to a program providing treatment. The program must document if individuals cannot be contacted or refuse treatment, and are therefore, removed from the waiting list. The waiting list system must document what interim services were offered and when they were delivered. Furthermore, information from this waiting list system must be submitted to OADAP in a manner and within a timeframe designated by OADAP.

3.07 PROVISION OF SERVICES TO INDIGENT CLIENTS

No client may be refused treatment services due solely to an inability to pay so long as the provider has available OADAP funds. When a provider has exhausted the reimbursable amount of their contract, clients may be refused due to inability to pay.

OADAP is considered a payor of last resort for client treatment services.

3.08 AUDIT

- 3.81 Independent Audit: An annual audit for the fiscal period of the provider contract/grant shall be conducted by a Certified Public Accountant and shall be prepared to the generally accepted governmental audit standards as determined by the American Institute of Certified Public Accountants, the Comptroller General of the United States, United States General Accounting Office (GAO), and the United States Office of Management and Budget (OMB).

All sub recipients, regardless of organizational structure, receiving \$500,000 or more in aggregate federal assistance for the contract/grant period will be audited in accordance with the provisions of the Office of Management and Budget (OMB) Circular

A-133. Circular A-133 is available on the internet by accessing the following site:
www.whitehouse.gov/omb/circular/a133/a133.html

The independent audits will be reviewed for compliance with program requirements. If the audit reveals that the program is not in compliance, OADAP will determine the steps necessary for the corrective action, notify the provider accordingly, and advise the provider of available administrative appeal procedures.

- 3.82 Audit/Review Performed By OADAP: There must be maintained within the state agency administering the program the authority and responsibility for overall supervision, control and oversight of program activities. Therefore, in the best interest of the providers and the State, circumstances may indicate a need for various other types of audit activities. Such audits may encompass a variety of procedures including, but not limited to, service to billing reviews, limited financial management audits, management reviews and special investigations. The cost principles for non-profit organizations are governed by Circular A-122, as issued and revised by the federal Office of Management and Budget. Circular A-122 may be located on the internet by accessing the following site:
http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html

OADAP audits include, but are not limited to, the review and examination of documents, records, reports, systems, internal controls and accounting and financial procedures pertaining to the grant/sub grant, for one or more of the following purposes:

1. To ascertain whether the statements contained within an independent audit present fairly the financial position and results of financial operations in accordance with Generally Accepted Accounting Principles;
2. To determine the mathematical accuracy of the financial transactions;
3. To ascertain whether all financial transactions have been properly recorded;
4. To confirm that eligible clients received reimbursable services in accordance with the agreement;
5. To investigate reported irregularities of the program involving the provider, its staff, or Board of Directors; and
6. To determine compatibility with Federal and State laws, regulations and guidelines.

- 3.83 Audit Settlement: If the independent audit or OADAP review/audit results in a repayment due to OADAP, the provider will choose, upon the approval of OADAP Director either of the following recoupment methods;

1. Payment in full to DHS/OADAP within 90 days.
2. Negotiated recoupment schedule with installments deducted from payments made by OADAP to the provider.

3.09 USE OF FUNDS - SPECIFIC REQUIREMENTS

- 3.91 Restrictions. Contract/grant funds may be used specifically and only for costs attributable to the execution of the particular alcohol or other drug abuse related program as approved by OADAP and as detailed in the individual contract/grant. Also, services paid with OADAP funding may only be provided in a catchment area as determined by OADAP, where applicable. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in resources occurred for reasons other than the receipt or expected receipt of Federal or state funds.
- 3.92 Transfer of Funds. Contract/grant funds may not be transferred, consigned, assigned, or used to subcontract for services without the prior written consent of OADAP Director.
- 3.93 Replacement of Other Funds. No funds allocated from contract/grant funds will be used to supplant or otherwise replace funds which may be available from other federal, state, or local sources for the purchase of services, supplies, equipment, etc.
- 3.94 Deviation from Budget. For contracts awarded as budget based, contract/grant funds cannot be spent in any category other than that specified in the contract/grant. OADAP recognizes, however, that situations may arise which will cause some deviation from the approved budget of a program. If such a situation arises, the provider must submit a written request to OADAP asking approval to transfer monies from one budget category to another and showing the revision by line item amounts. This request must also include a clear programmatic explanation for why the identified line item cost(s) is no longer needed as originally budgeted and why it is now necessary to move these monies to another line item(s).

Approval must be received before liabilities are incurred. OADAP budget revision forms must be used to show the transfer of funds. Also, any changes in the approved equipment list included in the funding application must have a similar written request made before the change can be made. In no case are changes effective without the written approval of OADAP. Justification for the changes must accompany the budget revision.

- 3.95 Retention of Financial Records. Records of the provider, including books of original entry, source documents, supporting accounting transactions, the general ledger, subsidiary ledgers, personnel and payroll records, canceled checks, and related documents and

records, to include electronic files, must be retained for a period of six (6) years following conclusion or termination of the term of the applicable grant or contract, with the following qualifications: (1) the records shall be retained beyond the six year period if audit findings have not been resolved, (2) if the provider ceases to operate, all records concerning the OADAP funded program shall be available to OADAP-

- 3.96 Third Party Reimbursement - Treatment. Treatment programs supported with funds from OADAP for the delivery of alcohol and other drug abuse services are expected to develop, to the extent possible, independence from OADAP support. Therefore, these projects will be encouraged and assisted in the development and use of alternate funding sources to supplement or replace OADAP support where possible. These funding sources include third-party payers, other available federal, state, local and private funds, and beneficiaries who are able to pay.

Where third-party payers, including government agencies, are authorized or under legal obligation to pay all or a portion of charges for health care services, all such sources must be billed for covered services and every effort must be made to obtain payment. The provider must have an operative procedure for identifying all persons served who are eligible for third party reimbursement.

Where a significant percentage of the cost of care and services provided the project is to be reimbursed by a third party, there should be a written agreement with such third party.

