Allegheny County Department *of* Human Services

Request for Proposals

Recovery Housing

RFP Posting:
Friday, December 10, 2021

Office Hours:
3-3:30 p.m. Eastern Time on Tuesday, January 11, 2022
10-10:30 a.m. Eastern Time on Tuesday, January 25, 2022

Deadline for Questions:
3 p.m. Eastern Time on Friday, February 4, 2022

Submission Deadline:
3 p.m. Eastern Time on Friday, February 11, 2022

Estimated Award Decision/Notification:
April 2022

Allegheny County Department of Human Services
One Smithfield Street Pittsburgh, PA 15222

Contents

Acronyms and Definitions

Unless the context indicates otherwise, the following capitalized words are defined as follows for purposes of this RFP. Other terms shall have the meaning or definition as stated in the RFP.

1. AA: Alcoholics Anonymous
2. Agreement: A contract negotiated between Allegheny County and the Successful Proposer to provide the Contract Services
3. Allegheny County: A home rule county and political subdivision of the Commonwealth of Pennsylvania
4. Allegheny Link: The entity that runs Allegheny County's homelessness services coordinated entry system.
5. Case Manager: A staff member who helps Residents develop and fulfill a Recovery Plan
6. CCBH: Community Care Behavioral Health
7. Contract Services: The specific services that the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement
8. DDAP: [Pennsylvania] Department of Drug and Alcohol Programs
9. DHS: [Allegheny County] Department of Human Services
10. House Manager: The staff member who is responsible for oversight of the Recovery House
11. Justice-Related Services: An array of supports, designed to work with the Allegheny County Jail, District Courts, and behavioral health and other community service providers, to assist people with mental illness and/or co-occurring mental illness and substance use disorder who encounter the criminal justice system
12. MAT: Medication-Assisted Treatment combines behavioral therapy and medication (including Methadone, Vivitrol and Suboxone) to treat substance use disorders
13. NA: Narcotics Anonymous
14. OTC: Over-the-counter medications
15. PCPC: Pennsylvania Client Placement Criteria
16. Proposal: A completed Response Form, with specified attachments, submitted in response to this RFP
17. Proposer: The individual, non-profit organization, or for-profit organization or business submitting a Proposal in response to this RFP
18. Recovery House/Recovery Housing: Sober, safe and healthy living environments that promote recovery from alcohol and other drug use and associated problems
19. Recovery Plan: A personalized plan developed by the Resident and Case Manager that describes the steps to support recovery including treatment, peer supports, a plan to locate permanent housing and find employment, and identification of other unmet non-treatment needs
20. Resident: An individual participating in a Recovery House program
21. Response Form: The Word document in which Proposers respond to requested information about this RFP
22. RFP: Request for Proposals
23. Successful Proposer: The Proposer(s) selected by the County to provide the Contract Services

The RFP at a Glance

Purpose

Allegheny County, through its Department of Human Services (DHS), is soliciting Proposals from one or more qualified Proposers to provide Recovery Housing/Houses. Recovery Houses are sober, safe and healthy living environments that promote recovery from alcohol and other drug use and associated problems. Recovery Houses must provide temporary housing to participating individuals for no longer than 90 days at a given time. Successful Proposer(s) also must provide case management that focuses on connecting participating individuals to treatment and peer supports, locating permanent housing, finding employment and meeting other needs to support their path to recovery.

DHS currently contracts with more than one provider for Recovery Housing and is seeking additional providers to increase capacity. DHS's goal is to serve up to 25 individuals at a given time and at least 200 individuals per year with additional Recovery Houses. Current providers of Recovery Housing do not need to submit a proposal in response to this RFP in order to continue their work.

Award Details

DHS is seeking to enter into one or more Agreements to provide the Contract Services based upon an agreed-upon fee-for-service per day unit rate. The fee-for-service per day unit rate, which has increased since the last time DHS solicited this service, will be $60 per day for each individual housed by the Successful Proposer(s). In other words, the Successful Proposer will receive approximately $1,800 per month for each Resident. If there is more than one Successful Proposer, it is possible that the available funding will be divided among them according to the number of beds in each Recovery House.

Who can submit a Proposal

Anyone, including but not limited to non-profit organizations, for-profit organizations, small businesses and individuals, is eligible to submit a Proposal in response to this RFP. Proposers do not need to have an existing contract with Allegheny County to apply, but they must meet all of Allegheny County's contractual requirements (see Section 6: Contract Requirements for Successful Proposers) and have the programmatic, financial and staffing capabilities to provide the Contracted Services.

What's important to us

It is important to us that people in Allegheny County with substance use disorders have a supported living environment available to serve as a step between inpatient drug and alcohol treatment or the Allegheny County Jail (where they received drug and alcohol treatment services) and living independently in the community. This "step between" is Recovery Housing, which provides a safe, stable and recovery-oriented living environment and supportive services to participating individuals so that they can stabilize in their recovery before they begin

managing their treatment independently. It also is important to us that a person's recovery is not jeopardized by homelessness. Recovery Housing serves as an opportunity for people to identify a permanent home after discharge from inpatient or exit from jail drug and alcohol treatment program.

What we don't want

We are not interested in programs that refuse to serve anyone based on use of medication to support their recovery, clean time or criminal history.

Timeline

Proposals must be submitted by 3 p.m. Eastern Time on Friday, February 11, 2022. DHS expects to notify Proposers of their status in April 2022.

Anyone can submit questions about this RFP to DHSProposals@alleghenycounty.us. The deadline for the submission of questions is 3 p.m. Eastern Time on Friday, February 4, 2022.

There will be "RFP open office hours" from 3:30 to 4:00 p.m. Eastern Time on Tuesday, November 30 and from 1 to 1:30 p.m. on Tuesday, December 14 via Microsoft Teams during which anyone interested in the RFP and in submitting a Proposal may drop in at any time to ask questions. Attendance at the office hours is not required to submit a Proposal. Preliminary answers will be provided orally during the office hours. Final and definitive answers to all questions will be posted in writing on the DHS Solicitations webpage.

Tuesday, January 11, 3-3:30 p.m. Office Hours

- Follow this link: Click here to join the meeting
- Or copy and paste this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzRmYzEwNzEtNjZhNS00NWZmLTg1ODItMmFmNThmN2VlZDdh%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%224c7924c5-3d5a-494b-ba54-242fc5f6db86%22%7d
- Or call 267-368-7515 and entering code 103 002 362#

Tuesday, January 25, 20-10:30 a.m. Office Hours

- Follow this link: Click here to join the meeting
- Or copy and paste this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDNkMTAzY2EtNGQyNS00NGQyLTgwZjgtMmJiZjcyMzNmNTk4%40thread.v2/0?context=%7b%22Tid%22%3a%22e0273d12-e4cb-4eb1-9f70-8bba16fb968d%22%2c%22Oid%22%3a%224c7924c5-3d5a-494b-ba54-242fc5f6db86%22%7d
- Or call 267-368-7515 and entering code 248 389 894#

Who we are

DHS is issuing this RFP on behalf of Allegheny County.

DHS is the largest department of Allegheny County government and provides publicly funded services to more than 200,000 people annually, in areas including child welfare, behavioral health, aging, developmental supports, homelessness and community services.

More information about DHS is available at http://www.alleghenycounty.us/human-services/index.aspx

Section 1: Why We Are Issuing this RFP

Since 2006, Allegheny County has seen fatal overdose rates higher than those seen throughout Pennsylvania and many other states in the country. The rash of overdose deaths highlights a significant public health crisis and the need for increased use of effective strategies to respond to a growing opioid epidemic. The DHS Office of Behavioral Health (OBH), Bureau of Drug and Alcohol Services[1] identified a multipronged strategy to mitigate the effects of the opioid epidemic. This strategy includes expanding access to treatment for substance use disorders (SUD).

Too often, people with substance use disorders exit inpatient SUD treatment or leave the Allegheny County Jail, having received treatment services while incarcerated, to living environments that jeopardize their recovery or to a state of homelessness. Research shows that a continuum of care model, focused on long-term management of recovery within a broader recovery-oriented system of care, can help people maintain recovery. Long-term recovery management requires supports for housing and employment as well as access to peer support groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Individuals who are in recovery and struggling with housing insecurity have few housing options that are supportive to their recovery needs. DHS wants to strengthen its continuum of services to individuals by investing in additional Recovery Housing.

Section 2: What We Are Looking For

DHS intends to enter into an Agreement with one or more Successful Proposer(s) to provide Recovery Housing. DHS's goal is to serve up to 25 individuals at a given time and at least 200 individuals per year. Although we already contract with some Recovery Houses, we are still far from that goal.

A Recovery House is a safe, supportive, drug- and alcohol-free residential environment where individuals in recovery from unhealthy substance use (henceforth referred to as Residents) can live together as a community while they transition between residential treatment or other

[1] OBH's Bureau of Drug and Alcohol Services serves as the coordinating entity for substance use disorder treatment and prevention in Allegheny County as it relates to state and county funding for these services, including Medicaid and HealthChoices. Housed within this bureau is the Single County Authority (SCA) for Allegheny County, assigned by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) to plan, coordinate, programmatically and fiscally manage, and implement the delivery of drug and alcohol prevention, intervention and treatment at the local level.

institutional settings (e.g., the Jail) to living independently. Recovery is defined as abstinence from alcohol and other non-prescribed drug use and improvement in one's physical, mental, spiritual and social wellbeing. Recovery Houses are part of the recovery-oriented system of care.

When individuals exit inpatient treatment or the Jail to homelessness or to a living environment that jeopardizes their recovery, treatment becomes secondary to work, or they may feel forced to return to old lifestyles and ultimately relapse and/or recidivate to jail. Recovery Housing provides Residents with the opportunity to focus on the supports needed to establish a foundation in treatment, to build a support network and a plan for maintaining recovery, and to find a permanent place to live that is conducive to recovery. Individuals build resources while living in Recovery Houses that will continue to support their recovery as they transition to living independently and productively in the community (e.g., life skills, employment). See Appendix A for a Recovery Housing Checklist.

2.1 Target Population

Recovery Houses are ideal for individuals who are transitioning out of institutional settings and are not yet ready to live on their own, but who are motivated in recovery and can thrive in an environment providing limited structure. Ten to 20 Residents may live in a Recovery House at a given time. Recovery Houses serve a challenging population. Many Residents are struggling with difficult problems associated with opioid and other drug use. The disease of addiction has caused changes to how a Resident's brain works. The Successful Proposer(s) must be committed to serving this challenging population with compassion and respect. The target population, the majority of whom will have a history of opioid use, includes:

- Individual adults transitioning out of inpatient drug and alcohol treatment facilities
- Individual adults exiting the County Jail with a substance use disorder who have participated in drug and alcohol treatment or intervention services in the Jail
- Individual adults who are in recovery, but who are living in an environment that puts their recovery in jeopardy
- Individuals maintained on mental health medications and medications to assist them in recovery from substance use disorders (e.g., Methadone, Vivitrol and Suboxone)

Individuals are not included in the target population if:

- They are unwilling or unable to support the recovery culture of the Recovery House by adhering and upholding the house rules (see Section 2.2 D: Rules and Requirements)
- Their needs exceed the scope of service provided (e.g., the individual would be more appropriate for inpatient treatment)
- They pose a threat to themselves, to others or to property
- They are engaged in criminal activity
- They are children, ages birth through 17 years. Recovery Housing is for adults, ages 18 and older. (DHS offers family inpatient treatment and family short-term housing for families with drug and alcohol needs.)
- They are registered under Megan's Law

Referrals

The Successful Proposer(s) must accept individuals into Recovery Housing as referred by DHS, the Allegheny County Jail, or a licensed drug and alcohol treatment or Justice-Related Services provider under contract with the County. Justice-Related Services are supports designed to work with the Allegheny County Jail, District Courts, and/or behavioral health and other community service providers to assist those with mental illness and/or co-occurring mental illness and substance use disorder who encounter the criminal justice system.

The Successful Proposer(s) must accept referrals **regardless of use of Medication-Assisted Treatment (MAT),** criminal history, credit worthiness or other barriers. Referred individuals will come from racially, ethnically, religiously and culturally diverse communities and populations. The Successful Proposer must design and operate their Recovery House in a way that promotes respect and that utilizes approaches tailored to serve diverse individuals and communities. All Residents must feel welcomed, well-served and supported regardless of race, ethnicity, sexual orientation, gender identity and expression (SOGIE), intellectual or physical ability, English language proficiency or life experiences.

All individuals entering Recovery Housing must have completed a Level of Care Assessment (LOCA) to determine if they need treatment in addition to Recovery Housing. A LOCA is a face-to-face interview to ascertain the severity of alcohol or other drug use and the degree of impairment related to that use in order to determine proper placement and treatment for the individual. The completed LOCA, with diagnosis, will be shared with the Successful Proposer(s) at time of referral. See Appendix B for the Case Management Referral Form.

2.2 Housing

Length of Stay

In a Recovery House, the Successful Proposer(s) must provide Residents with a safe, sober place to live in a supportive, community environment. Residents may stay in a Recovery House for a **maximum of 90 days** (consecutively or non-consecutively) within a 12-month period. The 90 days still applies when crossing over into another fiscal year. The Resident cannot receive an additional 90 days because the program is entering a new fiscal year. Not all Residents will stay for the maximum 90 days; however, the goal is to keep Residents supported and engaged in the recovery process for the full 90 days. If there are special circumstances, Successful Proposer(s) must consult with the Allegheny County SCA prior to readmitting the Resident. Successful Proposer(s) must ensure that Residents have a safe discharge plan that will support their continued recovery.

