

**ALLEGHENY COUNTY  
DEPARTMENT OF HUMAN SERVICES**



**Contract Specifications Manual  
for Services Purchased for Clients of the Office of Behavioral Health  
Bureau of Drug and Alcohol Services**

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## **Introduction**

The Contract Specifications Manual provides the special terms and conditions which are applicable to the service or services being provided through an agreement between the Allegheny County Department of Human Services and a contracted Service Provider. By reference in the agreement, the applicable chapters or provisions of the Contract Specifications Manual are incorporated therein.

Further, the Manual identifies:

- Any forms or procedures that the CONTRACTOR must comply with in order to assure the COUNTY'S compliance with the requirements of the funding source
- Service Category Names and Codes
- Cost Centers and their relationship to the Service Names/Codes
- The terms, conditions, forms, and procedures in this manual are subject to change from time to time as required by law and shall be amended or modified by written notification from the COUNTY to the SERVICE PROVIDER.

In addition, CONTRACTOR is required to comply with the Terms and Conditions of additional contract specifications manuals, including but not limited to:

- DHS General Contract Requirements
- DHS Contract Specifications Manual on Payment Provisions, Budget and Invoices
- Minority/Women/Disadvantaged Enterprises (M/W/DBE)

In addition to the terms and conditions addressed in this manual, all providers of drug and alcohol services must comply with Department of Drug and Alcohol Programs (DDAP) manuals including all requirements of the Operations, Case Management and Clinical Services, Prevention, and Fiscal Manuals, the Grant Agreement and State Plan. All contracted drug and alcohol treatment and case management providers must utilize the Pennsylvania Web Infrastructure for Treatment Services (PA WITS) Data System. For providers contracted for treatment and case management services, this includes the entry of all pertinent data into PA WITS (Treatment site) within 7 days of the date the service was delivered, as per DDAP requirements. For providers contracted for prevention services, this includes the requirement that at least 70% of data entered in the PA WITS (prevention site) must occur within 2 weeks of the date the service was delivered. In addition, 25% of SCA funded prevention program services must be delivered through a combination of Evidence-based and Evidence-informed Programs, and 20% of services must be provided through session-based events as described in the DDAP Prevention Manual. For more information on the PA WITS Data System please use the following link:

<http://www.ddap.pa.gov/Documents/Data%20System/DDAP%20Policy%20Bulletin%2017-01.pdf>

For more information about DDAP please visit their website: [www.ddap.pa.gov](http://www.ddap.pa.gov)

## **Chapter 1: Work Statement and Provider Profile**

Exhibit A of the AGREEMENT shall be the Work Statement which identifies all drug and alcohol services to be purchased by the COUNTY (Single County Authority [SCA]). The work statement is prepared by the SCA and sent to the CONTRACTOR with the contract. If the CONTRACTOR does not agree with the content of the Work Statement, the CONTRACTOR shall notify the SCA, in writing, prior to signing the agreement and shall work with the SCA to reach a mutual understanding of the services to be rendered.

### **Facility Data Sheet and Instructions:**

The Pennsylvania Department of Health, Department of Drug and Alcohol Programs (DDAP), requires the Single County Authority to capture specific details about services purchased through Contracts for Drug and Alcohol clients annually. The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) collects this information when contracts are initiated or renewed.

OBH has created a Facility Data Sheet Form which is included as Appendix L of this Contract Specifications Manual. It is also available on the DHS website in Word Form at <http://www.alleghenycounty.us/dhs/providerforms.aspx>.

All Contracted providers must prepare and submit the Facility Data Sheet Form via email to their assigned OBH Bureau of Drug & Alcohol Program Representative and the Program Representative Supervisor, Cheri Norfolk at [Cheri.Norfolk@alleghenycounty.us](mailto:Cheri.Norfolk@alleghenycounty.us).

OBH staff will review the form. If accurate and complete, said staff will approve the Facility Data Sheet Form thus authorizing execution of the Contract. If corrections are required, a hold will be placed on the Contract execution and a request for corrections will be sent to the provider. Contract execution holds will be lifted when the provider corrects and submits an accurate form.

Contact your assigned OBH Drug and Alcohol Program Representative if you have questions about the form.

## **Chapter 2: Contractor Conditions**

CONTRACTOR shall adhere to the following terms and conditions as put forth in the “Pennsylvania Drug and Alcohol Abuse Act” of April 14, 1972, P.L. 221, No. 63, 71 P.S. Section 1690.101 et seq.

### **Definitions:**

The following definitions shall apply throughout this manual.

“Act” refers, as applicable, to the “Pennsylvania Drug and Alcohol Abuse Act”; “Regulations” refers, as applicable, to Regulations promulgated under the Act by the Department of Health, Department of Drug and Alcohol Programs (DDAP), and Allegheny County’s Department of Human Services; “Patient,” “Resident,” “Client,” “Consumer”, “Individual”, and “Subject”, refers to persons counseled, treated or rehabilitated, including all persons formerly counseled, treated or rehabilitated.

### **Compliance Requirements**

During the period of the AGREEMENT, which incorporates this manual, the following conditions shall prevail:

- CONTRACTOR shall comply with and fulfill, in a timely and proper manner, its obligations under the AGREEMENT in accordance with the provisions of all federal, state and local laws, as amended, and all regulations promulgated thereunder, which are hereby incorporated into this AGREEMENT by reference.
- CONTRACTOR does hereby agree to provide promptly on the execution of this AGREEMENT a full and complete copy of the by-laws of the Provider Corporation, certified to be true and correct, by the Secretary or Assistant Secretary.
- CONTRACTOR further agrees to promptly provide a certified copy of any changes in the by-laws, which may be adopted by the Corporation during the term of this agreement.
- CONTRACTOR shall supply COUNTY and DDAP with such consumer and service information as shall be duly required by COUNTY for the purpose of management, accountability, and compliance with State and Federal reporting mandates; provided that COUNTY’S requests are in conformity with applicable laws on consumer confidentiality and include appropriate technical specifications as to the manner(s) and mode(s) in which information will be accepted.
- CONTRACTOR may utilize outside consultants and vendors in designing and operating its management information system, but SERVICE PROVIDER’S obligation to COUNTY is not transferable to any other party. Significant and/or persistent failure to supply requested information shall result in financial penalties or other sanctions unless waived by the Director.

### **Substance Abuse Block Grant (SABG) Provisions**

CONTRACTOR agrees to comply with the Block Grant prohibition provisions pursuant to the Federal SABG and in accordance with 42 U.S.C. Section 300x-31 and 45 CFR Section 96.135, whereby none of this contract’s funds shall be used to:

Provide inpatient hospital services unless it is determined, in accordance with guidelines issued by the Secretary of Health and Human Services, that such treatment is a medical necessity for the individual involved. In exercising this exception, a physician must determine that the primary diagnosis of the individual is substance abuse; the services can be reasonably expected to improve the individual's condition or level of functioning; the individual cannot be effectively treated in a community-based, non-hospital, residential program of treatment; and the hospital's substance abuse program follows national standard of substance abuse professional practice. SABG funding may only be used under these circumstances only to the extent that the daily rate of payment provided to the hospitals for providing the services to the individual shall not exceed the comparable daily rate provided for community-based, non-hospital, residential programs of treatment for substance abuse; and that payment is only for services that are medically necessary, that is, only for those days that the patient cannot be safely treated in a residential, community-based program.

Make cash payments to intended recipients of health services;

Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling if provided for in the line item budget of this agreement) any building or other facility, or purchase major medical equipment. (No minor equipment may be purchased unless the line item budget specifically provides for such purchase);

Satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of Federal funds;

Provide financial assistance to any entity other than a public or non-profit private entity; or

Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines in writing that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.

CONTRACTOR and all subcontractors shall comply with State law, Controlled Substance, Drug Device and Cosmetic Act, 35 P.S. Section 780-101 et seq., which prohibits providing individuals with hypodermic needles or syringes.

Provide workforce recruitment and retention measures involving staff loan repayments or tuition reimbursement.

**Medical Marijuana Prohibition:**

The CONTRACTOR cannot use federal funds directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended...in full accordance with U.S. statutory...requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). See Information Bulletin 02-21 for further guidance.

This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

If a large system, e.g. a hospital, receives federal funding, the Medical Marijuana Prohibition applies only to the department that receives the funds. Recipients of Federal Funding may continue to serve clients who use medical marijuana for a mental or substance use disorder as long as CONTRACTOR documents the client's understanding of the risks of marijuana use and willingness to work toward other, evidence-based alternatives to treat their mental or substance use disorder.

### **Block Grant Compliance**

CONTRACTOR shall adhere to the block grant provisions as outlined in Chapter 1, Section C of this Manual. In addition, CONTRACTOR shall use no block grant funding to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Secretary of Health of the Commonwealth, in consultation with and upon recommendation of the Pennsylvania Drug, Device and Cosmetic Board, determines to waive the pertinent provisions of the Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. Section 780-101 et seq., which would prohibit such an exchange.

CONTRACTOR assures that it and any subcontractor under this AGREEMENT shall cooperate fully with the Commonwealth to enable it to comply with any reporting, audit, or fiscal requirements imposed under 42 U.S.C. Section 300x-52.

### **Priority Populations**

In accordance with Federal Regulation 45 C.F.R. 96.131(a), CONTRACTORS who serve women and who receive Substance Abuse Block Grant (SABG) funds shall provide preference to pregnant women.

A CONTRACTOR who serves an injecting drug abuse population and who receives SABG funds shall give preference to treatment as follows:

- Pregnant women who inject drugs;
- Pregnant women who use substances;
- Persons who inject drugs (PWID);
- Overdose survivors; and
- Veterans

In accordance with Federal Regulation 45 C.F.R. 96.131(b), CONTRACTOR shall publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by any proper means, including but not limited to, the following: street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in

targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies.

CONTRACTOR shall notify COUNTY if it has insufficient capacity to provide treatment services to any pregnant woman who seeks services.

CONTRACTOR assures that it shall adhere to the following service and funding principles during the term of this AGREEMENT for Primary Prevention and Intervention/Treatment services financed with Substance Abuse Block Grant funds:

CONTRACTOR shall not reallocate Federal Substance Abuse Block Grant funds between Primary Prevention and Treatment.

If CONTRACTOR receives Federal Substance Abuse Block Grant funds, it shall make available continuing education in such services to employees.