- 3.97 Third Party Reimbursement - Prevention. OADAP encourages Prevention programs to access additional funding sources; however, full time equivalent prevention staff paid with OADAP contract funds shall not charge for those contracted services. If an honorarium is received, see Section 3.18, Program Income.

3.98 Deobligation of Funds. All contracts/grants shall automatically be deobligated 90 days following the end of the award period. Bills, not to exceed the amount of the obligated funds, submitted after the contract is deobligated may not be paid unless the Director approves of the delay, only upon a showing of good cause, and if allowed by federal funding regulations.

- 3.99 Program Implementation Requirements. Contracts/grants must be implemented within the time authorized by OADAP (90 days from date of award or approved project start date). Contracts/grants not implemented within this time frame will be deobligated unless the approved applicant can justify to both OADAP Director and to OADAP Alcohol and Drug Abuse Coordinating Council why this action should not occur. Deobligated funds will revert to OADAP.

3.10 ALLOWABLE COSTS

The following is a general guideline. For guidance with regard to selected items of cost, reference OMB Circular No. A-122. Federal and State regulations specific to the program being funded may differ. See the RFP/RFA or CAP for exceptions. In all cases cost must be reasonable and necessary.

3.10.1 Salaries and Fringe Benefits: The costs of salaries are allowable to the extent that compensation of each employee is (1) reasonable and necessary, (2) comparable to that paid for similar work in the labor market and (3) supported by time-records. NOTE: Budgeted positions that are vacant should be filled within sixty (60) days of the effective date of the contract, or the related funds will be removed from the budget.

FICA, life and health insurance, unemployment coverage, worker's compensation, retirement and pension plans are allowable if reasonable and made available to all employees in the program.

The cost of housing and/or food is allowable only if it is part of an employee's compensation because of required attendance at the facility.

Fringe benefits for volunteers are not allowable; however, they may be reimbursed for expenses directly related to the program.

3.10.2 Maintenance and Operation

3.10.2.01 Accounting and Auditing: The expense of establishing and maintaining accounting and other information systems required in the performance of the contract is an allowable expense. The cost of the required annual independent audit is also allowable.

3.10.2.02 Advertising and Publicity: Contract/grant funds to be spent for advertising or publicity must be clearly identified in the program contract/grant line item budget and the advertising or publicity materials must have prior written approval of OADAP before implementation. All publicity and advertising materials, releases, etc. must identify the program as an affiliate of the Alcohol and Drug Abuse Prevention. In addition, programs funded with Federal funds must identify the source of the funds. Treatment programs shall conduct an active publicity campaign for alcohol and other drug abuse treatment utilizing all available public service announcements in the local news media.

3.10.2.03 Bonding and Insurance: The costs of bonding and insurance are allowable if in accordance with sound business practice and the rates are competitive.

- 3.10.2.04 Building Space and Related Facilities: Costs associated with lease or rental of building space and related facilities used for the benefit of the program are allowable. Funds may not be utilized for the purchase, construction or permanent improvement (other than minor remodeling) of any building. See 3.15, item 4, Capital Payments.
- 3.10.2.05 Communications: Allowable costs include (1) Telephone costs for local and long-distance calls, service charges, installation costs, and similar expenses. (2) Postage used in the office for communication related to the program.
- 3.102.06 Depreciation and Use Allowance: A depreciation schedule must be provided and supported by adequate records and inventory.
- 3.10.2.07 Equipment Expenditures: Expenditures for equipment costing less than \$2500 or with a useful life of less than one year are allowable. If the total costs of all components of a system (such as for computers or stereos) are \$2500 or more, it must be considered a capital expense (see 3.15).

Capital equipment is personal tangible property with a total acquisition price of \$2500.00 or more and useful life of at least one year. Only equipment listed in the contract/grant approved budget may be purchased. This must be done at a cost equal to or less than the price listed in the original contract/grant. Unexpended funds at the end of a contract/grant period may not be used to purchase or lease items of capital expense such as office furniture and equipment to include typewriters, calculators, copy equipment, postage meters, VCR, TV's, camcorders, stereo equipment, computers, cell phones, or films, without special approval from the Director, Division of Financial and Data Management. All requests for reimbursement for capital expenditures must be accompanied by an OADAP inventory form. All equipment purchased with federal and state funds within the contract/grant period must be inventoried and returned to OADAP within 30 days after the contract/grant ends unless special permission has been granted to retain the equipment.

OADAP shall discourage the funding of programs whose major purpose is the purchase of equipment (i.e., films, audio-visual, recreational equipment, etc.). Approval shall be given only if the program is able to adequately justify that the application is for a total program that shall be assisted through the purchase of equipment. OADAP shall not furnish equipment that will be used to supplement

programs funded for purposes other than alcohol and other drug primary prevention, education, treatment, intervention or youth violence prevention.

A. OADAP Retention of Ownership. In accordance with state and federal law, title to all property and/or capital equipment purchased by any program with contract or grant funds is vested in Department of Human Services, Alcohol and Drug Abuse Prevention, unless the Department or OADAP and/or the applicable Federal grantor agency specifically agrees in writing to a title transfer or other disposition-

No Department property may be sold, transferred, or Used in another program without the consent of the Department or OADAP. All Department/OADAP property will be clearly marked, inventoried and properly maintained. All compensation for loss or damage to Department property will be paid to the Department unless the Department directs otherwise. It is the responsibility of the provider to maintain adequate insurance on all property

B. Inventory Requirements. Under a line item cost reimbursement contract/grant, all equipment purchased with contract/grant funds remain the property of OADAP and must be kept on both the **provider's inventory list and the** OADAP inventory list. Each item shall be affixed with an identification tag provided by OADAP. The program should provide OADAP with an inventory list of all equipment costing over \$500.00 purchased with contract/grant funds. The list should include a description of the item and its serial number. This equipment is the property of OADAP and all equipment shall be returned to OADAP within 48 hours of the program's closing,

- 3.10.2.08 Equipment Rental: The cost of rental equipment is allowable. Lease-purchase of equipment must be recovered through depreciation.
- 3.10.2.09 Field Trips: The cost of educational and recreational outings for clients, including the cost of admission, transportation (if not provided for under another line item), snacks, beverages, and food costs directly associated with field trips are allowable, if an integral part of the program.
- 3.10.2.10 Food Service Supplies: Costs of supplies (such as plates, silverware, etc.) directly associated with the provision of meals to clients is allowable.