Intake and Orientation

Within 24 hours of a Resident's arrival at a Recovery House, the Successful Proposer(s) must undertake the following:

a. Document the Resident's medical history, drug and alcohol history (including substances most frequently used, length and patterns of use, dates of last use and any continuing care recommendations), and personal history.
b. Explain and share in writing the house rules of the Recovery House. The Resident must sign a form, indicating that they agree to the Recovery House rules.
c. Pair each Resident with a Case Manager, a staff member of the Successful Proposer who will help the Resident develop a Recovery Plan and support the Resident in fulfilling the Plan (A Recovery Plan is a personalized plan developed by the Resident and Case Manager that describes the steps to support recovery; see a full description of a Recovery Plan in Section 2.3: Supportive Services).
d. Clearly describe and show to the Resident a written policy stating that Residents can choose their own path to recovery, including treatment and supportive services. This policy must address real or perceived conflicts of interest between house staff and programs to or from which Residents may be referred.
e. Discuss and have the Resident execute a Drug and Alcohol Consent to Release Information Form (see Section 2.5: Records, Confidentiality and Reporting)
f. The Successful Proposer(s) must establish and clearly communicate its policy and procedures about both OTC and prescription medications to Residents at intake.[2] Both over-the-counter (OTC) and prescription medications can be abused and jeopardize a Resident's recovery. However, not taking medications as prescribed can undermine a Resident's recovery. These policies and procedures should be designed to maintain a safe living environment and support the recovery of everyone in the home, including the Residents taking the medications. The Successful Proposer(s) must also have protocols in place regarding security of medication.
g. Share the schedule of weekly Recovery House meetings.
h. Share information regarding emergency procedures and contact information for the House Manager, the staff member who is responsible for the oversight of the Recovery House (for more information about the House Manager position, see section 2.4, Staffing/Training). The information must include emergency evacuation protocols and location of fire extinguishers, fire alarm pull-stations and evacuation maps and the location that the contact information and emergency numbers are posted. All of this information must be located in a public area of the Recovery House.
i. Share the House's overdose prevention policy for the Residents in the Recovery House. An overdose prevention policy must include an overview of what an overdose is, what happens when a Resident overdoses, what factors increase the risk of overdose, how to identify the symptoms of an overdose and how the Successful Proposer(s) will respond if a Resident overdoses. Residents must sign a statement that they have read and reviewed the overdose prevention policy. See Appendix C for information on overdose prevention which can be utilized to develop an overdose prevention policy.[3]

[2] Under Pennsylvania law, the only persons legally permitted to administer medication (controlled substances) are physicians, physician's assistants, registered nurses and LPNs. All drugs that are to be self-administered must be packaged in a manner complying with the Poison Prevention Packaging Act of 1970 and all current regulations, stemming from said Act.
[3] For more information about preventing overdose, see: http://prescribetoprevent.org/wp2015/wpcontent/uploads/Incorporating-OD-into-SUD-Tx-12.141.pdf

j. Share the schedule of household duties (e.g., cleaning, vacuuming), explain how household duties are designated, and clearly outline the responsibilities of the Resident in terms of daily chores and kitchen/food clean-up.
k. Explain how a Resident reports the need for House repairs and how repairs will be made within 48 hours.

Rules and Requirements

The rules governing the Recovery House (the House Rules) must be posted in a common location in the Recovery House. The Successful Proposer(s)'s House Rules must include the following:

a. Residents may not use alcohol or drugs on or off the premises of the Recovery House. The Successful Proposer(s) may enforce this policy by using random urine testing and/or breathalyzers. In the event of a relapse, the Successful Proposer(s) may decide to discharge the Resident from the Recovery House (after a thorough evaluation) and connect the Resident to a level of support that will help them re-initiate recovery.[4]
b. Residents may not stay in the Recovery House for longer than 90 days.
c. Residents must attend weekly, mandatory recovery support meetings offered by the Recovery House (e.g., 12-step meeting, relapse prevention).
d. Residents must build and participate in a Recovery Plan. The Recovery Plan will include linkages to treatment, peer supports, employment and housing. Their Case Manager will verify the Residents' participation in the activities outlined in their Recovery Plan.
e. Residents must participate in all case management services.
f. Residents may not act violently or threaten the safety of other Residents or staff.
g. Residents must abide by the policies about visitation of friends and relatives.
h. Residents must abide by the policies concerning OTC and prescribed medication administration and storage.

Residents will be discharged if they do not follow the rules and requirements. The Successful Proposer(s) must notify the Resident, in writing, when the Resident is terminated involuntarily. The Successful Proposer(s) also must provide DHS with a written report within 48 hours when they plan an involuntary termination of a Resident from the Recovery House. The notice of discharge from the Recovery House must include the specific reason for the discharge and must be signed and dated by the House Manager or the House Manager's authorized designee. A copy of this notice must be maintained in the Resident's record. The Resident must have the opportunity to appeal their discharge from the Recovery House through a formal grievance procedure developed and documented by the Successful Proposer(s). The Resident must be informed of this right of appeal and the appeal process in the discharge notice itself.

[4] Relapse is a natural part of the recovery process and is a challenge that occurs in a Recovery House. Successful Proposer(s) must have a well-thought plan for a relapse. While a relapse endangers the life of the Resident and the lives of everyone else in a Recovery House, the intent of discharging a Resident from the House is not to "punish" a Resident for relapsing but to protect the health and well-being of that Resident and the Recovery House community as a whole.

Physical Standards for a Recovery House

The Recovery House must have adequate space, facilities and equipment to meet the needs of the Residents. The Successful Proposer(s) must maintain all Recovery House utilities, major appliances, plumbing and electric service systems in good working order and safe operational conditions. The Successful Proposer(s) must post certificates of occupancy in common areas and abide by all applicable local building and fire safety codes. The Recovery House must meet all appropriate County Health Department codes and regulations and must have appropriate permits and certifications. Successful Proposer(s) must notify the Health Department prior to operating the Recovery House. Successful Proposer(s) must agree to allow the Health Department to inspect the Recovery House when requested. If the Recovery House is rented or leased, the Successful Proposer(s) must have written permission from the owner to operate a Recovery House and submit it as part of their Proposal.

The Successful Proposer(s) must make routine and emergency repairs in a timely manner and must maintain written procedures for Residents to report the need for repairs to the House Manager. The Successful Proposer's House Manager will be responsible for ensuring that repairs are made within 48 hours after a report is made. The Successful Proposer(s) must have a plan in place to transfer Residents to alternative safe housing in the event that repairs to critical Recovery House systems (e.g., heating, water, electric) cannot be completed in a timely manner.

Recovery Housing standards include, but are not limited to:

- Location: Recovery Houses should be located within Allegheny County and in areas convenient to public transit and groceries. The Successful Proposer(s) must be responsive to neighbor complaints. Proposer(s) must notify the community of a new Recovery House prior to opening.

- Building Exterior and Grounds: The Successful Proposer(s) must maintain the grounds of the Recovery House in a satisfactory manner. Exterior exits, stairs and walkways must be lit at night. Trash must be stored in covered containers and removed at least once per week.

- Common Living Area: The Recovery House must contain at least one furnished common living area for the free and informal use of Residents and their guests. The space must be large enough to accommodate Recovery House meetings.

- Bedrooms: Each Resident must have a bed with a solid foundation and a mattress in good condition, a pillow and bedding appropriate for the temperature of the Recovery House, and a storage area for clothing. A bedroom is defined as an area enclosed by floor to wall ceilings (not partitions or half walls). The Resident must be able to sit up in bed and have a securely attached ladder capable of supporting a Resident and railings on each open side of a bunk bed. Each bedroom must have direct access to a corridor or external exit. Sole entrances to stairways or basements may not be located in a Resident's bedroom. Each bedroom must be ventilated by operable windows or have mechanical ventilation. Each bedroom must have a window with a source of natural light. Bedrooms located in a

basement must have wall, floor and ceiling coverings (e.g., tile, linoleum, paneling, dry wall) and have a protective fire wall between the Resident and furnace. Areas where beds are placed must comply with fire safety codes and with applicable County Health Department codes.

- Bathrooms: For every eight Residents in a Recovery House, there must be at least one bathroom with a toilet, sink, and shower or tub that is maintained in a sanitary manner. Each bathroom must have at minimum a sink, wall mirror, soap dispenser, and either paper towels or a mechanical dryer. Bathrooms must have hot (not above 120 degrees Fahrenheit) and cold water. Residents must have privacy in bathrooms (e.g., toilets with doors, showers and bathtubs with curtains). There must be slip-resistant surfaces in all bathtubs and showers. Each bathroom must have ventilation, either with an operable exhaust fan or an operable, screened window. Toilet paper must be available at each toilet at all times. All bathrooms must comply with applicable County Health Department codes.

- Food and Kitchen: There must be an on-site central preparation area or kitchen, in which Residents can prepare their own food, that is in a good state of repair and includes a refrigerator, sink, stove, oven and cabinet space for storage. The Successful Proposer(s) must have policies in place and shared with Residents about cleaning food preparation areas, appliances, storage areas and utensils. Successful Proposer(s) are responsible for ensuring that Residents are food secure.

- Heating and Cooling: The Recovery House must maintain an indoor temperature that complies with County Health Department codes. When indoor temperatures exceed 90 degrees, mechanical ventilation such as fans or air conditioning must be provided by the Successful Proposer(s).

- Washer and Dryer: A washer and dryer must be made available for the Residents' use.

- Safety Procedures: The Recovery House must be kept free of rodent and insect infestation. Smoking must be limited to designated smoking areas, outside of the Recovery House. The Successful Proposer(s) must have written procedures in place and shared with Residents about what to do in cases of emergency. See Appendix E for fire safety requirements.

Naloxone (Narcan)

The Successful Proposer(s) must have Naloxone (Narcan) in the Recovery House at all times. Staff must be trained in the use of Narcan.

Site visits

DHS may elect to visit the proposed Recovery House site to determine if the proposed site meets the standards outlined above.

2.3 Case Management Services

The Successful Proposer(s) must provide Residents with case management services and must document all case management services that a Resident receives in their client file. Case management staff of the Successful Proposer(s) must encourage each Resident to develop and participate in their own personalized Recovery Plan. The staff and Resident will create the Recovery Plan together within 24 hours of the Resident's arrival. Staff must check-in with Residents about their progress weekly and update the Recovery Plan with the Resident at least once every 30 days. The Recovery Plan must define the specific service supports and treatment referrals used to assist the Resident in their recovery process. Specifically, the Recovery Plan should focus on connecting Residents to treatment and peer supports, locating permanent housing, finding employment and meeting other unmet, non-treatment needs.

- Treatment and Peer Support: The Successful Proposer(s)' case management staff must encourage Residents to seek sufficient professional care to meet the medical, psychological and community support needs that will support and strengthen their recovery process. They must inform Residents of the wide range of local treatment and recovery support services available including: 12-step or other mutual support groups, recovery community centers, recovery ministries, recovery-focused leisure activities and recovery advocacy opportunities. The Recovery Plan must encourage Residents to include attendance at mutually supportive, self-help groups and outside professional services.

- Housing: The Successful Proposer(s) must plan for a Resident's discharge to a permanent housing placement starting on day one of their admission into the Recovery House. Residents may have histories of homelessness or were homeless or at imminent risk of homelessness upon discharge from inpatient treatment or jail. Recovery Housing offers a step down from institutional settings and a place Residents can work on housing readiness. Stable housing is important for individuals in recovery; therefore, locating housing for Residents for after their stay in the Recovery House must be a priority. Residents must register with the Allegheny Link within seven days of admission to help find housing. During the first assessment call with the Allegheny Link, a Case Manager can be present to encourage the Resident to share all behavioral and physical health challenges the Resident is experiencing. A thorough and accurate assessment will help explore all housing options appropriate and available for Residents. Residents must allow the Successful Proposer(s) to serve as an authorized contact to receive updates from the Allegheny Link. Residents will call the Allegheny Link every 30 days to affirm their homelessness status until they locate housing. See Appendix D for the Allegheny Link Assessment Requirement.

- Employment: Finding work is an essential step in the personal recovery process. The Successful Proposer(s) must help Residents identify jobs that will help set them on a path toward stability in recovery and housing. Recovery Houses must offer job readiness workshops and build relationships with local employers and community organizations to facilitate employment and volunteer opportunities for Residents. Because a Resident's time is structured and may include numerous recovery-related activities during the day, it

may not be reasonable or feasible for a Resident to have outside work at the beginning of their stay in a Recovery House. However, a goal of Recovery Housing is to prepare Residents to live sober, stable lives in the community. Gaining and maintaining employment is part of living a stable life and will pay for permanent housing. Employment opportunities must be scheduled into a Resident's Recovery Plan.

- Unmet Needs: The Successful Proposer(s) must help Residents identify and address any unmet, non-treatment needs. For example, the Successful Proposer must connect Residents to public entitlements, especially Medicaid and Food Stamps, to help ensure food security. Additionally, people in recovery often need legal aid to address criminal records or debt-related issues. Residents also may request other activities that will aid their recovery such as wellness supports and sober recreational opportunities. The Successful Proposer(s) must provide help with and access to these unmet needs.