All CONTRACTORS receiving Substance Abuse Block Grant funds and treating individuals for intravenous substance abuse, must provide the COUNTY with seven (7) days' notice that they have reached ninety percent (90%) of their capacity to admit individuals to its program.

All sub-contracted providers must by contract notify the SCA by e-mail ([Michael.Zylinski@allegHENYcounty.us](mailto:Michael.Zylinski@allegHENYcounty.us)) that they are at 90% capacity and what level of care is affected by Friday noon of each week. Subsequently, when your capacity becomes fewer than 90% capacity you should notify the SCA by Friday noon of each week.

### **Pregnant Women**

CONTRACTORS must address the needs of each pregnant woman as follows:

Screen for emergent care needs. If emergent care needs are identified, an immediate referral must be made to the appropriate service. If no emergent, care needs are identified and a level of care assessment (LOCA) is necessary then;

Conduct a level of care assessment to determine the need for treatment. If treatment is indicated then;

Refer the woman to a treatment provider that has the capacity to provide treatment services to the woman immediately. If no treatment, facility has the capacity to admit the woman, then;

Make support services available within 48 hours after the level of care assessment (LOCA) (e.g. case management, recovery support services); and

Make available interim services to the woman within 48 hours after the LOCA.

During the waiting period for admission, a mechanism for maintaining contact with the individual must be in place.



Interim Services are defined as services to reduce adverse health effects of substance abuse; to promote the health of the individual; and to reduce the risk of transmission of a disease until the individual is admitted to a treatment program. At a minimum, interim services include:

- Counseling and education about HIV and TB;
- Counseling and education about the risks of needle sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur;
- A referral for HIV and TB treatment services, if necessary;
- Counseling on the effects of alcohol and drug use on the fetus; and
- A referral for prenatal care.

### **Persons Who Inject Drugs (PWID)**

The SCA shall require notification within seven (7) days from those programs that treat individuals for injection drug use upon reaching 90 percent (90%) of its capacity to admit individuals to the program.

*Note: The following only pertains to non-pregnant PWID.*

The SCA shall ensure that each individual who has been identified as needing treatment services for injection drug use is offered admission to a program for such treatment immediately following the assessment.

If the individual cannot be admitted immediately, make support services such as case management or recovery support services available within 48 hours of the LOCA. Interim services must be made available to the individual within 48 hours of assessment and **admission must occur no later than 120 days** after assessment. During this waiting period for admission, a mechanism for maintaining contact with the individual must be in place.

Interim Services are defined as services to reduce adverse health effects of substance abuse; to promote the health of the individual; and to reduce the risk of transmission of a disease until the individual is admitted to a treatment program. At a minimum, interim services include:

- Counseling and education about HIV and TB;
- Counseling and education about the risks of needle sharing;
- Counseling and education about the risks of transmission to sexual partners and infants;
- Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur; and
- Referral for HIV and TB treatment service, if necessary.

### **Tracking**

The SCA requires all subcontracted providers to have a client tracking system to document each actual or attempted contact with the client who has not entered treatment. The provider must follow-up with the client weekly by phone (provided client has one) or bi-weekly mailing (if address available) until the client enters treatment or client request no further contact, or can't be located after repeated attempts.

The documentation should include name of client, date client placed on list, dates and times of contacts and signature of the recorder.

CONTRACTORS will report to the SCA on a monthly basis the number of Interim Referrals they have received and other pertinent data requested by the SCA.

Quality Assurance Coordinator or his / her designee will review the tracking data and Resource Management Report on a monthly basis to track the number of clients on the waiting list and status of clients offered Interim Services.

### **Women with Children**

In accordance with Federal regulation 45 C.F.R. 96.124(e) COUNTY shall ensure that, at a minimum, treatment programs receiving Federal Substance Abuse Block Grant funds for the purpose of providing treatment services to pregnant women and women with dependent children also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- Primary medical care for women, including a referral for prenatal care and, while the women are receiving such services, child care;
- Primary pediatric care, including immunization, for their children;
- Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, parenting; family therapy, nutrition education and education to GED level; as well as childcare while the women are receiving these services;
- Therapeutic interventions for the children in the custody of the women receiving treatment services pursuant to this Paragraph, which may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect; and
- Sufficient case management and transportation to ensure that women and their children have access to the services provided in this Paragraph.

### **Overdose Survivors**

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the ICD-10 diagnosis codes for substance overdose or poisoning. DDAP is identifying individuals who have overdosed as an additional priority population to better facilitate access to care directly following an overdose event. Admission to treatment for individuals who have overdosed must be considered in conjunction with the requirements listed above for special populations.

In order to ensure expedient and appropriate care for an individual who has overdosed, CONTRACTORS must:

- Develop and maintain a current provider listing of contact information pertaining to provider location (s) doing drug and alcohol screening, assessment, and treatment.

- Distribute the provider listing to all emergency rooms, urgent care facilities, and other primary referral sources within the agency's geographic area.
- Document annually that the contact listing has been reviewed and revised as needed.
- Redistribute the listing to the aforementioned referral sources as any revisions are made.

In addition, CONTRACTORS must develop procedures to:

- Ensure up to date contact information is provided to urgent/emergent care facilities and other primary referral sources;
- Describe the process to access care in their locale during business hours, and if different, during evenings and holidays;
- Allow priority access to substance abuse treatment for those being referred by an emergency room following an overdose; and
- Describe the process of access to care for insured and uninsured individuals to be included with the list of contracted providers given to urgent/emergent care facilities and other primary referral sources.

### **Veterans**

CONTRACTORS are required to address the needs of veterans as follows:

- Provide the full continuum of treatment services to veterans;
- Conduct screening and assessment services;
- Utilize the American Society of Addiction Medicine (ASAM) Criteria, 2013, to determine the appropriate level of care;
- Make a referral to treatment; and
- Provide additional case management services as appropriate.

### **Referrals to VA Facility**

If it is determined that a VA facility is the most appropriate facility to provide treatment for the veteran, CONTRACTORS must facilitate a direct connection with the individual and admitting provider, and the referring provider must follow up to determine that the individual got to the new provider as planned. It is unacceptable to only provide contact information to the veteran.

### **Pro-Children Act of 1994**

Pro-Children Act of 1994 - The Contractor and all subcontractors shall agree to comply with the following certification required by P.L. 103-227 Sections 1041-1044, 20 U.S.C. Sections 6081-6084, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient hospital drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than

clinics) where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Pro-Children Act of 1994 and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Pro-Children Act of 1994.

The Contractor agrees that it will require that the language of this certification be included in any subcontracts which contain provisions for children's services and that all subcontractors shall certify accordingly.

The Contractor further agrees that it will comply with, and require any subcontractors to comply with the requirements of the Pro-Children Act of 1994 regardless of the source of funds for this contract.

### **Communicable Disease Screening and Referral Services**

#### **Tuberculosis (TB)**

CONTRACTOR receiving federal block grant funds shall:

- Routinely make available tuberculosis (TB) services to each individual receiving substance abuse treatment. TB services include:
  - Counseling the individual with respect to tuberculosis;
  - Mantoux tuberculin skin testing to determine whether the individual has been infected with *Mycobacterium tuberculosis* to determine the appropriate form of treatment for the individual; and
  - Providing for or referring the individuals infected by *Mycobacterium tuberculosis* for appropriate medical evaluation and treatment.
- Refer individuals in need of such treatment who are turned away due to lack of capacity to another provider of TB services and report the lack of capacity to COUNTY;
- Implement infection control procedures that are designed to prevent the transmission of tuberculosis. Such procedures shall include, at a minimum, the following:
  - Screening of patients;
  - Identification of those individuals who are at high risk of becoming infected; and
  - Meeting all state reporting requirements while adhering to federal and state confidentiality requirements, including 42 C.F.R. Part 2.
- Provide for or refer individuals infected by *mycobacterium tuberculosis* for appropriate medical evaluation and treatment;
- Provide Directly Observed Preventive Therapy (DOPT), if called upon by the local Health Authority to do so. DOPT involves observing the self administration of medication by a designee of the local Health Authority to the non-infectious patient. The intent of DOPT is to ease the patient's burden of pill taking while insuring its administration; and conduct activities to ensure that individuals receive such services.

It is the policy of the SCA that all subcontracted Treatment providers upon assessing any client will ask DDAP's 8 screening questions for Tuberculosis. Upon receiving any positive response to any of the questions the client will be informed that he/she is high risk for TB.

The Treatment provider will offer a referral to the client to Allegheny County Health Department for testing. The treatment provider will get the appropriate release for follow-up purpose. *See Appendix I for form.*

CONTRACTOR shall ensure for the provision of:

- Coordinating the testing of clients from federally funded facilities with the Department of Health's nurses or providers;
- Monitoring and reporting the delivery of testing through the Department's Client Information System (CIS);
- Identifying compliance problems and corrective actions to be taken to address those problems; and
- Assuring that programs that lack capacity are referring individuals to another provider.

It is the policy of the SCA that treatment providers must track clients who accept or reject Interim Services or ICM services. The treatment provider will contact the client on a weekly basis and have in place a tracking mechanism to document. This could include progress notes, etc. up until the client receives treatment, interim services or ICM services or client request no further contact.

### **Hepatitis C**

The SCA must ensure any entity providing LOCA also provides viral hepatitis education as well as services and/or referrals to testing, treatment and prevention services as appropriate. DDAP collaborated with the Department of Health, Bureau of Communicable Diseases and Bureau of Epidemiology to develop standards to address the need for education, testing, vaccination, and linkage to care for hepatitis services.

1) The SCA and its contracted providers must follow current Centers for Disease Control and Prevention (CDC) guidelines for ensuring that hepatitis C testing is offered on-site or through a referral. In 2020, the CDC hepatitis C testing guidelines were updated to include a recommendation that all adults, 18 and older, be tested for hepatitis C at least once in a lifetime. The SCA and its contracted providers must ensure that hepatitis C testing is available on-site or through a referral to improve access to hepatitis C services for all clients.

Additionally, the CDC recommends routine testing for the following groups with persistent risk factors:

Persons who inject drugs and share needles, syringes, or other drug preparation equipment;  
Persons with selected medical conditions, including persons who ever received maintenance hemodialysis;

2) The SCA must ensure that any entity conducting a LOCA provides viral hepatitis prevention and control services. All clients seeking SUD services at providers funded by the SCA must offer prevention and control-related services. These services include:

(a) Educational materials for clients that cover:

- Viral hepatitis general information
- Prevention and harm reduction methods
- Test result interpretation
- Treatment options and referral information
- Education and training on viral hepatitis for staff that covers:
  - Viral hepatitis general information
  - Prevention and harm reduction methods
  - Test result interpretation
  - Treatment options and referral information

(b) Facilities may request educational materials and in-person education information sessions via the Department of Health.