- 3.10.2.11 Freight: Costs incurred for freight, postage, and other transportation costs directly relating to goods purchased, delivered or moved from one location to another are allowable.
- 3.10.2.12 Indirect Costs: Indirect costs shall be allowable only when special approval is given, in writing, from the OADAP Director. Generally this shall not exceed 10% of the direct cost. Indirect costs are costs incurred by an organization that are not readily identifiable with a particular project or program but are necessary to the operation of the organization and the performance of its program.
- A copy of the federally approved indirect cost rate, or a cost allocation showing the items and expense included, and the method used to equitably distribute the cost must be maintained by the provider. Submission of a copy to OADAP is required before indirect costs are allowed for a particular OADAP grant or contract.
- 3.10.2.13 Inspections: The cost of required inspections such as health and fire inspections is allowable if such inspections are not available without charge.
- 3.10.2.14 Insurance: Prevention and treatment programs funded by OADAP shall be required to have liability insurance and a fidelity bond approved by OADAP that provides for the protection of the physical and financial resources of the program, coverage of the building and equipment and coverage of its clients, staff and general public. If the program is part of a governmental agency, in lieu of liability insurance and a fidelity bond, the program must have other appropriate means of protection such as statewide or federal insurance coverage for the items specified above. See also Bonding and Insurance.
- 3.10.2.15 Lease Costs: See Rental Costs
- 3.10.2.16 Maintenance and Repair: Costs incurred for necessary maintenance, repair or upkeep of property, including motor vehicles. (For major renovations or capital improvements, see section 3.15)
- 3.10.2.17 Materials and Supplies: The cost of materials and supplies necessary to carry out the objectives of the program is allowable. This line item should be broken into the following categories: Office Supplies (paper, folders, pencils, etc.), Janitorial Supplies (brooms,

mops, soap, etc.); Program Supplies (classroom materials, etc.). (See Section 5.021 regarding audio-visuals, books, tapes, etc.).

- 3.10.2.18 Meetings and Conferences: See Training, (Section 3.142.27).
- 3.10.2.19 Memberships: The cost of membership in trade, technical, and professional organizations is allowable if: (1) related to the cost of the program; (2) is for provider membership; (3) cost is reasonable; and (4) not for membership in an organization which devotes a substantial part of its activities to influencing legislation.
- 3.10.2.20. Postage: See Communications (Section 3.142.05).
- 3.10.2.21 Printing and Reproduction: Costs for printing and reproduction services necessary for the program, including but not limited to forms, reports and manuals are allowable.
- 3.10.2.22 Public Information Costs: Costs for pamphlets, news releases, and other forms of information services are allowable when the primary purpose of such activities is to inform the public about the availability of services. (Prior approval from OADAP is required. See Section 3.142.02 for additional information.)
- 3.10.2.23 Rental Costs: Rental costs are allowable to the extent they are reasonable and necessary and the provider does not gain a material equity in the property.
- 3.10.2.24 Subcontracted Services: May be allowable: (1) Based on services rendered in relation to the contract; (2) the necessity of contracting for the services; (3) the past pattern of such costs; (4) whether contracting is more economical than service performed by employee; (5) the qualifications of the individual or firm and fees charged; and (6) written contractual agreement for services. (Also see Section 4.04.)
- 3.10.2.25 Subscriptions or Reference Materials: The cost of books and subscriptions to trade, business or professional periodicals is allowable when related to and subscribed for the program.
- 3.10.2.26 Taxes: In general, tax payments that the program is legally required to pay are allowable. (See Section 3.15 - 9).

3.10.2.27 Training, Meetings and Conferences: Cost of in-service training is allowable where the primary purpose is the dissemination of technical information of direct benefit to the program. Costs may include meals, transportation, lodging, registration fees, materials, etc. A copy of conference information such as agenda, registration fee, room rates, etc. are required for approval of these costs. The cost may not exceed allowable limits for State employees on State business.

3.10.2.28 Travel: Applies to line item cost reimbursement contracts/grants only. The cost may not exceed allowable limits for State employees on State business. Reimbursement for travel expenses will be made only if specified in the contract/grant. Reimbursement for meals, lodging, fees, etc., will not be allowed unless specified in the program contract/grant. Out-of-state travel must have prior written approval from OADAP to be eligible for reimbursement except for travel into Texarkana, Texas, Memphis, Tennessee or similar such immediate border areas.

3.10.2.29 Utilities: The cost of utilities is allowable.

3.11 UNALLOWABLE COSTS

The following costs are unallowable:

1. Bad Debts
2. Bidding and Proposal Costs
3. Capital Expenditures (unless specifically approved by the funding source)
4. Capital Payments (mortgage payments, investments, etc.)
5. Contingency Funds
6. Contributions and Donations
7. Deposits (for utilities, etc.)
8. Entertainment (This is not intended to apply to clients receiving socialization services with meals, congregate meal services, or field trips.)
9. Fines and Penalties
10. Interest and Other Financing Cost
11. Legal Services
12. Line Item Overages
13. Lobbying
14. Organization Costs (incorporation fees, fund raising costs, etc.)
15. Profits and Losses on Disposition of Capital Assets
16. Purchase or Improvement of Land or Buildings
17. Severance Pay
18. Costs incurred prior to contract/grant effective date.

3.12 UNDUPLICATED SALARIES

Any individual whose salary is directly paid through OADAP funds is not allowed to contract similar services for remuneration to another agency that is using OADAP funding to provide that service.