In addition to the unmet needs described above, where appropriate, the Successful Proposer(s) must connect Residents to the following:

- GED/literacy classes
- College/Vocational job training
- Employment readiness/placement services
- Job seeker services such as the Office Vocational Rehabilitation (OVR) and CareerLink
- Medical/Dental treatment
- Parenting classes
- Family counseling
- If child welfare-involved, activities associated with their Family Service Plan (e.g., visitation with their children)
- Outpatient drug and alcohol treatment supports
- Mental Health treatment and counseling
- Stress and anger management
- Finance and budgeting classes
- Probation/Parole offices
- Volunteer/Community Services
- Driver's license restoration
- Tax consulting
- County assistance offices

2.4 Staffing/Training

Recovery Houses must have a staff person onsite and awake 24 hours per day, seven days per week. The Successful Proposer(s) must maintain a staffing plan and have written descriptions of the duties of Recovery House staff posted in a common location in the Recovery House. DHS encourages the Successful Proposer(s) to include staff who are in recovery themselves. Not only does this type of staffing advance the peer support goals of the Recovery House, but it can provide Residents with an opportunity to become employed in a mission-oriented work

environment. This creates an environment that benefits both the Successful Proposer(s) and the individual Residents. Staff includes, but is not limited to:

- House Manager: The staff member who is identified in writing as the person responsible for all functions and operations of the Recovery House. The name, address and contact information of the House Manager must be posted in a common location in the Recovery House. The House Manager does not need to live onsite, but must be available 24 hours a day, seven days per week. Should the Successful Proposer(s) change House Managers, they must contact DHS within seven days. The House Manager will be responsible for providing new Residents with orientation to the Recovery House and for coordinating weekly, mandatory 12-step meetings.

- Case Manager(s): Staff, preferably with lived experience with SUD, who are responsible for working with Residents to build their Recovery Plan and for helping them meet the goals outlined in their Recovery Plan.

The Successful Proposer(s) must establish policies to reduce real or perceived ethical conflicts of interest for their staff. This may include situations when staff are affiliated with programs to or from which Residents may be referred.

Staff are required by the Pennsylvania Department of Drug and Alcohol Programs (DDAP) to receive the trainings listed below. Exceptions may be made for the trainings marked with an asterisk (*), pending DHS approval. Any training certificates currently on file for staff that will work directly with clients should be submitted as part of the Proposal.

- At hire
    - Screening and Assessment*
    - American Society of Addition Medicine [ASAM] (Only needed for staff completing LOCAs)
    - Naloxone/Narcan Training
- Within one year of hire
    - Addictions 101*
    - Confidentiality
    - Case Management Overview*
    - Basic HIV DDAP Approved
    - TB/STD/Hepatitis
    - Cultural Competency
    - CPR and First Aid
- Within two years of hire
    - Recovery Oriented Systems of Care
    - Harm and risk reduction
    - Mental health
- Ongoing
    - Trainings in the Non-Treatment Intervention Tool (12 hours per year) (Refer to the end of the recovery house tool Appendix J)

2.5 Records, Confidentiality and Reporting

The Successful Proposer(s) must maintain records for each Resident and keep records safely stored in a locked area or in a password protected and encrypted electronic device. A Resident has the right to inspect their own record. The House Manager/Case Manager is responsible for maintaining these records. Records (signed and dated at orientation) should include:

- Agreement to abide by the rules and requirements of the Recovery House
- Consent Form or Release Form
- Drug and Alcohol Pennsylvania Client Placement Criteria evaluation or treatment referral contact.
- A written log or a separate entry within the activity notes that records the nature and disposition of referrals made to outside resources.
- Activity notes indicating a Resident's overall progress and current status in meeting his/her goals and needs, updated on a weekly basis. All notes should be dated and signed by the individual making the entry.

The Successful Proposer(s) must develop a written procedure that complies with 4 Pa. Code 255.5 and 42 CFR PRT II (Confidentiality of Alcohol and Drug Abuse Patient Records). The procedure must include, but is not limited to:

- Confidentiality of individual personal identifying information and records, including a description of how to address security and release of records and who is responsible for maintenance of records.
- Access to Resident records. Staff who may have access to Resident records must be identified by name or position. The methods by which staff gain access to records should also be outlined.

The Successful Proposer(s) must obtain an informed, voluntary and properly executed Drug and Alcohol Consent to Release Information Form from the Resident for disclosure of protected information contained in the Resident's record. The consent must be executed in accordance with all elements required under applicable state and federal laws and regulations. A copy of the consent must be offered to the Resident and a copy maintained in their records. Compliance with this standard may be demonstrated by indicating on the consent form whether the copy was accepted or refused, posting a policy statement or including it in the Resident's orientation packet. Where consent is not required, staff must fully document the disclosure to the Resident and inform the Resident, as soon as possible, that the information was disclosed, for what purposes and to whom.

The Successful Proposer(s) will be responsible for entering claims to Community Care Behavioral Health (CCBH).[5] Successful Proposer(s) must have a diagnosis for all Residents in order to enter a claim to CCBH. Successful Proposer(s) may use the diagnosis from a Resident's referral or may make their own diagnosis, if qualified to do so. If the Successful Proposer(s) are

[5] For more information about CCBH, see: http://www.ccbh.com/

not already eligible to enter claims into CCBH, they must submit an application to CCBH. They must meet CCBH requirements (to better understand CCBH's requirements, see Appendix F. This is provided as a reference; do not submit this form with a Proposal).

The Successful Proposer(s) must tell DHS and provide a written report within 48 hours if they plan an involuntary termination of a Resident from the Recovery House and/or if any unusual incidents occur.

Unusual events include, but are not limited to, the following:

- A death, overdose or suicide attempt of a Resident
- Violent action resulting in injury of staff or Resident
- Outbreak of a contagious disease or food poisoning among Residents
- A serious crime
- A condition that results in closure of the Recovery House for more than one day of operation
- A fire or structural damage to the Recovery House
- Misuse or alleged misuse of a Resident's funds or property

The Successful Proposer(s) must complete the Discharge Summary Form (Appendix G) for each Resident who is discharged from the Recovery House or who leaves against staff advice.

2.6 Performance Outcomes

DHS expects that the Successful Proposer(s) will meet the following benchmarks.

- 75% of Residents abstain from using drugs and alcohol while in Recovery Housing
- 90% of Residents exit to a permanent housing placement
- 80% of Residents who did not have income, gained income while in Recovery Housing
- 90% of Residents who were eligible for public entitlements, gained public entitlements while in Recovery Housing (e.g., Medicaid, Food Stamps)
- 90% of Residents participated in safe and sober activities while in Recovery Housing
- 90% of Residents who wanted to be connected to long term treatment supports while in Recovery Housing received connection
- 100% of Residents were connected to physical and dental health supports while in Recovery Housing (if needed)
- 75% of Residents indicated satisfaction with their experience in Recovery Housing, as measured by a satisfaction survey administered at discharge from the Recovery House

The Successful Proposer(s) must collect and report accurate progress for continuous quality improvement. The Successful Proposer(s) must submit monthly outcome reports to DHS (see Appendix H) and will be required to file a quarterly and an annual report on performance measures and service utilization.

2.7 Budget

DHS will make available up to $300,000 to $500,00 per year to the additional Recovery House(s). DHS expects that there may be more than one Successful Proposer and that the funding will be divided among Successful Proposers according to Recovery House size. DHS will reimburse Recovery Housing services through an agreed-upon fee-for-service per day unit rate ($60 per day for each Resident or approximately $1,800 per month for each Resident). Successful Proposer(s) may bill up to four hours per month for case management in additional to the daily rate. Successful Proposer(s) must provide a realistic budget for operating their proposed Recovery House, including anticipated sources of funding beyond those available through this RFP. While not a requirement of the RFP, funding from foundations or from private or other public sources can support the cost of the program.

Section 3: Proposal Requirements and Evaluation Criteria

DHS will evaluate Proposals based upon the evaluation criteria listed below. Proposers must address their qualifications in their Proposal by responding to the requested items or questions in the Response Form. Proposers should download and type their responses directly into the Response Form available on the Active Solicitations webpage at www.alleghenycounty.us/dhs/solicitations. The maximum score that a Proposal can receive is 120 points, as outlined in the following sections.

A. Organizational Experience (20 points possible)

- Experience providing housing and supportive services to individuals with a history of unhealthy substance use. Evaluators also will review performance data for providers that currently operate a program through DHS's Bureau of Drug and Alcohol Services. (10 points)
- Experience helping individuals with diverse identities transitioning out of inpatient treatment facilities and/or the Jail on their path to recovery (10 points)

B. Housing (30 points possible)

- Plan for how many Recovery Houses your organization proposes to provide, how many bedrooms each House(s) will have and how many Residents your organization intends to serve per House at any given time (5 points)
- Plan for the intake materials that your organization would complete and share with incoming Residents (5 points)
- Draft set of your organization's proposed rules and requirements for the Recovery House and your organization's plan for addressing Residents should they fail to comply with the rules and requirements (5 points)
- Ability of the proposed Recovery House site(s) to meet the requirements for location and amenities, or a valid process plan for identifying an appropriate site (5 points)

- Plan for being responsive to the needs/concerns of both Residents and neighbors (5 points)
- Plan to ensure the proposed Recovery House(s) meet(s) the physical standards requirements, as described in section 2.2 E of the RFP (5 points)

C. Supporting Residents (35 possible)

- Philosophy for engaging and supporting Residents on their path to recovery (5 points)
- Approach to building and monitoring a Recovery Plan with Residents (5 points)
- Plan for connecting Residents to treatment, employment, housing and other supports so that they successfully transition to independence (5 points)
- Plan for ensuring that Residents have peer supports (5 points)
- Plan for creating a supportive recovery community among Residents (5 points)
- Plan for supporting a Resident in the event of relapse and for preserving the stability of other Residents of the House in the event of a Resident's relapse (5 points)
- Approach for involuntary termination of a Resident from the Recovery House, including the possible reasons for termination, the process to notify a Resident and DHS, and the appeal process (5 points)

D. Staffing/Training Plan (10 points possible)

- Staffing plan that includes an appropriate number of staff with appropriate responsibilities and level of experience (5 points)
- Plan to recruit, train and retain qualified staff and to ensure that staff have lived experience and reflect the population that they serve (5 points)

E. Administration (10 points possible)

- Plan for maintaining accurate, secure client records and for reporting data in a timely way (5 points)
- Plan to track and monitor performance measures for quality assurance and to make appropriate changes based on those performance measures (5 points)

F. Financial Management and Budget (15 points possible)

- Line-item budget and budget narrative that shows all planned expenses and reflect a realistic estimate of the costs associated with implementing the Recovery House (15 points)

Section 4: How to Submit a Proposal

4.1 Submission Process

a. Proposers should take time to review and understand the RFP in its entirety including:
    - The background (see Section 1: Why We Are Issuing this RFP)

- The narrative (see Section 2: What We Are Looking For)
- The requirements (see Section 3: Proposal Requirements and Evaluation Criteria)
- The evaluation process (see Section 5: How We Will Evaluate Your Proposal)

b. Proposers must use the Response Form to develop your Proposal. Type your responses to each requested item directly into the Response Form. It is available at our Active Solicitations website with the RFP announcement at www.alleghenycounty.us/dhs/solicitations.

c. Proposers must submit a complete Proposal. The Proposal includes the following attachments that are available on our Active Solicitations website:
   - Response Form
   - Minority, Women or Disadvantaged Business Enterprise (MWDBE) and Veteran Owned Small Business (VOSB) documents (see sections 7.1 and 7.2)
   - Allegheny County Vendor Creation Form
   - Audited financial reports for the last three years
   - Internal Revenue Service Form W-9
   - Draft of proposed rules and requirements
   - Letter from owner permitting a Recovery House, if applicable
   - Notice to the community, if applicable
   - Certificate of occupancy, if applicable

d. Proposers should not send any attachments other than those listed either above or in the Response Form.

e. If a Proposer does not have audited financial reports for the last three years, then the Proposer may submit other financial documentation that attest to the Proposer's financial health of your organization. Tax returns are the preferred alternative. Please note that providing adequate financial documentation is a requirement of contracting with Allegheny County.

f. Make sure to complete each section of the Response Form and to stay within any word counts or page limits that may be specified in the Response Form.

g. Proposals must be submitted electronically to DHSProposals@alleghenycounty.us no later than 3:00 p.m. Eastern Time on Friday, February 11, 2022 to be considered for review.

h. All Proposals must be submitted before the deadline! If a Proposal is late, it will be rejected and will not be presented to the Evaluation Committee (as described in Section 5 below) for review and scoring.

i. Proposers will receive an email acknowledging receipt of their Proposal. If a Proposer does not receive this notification within 48 hours of submitting their Proposal, please contact: DHSProposals@alleghenycounty.us.

4.2 How to Contact DHS about this RFP

a. All inquiries and questions must be submitted via email to DHSProposals@alleghenycounty.us by 3 p.m. Eastern Time on Friday, February 4, 2022.

b. All information about the RFP, including answers to questions, changes and clarifications, will be posted at our Active Solicitations website at www.alleghenycounty.us/dhs/solicitations.

c. Please check this website regularly for answers to questions, additional information or changes to the RFP or the RFP process.

4.3 Other Information

a. **The issuance of this RFP does not obligate the County to accept any Proposal or enter into an Agreement with any Proposers. The County reserves the right to reject any and all Proposals and not to enter into an Agreement for the Contracted Services.**
b. Any Agreement originating from this RFP is subject to all the Terms and Conditions specified in Section 6: Contract Requirements for Successful Proposers.
c. Proposers are responsible for all costs related to the preparation and submission of a Proposal.
d. Proposals become the property of the County and may become part of any subsequent Agreement between the Proposer and the County.
e. Successful Proposal(s) will be posted online in the DHS Solicitations Archive after an Agreement has been fully executed by the County and the Successful Proposer(s).