(c) Vaccination

Each facility must offer hepatitis A and B vaccine upon admission to treatment.

A facility that is not equipped to provide vaccine must make arrangements for clients to receive vaccine through primary care providers or Pennsylvania State Health Center.

(d) Viral hepatitis B and C testing

Contracted providers must provide hepatitis B testing for all clients who do not have documentation of hepatitis B status.

If blood draw is not possible on-site, arrangements should be made for a warm handoff off-site blood draw. Contracted providers must perform hepatitis C testing for all clients who do not have documentation of hepatitis C status. Hepatitis C testing should be initiated with a Food and Drug Administration (FDA)-approved anti-HCV test. People testing anti-HCV positive/reactive should have follow-up testing with an FDA-approved nucleic acid test (NAT) for detection of HCV RNA.

If blood draw is not possible on-site, providers should make arrangements for rapid antibody testing either on site or via warm handoff to an offsite provider. Providers should make arrangements for all hepatitis C antibody positive clients to receive confirmatory testing.

(e) Viral hepatitis treatment

All hepatitis B and/or C positive clients should receive treatment.

If on-site treatment is not available, arrangements should be made for clients to receive treatment off-site.

3) Contracted provider must have written procedures in place to address how education, testing, vaccination, and referral for hepatitis services will be delivered. The procedures must also address how individuals identified as high risk will be referred to the County or nearby

Public Health Clinic for testing and linkage to care. The individual's acceptance or rejection of the referral must be documented by the provider in the client file.

### **Human Immunodeficiency Virus (HIV)**

The SCA must ensure any entity providing LOCA also provide HIV education as well as services and/or referrals to testing, treatment and prevention services as appropriate. DDAP collaborated with the Department of Health, Bureau of Communicable Diseases and Bureau of Epidemiology to develop standards to address the need for education, testing, and linkage to care for HIV services.

1) SCAs must ensure any entity providing LOCA shall follow current CDC testing guidelines that recommend all individuals ages 13 to 64 be offered screening for HIV at least once as part of routine health care. Age based testing differs from the common practice of using risk-based screening assessments to determine who should be referred for an HIV test. Evidence indicates that risk-based screening questionnaires to determine who should receive an HIV test are not effective and should be replaced with opt-out screening. Opt-out screening increases the acceptance of HIV testing from 38% when clients are told that they can have a test if requested, to 66% when told the test will be offered unless the individual declines. The individual's acceptance or rejection of opt-out testing shall be documented in the client file.

2) In addition to the initial HIV screening, the CDC guidelines indicate that persons at a higher risk for acquiring HIV should be screened for HIV at least annually. Since those with substance use disorders have been identified as being at higher risk for HIV, SCAs and LOCAs must offer annual opt-out screening as described above to clients who have not already been screened during the past year.

3) More frequent than annual repeat screening should be performed on the basis of clinical judgment. Factors associated with greater vulnerability to HIV include:

- unprotected sexual activities with persons living with HIV or unknown HIV status, or any individual who has multiple sex partners
- sharing needles, syringes, or other drug preparation equipment with persons living with HIV or unknown HIV status,
- persons infected with, or recently treated for viral hepatitis or a STD such as syphilis, gonorrhea, or genital herpes

4) The SCA and its contracted providers shall ensure that HIV testing is available on-site or through a referral to improve access to HIV services for all clients. Whenever possible, integrated and/or coordinated service models are recommended to increase continuity of services.

5) SCAs and their contracted providers shall follow CDC guidelines for ensuring that appropriate measures are taken after test results are obtained. Sites that employ point-of-care/rapid testing must refer individuals for a confirmatory test if the rapid test is reactive.

6) If the test is negative, PrEP (Pre-exposure Prophylaxis for HIV) SCAs or contracted providers must provide education PrEP is an effective biomedical intervention for reducing HIV

transmission among populations at high risk for HIV infection and consists of two anti-HIV medications.

7) All positive HIV test results will be followed-up by the local Department of Health or County/Municipal Health Department Disease Intervention Specialists (DIS) for partner services and linkage to care. Cooperation of providers conducting HIV testing is required under the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1, *et seq.*) and its regulations (28 Pa. Code Ch. 27).

8) SCA shall ensure that protocols for providing education/training, testing, and referrals are in place.

(a) Education

All clients must be offered educational materials at the time of LOCA. These materials should include information covering:

- HIV overview
- HIV testing options and procedures
- Test result interpretation
- PrEP overview
- Treatment options and referral information
- Trauma-informed and culturally responsive HIV prevention and care service provision

Facilities may request educational materials and in-person education information sessions via the Department of Health.

**American Society of Addiction Medicine (ASAM)**

CONTRACTOR shall use the American Society of Addiction Medicine (ASAM), Third Edition, for adults and adolescents, for all individuals referred or funded by the COUNTY, who require treatment in a licensed drug and alcohol facility. CONTRACTOR staff, who are responsible for placement, continuing stay and discharge decisions, shall not administer the ASAM until such time as the COUNTY or CONTRACTOR staff have been trained, by a DDAP approved trainer, in the use of the ASAM, Third Edition.

CONTRACTOR shall use the ASAM Summary Sheet to record and exchange client information necessary for the utilization of the criteria in making placement determinations. CONTRACTOR shall ensure that the ASAM Summary sheet is consistent with DDAP ASAM Transition Update, which indicates that use of ASAM Criteria does not present any new or unexpected issues related to Pa. Code § 255.5 or 42 CFR Part 2. Any alterations, modification or additions to the ASAM Summary Sheet (DDAP Form—EFM-1002) must be approved by DDAP. All information obtained through utilization of the ASAM Summary Sheet must be entered into PA WITS within the required timeframe of 7 days from date service was delivered.

CONTRACTOR shall implement and use the ASAM Summary Sheet for the exchange of client information necessary to obtain authorization and to conduct continuing stay reviews.



The SCA may only contract with providers that are in substantial compliance with program standards in the ASAM Criteria, 2013 including admission criteria, discharge criteria, interventions, types of services, hours of clinical care, and credentials of staff as set forth in the ASAM transition requirements found at <https://www.ddap.pa.gov/Professionals/Pages/ASAM-Transition.aspx>

Under Act 2021-70, which took effect on July 9, 2021, "A drug and alcohol treatment provider shall align service delivery conditions with the American Society of Addiction Medicine Criteria, 3rd Edition, 2013." Act 2021-70 requires substantial compliance with the ASAM Criteria, 2013, effective July 1, 2021, unless the treatment provider has applied for and received an extension from DDAP until December 31, 2021. The SCA may continue to contract with those providers that have applied for and received an extension from DDAP until December 31, 2021, even if they are not in substantial compliance.

### **Confidentiality**

CONTRACTOR agrees that persons diagnosed, counseled, treated and rehabilitated, including all persons formerly diagnosed, counseled, treated and rehabilitated for drug and alcohol abuse and dependence, shall be protected from disclosure of their names, identities, patient records and the information contained therein, except as disclosure is permitted by law. To assure confidentiality of client information, CONTRACTOR shall make adequate provision for system security and protection of individual privacy which includes the establishment of policies and procedures as required by the SCA Contract Specifications Manual and any subsequent revision. CONTRACTOR and others subject to the confidentiality requirements of 71 P.S. Section 1690.108, 42 U.S.C. Section 290dd2, 42 CFR Part 2, and 4 Pa. Code Section 255.5, 257.4 and the Confidentiality of HIV-Related Information Act 1990-148, 35 P.S. Section 7601 et seq., shall comply with these requirements. To assure that confidentiality as prescribed in this paragraph is appropriately implemented, all treatment CONTRACTOR shall stipulate that all appropriate treatment staff receives six hours of DDAP approved confidentiality training within 365 days of hire. Appropriate staff is to include project directors, facility directors, clinical supervisors, counselors and counselor assistants. COUNTY shall monitor the training requirements of all SERVICE PROVIDER'S no less than once each state fiscal year.

### **Environmental Impact**

In carrying out this AGREEMENT, CONTRACTOR shall minimize pollution and shall strictly comply with all applicable environmental laws and regulations.

### **Adherence to Special Conditions**

CONTRACTOR is required to adhere to Special Conditions regarding programmatic performance specifications or categorical funding specifications as stipulated by DDAP and any Federal Block Grant Criteria. These criteria may be modified or updated at any time by DDAP or SAPT Block Grant officials. The then prevailing criteria are hereby incorporated by reference.

### **Collection of Liability and Other Revenue**

Collections by CONTRACTOR shall be based on the appropriate Department of Public Welfare and/or Department of Health, DDAP'S Regulations, which indicate the various forms of liability for services.

COUNTY and CONTRACTOR shall ensure that funds received under this AGREEMENT are not utilized to pay for any item or service to the extent that payment has been made or can reasonably expect to be made with respect to that item or service through third party income. Third party income resulting from the provision of services under this AGREEMENT shall be applied against the approved cost or charge of such services rendered during that same period in order to reduce the amount of reimbursement due from DDAP or the COUNTY. Such application shall be reported to the COUNTY with the provider monthly billing. Examples of such third party income include, but are not limited to, medical assistance reimbursements, client fees, insurance reimbursements, training fees, and food stamp redemptions. Records of receipt and disposition of fees shall be maintained in accordance with this AGREEMENT. CONTRACTOR shall have an affirmative duty to comply with Act No. 1989106 and pursue all reasonable sources of collection, both from patients and from any obligated third party, where appropriate, within a reasonable time after rendering of the services, and with due diligence. CONTRACTOR shall assist clients to report Act No. 1989-106 violations to the Attorney General's Health Care Unit. (See Appendix G)

#### Consumer Liability

The assessment of consumer liability and fee collections from consumer or their legally responsible relatives, where applicable, is the responsibility of CONTRACTOR and may be performed in accordance with the 4305 Consumer Liability Community Services Regulations. The abatement of consumer liability shall be initiated by SERVICE PROVIDER; provided that the final resolution of the abatement of consumer liability shall be the responsibility of the Director of the Department of Human Services.