Any individual whose salary is directly paid through OADAP funds who contracts with others to perform services that are the same or similar to the **employee's normal job duties outside the employee's contracted work hours shall** be performing as a Private Consultant. The agency of that employee is responsible for ensuring that any time or use of equipment spent in preparation, solicitation and marketing of the private consultant services or distribution of materials used in the private consulting business are not financed either directly or indirectly with OADAP funds.

3.13 CASH DEPOSITORIES

OADAP does not impose contract or grant requirements which:

1. Require the provider to use a separate bank account for the deposit of grant funds or reimbursement funds.
2. Establish any eligibility requirement for banks or other financial institutions in which providers deposit funds.

3.14 PROGRAM INCOME

Program income means gross receipts from activities part or all of the cost of which is borne as a direct cost by a contract or grant. It includes but is not limited to such income in the form of fees for services performed during the award period, proceeds from sale of tangible or real property, usage or rental fees, interest, investments and patent or copyright royalties. If income meets this definition, it shall be considered program income regardless of the method used to calculate the amount paid to the provider - whether, for example, by a cost reimbursement method or fixed price arrangement.

Program income may be retained by the provider only if allowed by the federal funding source and specifically authorized in writing by OADAP. If retention of program income is approved it must be deducted from the funded amount or, if approved by OADAP, used for costs which are in addition to allowable costs of the program but support the objectives of the funded program.

3.15 REIMBURSEMENT

No payment can be made until a completed W-9 and a Vendor Maintenance Request Questionnaire is on file with the Arkansas Department of Human Services. The W-9 must reflect the legal name of the entity as shown on the Articles of Incorporation and 501(c) 3. Any change in the name requires the completion and submission of a revised W-9 and a Vendor Maintenance Request Questionnaire. The address shown on the W-9 will be the address used for mailing the reimbursement. Changes in address for reimbursement must be sent in writing (no fax or e-mail) to the attention of the Director, Financial and Data Management.

3.15.1 Billing All reimbursements must be submitted on the appropriate forms provided by OADAP. These must be for the actual units of service delivered or expenses incurred, and if budget based, may not exceed the limits of the contract/grant nor OADAP ceiling rates for the fixed price contracts/grants.

3.15.2 Billing for Services All OADAP providers must bill for services utilizing the prescribed OADAP Invoice Form. All funded treatment providers must enter client information online utilizing the Alcohol and Drug Management Information System (ADMIS) or as otherwise directed by OADAP. All reimbursement requests for any treatment service must be reconciled with client information as reported for the particular report month.

When the amount requested for services cannot be reconciled with reported client information and correction or clarification cannot be made by telephone or e-mail, the payment request will be adjusted or returned immediately to the provider for correction and resubmission.

3.15.3 Billing Due Dates - Reimbursement Requests. All programs are required to submit their requests for reimbursement or expenditures monthly ~~to be postmarked~~ no later than the seventh of the month. Billing received late in the month may be held for payment until the start of the next month. All providers are requested to send a reimbursement request each month. If no service or reimbursement activities occurred a bill for \$0.00 should be submitted.

3.16 NOTIFICATION OF CHANGE

Contractors/grantees must notify OADAP in writing within one week when there is a change in the program status. This includes the vacancy of a key staff position or a change in the program address, telephone number, e-mail address or fax number. In some instances, replacement of key prevention staff may be subject to prior approval by OADAP.

3.17 TERMINATION OF CONTRACT/GRANT

Either party has the right to terminate a contract/grant on 30-day written notice to the other party. Immediate termination may also result by failure of the provider to meet contractual or grant obligations or licensure standards.

OADAP reserves the right to immediately terminate a contract/grant if the public health or safety is in peril.

4.00 GENERAL REQUIREMENTS

- 4.01 Treatment Requirements
 - 4.011 Basic Requirements
 - 4.012 Client Records
 - 4.013 Retention of Client Records
 - 4.014 Confidentiality
 - 4.015 Client Input and Client Grievance Procedures
 - 4.016 Treatment Service Capacity
 - 4.017 Waiting List System
 - 4.018 Incident Reporting
- 4.02 Participation in Conference
- 4.03 Subcontracted Services
 - 4.03.1 Restriction of Services
 - 4.03.2 Other Agency Subcontractor
 - 4.03.3 Subcontract Requirements
- 4.04 Volunteers

GENERAL REQUIREMENTS

4.01 TREATMENT REQUIREMENTS

4.01.1 Basic Requirements. All prospective contractors/ and grantees for funds for treatment programs must comply with all applicable state and federal laws, regulations and policy, including the OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs- OADAP will not award funds to programs that fail to meet licensure/regulation laws or rules.

4.01.2 Client Records. Treatment facilities must establish a uniform client record system to document and monitor client care. These client records will conform to all applicable state and federal laws and regulations, including the OADAP Licensure Standards.

4.01.3 Retention of Client Records. The provider shall retain all records and other documents relating to services rendered and the individuals in receipt of the services for a minimum of six (6) years from the expiration of the agreement for the purpose of client follow-up, evaluation of the program and for completion of compliance and/or other reviews.

4.01.4 Confidentiality. Confidentiality of alcohol/drug abuse client records shall be assured by the provider and shall be in accordance with all pertinent state and federal regulations. Existing federal law (42 CFR, Part 2) provides for safeguarding files or any other client identifying information from access by any unauthorized individuals, and requires that records be maintained in a secure manner. All records, unless exempted by federal law, including clients not billed to OADAP, however, are subject to review by OADAP at any time for the purpose of monitoring proper execution of the contract/grant, and must be made available to OADAP upon request.

4.01.5 Client Input and Client Grievance Procedures. Each program will develop and implement a procedure whereby persons served by the program can provide input on the operation and services of the program. Each program shall also develop and implement a procedure whereby persons served by the program can communicate a grievance against that program and the means whereby the program will respond to the grievance. The program will also develop and implement a procedure that documents the mechanism whereby persons served by the program are informed of this procedure.