4.4 Pennsylvania's Right-to-Know Law

Proposers should be aware that all documents and materials submitted in response to this RFP may be subject to requests for access to public records made pursuant to Pennsylvania's Right-To-Know Law (RTKL). Under the RTKL, records in the possession of a public agency like the County are presumed to be public records and the County may have to make documents and materials submitted by the Proposer available to a requestor after an award of an Agreement is made.

If the Proposer includes any information within its Proposal that the Proposer asserts is either a "trade secret" or "confidential proprietary information," as those terms are defined under the RTKL, the Proposer must include with its Proposal a written statement signed by an authorized representative of the Proposer identifying those portions or parts of its Proposal that the Proposer believes constitute a "trade secret" or "confidential proprietary information" and provide contact information to enable DHS to contact the Proposer in the event that the County receives a Right-To-Know request for the Proposal. The Proposer shall have five (5) business days from date of receipt of any notification from the County to provide a written statement signed by an authorized representative of the Proposer explaining why the Proposal or any portion thereof is exempt from disclosure as a trade secret, confidential proprietary information or other legal reason. The County shall consider this statement in either granting or denying a request for public access to the Proposal or any portion thereof. The County will notify the Proposer of its decision whether to grant or deny the request either in whole or in part.

Section 5: How We Will Evaluate Your Proposal

DHS will convene an Evaluation Committee to evaluate Proposals. The Evaluation Committee will assign scores to each Proposal by awarding points based on the evaluation criteria in Section

3: Proposal Requirements and Evaluation Criteria, by using the point scale listed in Section 5.1 b.

5.1 Evaluation of Proposals

The evaluation process will consist of the following steps:

a. DHS will form an Evaluation Committee. The Evaluation Committee will be comprised of evaluators with expertise in the subject matter of this RFP and may include: community members with lived experience, external subject matter experts or provider representative(s), representative(s) from key partners or funders and DHS internal staff.
b. All Evaluation Committee members will individually review and score each Proposal. Each Evaluation Committee member will award points for each response on a Proposer's Response Form utilizing their personal expertise and best judgment of how the Proposal submitted by that Proposer meets the evaluation criteria in Section 3 using the following scale:
    0 – Not addressed in Proposal
    1 – Poor
    2 – Below expectations
    3 – Meets expectations
    4 – Exceeds expectations
    5 – Outstanding
c. Each 0-5 score will be multiplied by the appropriate weight for the number of possible points noted after each evaluation criterion in Section 3. For example, for a criterion worth 15 points, the 0-5 score would be multiplied by three. An "Outstanding" response would receive 15 points, while one that "Meets Expectations" would receive nine points.
d. DHS will tally the average scores of the members of the Evaluation Committee and report a list of average scores to the entire Committee. The Committee will meet, consider the average scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP. The Committee will have the discretion to proceed as follows: (i) to recommend to the Director of DHS that a reduced number of Proposals be shortlisted for more extensive review through a formal oral presentation to the Committee; or (ii) to recommend to the Director of DHS that DHS request authorization for the County to enter into an Agreement(s) with the Successful Proposer(s).
e. As described in c above, DHS, on behalf of the County, shall have the exclusive discretion to shortlist a reduced number of Proposals for more extensive review. In this case, DHS may request that shortlisted Proposers make a formal oral presentation to the Evaluation Committee. Each Committee member will individually score the oral presentation of the shortlisted Proposers using the following criteria and the scale outlined in 5.1b. The maximum score that a shortlisted Proposer's oral presentation can receive is 15 points:
    - Presentation demonstrates Proposer's ability to implement the Contract Services effectively (5 points)
    - Proposer's answers to Evaluation Committee's questions (5 points)

- Proposer's presentation is thoughtful and professional (5 points)

f. DHS will tally the average scores of the members of the Evaluation Committee to the shortlisted Proposer formal oral presentations and report a list of average scores to the entire Committee. The Committee will meet, consider the scores, and arrive at a consensus on which Proposer(s) can best provide the Contract Services in response to the RFP.
g. The Committee will submit its recommendation for award of an Agreement or Agreements to the Director of DHS for approval. The Director will, in turn, submit a request to the County Manager for approval for the County to enter into an Agreement or Agreement with the Successful Proposer(s).
h. At any time during the evaluation process, DHS may contact a Proposer to discuss any areas of the Proposal needing clarification or further explanation.
i. As part of determining a Proposer's eligibility to enter into a contract with Allegheny County, all Proposers' financial audits or other documentation will be reviewed by DHS fiscal analysts to ensure a Proposer's financial stability.
j. The County is under no obligation to award or enter into an Agreement with a Proposer as a result of this RFP. The County reserves the right to reject any and all Proposals.
k. All Proposers will be notified of the County's final decision of which Proposer(s) will be awarded an Agreement.
l. Proposers not awarded an Agreement who are interested in receiving feedback regarding their submission may request a phone call at DHSProposals@alleghenycounty.us.

5.2 Other Requirements

For a Proposal to be eligible for evaluation, it must be:

a. Received by the due date/time
b. Properly formatted and include responses to all requested information
c. Complete with all required forms and attachments

Proposals which do not meet the above requirements will be automatically rejected and will not be presented to the Evaluation Committee.

Section 6: Contract Requirements for Successful Proposers

In order to enter into an Agreement with the County, Proposers must comply with all contract requirements listed below and all standard terms and conditions contained in a County contract for provision of services to DHS and its offices. Additional details about contracting with Allegheny County are provided in the DHS Contract Specifications Manual, available at www.alleghenycounty.us/dhs/solicitations.

6.1 Minority, Women or Disadvantaged Business Enterprise (MWDBE) Requirements

Allegheny County has MWDBE goals of 13% participation for Minority Business Enterprises and 2% participation for Women Business Enterprises and expects that Successful Proposers will make a "good faith effort" in assisting the County in meeting these goals.

a. All Proposals must include a completed Allegheny County DHS Combined MWDBE Form and supporting documents. The Allegheny County DHS Combined MWDBE Form should be completed as follows:
    - All Proposers must complete Section 1 – Contact Information and attach their MWDBE Diversity Plan (see Section 4 – Sample Diversity Policy).
    - If the Proposer is able to meet the MWBDE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement. Proposers also must attach the MWDBE certifications of the firms cited in the Participation Statement.
    - If the Proposer would like to request a waiver from participating in the MWDBE contract goals, the Proposer should complete Section 2 – MWDBE Participation Statement and Section 3 – MWDBE Participation Waiver Request Form.
b. MWDBE forms and resources can be found at www.alleghenycounty.us/dhs/solicitations:
    - Allegheny County DHS Combined MWDBE Form
    - MWDBE Resources
        - MWDBE Contract Specifications Manual
        - MWDBE Guide for DHS Proposers
c. For more information about MWDBEs, visit the Allegheny County Department of Equity and Inclusion website.

6.2 Veteran Owned Small Business (VOSB) Requirement

Allegheny County also has a goal of 5% participation for veteran-owned small businesses (VOSB) in all contracts. The County, therefore, expects that Successful Proposers will make a "good faith effort" in assisting the County in meeting this goal.

a. A veteran-owned small business is defined by the County as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one or more veterans, or in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans, and the management and daily business operations of which are controlled by one or more veterans. The VOSB vendor **MUST** provide proof of veteran ownership including percentage and name and address of business.
    - For contracts under $100,000, VOSB vendors shall be exempt from all bonding requirements.
b. All Proposals must include either of the following:
    - If the Proposer is able to meet the VOSB contract goal, a completed VOSB Participation Statement is required. You must also attach a copy of the VOSB vendor(s) DD 214 discharge form(s) cited in the Participation Statement.

- If the Proposer requests a waiver from participating in the VOSB contract goal, a completed VOSB Participation Statement and VOSB Waiver Request are required.

c. VOSB forms can be found at www.alleghenycounty.us/dhs/solicitations:
   - VOSB Participation Statement
   - VOSB Waiver Request

6.3 HIPAA Compliance

DHS is a covered entity under the Health Information Portability and Accountability Act (HIPAA). Therefore, a Successful Proposer must comply with all HIPAA requirements.

6.4 Cyber Security

a. Successful Proposers must meet the minimum computer specifications that begin on page 14 of the DHS Contract Specifications Manual, available at www.alleghenycounty.us/dhs/solicitations.
b. All electronic devices must have sufficient security software and settings to minimize the risk of an information breach.
c. Successful Proposers must also have policies in place to ensure that electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected).

6.5 Equal Employment Opportunity and Non-Discrimination Requirements

By submitting a Proposal, a Proposer agrees to not discriminate against any employee, applicant for employment, independent contractor, client or any other person on the basis of race, color, religion, national origin or ancestry, sex, gender identity or expression, sexual orientation, disability, marital status, familial status, age (40 or over), or use of a guide or support animal because of blindness, deafness or physical disability.

6.6 Language Diversity Requirements

Successful Proposer(s) must assure resources are secured and/or made available for participants/consumers/clients with limited English proficiency or other communication barriers. Such actions shall include but not be limited to assessing the need for interpreters, evaluating the need for alternate language materials, identifying internal and external resources to meet identified needs, and accessing services contracted by DHS through their assigned contract monitor(s).

6.7 New Provider Requirements

If awarded an Agreement, Successful Proposers who do not have current Allegheny County contracts will be required to complete the DHS New Provider Application.

Appendix A: Recovery Housing Checklist Agency:

Items	✓ if Yes
Document the Resident's medical history, drug and alcohol history (including substances most frequently used, length and patterns of use, dates of last use and any continuing care recommendations), and personal history. These need to be documented in the client's chart.	
Explain and share in writing the house rules of the Recovery House. The Resident must sign a form, indicating that they agree to the house rules. Which will be kept in the client's chart.	
Pair each Resident with a Case Manager, a staff member who will help the Resident develop a Recovery Plan and support the Resident in fulfilling the Plan. Which will be documented and kept in the client's chart.	
Clearly describe and show to Resident a written policy stating that Residents can choose their own path to recovery, including treatment and supportive services. This policy will be accessible in the common area for staff and in the common area for the clients. Each resident will also have a signed acknowledgement of this policy in each of their respective charts.	
Discuss and have the Resident execute a Drug and Alcohol Consent to Release Information Form which will be kept in the client's chart.	
Share the policy on the use of Over-the-Counter (OTC) and prescription medication, each resident will also have a signed acknowledgement of this policy in each of their respective charts.	
Drug Use Policy, signed and documented in client's chart.	
Share the House's overdose prevention policy for the Residents in the Recovery House. This signed statement will be kept in the client's chart.	
The Recovery House must be kept free of rodent and insect infestation. Smoking must be limited to designated smoking areas, outside of the Recovery House. The Recovery House must have written procedures in place and shared with Residents about what to do in cases of emergency.	
Visitation Policy and Procedure, accessible in common area for staff and in common area for clients. A signed acknowledgement of this policy and procedure will be kept in each client's respective chart.	
Food preparation, cleaning and storage Policy, accessible in common area for staff and in common area for clients.	
Ethics Policy, accessible in common area for staff and in common area for clients.	
Narcan Policy and proof of staff training, in staff records. Naloxone (Narcan) must be kept in the Recovery House at all times.	
Recovery Support Meeting lists accessible common area for clients.	
Share the schedule of household duties (e.g., cleaning, vacuuming), explain how household duties are designated and clearly outline the responsibilities of the Resident in terms of daily chores and kitchen/food clean-up, this will be signed and documented in client's chart	

The Recovery House must contain at least one furnished common living area for the free and informal use of Residents and their guests. The space must be large enough to accommodate Recovery House meetings.	
For every eight Residents in a Recovery House, there must be at least one bathroom with a toilet, sink and shower or tub that is maintained in a sanitary manner. Each bathroom must have at minimum a sink, wall mirror, soap dispenser, and either paper towels or a mechanical dryer.	
Bedrooms: Each Resident must have a bed with a solid foundation and a mattress in good condition and flame retardant, a pillow and bedding appropriate for the temperature of the Recovery House, and a storage area for clothing. A bedroom is defined as an area enclosed by floor to wall ceilings (not partitions or half walls). No more than four Residents may share a bedroom. The Resident must be able to sit up in bed and have a securely attached ladder capable of supporting a Resident and railings on each open side of a bunk bed. Each bedroom must have direct access to a corridor or external exit. Sole entrances to stairways or basements may not be located in a Resident's bedroom. Each bedroom must be ventilated by operable windows or have mechanical ventilation. Each bedroom must have a window with a source of natural light. Bedrooms located in a basement must have wall, floor and ceiling coverings (e.g., tile, linoleum, paneling, dry wall) and have a protective fire wall between the Resident and furnace. Areas where beds are placed must be in compliance with fire safety codes. All bedrooms must comply with applicable County Health Department codes.	
The Recovery House must maintain an indoor temperature of at least 65 degrees Fahrenheit in the winter. When indoor temperatures exceed 90 degrees, mechanical ventilation such as fans or air conditioning must be provided.	
The grounds of the Recovery House must be kept in a satisfactory manner. Exterior exits, stairs and walkways must be lit at night. Trash must be stored in covered containers and removed at least once per week.	
A washer and dryer must be made available for the use of Residents.	
Occupancy/Zoning Permits	
Notification to community members regarding the new service	
Is there a person(s) with lived experience working at the program? If so, how does the agency monitor the sobriety of the individual? How much clean time does the staff person need to have before being hired?	
Complaint with DDAP regulations for Recovery Housing.	