#### **Equal Employment Opportunity:**

Contractor shall not discriminate against any employee, applicant for employment, independent contractor or any other person because of race, color, religious creed, ancestry, national origin, age, or sex. Contractor shall take affirmative action to ensure that applicants are employed, and that employees or agents are treated during employment, without regard to their race, color, religious creed, ancestry, national origin, age, or sex. Such affirmative action shall include, but is not limited to: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training. Contractor shall post in conspicuous places, available to employees, agents, applicants for employment, and other persons, a notice to be provided by the contracting agency setting forth the provisions of this nondiscrimination clause.

Contractor shall, in advertisements or requests for employment placed by it or on its behalf, state that all qualified applicants will receive consideration for employment without regard to race, color, religious creed, ancestry, national origin, age, or sex.

Contractor shall send each labor union or workers' representative with which it has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or workers' representative of its commitment to this nondiscrimination clause. Similar notice shall be sent to every other source of recruitment regularly utilized by Contractor.

It shall be no defense to a finding of noncompliance with this nondiscrimination clause that Contractor had delegated some of its employment practices to any union, training program, or other source of recruitment, which prevents it from meeting its obligations. However, if the evidence indicates that the Contractor was not on notice of the third-party discrimination or made a good faith effort to correct it; such factor shall be considered in mitigation in determining appropriate sanction.

Where the practices of a union or training program or other source of recruitment will result in the exclusion of minority group persons, so that Contractor will be unable to meet its obligations under this nondiscrimination clause, Contractor shall then employ and fill vacancies through other nondiscriminatory employment procedures.

Contractor shall comply with all State and Federal laws prohibiting discrimination in hiring or employment opportunities. In the event of Contractor's noncompliance with the nondiscrimination clause of this Agreement or with any such laws, this Agreement may be terminated or suspended, in whole or in part, and Contractor may be declared temporarily ineligible for further Commonwealth contracts, and other sanctions may be imposed and remedies invoked.

Contractor shall furnish all necessary employment documents and records to, and permit access to its books, records, and accounts by, the Department and the Office of Administration, Bureau of Affirmative Action, for purposes of investigation to ascertain compliance with the provisions of this clause. If Contractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by DDAP or the Bureau of Affirmative Action.

Contractor shall actively recruit minority sub-contractors or sub-contractors with substantial minority representation among their employees.

Contractor obligations under this clause are limited to the Contractor's facilities within Pennsylvania, or where the contract is for purchase of goods manufactured outside of Pennsylvania, the facilities at which such goods are actually produced.

CONTRACTOR shall include the provisions of this nondiscrimination clause in every sub-contract, so that such provisions will be binding on each sub-contractor.

**Equal Opportunity for the Handicapped:**

The Contractor agrees to abide by Section 504 of the Rehabilitation Act of 1973, as amended (Public Law 93-112, 29 U.S.C. Section 794, as amended) and implementing Federal regulations. The Contractor assures that any benefits, services, or employment, available through the Contractor to the public by way of this Agreement's funds, shall not be denied persons with handicaps who are otherwise qualified or eligible for the benefits, services, or employment available as a result of this Agreement.

The Contractor shall be responsible for and agree to indemnify and hold harmless the Commonwealth of Pennsylvania from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth of Pennsylvania as a result of the Contractor's failure to comply with the provisions of the above paragraph.

Contractor agrees to indemnify and hold harmless SCA from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the SCA as a result of Contractor's failure to comply with the provisions of this Section.

**Provisions Concerning the Americans with Disabilities Act:**

During the term of this Agreement, the Contractor agrees as follows:

Pursuant to federal regulations promulgated under the authority of the Americans With Disabilities Act, 28 C.F.R. Section 35.101 et seq., the Contractor understands and agrees that no individual with a disability shall, on the basis of the disability, be excluded from participation in this Agreement or from activities provided for under this Agreement. As a condition of accepting and executing this Agreement, the Contractor agrees to comply with the "General Prohibitions Against Discrimination," 28 C.F.R. §35.130, and all other regulations promulgated under Title II of The Americans With Disabilities Act which are applicable to the benefits, services, programs, and activities provided by the Commonwealth of Pennsylvania through contracts with outside contractors.

Contractor agrees to indemnify and hold harmless the Commonwealth of Pennsylvania and SCA from all losses, damages, expenses, claims, demands, suits, and actions brought by any party against the Commonwealth of Pennsylvania as a result of Contractor's failure to comply with the provisions of the above paragraph.

**Culturally and Linguistically Appropriate Services (CLAS):**

The CONTRACTOR must provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices, preferred languages, health literacy levels and other communication needs.

**Nondiscrimination/Sexual Harassment Clause:**

During the term of this Agreement, the CONTRACTOR agrees as follows:

A. In the hiring of any employee(s) for the manufacture of supplies, performance of work, or any other activity required under the grant agreement or any subgrant agreement, contract or subcontract, the Grantee, a subgrantee, a contractor, a subcontractor, or any person acting on behalf of the Grantee shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the *Pennsylvania Human Relations Act* (PHRA) and applicable federal laws, against any citizen of this Commonwealth who is qualified and available to perform the work to which the employment relates.

B. The Grantee, any subgrantee, contractor or any subcontractor or any person on their behalf shall not in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, against or intimidate any of its employees.

C. Neither the Grantee nor any subgrantee nor any contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, in the provision of services under the grant agreement, subgrant agreement, contract or subcontract.

D. Neither the Grantee nor any subgrantee nor any contractor nor any subcontractor nor any person on their behalf shall in any manner discriminate against employees by reason of participation in or decision to refrain from participating in labor activities protected under the *Public Employees Relations Act, Pennsylvania Labor Relations Act* or *National Labor Relations Act*, as applicable and to the extent determined by entities charges with such Acts' enforcement, and shall comply with any provision of law establishing organizations as employees' exclusive representatives.

E. The Grantee, any subgrantee, contractor or any subcontractor shall establish and maintain a written nondiscrimination and sexual harassment policy and shall inform their employees in writing of the policy. The policy must contain a provision that sexual harassment will not be tolerated and employees who practice it will be disciplined. Posting this Nondiscrimination/Sexual Harassment Clause conspicuously in easily-accessible and well-lighted places customarily frequented by employees and at or near where the grant services are performed shall satisfy this requirement for employees with an established work site.

F. The Grantee, any subgrantee, contractor or any subcontractor shall not discriminate by reason of race, gender, creed, color, sexual orientation, gender identity or expression, or in violation of the PHRA and applicable federal laws, against any subgrantee, contractor, subcontractor or supplier who is qualified to perform the work to which the grant relates.

G. The Grantee and each subgrantee, contractor and subcontractor represents that it is presently in compliance with and will maintain compliance with all applicable federal, state, and local laws and regulations relating to nondiscrimination and sexual harassment. The Grantee and each subgrantee, contractor, and subcontractor further represents that it has filed a Standard Form 100 Employer Information Report ("EEO-1") with the U.S. Equal Employment Opportunity Commission ("EEOC") and shall file an annual EEO-1 report with the EEOC as required for employers subject to Title VII of the Civil Rights Act of 1964, as amended, that have 100 or more employees and employers that have federal government contracts or first-tier subcontracts and have 50 or more employees. The Grantee, any subgrantee, any contractor or any subcontractor shall, upon request and within the time periods requested by the Commonwealth, furnish all necessary employment documents and records, including EEO-1 reports, and permit access to their books, records and accounts by the granting agency and the Bureau of Diversity, Inclusion and Small Business Opportunities for the purpose of ascertaining compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

H. The Grantee, any subgrantee, any contractor or any subcontractor shall include the provisions of this Nondiscrimination/Sexual Harassment Clause in every subgrant agreement, contract or subcontract so that those provisions applicable to subgrantees, contractors or subcontractors will be binding upon each subgrantee, contractor or subcontractor.

I. The Grantee's, and each subgrantee's, contractor's and subcontractor's obligations pursuant to these provisions are ongoing from and after the effective date of the grant agreement through the termination date thereof. Accordingly, The Grantee, and each subgrantee, contractor and subcontractor shall have an

obligation to inform the commonwealth if, at any time during the term of this Agreement, it becomes aware of any actions or occurrences that would result in violation of these provisions.

J. The commonwealth may cancel or terminate the grant agreement and all money due or to become due under the grant agreement may be forfeited for a violation of the terms and conditions of this Nondiscrimination/Sexual Harassment Clause. In addition, the granting agency may proceed with debarment or suspension and may place The Grantee, subgrantee, contractor or subcontractor in the Contractor Responsibility File.

**Additional Provisions Relating to Non-Discrimination/Sexual Harassment:**

CONTRACTOR or any person on CONTRACTOR's behalf shall not in any manner discriminate against or intimidate any employee involved in the performance of work or any other activity required under this Agreement on account of gender, race, creed, color, religion, age, sexual preference, handicap, or national origin.

CONTRACTOR shall ensure that any services or benefits available to the public or other third parties by way of this Agreement shall not be denied or restricted for such persons due to race, creed, color, religion, sex, sexual preference, age, handicap, or national origin (national origin protections include persons who are limited English proficient) consistent with the provisions of Federal and State Laws and regulations.

CONTRACTOR shall furnish all necessary employment documents and records and permit access to its books, records, and accounts by SCA for purposes of investigation to ascertain compliance with the provisions of this Nondiscrimination/Sexual Harassment Clause.

**Personnel Action Plan**

CONTRACTOR shall employ all positions as required to fulfill this AGREEMENT and in conformity with the Allegheny County Personnel Action Plan, subject to available funding for all program funded activities. CONTRACTOR must submit to COUNTY annually with this AGREEMENT, a copy of their salary and fringe benefit package in conformance with the maximum reimbursement of salaries and fringe benefits. This paragraph is applicable to CONTRACTORS whose positions are funded through a program funded AGREEMENT. CONTRACTORS whose AGREEMENTS are fee-for-service, in whole or in part, are required to comply with this provision for all staff positions that are not 100% attributable to the fee-for-service portion of services.

**Grievance and Appeal**

CONTRACTOR shall adhere to the grievance and appeal procedure issued by COUNTY set forth in Appendix C of this Manual.

**Citizen Participation**

CONTRACTOR agrees, where required by COUNTY, to seek citizen input and participation in formulation of its policies, by means of citizen membership on its board, utilization of Citizen Advisory Boards, and such other means as may be appropriate. CONTRACTOR will make available to COUNTY upon request, all such plans for citizen input and participation.

CONTRACTOR shall permit an authorized designee of COUNTY to attend that portion of any and all such meetings affecting the program funded by this Agreement, and shall provide COUNTY at SERVICE PROVIDER'S expense, with an accurate copy of that portion of the Minutes of any such meeting within a reasonable time after its adjournment, and CONTRACTOR shall provide COUNTY with reasonable advance notice of the date, time and place of its Citizen Advisory Council meetings and Board meetings when appropriate.