4.01-6 Treatment Service Capacity. Treatment programs shall provide for preference in admission utilizing the following hierarchy:

1. Pregnant women who are injecting drug users;
2. Pregnant women;
3. Injecting Drug Users;

4. All other substance abusers.

If treatment admission is not immediately available for a pregnant woman, the treatment program must immediately offer **“interim services”**. **Interim services are defined under Section 7.07** herein. The purposes of interim services are designed and intended to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. For pregnant women, interim services specifically include counseling on the effects of alcohol and drug abuse on the fetus, as well as a referral for prenatal care, which is to be made within 48 hours of the request for services. Treatment programs unable to admit a pregnant woman requesting services shall immediately refer the individual to OADAP by notifying their assigned OADAP Program Consultant.

For pregnant women and injecting drug users the treatment programs shall carry out activities designed to encourage such individuals in need of treatment to undergo treatment.

4.01.7 Waiting List System. Funded treatment programs shall establish and maintain a waiting list management program that includes a unique patient identifier, as established by OADAP, for each drug abuser seeking treatment, including those receiving interim services while awaiting admission to treatment. Treatment programs must have a mechanism for maintaining contact with individuals awaiting admission. OADAP will assist funded treatment programs to ensure that individuals on waiting lists are admitted at the earliest possible time to a program providing treatment within a reasonable geographic area. Treatment programs must document the interim services offered to individuals on the waiting list and when they **were delivered. Information from each program’s waiting list** system must be submitted to OADAP in a manner and within a timeframe designated by OADAP.

4.01.8 Incident Reporting. Each treatment program shall report serious incidents/situations to OADAP within 24 hours in compliance with OADAP Incident Reporting Policy, incorporated herein by reference.

4.02 PARTICIPATION IN CONFERENCE

The provider must participate in local or statewide sponsored coordinating conferences, training seminars, or training workshops as ~~so~~ directed by OADAP.

4.03 SUBCONTRACTED SERVICES

4.03.1 Restriction of Services. Unless subcontracted services are specifically identified in the OADAP approved program contract/grant budget, they may not be purchased with contract/grant funds.

4.03.2 Subcontract Requirements. All subcontractors are subject to the same requirements as the prime contractor/grantee. Subcontract arrangements must contain, at a minimum, the following conditions.

1. A statement describing the particular services and/or deliverable(s) to be provided and clarifying the level of quality required.
2. A statement setting forth the number of hours or description of other rate computation which the subcontractor has agreed to provide.
3. A statement of the amount of compensation to be paid and the payment schedule (e.g., upon satisfactory completion of deliverables, etc).
4. A clear understanding that the fee-for-services, or other compensation is available only from the funded program and not from OADAP or other program participants.
5. Provision for termination of the subcontract if the above requirements are not met.
6. A statement identifying the person responsible for oversight of contract for both the contractor and subcontractor.

4.04 VOLUNTEERS

If volunteer services are included in the terms of the contract/grant, the provider is responsible for the overseeing of the volunteers and for the monitoring of services provided by these individuals. Volunteers shall not supplant paid staff in programs. A job description of each volunteer position shall be included in the program. Volunteers must comply with the confidentiality provisions in Section 2.072 B.

5.00 SPECIFIC REQUIREMENTS

- 5.01 Alcohol/Drug Treatment Contract/Grant Requirements
 - 5.011 Report Requirements
 - 5.0111 ADMIS Compliance
 - 5.0112 ADMIS Billing Reports
 - 5.0113 ADMIS Client Records
 - 5.0114 Other Reports
- 5.02 Primary Prevention Contract/Grant Requirements
 - 5.021 Audio-Visual Materials, Books, Tapes, Films and Other Literature
 - 5.022 Report Requirements
 - 5.0221 Billing Reports
 - 5.0222 Prevention Reporting Compliance

5.00 SPECIFIC REQUIREMENTS

5.01 ALCOHOL/DRUG TREATMENT CONTRACT/GRANT REQUIREMENTS

5.011 Report Requirements

5.0111 ADMIS Compliance. All alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current ADMIS. For acute care, hospital based alcohol and drug abuse treatment programs, failure to report may result in notification to the Arkansas Department of Health, Division of Health Facility Services, of failure to comply with requirements of Act 25 of 1991. Licensure awarded automatically pursuant to Act 173 of 1995 shall not be affected by failure to report. For all other treatment programs, failure to report may result in the suspension or termination of an OADAP treatment grant or contract, and/or loss of OADAP required licensure.

5.0112 ADMIS Billing Reports. All funded treatment programs are required to submit their requests for reimbursement on a monthly basis as specified in Section 3.152-

5.0113 ADMIS Client Reports. ADMIS liaisons shall complete ADMIS Reports on the Web-Based ADMIS System, including Admission Reports (AR), Environmental Change Reports (ECR), and Discharge Reports (DR). The AR Reports must be submitted on all clients. The Web-Based ADMIS System calculates monthly billing, which is created on the 8th of the month at 4:00 p.m. Providers mailing their ADMIS Reports must ensure that their reports are postmarked by the 15th of each month.

5.0114 Other Reports. All providers shall comply with any additional reporting requirements which may be required by OADAP.

5.02 PRIMARY PREVENTION CONTRACT/GRANT REQUIREMENTS

All prospective applicants must comply with OADAP procedures and the appropriate RFP or RFA format when making application.

5.021 Audio-Visual Materials, Books, Tapes, Films and Other Literature. The policy review guidelines set forth by the Center for Substance Abuse Prevention must be followed when developing or purchasing materials. Review copies must, where feasible, be furnished to OADAP before purchase obligation is incurred. The guidelines for materials are provided in the Appendix of the *Rules of Practice and Procedure*.

5.022 Report Requirements

5.0221 Billing Reports. All prevention programs are required to submit their requests for reimbursement or reports of expenditures by the 7th of the month. All providers are requested to send a reimbursement request each month. If no services or reimbursement activities occurred, a bill For \$0.00 should be submitted. The actual time periods Are specified in the individual contract or grant.