Appendix B: Case Management Referral form

HSAO Drug and Alcohol Case Management

101 Bellevue Rd, Suite 001
Pittsburgh PA 15229
Phone: (412) 301-8232

Please send all referrals to:
DAcasemanagement@hsao.org

Referral

Referral Agency Information

Referral Agency Name: _____ *Date:* _____

Agency Address: _____
Street Address **Suite #**

_____
City **State** **ZIP Code**

Phone: _____ *Email* _____

Primary Contact: _____ *Relation:* _____

Applicant Information (*Must be 18 years of age or older and live in Allegheny County*)

First Name: _____ *Last Name:* _____

Date of Birth: _____ Identified Gender: _____

SSN Number: _____ Primary Phone Number: _____ **Can this number accept texts?** YES ☐ NO ☐

Secondary Number: _____ **Can this number accept texts?** YES ☐ NO ☐

Email Address: _____

Mailing Address: _____

US Citizen: YES ☐ NO ☐ **If no, please indicate:** _____

Primary Language: _____

Does Applicant have Medical Assistance: YES ☐ NO ☐ MA ID #: _____

If not, does applicant have other insurance please explain: _____

Is the applicant pregnant? YES ☐ NO ☐ If so, what is the expected due date? _____

Is the applicant a Veteran? YES ☐ NO ☐

Does this applicant have minor children in their household? YES ☐ NO ☐

Is the applicant an overdose survivor? YES ☐ NO ☐

If yes, include most recent overdose date? _____

Eligibility Criteria [Substance Use Disorder]

Primary Diagnosis ICD-10-CM Code: _____ *Date Diagnosed:* _____

Secondary Diagnosis ICD-10-CM Code: _____ *Date Diagnosed:* _____

Tertiary Diagnosis ICD-10-CM Code: _____ *Date Diagnosed:* _____

Appendix C: Overdose Information

Opioid Overdose Basics for use in developing an Overdose Prevention Policy

Definitions

- What is an Overdose?
    - Overdose (OD) happens when a toxic amount of a drug, or combination of drugs overwhelms the body.
    - With opioid overdoses, surviving or dying wholly depends on breathing and oxygen.
    - Heroin, prescription opioids (like Oxycontin, Fentanyl, Morphine, Vicodin, Percocet, etc.) and other downers such as alcohol and benzodiazepines (like Xanax, Klonopin, Valium, Ativan, etc.) are a particularly dangerous combo, since they all affect the body's central nervous system, which slows breathing, blood pressure, and heart rate, and in turn reduces body temperature.
    - In a stimulant overdose drugs like speed, cocaine, and ecstasy raise the heart rate, blood pressure, and body temperature, and speed up breathing. This can lead to a seizure, stroke, heart attack or death.

- Understanding Naloxone ○ Naloxone is used to counter the effects of opioid overdose, for example morphine and heroin overdose. It is used in opioid overdoses. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent. Naloxone may be injected in the muscle, vein or under the skin or sprayed into the nose. Naloxone wears off in 30-90 minutes.

Risks & Prevention Strategies

- Mixing Drugs ○ Drugs taken together can interact in ways that increase their overall effect. Many overdoses occur when people mix heroin or prescription opioids and/or alcohol with benzodiazepines such as Klonopin, Valium, and Xanax. Most fatal overdoses are the result of poly-drug use.
    - When drugs are combined, the risk is increased. For example, the more alcohol and/or benzos (like Xanax, Valium, Klonopin) in your system, the less heroin needed to cause an overdose.
    - Speedballing (mixing heroin and cocaine). Sometimes people think that combining a stimulant and a depressant would counterbalance the different effects, the combination does not cancel out overdose risk. Actually, people who speedball are at higher risk for overdosing than people who use heroin or cocaine alone. This is likely because:

    - Prevention Tips:
        - Use one drug at a time, or use less of each drug.
        - Reduce the amount of every drug being taken
        - Try to avoid mixing alcohol with heroin/pills—this is a dangerous combination

        - If you are drinking or taking pills with heroin, doing the heroin first may reduce the risk as you can better gauge how high you are. Alcohol and especially benzos impair judgment so you may not remember or care how much you've used.
        - Have a friend with you who knows what drugs you've taken and can respond in case of an emergency

- Tolerance
    - Risks: Tolerance is your body's ability to process a certain amount of a drug. Low tolerance means that your body can only process a small amount of a drug (i.e., it takes less drugs to feel the effects) and increased tolerance means your body has learned how to process increased amounts of the drug (i.e., it takes more drugs to feel the effects). Tolerance develops over time, so the amount of a drug a long-time user needs to feel the drug's effects is a lot greater than a newer user. Tolerance also wavers depending on several factors including, weight, size, illness, stress, compromised immune system, and age. Most importantly, tolerance can decrease rapidly when someone has taken a break from using a drug whether intentionally – for example, while in drug treatment or on methadone detox – or unintentionally – for example, while in jail or the hospital. Research has also shown that tolerance is effected when a person uses drugs in a new or unfamiliar environment, and therefore at a higher risk for overdose.

    - Prevention Tips:
        - Use less when you are sick or you haven't used—even a few days of abstinence or decreased use can lower your tolerance.
        - If you are using after a period of abstinence, be careful and go slow
        - Do a tester shot, or go slow
        - Use different method, e.g., snort instead of inject

- Quality ○ Risks: Quality refers to how pure, or strong, a drug is. The content and purity of street drugs is always unpredictable. They are often "cut" with other drugs or materials that can be dangerous. You can't tell how pure your drugs are from looking at it, and purity levels are always changing, which means you can do a shot that's a lot stronger than what you are used to and put yourself at risk of an overdose. Same goes for prescription drugs—while we may know the contents of the pill and the dosage, we may not know how strong one type of pill is compared to another of a similar type. For example an Oxycontin is not the same as a Vicodin, even though both are in the opioid family. Knowing the strength and understanding dosage when taking pills is as important as knowing the strength and purity of street drugs like heroin.

    - Prevention Tips:
        - Test the strength of the drug before you do the whole amount.
        - Try to buy from the same dealer so you have a better idea of what you're getting,
        - Talk to others who have copped from the same dealer.
        - Know the pills you're taking
        - Be careful when switching from one type of opioid pill to another

- Using Alone

- Risks: If you are using alone there is no one there to call for help or take care of you if you go out. Many fatal overdoses have occurred behind closed or locked doors where the victims could not be found and no one was there to intervene.

- Prevention Tips:
  - Fix with a friend!
  - Develop an overdose plan with your friends or partners.
  - Leave the door unlocked or slightly ajar.
  - Call someone you trust and have them check on you.
  - Some people can sense when they are about to go out. This is rare, but if you are one of the people that can do this, have a loaded syringe or nasal naloxone ready. People have actually naloxone'd themselves before!

- Age & Physical Health
  - Risks: Older people and/or those with longer drug using careers are at increased risk for fatal overdose. While more experience is probably protective, the cumulative effects of long term substance use, which could include illnesses, like viral hepatitis or HIV or infections, like endocarditis or cellulitis, may hinder resiliency. Older people who overdose are less likely than younger people to survive their overdose. If you have a compromised immune system, you've been sick, or if you have a current infection, like an abscess, this also puts you more at risk for overdose because your body is weakened. Dehydration, not eating or sleeping also puts you more at risk for overdose. If you are a stimulant user, you are more at risk for a seizure, stroke, or heart attack if you also have other health issues like high blood pressure, heart disease, diabetes, high cholesterol or if you smoke cigarettes.

    Also, since opioids cause your breathing to slow down, if you have asthma or other breathing problems, you could be at higher risk for overdose.

    Everybody is Different. Rely more on what you know about your own body, tolerance and experience, on what partners are using because everybody is different in how they process different substances.

    Anyone who uses opioids, including people who take opioids for pain, should be aware of increased overdose risk if they have any of the following:
    - Smoke or have COPD, emphysema, asthma, sleep apnea, respiratory infection, or other respiratory illness
    - Have kidney or liver disease or dysfunction, cardiac illness or HIV/AIDS
    - Drink alcohol heavily
    - Currently taking benzodiazepines or other sedative prescription or antidepressant medication

  - Prevention Tips:
    - Drink lots of water or other fluids, try to eat
    - Pharmaceuticals, like opioids and benzos, especially with Tylenol (acetaminophen) in them, are harder for your liver to break down because of a lot of the stuff that's in them. If you have liver damage, stay away from pharmaceuticals with a lot of acetaminophen in them, like Vicodin and Percocet.
      - Carry your inhaler if you have asthma, tell your friends where it is, and that you have trouble breathing

- Go slow if you've been sick, lost weight, or have been feeling under the weather or weak—this can affect your tolerance.
- Try to find a good, nonjudgmental doctor and get checked out for other health factors that increase your risk of stimulant overdose, like high blood pressure, high cholesterol, heart disease or other physical issues that could increase your risk for a stroke or heart attack.

- Mode of Administration ○ Risks: There are many ways to use drugs, including:
    - Swallowing
    - Snorting
    - Intramuscular injection
    - Intravenous injection
    - Skin-popping (injecting just under the skin, not in a vein, and not in the muscle)
    - Plugging (drug-water solution introduced rectally with a needleless syringe – aka "booty bumping")

  Regardless of mode of administration, overdose is possible. Modes of administration that deliver the drug more quickly to the brain and are more likely to create a rush, such as intravenous injection and smoking also place people at higher risk for overdose. When someone switches the mode of administration that they are used to, it is harder to anticipate effect. Similarly, when someone migrates to a new drug of choice, or temporarily substitutes a different primary drug, there can be a period of heightened risk. For example, if a person migrates from swallowing methadone to injecting methadone, from swallowing oxycodone (OxyContin, Roxicodone, Percocet) to swallowing oxymorphone (Opana), or from injecting heroin to injecting Dilaudid – these are all periods when a person should employ heightened overdose prevention techniques.

  ○ Prevention Tips:
    - Be mindful that injecting and smoking can mean increased risk
    - Consider snorting, especially in cases when you're using alone or may have decreased tolerance
    - If you inject, try and remove tie after registering (flash of blood back in the syringe) and before injecting – this will allow you to better taste your shot and inject less if it feels too strong
    - Be careful when changing modes of administration since you may not be able to handle the same amount

- Previous Non-Fatal Overdose ○ Risks: If a person has ever had a nonfatal overdose in the past, this increases the risk of a fatal overdose in the future.

  ○ Prevention Tips:
    - Always use with a friend or around other people
    - Use less at first, especially if you are using a new product
    - Make an overdose plan with friends or drug partners

Recognizing Opioid Overdose

- How to recognize the if someone is experiencing overdose

Sometimes it can be difficult to tell if a person is just very high, or experiencing an overdose. The following will present some information on how to tell the difference. If you're having a hard time telling the difference, it is best to treat the situation like an overdose – it could save someone's life.

If you are worried that someone is getting too high, it is important that you don't leave them alone. If the person is still conscious, walk them around, keep them awake, and monitor their breathing.

The following are signs of an overdose: ○ Loss of consciousness ○ Unresponsive to outside stimulus ○ Awake, but unable to talk

- ○ Breathing is very slow and shallow, erratic, or has stopped

For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen. ○ Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle") ○ Vomiting ○ Body is very limp ○ Face is very pale or clammy

- ○ Fingernails and lips turn blue or purplish black ○ Pulse (heartbeat) is slow, erratic, or not there at all

If someone is making unfamiliar sounds while "sleeping" it is worth trying to wake him or her up. Many loved ones of users think a person was snoring, when in fact the person was overdosing. These situations are a missed opportunity to intervene and save a life.

It is rare for someone to die immediately from an overdose. When people survive, it's because someone was there to respond.

The most important thing is to act right away!

Responding to Opioid Overdose

- Assessment & Stimulation

1. Assess the signs ○ Is the person breathing? ○ Is the person responsive?
   - ○ Do they answer when you 'shake and shout' their name?
   - ○ Can the person speak?
   - ○ How is their skin color (especially lips and fingertips)?

2. Stimulation
   - ○ If the person is unconscious or in a heavy nod, try to wake them up: Call his or her name and/or say something that they might not want to hear, like "I'm going to call 911" or "I'm going to give you naloxone." ○ If this does not work, try to stimulate him or her with pain by rubbing your knuckles into the sternum (the place in the middle of your chest where your ribs meet (Sternal Rub)

- Call for help ○ It is recommended that you call 911 in the case of an overdose because it is important to have trained medical professionals assess the condition of the overdosing person. Even though naloxone can fix the overdose, there may be other health problems going on. Also, people who survive any type of overdose are at risk of experiencing other health complications as a result of the OD, such as pneumonia and heart problems. Getting someone to be checked out by a medical professional is an important part of reducing the harms associated with overdosing.

  REMEMBER! Naloxone only works if there is opioids involved with the OD. It cannot reverse an OD of cocaine, speed, benzos, alcohol or other non-opioid based drugs.

  Recovery Position: If you have to leave the person at all, even for a minute to phone 911, make sure you put them in the Recovery Position, which means laying the person slightly on their side, their body supported by a bent knee, with their face turned to the side. This will help to keep their airway clear and prevent them from choking on their own vomit if they begin to throw-up.

  What to Say to 911: What to say when calling 911 depends on the local emergency response to overdoses. In every community, it is important to report that the person's breathing has slowed or stopped, he or she is unresponsive, and give the exact location. If Naloxone was given and it did not work, tell the dispatcher.