### **On Site Monitoring**

The CONTRACTOR agrees to permit on-site monitoring by the DDAP-assigned SCA for administrative and program performance. The CONTRACTOR will allow the SCA staff to access any information requested in order to verify adherence to this Agreement. The CONTRACTOR will allow SCA to monitor for all services provided on behalf of all SCAs who contract with the provider.

CONTRACTOR shall be bound to comply with such reviews of all aspects of their respective programs and services as are required by all appropriate Federal, State and County authorities. These reviews include, but are not limited to, the annual monitoring required by DDAP.

The Provider will ensure key staff are available for DDAP Quality Assurance Assessment Reviews and follow-up visits as required by the Department. All information obtained during the period of this contract by the Contractor through work governed by the contract shall be made available to the Department and SCA immediately upon demand.

All Subcontracted providers as part of the initial assessment and treatment plan will address non- treatment issues as part of the client treatment planning procedure. Please refer to Appendix K Admission and Utilization; bullet # 3.

COUNTY shall monitor the financial and service performance of its subcontractors once a year in accordance with the provisions of the COUNTY contract with the CONTRACTOR and any guidelines issued by the Department of Health, DDAP addressing monitoring requirements. All information requested on forms contained within the subcontractor contracts must be complete. Work statements and work statement appendix must contain detailed financial and programmatic information.

### **Human Experimentation**

All experimentation with human subjects involving any physical or mental risk to those subjects shall be prohibited without all of the following:

Prior written approval of the Department of Health, DDAP, subject to all applicable laws, statutes, and regulations:

Prior informed and voluntary written consent of the subject;

Prior informed and voluntary written consent of his/her parents or legal guardian, if the consumer is deemed to be a minor or incompetent.

Each potential subject shall be informed prior to his or her consent that refusal of consent will not result in the loss of any benefits to which the subject is otherwise entitled to from the Federal Government, Commonwealth, COUNTY, SERVICE PROVIDER, or any third party insurer.

### **Changes to the Services**

Any changes to the services under the AGREEMENT which incorporates this manual that result in changes in the approved activities or the location of activities or the addition, reduction or deletion of services to be purchased by the COUNTY from CONTRACTOR under this AGREEMENT must receive prior written approval from the Allegheny County Department of Human Services' (DHS) Director or the Director's designee. CONTRACTOR requesting a change must submit a written request to the DHS Director and the DHS Deputy Director for the Office of Behavioral Health at least ninety (90) days prior to the anticipated change.

### **Consumer Satisfaction**

CONTRACTOR will engage in and cooperate with the Consumer Satisfaction Team/Consumer Action and Response Team's (CART) consumer and family satisfaction assessments. CONTRACTOR agrees to allow access to and provide interview space for County approved consumer satisfaction activities. Additionally, CONTRACTOR should also assess for client satisfaction on an annual basis at minimum.

### **Generic Drugs**

If CONTRACTOR prescribes or dispenses drugs to consumers, it shall do so in accordance with Act 259 of November 24, 1976, P.L. 1163, 35 P.S. 960.1 et seq., as amended, and prescribe and dispense generically equivalent drugs rather than brand name drugs whenever possible.

### **Fixed Asset Management Guidelines**

This section refers to ownership rights and responsibilities for those fixed assets with a unit cost of over \$5,000 only. These guidelines will first present the general provisions common to both the SCA and their CONTRACTORS(SCA/subcontractor), then those provisions specific to just the SCA, and finally those provisions applicable to the SCA CONTRACTORS only. None of these guidelines shall apply to subcontractors that provide their services to the SCA exclusively on a fee-for-service (unit cost) basis.

### **General Provisions**

Definition: Fixed assets are identified as furniture, equipment and computers purchased, in part or in whole, with D&A funds administered through DDAP that have a useful life of more than one year and an initial purchase price of \$5,000 or more per item. Fixed assets do not include those items that are leased by the SCA. If, at the end of the lease agreement, the SCA should decide to purchase said items, then those items would be considered fixed assets and be subject to the approval processes described below. All vehicles, regardless of purchase price, shall also be defined as a fixed asset.

The SCA or subcontractor shall obtain prior written approval from the DDAP or the SCA for all fixed assets purchased with funding under an Agreement with the DDAP or the SCA when the total cost per SFY of such property exceeds \$40,000 or two percent (2%) of the SCA or subcontractor's total annual budget of state and federal funds (for the SCA budget-reference Page 1, Column 7 of Appendix C of the SCA Agreement) whichever is less. The SCA or subcontractor must also obtain prior written approval for all vehicle purchases, and capital



improvements and purchases. The cost of such assets shall be allowable only when included within an approved agreement budget document.

The following information shall be included in all SCA and subcontractor requests for furniture and equipment:

Item to be purchased;

Estimated cost per item;

Need and intended use;

Source of funds to be used;

SFY to which funds are to be charged, subject to the conditions as set forth by the Department; and

Cost allocation among various funding sources, if applicable.

### **Vehicles**

The SCA or subcontractor shall submit a letter to the DDAP or the SCA in order to request the purchase or trade-in of a vehicle. The letter must be accompanied by the completed "Request for Motor Vehicle Purchase" (Form 314A).

The DDAP or the SCA receives and reviews the SCA or the subcontractor's request for the purchase of a vehicle.

Written approval from the DDAP or the SCA shall be contingent upon the SCA or the subcontractor following the required procedures as described below.

The SCA or the subcontractor shall notify the DDAP or the SCA upon purchase of a vehicle and will forward any additional information as required by the DDAP or the SCA for review.

### **Capital Improvements and Purchases**

For capital improvements and purchases, the SCA or the subcontractor shall submit a letter to the DDAP or the SCA in order to request participation of DDAP funds in the acquisition of capital improvements or purchases. The letter shall include, at a minimum, the justification, the estimated cost and the terms for payment, the start date of construction or purchase date, and a description of the improvement or purchase. The SCA or the subcontractor shall forward any additional information as required by DDAP for review.

The DDAP or the SCA receives and reviews the SCA's or subcontractor's request.

Written approval from the DDAP or the SCA shall be contingent upon the SCA or the subcontractor following the required procedures as described below.

The DDAP or the SCA must be kept apprised of any alterations to the original submission.

SABG funds may not be utilized for land and building purchases.

The SCA or the subcontractor shall submit all fixed asset purchase requests to the DDAP or the SCA by May 1<sup>st</sup> of the applicable SFY to allow for sufficient review and processing time. The SCA or the subcontractor shall obtain fixed assets for use in the performance of the Agreement at the lowest practical cost and to purchase by means of competitive bidding. When purchasing fixed assets with a unit cost of less than \$10,000, the SCA or its subcontractor shall obtain a minimum of three quotes, which may be obtained via fax, or in writing. When purchasing fixed assets with a unit cost of \$10,000 or greater, the SCA or its subcontractor shall obtain a minimum of three formal bids per item. These bids must be in writing, and be in conformance with any county code, as applicable.

The SCA and its subcontractors acknowledge that failure to submit any fixed asset request by the required due date or without proper documentation as outlined in Paragraphs C, D and E will be grounds for disapproval of the fixed asset request by the DDAP or the SCA.

All fixed assets furnished by DOH or acquired by any of the SCA's subcontractors with funds under the SCA Agreement, including the purchase of real and personal property pursuant to a lease-purchase contract, for which the SCA or the subcontractor is to be reimbursed under the Agreement with the DOH or the SCA, shall be deemed Commonwealth property. Upon purchase, title to all fixed assets shall be with DOH. During the term of the Agreement, the SCA and its subcontractors shall be deemed the repository for all fixed assets purchased or acquired with funds provided under the Agreement with the DOH or the SCA and shall have exclusive rights to use such fixed assets. Within 120 days after the termination of the Agreement, or at any time upon written notice to the SCA or its subcontractor, the DOH may take possession of said fixed assets and reimburse any other funding sources according to their percentage of contribution, based upon fair market value as determined by independent appraisal.

The SCA and subcontractors shall maintain and administer, in accordance with sound business practice, a program for the maintenance, repair, protection, preservation and insurance of all fixed assets purchased so as to assure their full availability and usefulness for the performance of this Agreement. The SCA and its subcontractors must have a control system, including insurance coverage, in effect, ensuring adequate safeguards to prevent loss, damage, or theft of all fixed assets. Any loss, damage or theft must be investigated and fully documented.

#### **Provisions Specific to the SCA**

In addition to the purchasing procedures as described in Paragraph F above, the SCA may also purchase fixed assets from state contracts provided that the SCA:

Has in its possession a resolution on file to purchase from state contracts. The resolution may be obtained by logging on to the DGS website at [www.dgs.state.pa.us](http://www.dgs.state.pa.us), clicking on "Forms" and "Procurement". Click on "Cooperative Purchase Program" in the navigational bar, scroll down the page and click on "sample resolution form" to obtain a copy of the resolution form.

Determines their eligibility to purchase from state contracts by contacting the:

Department of General Services

Cooperative Purchasing Program  
414 North Office Building  
Harrisburg, PA 17125  
Telephone No.: (717) 787-1105

Fixed assets with a purchase price of \$5,000 or more per item obtained by the SCA under the SCA Agreement shall be recorded on DDAP's "Annual Inventory Report for Fixed Assets", Form 314, in accordance with the DDAP Report Schedule. Form 314 must provide a description of the property, quantity of items purchased, identification (serial) number, unit cost of item, total amount expended, total amount funded by DDAP as referenced in Paragraph B of the General Provisions above, total amount funded by all other sources, date of acquisition, present location, and remarks, if applicable. The annual inventory report for fixed assets shall be a cumulative compilation of all fixed assets procured utilizing any amount of DDAP funding. In addition, the report shall contain all fixed assets purchased under the original Agreement, the current Agreement and any subsequent Agreements.

The SCA shall obtain prior written approval to sell, lend, donate or dispose of fixed assets purchased utilizing any amount of DDAP funding. The SCA shall record the information on Form 314 under the "Remarks" section of the form.

The SCA shall require and maintain on file, in accordance with Paragraphs 9, 10 and 11 and Appendix D of the SCA Agreement, an inventory list of fixed assets procured by each of its subcontractors; according to the provisions of these guidelines.

It is not necessary for the SCA to submit subcontractor fixed asset requests to DDAP; however, the SCA, at its discretion, may submit subcontractor fixed asset purchase requests to DDAP for approval.