5.0222 Prevention Reporting Compliance. Any program receiving funds for prevention is required to participate in the Prevention Information System. All prevention programs are required to submit reports of progress, including level of activity, on a regular basis as identified in the individual contract or grant, a final report at the end of the contract/grant, and any additional or special reports required in either written or electronic format. Failure to report may result in suspension or termination of the current contract/grant.

6.00 APPEAL PROCESS FOR ADVERSE ACTION

An appeal process is available to provide a mechanism by which a provider or grant applicant may appeal adverse action by the Alcohol and Drug Abuse Prevention relating to a program/contract/grant. Complaints which solely assert an objection to federal or state laws or regulations are not subject to appeal under this procedure.

6.01 Alcohol and Drug Abuse Prevention and Treatment Programs. When a provider or grant applicant wishes to appeal an action by OADAP, he/she may do so by submitting a written request to the Chairperson, Alcohol and Drug Abuse Coordinating Council. The Chairperson must receive the request no later than thirty days from the date of receipt of notification of the adverse action by the provider or grant applicant.

The notice of appeal must contain:

1. A statement of the specified action which is being appealed.
2. The reason the provider/grant applicant believes the action was incorrect.
3. The specific relief requested.

When a request for appeal is received, the Chairperson of the Alcohol and Drug Abuse Coordinating Council will initiate the process by establishing a date for hearing the complaint.

The Council may act on the matter, or it may refer the matter to the Prevention and Treatment Committee for its recommendation. The Director of OADAP shall abstain from discussion and voting, either in committee or in a meeting of the Council or both, with respect to any such action, but the Director may respond to any factual question posed by another member of the Council. If the matter is referred to the Prevention and

Treatment Committee, the Committee shall consider the matter and shall forward its recommendation to the Council. Upon receipt of the recommendation, the Council shall act on the recommendation.

The decision of the Alcohol and Drug Abuse Coordinating Council is final. Those decisions that meet the definition of **"adjudication" under the Arkansas Administrative Procedure Act**, Ark. Code Ann. § 25-15-201, et seq., may be appealed in accordance with the Arkansas Administrative Procedure Act.

7.00 DEFINITIONS

- 7.01 Alcohol and Drug Abuse Coordinating Council
- 7.02 Alcohol/Drug Management Information System (ADMIS)
- 7.03 Budget Period
- 7.04 Continuation Application Package (CAP)
- 7.05 Drug and Alcohol Safety Education Program (DASEP)
- 7.06 Intake and Assessment for Substance Abuse
- 7.07 Interim Services
- 7.08 Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs
- 7.09 Medical Detoxification
- 7.10 Observation Detoxification
- 7.11 Outpatient Service -Family
- 7.12 Outpatient Service - Group
- 7.13 Outpatient Service - Individual
- 7.14 Partial Day Treatment
- 7.15 Primary Prevention Strategies
 - 7.151 Information Dissemination
 - 7.152 Education
 - 7.153 Alternatives
 - 7.154 Problem Identification and Referral
 - 7.155 Community-Based Process
 - 7.156 Environmental
- 7.16 Project Period
- 7.17 Regional Alcohol and Drug Detoxification Services (RADD Services)
- 7.18 Regional Detoxification Specialist
- 7.19 Request for Application (RFA)
- 7.20 Request for Proposal (RFP)
- 7.21 Residential Service
- 7.22 Residential Services for Adolescents (Comprehensive)
- 7.23 **Specialized Women's Services (SWS)**

7.00 **DEFINITIONS**

The definitions provided here are intended to assist the reader in understanding some major terms and documents as used routinely by OADAP. The list is not all inclusive. The reader is referred to OADAP Licensure Standards, the ADMIS Manual, the Request for Proposal (RFP), Request for Application (RFA), or Continuation Application Package (CAP) of instructions, and to the appropriate contract or grant document for further clarification or specific project areas.

7.01 **ALCOHOL AND DRUG ABUSE COORDINATING COUNCIL.** - A twenty-seven member board of review authorized by Act 855 of 1989, as amended. The Coordinating Council has the responsibility for overseeing all planning, budgeting and implementation of expenditures of state and federal funds allocated for alcohol and drug education, prevention, treatment and law enforcement. The Coordinating Council has established a committee structure that includes a Treatment and Prevention Committee and a Law Enforcement Committee. The Treatment and Prevention Committee reviews applications for funding through DHS/DBHS Alcohol and Drug Abuse Prevention.

7.02 **ALCOHOL/DRUG MANAGEMENT INFORMATION SYSTEM (ADMIS).** A data collection system developed and operated by OADAP to be used in alcohol and drug abuse prevention and treatment programs. See Section 5.0111 – 5.0113 for ADMIS reporting on treatment services and Section 5.023 for reporting on prevention services.

7.03 **BUDGET PERIOD.** The budget period is defined as the interval of time (usually 12 months) into which a project period is divided for funding and reporting purposes.

7.04 **CONTINUATION APPLICATION PACKAGE (CAP).** - The non-competitive process by which current contracted providers of prevention or treatment services with multiyear commitment are evaluated, and their grant is either renewed, not renewed, or renewed pending contingencies placed by the Arkansas Alcohol and Drug Abuse Coordinating Council. This process involves submitting to OADAP, or an outside evaluator, a document that reports the activities of the provider during the current grant period, and outlines a proposed program for the upcoming grant period. Other performance indicators such as licensure visits, service-to-billing audits, case reviews, site visit reports, and ADMIS or progress reporting are taken into account during this process.