  When making the call:

  - Tell the dispatcher exactly where you and the overdosing person are. Give them as much information as possible so that they can find you (e.g., 3rd floor, or in the bathroom).
  - Avoid using words like drugs or overdose—stick to what you see: "Not breathing, turning blue, unconscious, non-responsive, etc." This makes the call a priority.
  - When the paramedics arrive, tell them what you know about what drugs the person may have been using—as much information as possible. If the paramedics suspect opioids, they will give the victim an injection or intranasal dose of naloxone.
  - Keep loud noise in background to a minimum—if it sounds chaotic, they will surely dispatch police to secure the scene and protect the paramedics

  If calling 911 is not an option (some people will not call), it is important to make some alternate plans if your rescue attempts are not working. Can someone else in the vicinity call? Could you provide rescue breathing, naloxone, and put the person in the recovery position and then leave to alert someone to call, even a passerby? Leave the person where they can be found, with doors unlocked and/or open. Remember, doing something is better than doing nothing.

- Administer Naloxone ○ How to Administer
  Nasal Naloxone

  - Do rescue breathing for a few quick breaths if the person is not breathing.
  - Affix the nasal atomizer (applicator) to the needleless syringe and then assemble the glass cartridge of naloxone (see diagram).
  - Tilt the head back and spray half of the naloxone up one side of the nose (1cc) and half up the other side of the nose (1cc).

        - If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing for them while waiting for the naloxone to take effect.
        - If there is no change in 3-5 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else is wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone.

    - Injectable Naloxone:
        - Do rescue breathing for a few quick breaths if the person is not breathing.
        - Use a long needle: 1 – 1 ½ inch (called an IM or intramuscular needle)- needle exchange programs and pharmacies have these needles.
        - Pop off the orange top vial
        - Draw up 1cc of naloxone into the syringe 1cc=1mL=100u.
        - Inject into a muscle – thighs, upper, outer quadrant of the butt, or shoulder are best.
        - Inject straight in to make sure to hit the muscle.
        - If there isn't a big needle, a smaller needle is OK and inject under the skin, but if possible it is better to inject into a muscle.
        - After injection, continue rescue breathing 2-3 minutes.
        - If there is no change in 2-3 minutes, administer another dose of naloxone and continue to breathe for them. If the second dose of naloxone does not revive them, something else may be wrong—either it has been too long and the heart has already stopped, there are no opioids in their system, or the opioids are unusually strong and require more naloxone.
        - Once naloxone has been delivered and if the person is not breathing, continued rescue breathing is important until help arrives.

    Naloxone only lasts between 30 – 90 minutes, while the effects of the opioids may last much longer. It is possible that after the naloxone wears off the overdose could recur. It is very important that someone stay with the person and wait out the risk period just in case another dose of naloxone is necessary. Also, naloxone can cause uncomfortable withdrawal feelings since it blocks the action of opioids in the brain. Sometimes people want to use again immediately to stop the withdrawal feelings. This could result in another overdose. Try to support the person during this time period and encourage him or her not to use for a couple of hours.

    IMPORTANT! If the person who overdosed is not responsive to stimulation, not breathing, and has no pulse after receiving naloxone and rescue breathing, then the victim needs cardiopulmonary resuscitation (CPR) via a trained bystander and the emergency medical system. Call 911!

- Perform Rescue Breathing ○ Lie the person on their back on the floor
    - Tilt their head back with a finger on the side of their jaw
    - Open their mouth and remove anything in their mouth by scooping with a finger ○ Pinch their nose shut
    - Take a deep breath and place your mouth over theirs

- Give two breaths to start, making sure their chest is rising and falling ○ Give one breath every 5 seconds until naloxone begins to take effect or ambulance arrives.

- Aftercare

Withdrawal and re-overdose risk ○ Because naloxone blocks opioids from acting, it is possible that it can cause withdrawal symptoms in someone that has a habit, daily opioid pain medication use or other opioid tolerance. Therefore, after giving someone naloxone he or she may feel dopesick and want to use again right away. It is very important that one does not use again until the naloxone wears off so that a re-overdose does not occur.

Bystanders who use naloxone often report that it works immediately, however it may take up to 8 minutes to have an effect. Naloxone's effect lasts for about 30 to 90 minutes in the body. Because most opioids last longer than that, the naloxone may wear off before the effects of the opioids wear off and the person might go into an overdose again. Naloxone administration may be repeated without harm if the person overdoses again. In addition, if the person uses more heroin or opioids when there is still naloxone in the system, he or she may not feel it at all – naloxone will knock it out of the opioid receptors and the person will have wasted their drugs.

If the person cannot walk and talk well after waking up, then it is very important that they are taken to the hospital. If possible, stay with the person for several hours keeping them awake.

Appendix D: Allegheny Link Assessment Requirement

Recovery Housing—Allegheny Link Assessment Requirement

- The recovery housing participant must call the Allegheny Link (AL) office within the first week 7 days of entering recovery housing services for an assessment (1-866-730-2368). The case manager should be present during the call. The recovery housing participant must tell the AL that their case manager at the recovery housing program is a secondary contact/authorized contact for the case manager to be able to know if a housing provider is trying to reach out to the recovery housing participant for a potential housing option. During the assessment call with the AL the case manager should encourage the participant to share all the behavioral and physical health challenges that they are experiencing. A thorough and accurate assessment is what is needed to appropriate explore all the housing options available to recovery housing participants.

- The recovery housing participant will need to call the AL every 30 days to state that they are still homeless.

Chuck Keenan from the Allegheny County Department of Human Services Housing Department must provide a "Housing 101" brief training with the case management/supervisory staff persons hired by recovery housing programs. The recovery housing provider is responsible for coordinating the training. Chuck Keenan can be reached at 412-350-5606 or at the following email address: Charles.Keenan@AlleghenyCounty.US

- The recovery housing provider must establish a primary housing plan in addition to a secondary and tertiary plan just in case the AL is unable to find a housing option for the participant within the 90-day timeframe.

- The participant should be discharged from the recovery housing program once an appropriate housing option is found (unless they are court-ordered for 90 days or involved in JRS services). Additionally, support services should be offered before the time of discharge such as services offered through Human Services Administration Organization (HSAO), Drug and Alcohol Case Management Unit (412-301-8232). Note: Individuals cannot stay in recovery housing beyond 90 days within a fiscal year.

Appendix E: Fire Safety

Fire Safety

All stairways, hallways and exits from rooms and from the House must remain unobstructed and operable at all times. There must be a minimum of two exits per floor of the Recovery House, including the basement, that are separated by a minimum of 15 feet. Basements and attics not having two exits cannot be used for any reason and should remain locked at all times. Operable portable ladders and rope escapes may not be used as standard exits. Any secondary exit that crosses a roof must have a catwalk with a secure railing. Each ramp, interior stairway and outside step exceed two steps must have a well-secured handrail, as must each porch with over an 18-inch drop. Exits must be clearly indicated by use of signs and interior exits and stairs light at all times.

Smoke detectors and Fire Alarms

A Recovery House must have one operable smoke detector per floor, including the basement and attic. On floors with Resident bedrooms, a smoke detector must be located no less than 15 feet of each bedroom door. On floors with no bedrooms, it must be located in a common area or hallway. Broken smoke detectors must be repaired with 48 hours. Smoke detectors and fire alarms must be of a type approved by the Department of Labor and Industry or by the Underwriters Laboratories. Carbon Monoxide detectors must be utilized in homes that have heating systems that generate carbon monoxide or in homes with attached garages. The detector should be within 15 feet of the source and loud enough for Residents to hear. Accommodations must be made for individuals with hearing impairments.

Fire Extinguishers

Recovery Houses must maintain fire extinguishers with an ABC rating on each floor (with one per 2,000 square foot of floorage), including basements and attics. They must be visible and easily accessible. There must be a fire extinguisher in the kitchen. Fire extinguishers should be inspected annually and repaired with 48 hours. All Residents must be instructed on how to use the extinguishers at orientation and the instruction must be documented.

Fire Drills

The Recovery House must have a written policy in place on fire safety, including a fire safety plan (shared with Residents at orientation) and house evacuation procedures to be used during a fire or as a part of regular fire drills. The Successful Proposer(s) must maintain records on fire drills and fire safety procedures within the house. The Successful Proposer(s) must conduct unannounced fire drills at least once every 90 days, during which all Residents evacuate.

Appendix F: CCBH Requirements

339 Sixth Avenue
Suite 1300
Pittsburgh, PA 15222
T
412.454.2120
F
412.454.2177
www.ccbh.com

COMMUNITY CARE
Behavioral Health Organization

FACILITY ASSESSMENT/REASSESSMENT CHECKLIST

(The application is complete when the following sections have been completed and appropriate documentation attached.)

CJ Section A-Facility identifying information, including contact information.

CJ Section B -Certificate of Liability Insurance

., Current liability face sheet demonstrating a minimum of $1M/$3M for nonhospital facilities, $500,000/$2.5 Million for hospitals

., A loss run /malpractice history (past 5 years for initial assessment or past 3 years for reassessment) from your liability carrier.

CJ Section C-1 - Quality Management, including a copy of the Quality Management Plan

CJ Section C-2-Fraud, Waste and Abuse, including a copy of the Compliance Plan

CJ Section D - Physician Roster (Hospitals only - submit roster of all BH physicians)

CJ Section E- Accreditation with copies of current JCAHO, CARF or COA certificates

- Please note that if your facility is **not accredited** Community Care is required to either conduct an on-site visit for each service address **or** obtain current copies of licensing reports (in addition to license face sheets) including any correspondence documenting follow-up to any corrective action items or plans

CJ Section F -Clearances

., Provider must attest if policies are in place for Act 33/34 and FBI clearances in Accordance with Exhibit B.

., Provider must attest if policies are in place for Screening for exclusion in Federal Health

Care Program

- ☐ Section G - Legal
- ☐ Conditions of applications signed and dated (Page 5)
- ☐ Confirmation of Tax ID -either an IRS letter (preferred) or a signed W9

Revised 06/12

339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222

FACILITY ASSESSMENT/REASSESSMENT APPLICATION

(Please type or print. If illegible, application will be returned. Attach additional sheets as necessary.)

Date:_____

A: FACILITY IDENTIFYING INFORMATION

NAME OF FACILITY: _____

NAME OF PARENT COMPANY: _____

Administrative Address	
(Street)	
(City)	*(State)*
(County)	*(Zip)*
Administrative Contact Person:	Title:
Adminstrative Telephone #:	E-Mail:
Administrative Fax #:	
Billing Address	
(Street)	
(City)	*(State)*
(County)	*(Zip)*
Billing Contact Person:	Title:
Billing Telephone #:	
Billing Fax #:	E-Mail:
Mailing Address	
(Street)	
(City)	*(State)*
(County)	*(Zip)*
Telephone #:	
Fax #:	E-Mail:
Authorization Reports Mailing Address	
(Street)	
(City)	*(State)*
(County)	*(Zip)*
Contact Person:	Title:
Telephone #:	
Fax #:	E-Mail:

Tax ID Mailing Address (Should match W-9 or IRS Documentation)	
(Street)	
(City)	*(State)*
(County)	*(Zip)*

Contacts (Must be completed)

Executive Director:				Date Appointed to Position:	
Phone Number:		Fax Number:		Email Address:	
Clinical Director				Date Appointed to Position:	
Phone Number:		Fax Number:		Email Address:	
Medical Director				Date Appointed to Position:	
Phone Number:		Fax Number:		Email Address:	
Contract Signatory:				Date Appointed to Position:	
Contract Signatory address (if different from Administrative address)					
Phone Number:		Fax Number:		Email Address:	

B: CERTIFICATE OF LIABILITY INSURANCE *(Attach copy of face sheet)*

Also, please supply a loss run/malpractice history (past 5 years for initial assessment OR past 3 years for reassessment) from your liability carrier.

Liability Insurance Carrier: _____

Policy #: _____

Name of Insured: _____

Amount: $_____ Per Occurrence $_____ Aggregate

Catastrophic Fund ☐ Yes ☐ No If yes, amount: _____

Producer: _____

Address: _____

C-1. QUALITY MANAGEMENT

Community Care and its oversight entities require facilities to submit a Quality Management Plan. Please attach a copy of your organization's plan. If you do not have this document, please request a sample plan by contacting the Credentialing Department at 1-888-251-2224.

☐ **Quality Management Plan Attached**

C-2. FRAUD, WASTE AND ABUSE (HealthChoices Providers)

Community Care and its oversight entities require facilities to submit a Fraud, Waste and Abuse Compliance Plan. <u>Please attach a copy of your organization's plan</u>. If you do not have this document, please request a copy of the Provider Alert indicating the specific requirements by contacting your Provider Relations Representative at 1-888-251-2224.

☐ **Fraud Waste and Abuse Compliance Plan Attached**

D. PHYSICIAN ROSTER

**Hospitals only – Please submit a staff roster of all Behavioral Health Physicians.*

☐ **Staff Roster Attached, if applicable**

E. ACCREDITATION (Please attach copy of accreditation face sheet)

Is the facility accredited by JCAHO, CARF, COA or similar entity? ☐Yes ☐No ☐Not Applicable

Please list all relevant accreditations:

1a. Organization: _____ Date of Initial Accreditation: _____

Date of Next Review: _____ Accreditation Status: _____

Has accreditation ever been denied, revoked, suspended or otherwise limited? ☐Yes ☐No

If yes, provide details: _____

_____

1b. Organization: _____ Date of Initial Accreditation: _____

Date of Next Review: _____ Accreditation Status: _____

Has accreditation ever been denied, revoked, suspended or otherwise limited? ☐Yes ☐No

If yes, provide details: _____

_____

F.