#### **Provisions Specific to the Subcontractor**

None of these guidelines shall apply to subcontractors that provide their services to the SCA exclusively on a fee-for-service (unit cost) basis.

Fixed assets with a purchase price of \$5,000 or more obtained by the subcontractors under an Agreement with the SCA shall be recorded on Form 314 and reported to the SCA only.

The subcontractor shall obtain prior written approval from the SCA to sell, lend, donate or dispose of; fixed assets purchased utilizing any amount of DDAP funding. The subcontractor shall record the information on Form 314 under the "Remarks" section of the form.

The subcontractor must report to the SCA the purchase of any fixed assets if they receive both cost reimbursement and fee-for-service dollars. In addition, the subcontractor must also have a cost allocation plan on file as back-up documentation with regards to the purchase of said fixed assets.

The SCA may impose more stringent requirements upon the subcontractor than those applied to the SCA by the Department.

### **Commonwealth Travel and Subsistence Policy**

ALL SUBCONTRACTED PROVIDERS shall be bound by the terms and conditions regarding travel, lodging and subsistence rates as set forth in the Office of Administration's Management Directive 230.10, Rev. 1/21/09 and any subsequent revisions thereto. If the lodging rates set by the Management Directive are not available to the SUBCONTRACTOR, the lowest price available through 3 telephone bids will be acceptable. However, if prevailing county travel policies provide for reimbursement of travel, lodging and subsistence costs at a lower rate than the state rate, then the lower rate shall govern. If prevailing collective bargaining unit policies provide for reimbursement of these items at a different rate than the state or county rate, then the terms of the bargaining unit shall prevail.

If the SUBCONTRACTOR attends a D&A conference or training event where the hotel is the site of the event, then the reimbursement rate for lodging costs incurred for attendance at the event shall take precedence over both the Management Directive rate and the county rate. In those instances when lodging cannot be secured within the established lodging rate allowance, employees may exceed the allowance if written justification is provided on the travel form (e.g., closest lodging facility to work site – next hotel 25 miles away; no rooms available at hotel with lowest rate; inclement weather; lateness of hour).

No subsistence payments shall be made to the SUBCONTRACTOR for non-overnight travel, except as specifically provided for in the Management Directive or labor agreements. All employee travel reimbursement must be approved and signed by a duly designated executive, official or supervisor of the Contractor. Copies of all authorized expense reports (travel vouchers) must be on file for auditing purposes. These reports must be signed by the employee and must show the purpose of travel, departure and destination points, actual miles traveled each day, and expenses incurred, such as parking, meals, lodging, and tolls. Itemized receipts for travel and subsistence must be on file to support reimbursement.

Allowances for the reimbursement of subsistence costs incurred by the **SUBCONTRACTOR** are not flat allowances; only amounts actually expended may be claimed.

### **Other Federal Funds**

If CONTRACTOR is contributing toward the general contract cost, CONTRACTOR certifies that the Federal funds to be used under this AGREEMENT do not replace or supplant in any way, State or local funds for already existing services CONTRACTOR further certifies that the services to be provided under this AGREEMENT are not already available without cost. CONTRACTOR further certifies that the addition of Federal funds will result in a commensurate program expansion.

### **Covenant Against Contingent Fees**

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this AGREEMENT upon an agreement or understanding for a commission,

percentage, brokerage or contingent fee (excepting bona fide employees or bona fide established commercial selling agencies maintained by CONTRACTOR for the purpose of securing business). For breach or violation of this warrant, the Commonwealth shall have the right to annul this AGREEMENT without liability or, in its discretion, to deduct from the consideration otherwise due under this AGREEMENT, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

#### Data, Copyrights and Disclosure

Definition: the term "data" as used herein, includes, but is not necessarily limited to written reports and analyses, diagrams, maps, system designs, computer programs, flow charts, punched card decks, magnetic tapes, diskettes, drawings, studies, manuals, brochures, advertisements and work of any similar nature which is required to be performed under this AGREEMENT. It does not include CONTRACTOR'S financial reports or other information incidental to AGREEMENT administration.

Rights in Data: Data submitted to and accepted by DDAP under this AGREEMENT shall be the property of DDAP, and it shall have full right to use such data for any official purpose in whatever manner deemed desirable and appropriate. Such use shall be without any additional payment to or approval by the CONTRACTOR.

Data Collection: All data collected under this AGREEMENT (computer tapes, programs and other software developed, and other documentation) shall become the property of DDAP at the close of the contract period.

Forms Approval: All forms, questionnaires, survey instruments, etc., developed under this AGREEMENT shall be subject to prior written approval by DDAP.

Data Processing: All computer programs, tapes, and software developed under this AGREEMENT, and any data or information provided to DDAP by diskette or electronic means, shall be compatible with DDAP computer systems. Specifications, if not included elsewhere in the AGREEMENT, may be obtained from the COUNTY.

Copyrights: CONTRACTOR relinquished any and all copyrights and/or privileges to data developed under this AGREEMENT. CONTRACTOR shall not include in the data any copyrighted matter without the written approval of DDAP unless CONTRACTOR provides DDAP with written permission of the copyright owner for DDAP to use such copyrighted matter in a manner provided herein. CONTRACTOR shall exert all reasonable efforts to advise DDAP, at the time of delivery of data furnished under this AGREEMENT, of all invasions of the right to privacy contained therein.

Defense of Infringement Claim: CONTRACTOR shall defend any suit or proceedings brought against the Commonwealth, including DDAP, or their officials or employees, on account of any alleged infringement of any copyright arising out of the performance of this AGREEMENT, including any suit or proceeding relating to all work, services, materials, reports, studies and computer programs provided by the CONTRACTOR; PROVIDED, nevertheless, that the Commonwealth shall provide prompt notification in writing of such suit or proceedings,

together with full right, authorization and opportunity to conduct the defense thereof, and full information and all reasonable cooperation for the defense of the same. If principles of governmental or public law are involved, the Commonwealth may participate in the defense of any such action. CONTRACTOR shall pay all damages and costs awarded therein against the Commonwealth. If information and assistance are furnished by the Commonwealth at CONTRACTOR'S written request, it shall be at CONTRACTOR'S expense, but the responsibility for such expense shall be only that within CONTRACTOR'S written request. If any of the data, materials, reports, studies or computer programs provided by the CONTRACTOR are held to constitute infringement, and the use of publication thereof is enjoined in such suit or proceeding, CONTRACTOR shall, at its own expense and at its option, either procure the right to publish or continue use of such infringing data, materials, reports, studies or computer programs, replace them with non-infringing items, or so modify them so that they are no longer infringing. If after a reasonable time and good faith effort, CONTRACTOR is unable to comply with the requirements of the immediately preceding sentence, CONTRACTOR shall return to DDAP that portion of contract funds expended by CONTRACTOR in relation to the infringing item. The obligations of CONTRACTOR under this paragraph continue without time limit.

**Public Notice:** All notices, informational pamphlets, press releases, research reports and similar public notices prepared and released by SERVICE PROVIDER, shall include the statement, "This project is funded, in part, under a contract with the Pennsylvania Department of Health. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, Pennsylvania. DDAP specifically disclaims responsibility for any analyses, interpretations or conclusions."

**Press Office Approval:** All printed material is subject to written pre-approval by the Press Office of DDAP. "Printed material" includes, but is not limited to, brochures, manuals, labels, newsletters, artwork and print advertisements. All printed material must bear the DDAP logo and the names and titles of the Governor and the Secretary of Health unless otherwise authorized in writing by the DDAP Press Secretary. All material produced for radio and television must also be approved for quality of content and accreditation in writing by the DDAP Press Secretary prior to final production as well as after final production.

**Sensitive Information:** CONTRACTOR shall not publish or otherwise disclose, except to DDAP and except matters of public record, any information or data obtained hereunder from private individuals, organizations, or public agencies, in a publication whereby the information or data furnished by or about any particular person or establishment can be identified, except with the informed consent of such person or establishment.

**Fee-Splitting** – The Contractor agrees that no employee, board member, or representative of the Contractor, either personally or through an agent, shall solicit the referral of clients to any facility in a manner that offers or implies an offer of rebate to persons referring clients or other fee-splitting inducements. No person or entity involved in the referral of clients may receive payment or other inducement by a facility or its representatives.

#### **Federal Lobbying Certification and Disclosure Requirements**

CONTRACTOR agrees to abide by the Federal Lobbying Certification and Disclosure Requirements, attached hereto as Appendix C, whereby the CONTRACTOR certifies, to the best of CONTRACTOR's knowledge and belief, that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the CONTRACTOR, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, CONTRACTOR shall complete and submit Standard Form-LLL, (<http://www.ddap.pa.gov>) "Disclosure of Lobbying Activities," in accordance with its instructions, attached hereto as Appendix C

CONTRACTOR shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

Persons or entities, at whatever tier, receiving more than \$100,000 in federal funds hereunder, shall promptly file the certification and any necessary lobbying disclosure forms with the tier providing the funding. That tier shall retain the certification but promptly file any lobbying disclosure forms with the next higher tier until such lobbying disclosure forms reach the federal funding source agency. There is an obligation to file an amended lobbying disclosure form and pass it from tier to tier whenever there is a material change to the original lobbying disclosure form. See 55 Federal Register 6736-6756 (February 26, 1990). Further general information may be obtained by telephoning the Federal Office of Management and Budget at 202-395-3254.

### **Chapter 3: Audits**

For information on audits refer to the PA Department of Drug and Alcohol Services Fiscal Manual, revised edition (12/3/2021), Section 7. [https://www.ddap.pa.gov/Professionals/Pages/For\\_SCAs.aspx](https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx)

#### **Audit Coverage**

The information contained in Part 7, Audits, is applicable to both the SCA and its subcontractors except where specifically noted.

DOH provides federal and state financial assistance to a variety of entities. Audit requirements may be either a federal mandate or a Department mandate. The applicable audit requirements are determined according to the source(s) of the agreement's funding. If the agreement is funded by federal funds only or by a combination of federal and state funds, and the SCA expends a total of \$500,000 or more in federal funds during its fiscal year received from all sources, the audit requirement is federally mandated and prescribed by the *Single Audit Act, as amended, 31 U.S.C. 7501 et seq.*; *U.S. Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, as amended*; and any amendment to such other applicable law or regulation which may be enacted or promulgated by the federal government. If the agreement is funded by state funds only and the SCA expends \$300,000 or more in state funds, the audit requirement is Department mandated, as prescribed in the agreement's audit requirements appendix, and in accordance with the provisions of GAGAS issued in the U.S. General Accounting Office's *Government Auditing Standards* ("Yellow Book"), latest revision as of the time of the audit.