7.05 **DRUG AND ALCOHOL SAFETY EDUCATION PROGRAM (DASEP).** A program for persons who plead guilty, nolo contendere or found guilty of Driving While Intoxicated (DWI), Minor In Possession (MIP), Underage refusal to Submit, Possession of fraudulent or altered personal identification (under certain circumstances) or Driving Under the Influence (DUI). The DASEP program provides an investigation, screening/assessment, referral to treatment, or at least twelve (12) contact hours of education for level I, including underage refusal, possession of fraudulent or altered identification. All level II classes will be at least fifteen (15) hours in length. No individual class session will last

more than six (6) hours. It is preferred that classroom instruction/classes last no longer than four (4) hours per class/session. MARATHON (ALL DAY) CLASSES ARE PROHIBITED. The preliminary investigation will consist of a Pre-sentence Screening Report which will include the **offender's driving record, an alcohol problem assessment, a victim impact statement (if applicable), and the blood-alcohol content (BAC) at the time of arrest.** Based upon the investigation and assessment, the DASEP will make a recommendation to the court for the offender to complete an DASEP school or an alcohol/drug treatment program approved by the Arkansas Department of Human Services, Alcohol and Drug Abuse Prevention. Completion of one of these programs is required to have the **offender's driver's license reinstated. If an offender has multiple offenses, that offender must complete a program/intervention for each offense prior to driver's license reinstatement. In some instances completion of an approved treatment program may be counted as more than one program/intervention. In cases where this might apply, the DASEP state manager must be consulted prior to issuance of multiple certificates. The manger must approve each instance of these occurrences.**

- 7.06 **INTAKE AND ASSESSMENT FOR SUBSTANCE ABUSE.** A one-time process per client per admission. Admission is designed as a unit of Residential, a unit of Partial Day, or a unit of Outpatient services. **The client cannot be admitted and discharged on the same day. Intake and Assessment for Substance Abuse must include** the administration of an interview to provide information on the client, the **client's alcohol/drug use history, employment history, family background and prior treatment episodes. The administration of the Addiction Severity Index (ASI) must be included.** Other items may include physical exam, drug testing, and other screening or assessment tools for substance abuse and mental health.
- 7.07 **INTERIM SERVICES.** - Interim substance abuse services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of interim services are to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care to be made within 24 hours of the request for admission for treatment.
- 7.08 **LICENSURE STANDARDS FOR ALCOHOL AND/OR OTHER DRUG ABUSE-TREATMENT PROGRAMS.** Those Licensure Standards that were developed and revised by OADAP and OADAP Standards Review Committee. They contain criteria by which treatment programs are reviewed in the Licensure process.

- 7.09 **MEDICAL DETOXIFICATION.** Includes 24-hour medically supervised care in a hospital setting or medical model facility. Includes a short-term treatment up to three (3) days, during which time prescribed medication is used to restore physiological functioning after it has been upset by toxic agents, including alcohol. Service shall be under the supervision and guidance of a licensed physician. Service is allowable only after a Regional Alcohol and Drug Detoxification (RADD) evaluation. The unit of service is a day and the limit per client is three days. Additional days require **prior** OADAP approval.
- 7.10 **OBSERVATION DETOXIFICATION.** Includes monitoring on a 24-hours per day basis of a client who is undergoing mild withdrawal in a residential setting. Vital signs will be taken by a staff member trained and certified by OADAP, a Medical Doctor, Registered Nurse, Licensed Psychiatric Technical Nurse or Licensed Practical Nurse. The facility shall establish approved emergency medical procedures. These services shall be **available should the client's condition deteriorate and emergency** procedures be required. A unit of service is one day.
- 7.11 **OUTPATIENT SERVICE – FAMILY.** Counseling provided in an outpatient environment to a substance abuse client and/or family members and/or significant other. Although the client is usually present at these sessions, these sessions are reimbursable if the client is not present. Services to all members of the family or significant other may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 7.12 **OUTPATIENT SERVICE – GROUP.** Counseling provided in an outpatient environment to more than one substance abuse client. Services to all members of the group may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 7.13 **OUTPATIENT SERVICE – INDIVIDUAL.** Includes care provided to a substance abuse client in an outpatient environment. Outpatient service is provided to the client **only**. A unit of service is 15 minutes or any part thereof.
- 7.14 **PARTIAL DAY TREATMENT.** Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. Partial day treatment shall be a minimum of (4) four hours per day for (5) five days per week. In addition to the minimum services, partial day treatment may include drug testing, medical care other than detoxification and other appropriate services. A unit of service is a day.
- 7.15 **PRIMARY PREVENTION STRATEGIES.**
- 7.151 Information Dissemination: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug

use, abuse and addiction, youth violence and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) clearinghouse/information resource center(s); (2) resource directories; (3) media campaigns; (4) brochures; (5) radio/TV public service announcements; (6) speaking engagements; (7) Health fairs/health promotion; and (8) information lines.

7.152 Education: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) classroom and/or small group sessions (all ages); (2) parenting and family management classes; (3) peer leader/helper programs; (4) education programs for youth groups; and (5) children of substance abusers groups.

7.153 Alternatives: This strategy provides for the participation of target populations in planning and implementing activities to promote lifestyles that exclude alcohol, tobacco, other drug use and youth violence. The assumption is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by alcohol, tobacco, other drugs, youth violence and/or crime and would, therefore, minimize or obviate resort to the latter. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) drug free dances and parties; (2) youth/adult leadership activities; (3) community drop-in centers; and (4) community service activities.

7.154 Problem Identification and Referral: This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) employee assistance programs; (2) student assistance programs; and (3) driving while under the influence/driving while intoxicated education programs.

This strategy assesses whether youth who have been engaged in inappropriate violent behavior would respond favorably to

education. If the behavior cannot be corrected through mere education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment or therapy.

7.155 Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for alcohol, tobacco and drug abuse disorders and youth violence prevention services. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of service implementation, inter-agency collaboration, coalition building and networking. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) community and volunteer training, e.g., neighborhood action training, training of key people in the system, staff/officials training; (2) systematic planning; (3) multi-agency coordination and collaboration; (4) accessing services and funding; and (5) community team-building.

7.156 Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco, other drug use, youth violence and/or crime in the general population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives. Examples of activities conducted and methods used for this strategy shall include (but not be limited to) the following: (1) promoting the establishment and review of alcohol, tobacco, drug use and youth violence policies in schools; (2) technical assistance to communities to maximize local enforcement procedures governing availability and distribution of alcohol, tobacco and other drug use; (3) modifying alcohol and tobacco advertising practices; (4) product pricing strategies, and (5) technical assistance to communities to maximize the availability of conflict resolution courses and crime prevention initiatives.