(1.) CLEARANCES

Please affirm that your organization has a policy/policies in place to meet the Clearance Requirements in accordance with <u>Attachment B</u> to this Application by signing below.

Signature:_____Date:_____

(2.) FRAUD, WASTE AND ABUSE COMPLIANCE PROGRAM (HealthChoices providers)

Please affirm that your organization has developed and implemented a Fraud, Waste and Abuse Compliance program including the screening of employees and contractors for exclusion in Federal Health Care Programs, including the development, implementation and documentation of monthly verification of employees, contractors and business partners involved in Medical Assistance Funds.

Signature:_____Date:_____

G. LEGAL

If the answer is "Yes" to questions 1 through 4, please answer questions 7-10 below.

1. Has the facility been party to any litigation related to its clinical practice? ☐Yes ☐No
2. Has the facility ever been expelled or suspended from any insurance program? ☐Yes ☐No
3. Is there any litigation related to the facility's clinical practice to which the facility is a party or does the facility have notice that litigation will commence? ☐Yes ☐No
4. Have there been any disciplinary actions taken against the facility by a state licensing body or professional organization? If yes, indicate which category as listed in item 5 below. ☐Yes ☐No
5. Has the facility had any Medicaid, Medicare or other governmental or third party payer sanctions? ☐Yes ☐No

By what authority? _____

What was the disciplinary action taken? _____

What is the facility's current status with this authority? _____

Comments: _____

6. Has there been any disciplinary action taken by any other authority? ☐Yes ☐No

By what authority? _____

What was the disciplinary action taken? _____

What is the facility's current status with this authority? _____

Comments: _____

If you answered "yes" to questions 1 through 4, please complete questions 7 through 10.

7. ☐Litigation ☐Threatened Litigation ☐Disciplinary Action
8. Description of Incident:

Date(s) of action(s) complained of: _____

Age and sex of patient *(if applicable)*: _____

Diagnosis (DSM-IV): _____

Medication(s) at date of incident: _____

Narrative description of action complained of: _____

Treatment setting of action complained of: _____

Was the facility the primary treatment provider at the time of the incident? ☐Yes ☐No

If the facility was not the primary treatment provider at the time of the incident, please explain the facility's role: _____

9. Disposition of Incident

What is the status of litigation or disciplinary action against the facility *(i.e. what charges have been filed or readjusted?)* _____

In what court was/is the litigation pending or what authority had/has jurisdiction? _____

If the litigation of disciplinary action is concluded, what was its disposition? _____

Did the facility or insurer make any financial payment on account of the litigation to any person? ☐Yes ☐No

10. Name and Address of the attorney representing the facility in this incident? _____

Conditions of Application

Facility acknowledges and agrees that Community Care has a valid interest in obtaining and verifying information concerning its professional competence in determining whether to enter into an agreement with Facility for the provision of services to members and Facility wishes to enter into such an agreement. Accordingly, intending to be legally bound Facility:

- Represents and warrants to Community Care that the information contained in the foregoing application is true and complete to the best of its knowledge and belief and **agrees to inform Community Care promptly** if any material change in such information occurs, whether before or after entering into an agreement with Community Care for the provision of medical services;
- Authorizes Community Care to consult with hospital administrators, members of hospital staff, malpractice carriers, and other persons to obtain and verify information concerning its professional competence, ability to work with others, character, and moral and ethical qualifications and hereby releases Community Care and its employees and agents from any and all liability for their acts performed in good faith and without malice in obtaining and verifying such information and in evaluating this application;
- Consents to the release by any source, person, or organization to Community Care of all information that reasonably may be relevant to an evaluation of its professional competency, character, and moral and ethical qualifications, including any information relating to any disciplinary action, suspension, or curtailment of privileges and hereby releases any such person or organization providing such information from any and all liability for doing so;
- Consents to the inspection by all representatives of Community Care of all documents that may be material to an evaluation of its qualifications and competence;
- Pledges to maintain an ethical practice, to provide for the continuous care of its patients, and to refrain from delegating the responsibility for care of its patients to any person not qualified to undertake that responsibility;
- Acknowledges that, as an applicant for participation, it has the burden or producing adequate information for a proper evaluation of its professional, ethical, and other qualifications for such participation and for resolving any doubts about such qualifications;
- Acknowledges the responsibility to correct erroneous information on application;
- Acknowledges that any significant misstatements in or omissions from this application constitute cause for denial of participation or cause for summary dismissal from the Community Care provider network;
- Acknowledges the right to review information submitted to support the credentialing in accordance with Community Care policy(ies);
- Acknowledges the ability to register members for appointments in accordance with Community Care standards for routine, urgent, non-life threatening emergency, and emergency needs.
- Acknowledges the right to request the status of the credentialing application;
- Certifies that all information given to the foregoing questions and statements in this application are true and correct without omissions of any kind;
- Acknowledges that a photocopy of this permission will serve as the original.
- To correct erroneous information after the application has been submitted, please contact the Credentialing Department within 30 days after submission of application in writing or by telephone to: Community Care, Attention: Credentialing Supervisor, 339 Sixth Ave, Suite 1300, Pittsburgh, PA 15222.

I hereby certify that all of the responses and information provided pursuant to the above requests are complete, true and correct to the best of my knowledge.

Signature: _____

Print Name: _____

Title: _____

Facility: _____

Date*: _____

***NOTE:** The date of this signature begins the 180-day credentialing cycle. **All information will be kept in strict confidence.**

ATTACHMENT B

Providers Serving Children/Adolescents Ages 18 and Under

All facilities providing service to children ages 18 and under must have a policy in place requiring the following: Act 33 (Pennsylvania Child Abuse History Clearance); Act 34 (Pennsylvania State Police Criminal Record Check); and FBI Background Check for employees working with this population.

Type of Provider	Clearances Required	Frequency of Update for Employees
Residential Treatment Facility (RTF) * HealthChoices Providers Only	1. Pennsylvania Child Abuse History Clearance; and 2. Pennsylvania State Police Criminal Background Check; and 3. FBI Background Check	Upon initial hiring and updated not less than every three (3) years.
CRR Host Home * HealthChoices Providers Only	1. Pennsylvania Child Abuse History Clearance; and 2. Pennsylvania State Police Criminal Background Check; and 3. FBI Background Check; and 4. State Child Abuse History Clearance from the state in which the employee resided (if employee resided outside of PA during prior five (5) year period)	Upon initial hiring of family members working with children ages 18 and under and updated not less than every three (3) years. Clearance from another state (in accordance with section 4), only required upon initial hiring.
All other Behavioral Health providers serving children (ages 18 and under) – **HealthChoices Providers and UPMC Health Plan contracted providers practicing in Pennsylvania**	1. Pennsylvania Child Abuse History Clearance; and 2. Pennsylvania State Police Criminal Background Check; and 3. FBI Background Check	Upon initial hiring of employees working with children ages 18 and under.
All other Behavioral Health providers serving children (ages 18 and under) – **UPMC Health Plan contracted providers located outside the Commonwealth of Pennsylvania**	1. FBI Background Check	Upon initial hiring of employees working with children ages 18 and under.

Providers serving Older (ages 60 and older) or Care Dependent Adults

All facilities providing service to Older or Care Dependent Adults must have a policy in place requiring the following

Type of Provider	Clearances Required	Frequency of Update for Employees
HealthChoices Contracted Providers and UPMC Contracted providers	A Pennsylvania State Police Criminal Background Check (Act 34) for those individuals who may have direct contact with this population.	Upon Hiring

INSTRUCTIONS FOR COMPLETION OF ATTACHMENT A

- Please complete one Attachment A for each service at each Service Location.
- If more than one service is offered at the same location, please make copies of the Attachment A and complete one Attachment A for each service.
- All information provided within the Attachment A (i.e. Program Licensure/Enrollment, Program Type, Competencies, Age Ranges, Priority Populations, Specialty Populations and Areas of Specialization) should be specific to the program identified in Section A.

Facility Name: _____

Attachment A

Please complete one attachment **for each program at each service location.** Collection of accurate program information is necessary for Community Care to complete the credentialing and contracting process. Incomplete or unreported information may result in contracting delays.

A. Program Name and Location

Program Name (if different from the Facility name):			Member Referral Phone #:
Address:			
City:	State:	Zip Code:	County:
Office Contact:		Title:	
Office Phone:		Office Fax:	

Is this program handicapped accessible? ❑ Yes ❑ No

If yes, is the program ADA (American Disabilities Act) approved? ❑ Yes ❑ No

Is public transportation accessible to this program? ❑ Yes ❑ No

B. Program Licensure and Enrollment

Is this program accredited through JCAHO, CARF or COA? ❑ Yes ❑ No (if yes, please attach copy of accreditation)

Is this program licensed? ❑ Yes ❑ No If yes, license number?: _____ (please attach copy of license)

If your facility is **not accredited but licensed,** please attach the following (in addition to copy of license):

✓ **Copy of current licensing reports (including documentation of follow-up to any corrective action items or plans).**

Please Note: Community Care is required to conduct an on-site visit for each service address unless the service address is covered under a facility accreditation or the service is licensed and copies of licensing reports, including any correspondence documenting follow-up to any corrective action items or plans, is obtained.

Is this program enrolled in Medicare? ☐ Yes ☐ No If yes, please provide number: _____

Please attest that the Medicare enrollment listed above is active and covers the services in this Attachment A:

_____ _____

Signature Date

Please attach copy of Medicare enrollment documentation.

Is this program enrolled in Medical Assistance? ☐ Yes ☐ No If yes, complete the information below:

Enrollment Type and Number:

PROMISe Provider Type _____ Specialty Type _____ PROMISe Number _____ PROMISe Address Code _____

Revalidation Date: _____

National Provider Identifier (NPI)? NPI # (10-digits): _____

Please attach copy of enrollment documentation.

Facility Name: _____

C. Program Type

Inpatient Hospital Services	Outpatient MH Clinic	Non Hospital Drug and Alcohol
❑ 23 hour Observation Bed	❑ Outpatient Mental Health □ Adult □ Child/Adolescent	❑ Non Hospital Detoxification □ Adult □ Child/Adolescent
❑ Inpatient Mental Health □ Adult □ Child/Adolescent	❑ Psychological Testing □ Adult □ Child/Adolescent	❑ Non Hospital Rehabilitation – Short Term □ Adult □ Child/Adolescent
❑ Inpatient Detoxification □ Adult □ Child/Adolescent	❑ Neuro Psychological Testing □ Adult □ Child/Adolescent	❑ Non Hospital Rehabilitation – Long Term □ Adult □ Child/Adolescent
❑ Inpatient Rehabilitation □ Adult □ Child/Adolescent	❑ Clozaril Services	❑ D&A Halfway House
Laboratory Services	**Mobile Mental Health Treatment**	**D&A Intensive Outpatient**
❑ Laboratory Services	❑ Mobile Mental Health Treatment (MMHT)	❑ D&A Intensive Outpatient □ Adult □ Child/Adolescent
Electroconvulsive Therapy	**MH Targeted Case Management**	**Outpatient D&A Clinic**
❑ Inpatient ECT	❑ Blended Case Management (BMP) □ Adult □ Child/Adolescent	❑ Outpatient D&A □ Adult □ Child/Adolescent
❑ Ambulatory ECT	❑ Intensive Case Management (ICM) □ Adult □ Child/Adolescent	❑ Buprenorphine Services
Residential Treatment Facility	❑ Resource Coordination (RC) □ Adult □ Child/Adolescent	**Methadone Maintenance**
❑ RTF JCAHO (Accredited)	**Family Based Mental Health (FBMH)**	❑ Methadone Maintenance
❑ RTF NonJCAHO (Non Accredited)	❑ Family Based Mental Health (FBMH)	**D&A Partial Hospital**
Individualized Residential Treatment (IRT)	**BHRS Evaluator/Prescriber**	❑ Acute Partial D&A □ Adult □ Child/Adolescent
❑ CRR Group Home	❑ BHRS Evaluator/Prescriber	❑ Non-Acute Partial D&A □ Adult □ Child/Adolescent
❑ CRR Host Home	**BHRS Wraparound**	**MH Crisis Intervention**
MH Partial Hospital	❑ Behavioral Specialist Consultant (BSC)	❑ Telephone Crisis (Licensed)
❑ Acute Partial MH □ Adult □ Child/Adolescent	❑ Mobile Therapy (MT)	❑ Mobile Crisis (Licensed)
❑ Non-Acute Partial MH □ Adult □ Child/Adolescent	❑ Therapeutic Staff Support (TSS)	❑ Medical Mobile Crisis (Licensed)
❑ Approved Private School (APS)	**BHRS Program Exception**	❑ Walk-In Crisis (Licensed)
❑ Clozaril Services	❑ Therapeutic Staff Support Aide	❑ Crisis Residential (Licensed)
MH Intensive Outpatient	❑ Therapeutic Family/Foster Care (TFC)	**Psychiatric Rehabilitation (PSR)**
❑ MH Intensive Outpatient □ Adult □ Child/Adolescent	**Peer Support Services**	❑ Site Based Psychiatric Rehab
FQHC/Rural Health Clinic	❑ Peer Support Services	❑ Mobile Psychiatric Rehab
❑ Outpatient Mental Health Services □ Adult □ Child/Adolescent	**MH Adult Supplemental Service**	❑ Club House
❑ Psychological Testing □ Adult □ Child/Adolescent	❑ Assertive Community Treatment (ACT-CTT) □ Adult □ Transition Age	**Tobacco Cessation**
❑ Neuro Psychological Testing □ Adult □ Child/Adolescent		❑ Tobacco Cessation

□ *Other _____

*For any state approved services not listed, please submit the approved program description and any corresponding enrollment/rate setting letters issued by OMHSAS/OMAP.