All entities licensed by DDAP as a freestanding facility for the delivery of drug and alcohol treatment services must obtain the services of an independent certified public accountant to conduct an annual financial audit of activities associated with the project's drug and/or alcohol services, in accordance with generally accepted accounting principles. Fiscal management requirements for licensed drug and alcohol treatment entities are cited within the Pennsylvania Code under 28 Pa. Code § 709.25.

#### **Audit Source Documents**

Audit requirements vary according to the type of organization and the type (federal or state) and amount of funding. The following documents are the primary sources of information for audit requirements:

OMB Circular A-110, Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations (and any subsequent revisions)

OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations

Government Auditing Standards ("Yellow Book"), U.S. General Accounting Office



The Single Audit Act of 1984 and its Implementation within the Commonwealth of Pennsylvania, Office of the Budget, Commonwealth of Pennsylvania

### **Audit Source Document Availability**

Copies of OMB Circulars and Government Auditing Standards can be obtained online at:

<http://www.whitehouse.gov/omb/circulars/index.html>

To obtain circulars that are not on-line, call the United States Government, Office of Management & Budget's information line at (202) 395-3080.

The Single Audit Act of 1984 and Its Implementation within the Commonwealth of Pennsylvania can be obtained from:

Commonwealth of Pennsylvania  
Office of the Budget/Comptroller Operations  
Bureau of Audits  
555 Walnut Street, 8th Floor  
Harrisburg, Pennsylvania 17101  
Telephone: (717) 783-0114  
Fax: (717) 703-3949

Questions regarding federally mandated or DDAP mandated audit requirements as well as the responsibility of the SCA in the management of audits submitted by their subcontractors can be directed to the Division of Budget and Grants Management within DDAP ([RA-DASCAAUDIT@pa.gov](mailto:RA-DASCAAUDIT@pa.gov)) or:

PA Department of Drug and Alcohol Programs  
Division of Budget and Grants Management  
2601 North 3<sup>rd</sup> Street, Fifth Floor  
Harrisburg, PA 17110  
Telephone: (717) 783-8200  
Fax: (717) 787-628

### **Types of Audits**

The following chart outlines the types of audits that are required for the SCAs and its subcontractors. The requirements apply to local government agencies, non-profit and for-profit organizations. The Audit Appendix in the SCA Agreement further defines this information.

**DETERMINATION OF APPLICABLE AUDIT REQUIREMENTS**

<b>Contractor</b>	<b>Expends \$500,000 or more of total federal funds</b>	<b>Expends less than \$500,000 of total federal funds from all sources AND \$300,000 or more of state funds</b>	<b>Expends \$300,000 or more of state funds</b>	<b>Expends less than \$500,000 in federal funds and less than \$300,000 in state funds</b>
Local Government	Federally Mandated OMB A-133 Audit based on Contractor's fiscal year	Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	No audit required
Non-Governmental Non-Profit Organization (includes nonprofit institutions of higher education and hospitals)	Federally Mandated OMB A-133 Audit based on Contractor's fiscal year	Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	No audit required
For-Profit Entity	No audit required	Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	Department Mandate (Program-Specific) Yellow Book Audit based on 12 month period of the agreement	No audit required

*No audit is required if either of the following apply:*

The contractor expends less than \$300,000 of state funds received under this agreement during its fiscal year and it expends less than \$500,000 of total federal awards received from all sources

(i.e., any and all other federal awards expended during the contractor's fiscal year, received either directly from the federal government or indirectly from a recipient of federal funds) during its fiscal year.

The agreement is funded by either state or federal funds, and all agreement monies expended during the contractor's fiscal year are received on a strictly fee for service basis. In addition, all federal awards expended from all sources during the contractor's fiscal year are received on a strictly fee for service basis, regardless of the amount of federal awards expended.

If the contractor is not required to have an audit performed, the contractor is required to maintain auditable records of federal awards and any state funds that supplement such awards. The contractor is to provide access to such records by federal and state agencies or their designees.

### **Submission of Audit Information**

The submission of audit information is applicable to the SCA only.

#### Federal Mandated Audit

The audit report package should include the following:

Data collection form

Financial statements and schedule of expenditures of federal awards

Auditors' reports on the financial statements and schedule of expenditures of federal awards, internal control and compliance and a schedule of findings and questioned costs

Summary schedule of prior audit findings

Corrective action plan

Management letter comments

The audit should be completed and the reporting required within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report package, plus one copy for each Commonwealth agency which provided federal pass-through awards, should be submitted to:

Office of the Budget Bureau of Audits

Division of Subrecipient Audit Review

Bell Tower, Sixth Floor

303 Walnut Street

Harrisburg, PA 17101

Phone: (717) 783-9120

Fax: (717) 783-0361

## DEPARTMENT MANDATED AUDIT

The audit report must be completed and submitted within 120 days of the termination of the agreement or 120 days following the end of each twelve-month period in the case of an agreement lasting more than twelve months.

Three (3) copies of the audit report should be submitted to:

ATTN: Audit Resolution Section  
Pennsylvania Department of Health  
Bureau of Administrative and Financial Services  
Room 830, Health and Welfare Building  
P.O. Box 90  
Harrisburg, PA 17108  
Phone: (717) 783-7280  
Fax: (717) 783-3794

### **Audit Responsibilities**

The following is applicable to the SCA or DDAP, as noted, and is not applicable to the subcontractor, except as noted\*\*\*\*.

To ensure compliance with the Single Audit Act of 1984, Amended 1996, and OMB Circular A-133, all payments of federal and state financial assistance made by Commonwealth agencies to local governments and other sub-recipients must be identified by federal and state dollars expended and related federal and state financial assistance program names and numbers.

### **SCA Responsibilities**

#### SCA Audit

All SCA audit reports must include a note to the financial statements that defines the organization's reporting entity. The type of audit report is determined by the reporting entity of an SCA. For example, if a reporting entity note defines an SCA as being part of a county, then that SCA should be included in the county's single audit report. If a reporting entity note defines an SCA as being independent of any other governments/organizations, then the SCA should submit its own audit report. The SCA must include any management letters disclosing non-reportable conditions or other matters involving the internal control structure as part of the audit report.

#### Procedure for SCA Audit

The SCA (or the assigned county agency) is responsible for obtaining the necessary audit. A federally mandated audit is required if the SCA expended \$500,000 or more in federal funds. A

Department mandated audit is required if the SCA expended less than \$500,000 in federal funds but expended \$300,000 or more in state funds.

The audit report package must be submitted to the appropriate office in the Commonwealth. A federally mandated audit should be submitted to the Office of the Budget, Bureau of Audits (as noted in 8.04 – Submission of Audit Information). A Department mandated audit should be submitted to the Audit Resolution Section in DOH (as noted in 8.04 – Submission of Audit Information).

The SCA must prepare a CAP to address all findings of noncompliance or internal control weaknesses disclosed in the audit report. For each finding noted, the CAP must include the following:

- A description of the finding;
- Specific steps to be taken to correct the situation or specific reasons why corrective action is not necessary;
- A timetable for performance of the corrective action steps; and,
- A description of monitoring to be performed to ensure that the steps are taken. The CAP must be submitted with the audit report.

#### Audits of Subcontractors

The SCAs must provide to their contractors, at a minimum, the related federal and state financial assistance program name and number (CFDA number for federal funds). For cost-reimbursement contracts, the SCA must also identify in the contract, the total dollar amount provided, as well as a breakdown of those funds. This breakdown must be a percentage breakdown of federal and state funds; or a dollar amount breakdown of federal and state funds; or a functional or categorical breakdown of federal and state funds. For fee-for-service contracts, this information may be submitted at the end of the agreement period but must be submitted to their contractors within 60 days of the end of the SCA's 12-month fiscal period.

The SCA is responsible for adapting DDAP grant agreement language and requirements regarding audits and shall include the Department's Audit Requirements, Rev. 9/03, or any subsequent revision hereto, in their contracts with cost-reimbursement providers. The SCA shall obtain audits from these providers in accordance with Section II and III of Appendix E of the Agreement. The SCA, not the Department, shall be responsible for the receipt, review and resolution of such audits.

\*\*\*\*The provider shall prepare a CAP to address all findings of noncompliance or internal control weaknesses disclosed in the audit report and submit it to the SCA. For each finding noted, the CAP must include the following:

A description of the finding;

Specific steps to be taken to correct the situation or specific reasons why corrective action is not necessary;

A timetable for performance of the corrective action steps; and,  
A description of monitoring to be performed to ensure that the steps are taken. The CAP must be submitted with the audit report.

The SCA shall review and resolve all findings and questionable costs on Department mandated audits within six months from the date the SCA receives the report.

The SCA shall follow up on all findings disclosed in the audit report and management letter. The SCA shall retain such audits for a period of time which is the greater of four years after termination of the provider's contract or until resolution of any audit exceptions or other claims or actions involving a subcontract.

### **DDAP Responsibilities**

The Department's Audit Resolution Section will forward to DDAP a Schedule of Findings and Questioned Costs. This schedule will include the views of responsible officials of the SCA concerning the auditors' findings, conclusions, and recommendations. The schedule will contain all findings and questioned costs for the financial schedules which are required to be reported in accordance with GAGAS. The auditor will report the following:

Reportable conditions in internal control over the program(s) (state and/or federal) that provide funding under the agreement. The auditor shall identify reportable conditions, which are individually or cumulatively material weaknesses.

Material noncompliance with the provision of laws, regulations, and the provisions of the agreement.

Questioned costs specifically identified by the auditor. In evaluating the effect of questioned costs on the opinion on compliance, the auditor shall consider the best estimate of total costs questioned, not just the known questioned costs.

DDAP will review all findings as a result of the audit and the CAP submitted by the SCA. DDAP is responsible for the review and evaluation of reportable conditions and findings.

DDAP shall ensure that the SCA complies with the implementation of all corrective actions.

The audit will be resolved only after DDAP has accepted and approved all follow-up criteria. It is the policy of DOH to resolve all reportable conditions and audit findings within six months from the day DOH receives the report.

### **General Audit Provisions**

#### Auditor Selection

The contractor is responsible for obtaining the necessary audit and securing the services of a certified public accountant or other independent governmental auditor who meets the independence standards specified in generally accepted governmental auditing standards.