7.16 **PROJECT PERIOD.** The total time for which support of a project has been approved.

7.17 **REGIONAL ALCOHOL AND DRUG DETOXIFICATION SERVICES (RADD SERVICES).** The RADD services process will provide the client detoxification services that shall include an aftercare plan. All or part of these services may be provided to individualize the treatment to meet the **client's needs. A unit of service will include the following: (1) initial evaluation, (2) referral to the appropriate level of detoxification services, (3) development of an aftercare plan, and, (4) referral.**

7.18 **REGIONAL DETOXIFICATION SPECIALIST.** A person trained and certified by the Alcohol and Drug Abuse Prevention. A person must be recertified every three years. Training will provide competency at a minimum, in the following areas:

- (1) Current RADD Program Policy and Procedure,
- (2) Taking of vital signs,
- (3) Evaluation of presenting symptoms and compiling an accurate substance abuse history,
- (4) Current certification in cardiopulmonary resuscitation (CPR),
- (5) Current certification in a First Aid course,
- (6) Current Non-violent Crisis Prevention and Intervention (CPI) training in diffusing hostile situations, and
- (7) Knowledge of alternate social, rehabilitative and emergency referral resources.

- 7.19 **REQUEST FOR APPLICATION (RFA).** A document that solicits applications for a grant program to be developed within parameters defined by OADAP. The RFA may be a competitive process.
- 7.20 **REQUEST FOR PROPOSAL (RFP).** A document that solicits proposals for a contract to procure or acquire products and/or services to assist OADAP in conduct of its responsibilities. The RFP outlines the terms and conditions of the resulting contract. The RFP may be a competitive process.
- 7.21 **RESIDENTIAL SERVICE.** Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting with supportive living arrangements. This service shall include at a minimum, intake, individual and group therapy, case management and room and board. In addition to the minimum services, residential service may include drug testing, medical care other than detoxification, and other appropriate services. A unit of service is a day. Note: Clients must be physically present at the facility for at least a part of any day billed. Exceptions require **prior** OADAP approval.
- 7.22 **RESIDENTIAL SERVICES FOR ADOLESCENTS (COMPREHENSIVE) (CRSA).** At facilities designated as a Comprehensive Residential Services for Adolescents (CRSA), a unit of service will be one day for the client. Services at a minimum include: A multidisciplinary treatment staff, including certified/licensed alcohol and drug counselors, licensed mental health counselors, nursing staff, certified service coordinators (case managers), licensed teacher(s), a psychiatrist, daily available nursing care, a licensed school as a component of the program and family therapy. Licensure by OADAP, DCFS, and CARF or JCAHO is required. Programming for dually diagnosed clients is available.
- 7.23 **SPECIALIZED WOMEN'S SERVICES (SWS).** At facilities designated as (SWS) a unit of service will be one day for a family. Services at a minimum include case management, alcohol and other drug treatment, child care, transportation, medical treatment, housing, education/job skills training, parenting skills aftercare, family education and support and house rules. Payment received from OADAP covers all services except for day care, which may be billed separately on other OADAP Agreements, if the provider so desires.

Other services may be established as needed and defined in the appropriate RFP/RFA or CAP.

APPENDIX

CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP) GUIDELINES FOR MATERIALS

These (abbreviated) Guidelines were taken from the Message and Material Review Process, Office of Substance Abuse Prevention (OSAP), April 1989. They are available from the National Clearinghouse for Alcohol and Drug Information (NCADI) as publication RPO726 if a fuller explanation is necessary.

SCIENTIFIC REVIEW GUIDELINES:

- The material is scientifically significant, based on valid assumptions, supported by accurate citations, and appropriately used.
- The scientific methods and approaches used are adequate, appropriate, and clearly described.
- Findings reported are accurate, current, applicable to the subject matter, and appropriately interpreted. The findings follow from the methods and approach used. For instance, facts should not be exaggerated nor purposely understated.

POLICY REVIEW GUIDELINES:

- Material makes clear that illegal and unwise drug use (including alcohol for those under 21) is unhealthy and harmful for all persons.
- Material gives a clear message that risk is associated with using any form or amount of alcohol or other drugs.
- Material gives a clear message of no alcohol use for persons under 21 years of age, pregnant women, recovering alcoholics and drug addicts, and persons taking prescription or non-prescription drugs.
- Material states clearly that pregnant women must not use any drugs (prescription or nonprescription) without first consulting their physicians.
- Material does not glamorize or glorify the use of alcohol and other drugs.
- Prevention material does not contain illustrations or dramatizations that could teach people ways to prepare, obtain, or ingest illegal drugs, and whenever feasible, materials for youth contain no illustrations of drugs. Intervention material does not contain illustrations or dramatizations that may stimulate recovering addicts or alcoholics to use drugs.
- **Material does not "blame the victim."**

- Material targeting youth does not use recovering addicts or alcoholics as role models.
- Material supports abstinence as a viable choice.
- Material supports cultural and ethnic sensitivity.

COMMUNICATIONS REVIEW GUIDELINES:

- Material is appropriate for target audience at cognitive and developmental levels.
- The institutional source is credible for the target audience.
- The individuals delivering the source are appropriate for the target audience. (Recovering addicts and alcoholics are not good sources for children/youth because they often misinterpret the messages of these individuals.)
- Language should be appropriate and grammatically correct. If Spanish is used, it should be grammatically correct and appropriate to the particular Hispanic/Latino target audience.
- The tone should not be condescending, judgmental, or preachy.
- The length of the product should allow sufficient time for a conclusion to be drawn. It should be short enough to prevent boredom without sacrificing the message.
- The product should be as professional in appearance as possible, attractive, and well written with the format (type, size and layout) appropriate to the audience.
- Messages must be appealing, believable, create awareness, persuasive, call for action and be pre-tested.
- Needs to be combined with other messages and/or materials to be effective.
- Readability level should reflect the skills of the target audience.