Facility Name: _____

D. Competencies

LANGUAGES:

Do you have staff fluent in American Sign Language (ASL)?	☐ Yes ☐ No

Please list any foreign languages in which you have staff that are fluent to provide treatment at this program:

1.	4.
2.	5.
3.	6.

AGE RANGE:

Please select the age range of clients who may be treated in this program. *(check all that apply)*

Preschool (0-5)	☐	Young Adult (19-20)	☐
School Age (6-13)	☐	Adult (21-59)	☐
Adolescent (14-18)	☐	Older Adult (60+)	☐

PRIORITY POPULATIONS:

As a primary focus of your program, do you provide services to any of the following priority populations?

PRIORITY POPULATIONS			
MH: Persons with serious mental illness	☐ Yes ☐ No	D/A: Maternal Addictions	☐ Yes ☐ No
MH: Children with serious emotional disturbance	☐ Yes ☐ No	D/A: IV Drug Use	☐ Yes ☐ No
MH: Children at risk of serious emotional disturbance	☐ Yes ☐ No	D/A: Adolescents	☐ Yes ☐ No
D/A: Persons with co-occurring mental illness	☐ Yes ☐ No	D/A: Persons with severe medical conditions	☐ Yes ☐ No

SPECIAL POPULATIONS:

As a primary focus of your program, do you provide services to any of the following special populations?

SPECIAL POPULATIONS			
Children and Adolescents	☐ Yes ☐ No	Persons who are homebound	☐ Yes ☐ No
Older Persons	☐ Yes ☐ No	Persons with HIV/AIDS	☐ Yes ☐ No
		Autism Specialization	☐ Yes ☐ No

Facility: _____

E. Areas of Specialization or Expertise:

Please indicate any areas for which your program has staff with additional training or special certification:

Anxiety and/or Depressive Disorders	☐ Yes ☐ No	Intersex Issues	☐ Yes ☐ No
Autism (adults)	☐ Yes ☐ No	Lesbian Issues	☐ Yes ☐ No
Autism (children/adolescents)	☐ Yes ☐ No	Maternal Depression	☐ Yes ☐ No
Bisexual Issues	☐ Yes ☐ No	Medically Compromised	☐ Yes ☐ No
Buprenorphine (Suboxone) Services	☐ Yes ☐ No	Personality Disorders	☐ Yes ☐ No
Cognitive Behavioral Therapy	☐ Yes ☐ No	Post-Partum Issues	☐ Yes ☐ No
Co-Occurring MH/D&A	☐ Yes ☐ No	Pregnant Females	☐ Yes ☐ No
Co-Occurring MH/MR	☐ Yes ☐ No	Pregnant IV Drug Users	☐ Yes ☐ No
Deaf and Blind	☐ Yes ☐ No	Schizophrenia or Cognitive Disorders	☐ Yes ☐ No
Deaf / Hard of Hearing (ASL fluency)	☐ Yes ☐ No	Sexually Reactive Disorder	☐ Yes ☐ No
Dialectical Behavioral Therapy	☐ Yes ☐ No	Sexual Offenders (adults)	☐ Yes ☐ No
Eating Disorders	☐ Yes ☐ No	Sexual Offenders (children/adolescents)	☐ Yes ☐ No
Eye Movement Desensitization and Reprocessing (EMDR)	☐ Yes ☐ No	Sexual Questioning (Identity) Issues	☐ Yes ☐ No
Family Therapy	☐ Yes ☐ No	Sexual Victims (adults)	☐ Yes ☐ No
Fire Setting (adults)	☐ Yes ☐ No	Sexual Victims (children/adolescents)	☐ Yes ☐ No
Fire Setting (children/adolescents)	☐ Yes ☐ No	Transgender Issues	☐ Yes ☐ No
Gambling Addiction	☐ Yes ☐ No	Trauma Informed Care	☐ Yes ☐ No
Gay Issues	☐ Yes ☐ No	Veterans Issues	☐ Yes ☐ No
Grief Therapy	☐ Yes ☐ No	Visually Impaired	☐ Yes ☐ No
Geriatric Care	☐ Yes ☐ No	Women with Children	☐ Yes ☐ No
		Young Children with Serious Emotional Disturbances	☐ Yes ☐ No
Faith Based Counseling	Please Specify _____		☐ Yes ☐ No
Minority Population(s)	Please Specify _____		☐ Yes ☐ No
Other	Please Specify _____		☐ Yes ☐ No

PROVIDER ALERT

COMMUNITY CARE
Behavioral Health Organization

Alert #1 01-1-2013– HCAL, HCCH, HCER, HCYA, HCBK, HCNE, HCNC, HCCK

Provider Compliance Plans

Community Care has established a fraud, waste, and abuse detection and prevention compliance (FWA Audit) program that complies with regulations set forth by the Office of Inspector General (OIG) of the Department of Health and Human Services and with the requirements of the Bureau of Program Integrity of the Department of Public Welfare (BPI). The OIG encourages health care organizations to establish voluntary compliance programs to educate and attempt to control fraud, abuse, and waste in health care. Documents have been published by the OIG that identify the minimum elements that should be included in a compliance program, as well as specific areas of concern to the OIG. The BPI has and continues to issue guidance on the detection and reporting of suspected fraud waste and abuse. The elements that should be included within the compliance program are as follows:

1. Established written compliance standards, policies and procedures

2. Specific high level individuals hold responsibility

3. No delegation of substantial discretionary authority

4. Effective internal and external communications

5. Established monitoring and auditing systems designed to detect criminal activity (including monthly screening of employees, contractors or other business partners for exclusion from participation in any federal healthcare program in accordance with Medical Assistance Bulletin 99-11-05)

6. Consistent enforcement through disciplinary mechanisms

7. Response and corrective action must take all reasonable steps to respond to the offense

8. Compliance Plan Overall Effectiveness

9. Conducting effective training and education

This Provider Alert is issued to reinforce with providers the expectation that all providers develop a comprehensive compliance program. In addition, Community Care will be requesting a copy of the compliance plan at the time of the next Credentialing/Assessment, beginning after January 1, 2013. In addition, Community Care staff may request a copy of a provider's compliance plan during any of the following activities: (a) Quality Management audits; (b) Fraud, Waste and Abuse Audits; and (c) Network Management/Provider Relations site visits.

Additional information regarding fraud, waste, abuse and compliance can be found at the following links:

http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/healthcarecomplianceplansformedicalassistanceproviders/index.htm

http://www.oig.hhs.gov/compliance/101/index.asp

http://www.hcpro.com/corporate-compliance/

Appendix G: Discharge Summary Form

Recovery House

Discharge Summary

Client's Name:

Date of Referral:

Date of Admission:

Primary Substance Use Disorder Diagnosis:

Date of Discharge:

Type of Discharge:

Presenting problems at time of admission:

-
-
-
-
-

Goals created for presenting problems:

1.
2.

3.
4.
5.

Client's Strengths:

I.

II. III.

Clients Supports:

A.
B.
C.

Progression of treatment while in the Recovery House (Completion of Goals):

1)
2)
3)
4)
5)

Progression made outside of identified goals (if any):

i. ii.

iii.

Did the client remain abstinent: ____Yes ____No

Was the client discharged to permanent housing: ____Yes ____No

Did the client have an income upon admission: ____Yes ____No

If no did they gain one while in Recovery Housing (RH): ____Yes ____No

Was the client eligible for Public Entitlements upon admission: ____Yes ____No

If yes and not receiving them did they start while in RH: ____Yes ____No

Did the client participate in Safe and Sober activities while in RH: ____Yes ____No

Was the client connected to long term treatment supports while in RH: ____Yes ____No

Did the client need Physical or Dental Health treatment while in RH: ____Yes ____No

Did the client indicate satisfaction with their RH experience: ____Yes ____No

Staff Completing Document: _____

Staff Signature: _____

Supervisor Signature: _____

Appendix H: Recovery Housing Outcomes Form & Explanation

RH Outcomes '20-'21.xlsx

The Recovery Housing Outcomes Tracking Form (RHTF) is broken down into 9 reportable information blocks. The purpose of this form is to identify each block in order and what is needed to complete each block. All of these Outcomes were contained in the original RFP. Before each block is discussed let us first discuss the two boxes on the far right side of every block (Except the first block which doesn't have one due to their not needing to be a percentage calculated). Once numbers are entered into the appropriate blocks percentages will populate in the far right two boxes. These are important as they are the actual measurements that are being tracked. The box farthest to the right as titled is the Target Goal this is the expectation to be met for each category, this block is coded in Orange to stand out as the goal to strive to attain. The box second from the right is titled % of Total, this box tells your organization to the second what percentage of your target goals has been met, nearing being met, or not being met. In these boxes if the color coding is green you are currently meeting your Outcome goal, if it is yellow you are getting close to meeting your goal but have yet to achieve it, if it is red you are not meeting the goal. It is important to be in compliance with the RFP to have green in every category. We will now look at each block.

1. **# of Individuals Served:** This is simply the number of consumers whom completed the admission process and are enrolled into the Recovery Housing program. To complete this section on the RHTF please enter the number into the first box you will then notice the same number should appear in the box second from the far right, this tracking form will automatically calculate all necessary data once a proper number is added to the form.

1b. **# of Individuals Discharged from the Program:** This number indicated the individuals discharged from the program for any reason up to and including successful completion from the program, leaving the program AMA, unsuccessful discharge from the program, administrative discharge from the program, etc.

2. **# of Residents who Remained Abstinent while in Recovery House:** To achieve this number take the number of Individuals Served and subtract the number of individuals who were caught using Drugs or Alcohol and then enter that number into the block which will automatically calculate the percentage for you and compare it to the goal.

3. **# of Residents Discharged to Permanent Housing:** This number is those individuals who were discharged from the Recovery House to Permanent Housing as it was described in the RFP. The number once entered will auto calculate a percentage and compare it against the goal.

4. **# of Residents who did not have income, who gained income while in Recovery Housing:** This is the number of individuals who entered the Recovery House without an income but have through various approved means (As stated in the RFP) have begun to receive an income. The number once entered will auto calculate a percentage and compare it against the goal.
4b. **# or individuals who did not have income at start of treatment:** This number is important for the calculation measured above, this number indicates the number of individuals who entered the program without income.

5. **# of Residents who are eligible for public entitlements who received those entitlements by discharge:** This is the number of individuals who entered the Recovery House without public entitlements (PE) that they are eligible to receive, but have through various approved means (As stated in the RFP) have begun to receive those entitlements. The number once entered will auto calculate a percentage and compare it against the goal.

5b. **# of individuals who were eligible for PE at start of treatment:** This number is important for the calculation measured above, this number indicates the number of individuals who entered the program without PE's they were eligible for.

6. **# of Residents who participated in Safe and Sober activities while in the Recovery House:** This number is the amount of individuals whom were able to participate in Safe and Sober activities during their stay in the RH. These activates are to be decided on and monitored, as necessary, by the RH and in line with the RFP.

7. **# of Residents who were connected to long term treatment supports while in Recovery Housing:** This is the number of individuals who entered the Recovery House without or with limited long term treatment supports and have gained those supports while in the RH. The number once entered will auto calculate a percentage and compare it against the goal.

7b. **# of Residents who want to be connected to long term treatment supports while in Recovery Housing:** This number is important for the calculation measured above, this number indicates the number of individuals who entered the program who wanted long term treatment supports.

8. **# of Residents who receive physical and dental health supports while in Recovery House (if needed):** This number is important for the calculation measured above, this number indicates the number of individuals who while in the RH needed physical and or dental health supports and received those supports while at the RH. The number once entered will auto calculate a percentage and compare it against the goal.

8b. **# of Individuals who needed Physical or Dental Health:** This number is important for the calculation measured above, this number indicates the number of individuals who while in the RH needed physical and or dental health supports.

9. **# of Residents who indicated satisfaction with their experience in Recovery House:** This number is a reflection of the individuals whom upon discharge gave a positive review of their satisfaction from their stay in the RH.

Appendix I: Recovery Housing Monitoring Form

This is the form that the SCA uses to monitor the Recovery House Providers yearly. All information in this form is expected to be completed and followed on a yearly basis by all contracted recovery houses.

20-21 Recovery House Tool.docx

Appendix J: Recovery Housing Licensing

New Recovery Housing regulatory effects will be in place from DDAP with full compliance expected by December 2021.
DDAP funds can only be used at recovery houses which:

1) Have protocols in place regarding appropriate use and security of medication;
2) Verify that residents are informed in writing of all house rules, residency requirements, and any lease agreements upon admission;
3) Have a policy in place which promotes recovery by requiring resident participation in treatment, self-help groups, or other recovery supports;
4) Have a policy requiring abstinence from alcohol and illicit drugs;
5) Have procedures, including referral agreements, to handle an individual's return to use;
6) Have safeguards in place to ensure the safety and protection of each resident, as well as the community; and
7) Comply with all federal, state, and local laws and ordinances.

The requirements must apply to all residents of the recovery house, regardless of an individual's funding source.

The following two links refer to the DDAP Recovery House Licensing site and the IRRC respectively.

Recovery House Licensing (pa.gov)
Regulation Search (state.pa.us)