#### Questioned Costs

Any questioned costs identified as such in audit reports of either the contractor or its subcontractors shall be returned to the appropriate federal and/or state agencies providing the financial assistance, unless resolved to the satisfaction of said entities.

### Additional Audits

The Commonwealth reserves the right for federal and state agencies or their authorized representatives to perform additional audits of a financial or performance nature, if deemed necessary by Commonwealth or federal agencies. Any such additional audit work will rely on work already performed by the contractor's auditor, and the costs for any additional work performed by the federal or state agencies will be borne by those agencies at no additional expense to the contractor.

### Records Retention

The contractor is required to maintain records of state and federal awards. The contractor shall preserve all books, records and documents related to this agreement for a minimum of four years from the date of final payment under this agreement; or until all findings, questioned costs or activities have been resolved to the satisfaction of the Commonwealth; or unless the agreement provides for a shorter period; or DOH agrees in writing to a shorter period. The SCA shall provide federal and state agencies or their designees' access to such books, records and documents for inspection, audit or reproduction.

### **This information is applicable to the SCA only.**

Auditors may submit requests for confirmation of federal and state payments to DDAP or directly to:

Public Health and Human Services Comptroller  
Facility Payments and Vendor Resolution  
Second Floor, West Wing  
Health and Welfare Building  
Harrisburg, PA 171

## APPENDICES



## **Appendix A: Commonwealth Travel and Subsistence Policy**

**All subcontracted providers** shall be bound by the terms and conditions regarding travel, lodging and subsistence rates as set forth in the Office of Administration's Management Directive 230.10, Rev. 1/21/09 and any subsequent revisions thereto. If the lodging rates set by the Management Directive are not available to the **SUBCONTRACTOR**, the lowest price available through 3 telephone bids will be acceptable. However, if prevailing county travel policies provide for reimbursement of travel, lodging and subsistence costs at a lower rate than the state rate, then the lower rate shall govern. If prevailing collective bargaining unit policies provide for reimbursement of these items at a different rate than the state or county rate, then the terms of the bargaining unit shall prevail.

If the **SUBCONTRACTOR** attends a D&A conference or training event where the hotel is the site of the event, then the reimbursement rate for lodging costs incurred for attendance at the event shall take precedence over both the Management Directive rate and the county rate. In those instances when lodging cannot be secured within the established lodging rate allowance, employees may exceed the allowance if written justification is provided on the travel form (e.g., closest lodging facility to work site – next hotel 25 miles away; no rooms available at hotel with lowest rate; inclement weather; lateness of hour).

**No subsistence payments shall be made to the SUBCONTRACTOR for non-overnight travel, except as specifically provided for in the Management Directive or labor agreements. All employee travel reimbursement must be approved and signed by a duly designated executive, official or supervisor of the Contractor. Copies of all authorized expense reports (travel vouchers) must be on file for auditing purposes. These reports must be signed by the employee and must show the purpose of travel, departure and destination points, actual miles traveled each day, and expenses incurred, such as parking, meals, lodging, and tolls. Itemized receipts for travel and subsistence must be on file to support reimbursement.**

Allowances for the reimbursement of subsistence costs incurred by the **SUBCONTRACTOR** are not flat allowances; only amounts actually expended may be claimed.

## Appendix B: Non-Treatment Needs Check List

Domains	Is the individual in need of assistance in the following areas?
Healthcare Coverage	i.e., MA, Healthcare Market Place, Veteran's Benefits, etc
Basic Needs	i.e., Assistance with meeting basic needs such as food, clothing, and transportation, assistance with getting client into a healthy recovery environment, referral to housing agencies, etc.
Physical Health	i.e., medication management, pressing medical issues, needing attention, pregnancy testing, pre-natal care, TB assessment, HIV/AIDS, Hepatitis, etc.
Emotional/Mental Health	i.e., mental health referral, psychotropic medication management; co-occurring referral, etc.
Family	i.e., counseling, education, resources, etc.
Child Care	i.e., assisting client with: child custody/visitation and/or childcare arrangements, etc.
Legal Status	i.e., referral for legal assistance, communication skills when dealing with probation/parole, etc.
Education/Vocation	i.e., GED, tutoring, English as a Second Language (ESL), Office of Vocational Rehabilitation (OVR), etc.
Life Skills	i.e., assistance with cooking, cleaning, grocery shopping, paying bills in a timely manner, etc.
Social	i.e., develop healthy leisure activities, develop social skills, etc.
Employment	i.e., job search assistance, job training, resume writing, career Link, etc.

## Appendix C: Grievance and Appeal Process

The primary objective of the SCA grievance and appeal process is to promote a step-by-step effort at reconciliation between an aggrieved client and the SCA. As contracted treatment providers and other agencies may have separate grievance and appeal protocols arising from the client's direct involvement with those programs, this process is intended to resolve those issues where the SCA's administrative or financial decisions are in dispute. The SCA must have an expeditious, accessible, fair, and uniform process in place for resolving grievances and appeals.

A **GRIEVANCE** is defined as a **written complaint by a client** of the decision made by the SCA relative to five (5) areas identified below:

- Denial or termination of services;
- LOC determination;
- Length of stay in treatment;
- Length of stay in service coordination;
- Violation of the client's human or civil rights.

An **APPEAL** is defined as a request for reconsideration of a SCA's decision at progressive stages until the grievance is resolved.

In the event an individual grieves a treatment funding decision related to a reduction or termination of services or length of stay in treatment, the SCA is required to continue funding treatment services at the current level of engagement until the appeal is resolved. This applies to all treatment services, including the provision of Medication Assisted Treatment (MAT).

### **APPEALS PROCEDURE:**

Client needs to sign all consent forms relating to information that will be reviewed during the appeal process at each level of appeal.

The client has the right to have access to all documentation pertaining to the resolution of the grievance within the confines of state and federal confidentiality regulations.

The client has the right to be involved in the process and have representation by means of a client advocate, case manager, or any other individual chosen by the client at each level of appeal. Each person must sign a confidentiality form stating they have read the confidentiality notification form that states that all proceedings are confidential. *This includes the client.*

(1) The first level of appeal must be made to a panel made up of the Quality Assurance Coordinator, the Contract Representative Supervisor, and the Contract Monitor none of whom are directly involved in the dispute. If a member of review staff is involved in the dispute another staff member will be designated to review the dispute in their stead. A review hearing and decision by the SCA will be rendered within 7 days upon receiving of the grievance at each level of appeal. The SCA will inform both the client and DDAP of the outcome within 7 days via the

DDAP-approved Grievance and Appeal Reporting Form (DDAP-EFM-1009) found on DDAP's website ([www.ddap.pa.gov](http://www.ddap.pa.gov)) in the DDAP Documents Library, Forms page. *(Client identifying information will not be included or attached to this form.)* Address grievance to:

Quality Assurance Coordinator  
Bureau of Drug and Alcohol  
Human Services Building  
One Smithfield Street  
Pittsburgh Pa. 15222

(2) The final level of appeal will be with 3 to 5 members of Drug and Alcohol Planning Council. A review hearing and decision by the panel chairperson will be given within 7 days upon receiving the grievance at each level of appeal. The client has 10 working days from notification of the first level review to provide a written request for a second level review of their grievance. Clients will be assisted in this process if they request assistance. The SCA will inform both the client and DDAP of the outcome within 7 days of their decision via the DDAP-approved Grievance and Appeal Reporting Form (DDAP-EFM-1009). Address Grievance to:

Chairperson of Drug and Alcohol Planning Council  
Human Services Building  
One Smithfield Street  
Pittsburgh Pa. 15222

**GRIEVANCE AND APPEAL REPORTING FORM**

SCA: \_\_\_\_\_

Level: \_\_\_\_\_

Issue: \_\_\_\_\_

Date: \_\_\_\_\_

Client ID #: \_\_\_\_\_

Briefly describe the client's grievance with the SCA: (Include date grievance was filed with the SCA).

Briefly describe the outcome of the grievance and the basis for the decision: (Include date of review).

Grievance Resolved: Yes (  ) No (  )

Submit to:  
DDAP Director of Treatment  
One Penn Center, 5<sup>th</sup> Floor  
2601 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110  
Or Fax to 717-787-6285

## Appendix D: Emergent Care Screening Policy and Form

This policy is regarding the utilization and implementation of Emergent Care Screening that addresses emergent care needs of consumers.

Screening by an SCA or its contracted providers must be completed by utilizing the Intake and Screening Tool in PA Web Infrastructure for Treatment Services (PA WITS).

The SCA and all subcontracted providers shall be responsible for identifying the emergent need (if applicable) and providing the treatment, intervention and/or the referral to address the identified presenting problem/need.

When an emergent care need is identified providers must do the following:

- For clients with emergent psychiatric needs contact Western Psychiatric Hospital (WPH/UPMC) Deck at **412-624-1000** or Resolve Crisis Network at **1-888-7-YOU CAN**
- For clients with emergent prenatal or perinatal needs contact Magee Women's Hospital referral services office at **1-866-My Magee** or WPH Perinatal Addiction Center at **412-246-5910**

The results of this screening (the emergent need that has been identified) and the treatment, intervention and or referral provided must be documented in the consumer record. If a client needs withdrawal management he/she must be admitted to withdrawal management within 24 hours.

If the client is not in need of emergent care, a LOC assessment must be completed within seven days from the date of initial contact. If this time frame is not met, the reason must be documented.

The Program Representatives will incorporate this vital area of concern into their monitoring site visits to ensure compliance.

Type of screening: \_\_\_\_\_ Telephone \_\_\_\_\_ Face to face Screener Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Funding: \_\_\_\_\_

Do you have insurance or Medical Assistance? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, specify: \_\_\_\_\_

Do you have Veteran Benefits? \_\_\_\_\_ Y \_\_\_\_\_ N

Referral Source: \_\_\_\_\_ Date

of Initial Appointment (LOC): \_\_\_\_\_ If initial

appointment is beyond 7 days please document reason:

**D & A:**

What are you currently using? \_\_\_\_\_

Date of last use? \_\_\_\_\_

Have you ever injected drugs? \_\_\_\_\_ Y \_\_\_\_\_ N If yes, when? \_\_\_\_\_

Are you having symptoms of withdrawal? \_\_\_\_\_ Y \_\_\_\_\_ N Are you experiencing any of the following?

\_\_\_\_ Uncontrollable shaking \_\_\_\_ Hallucinations \_\_\_\_ Seizures \_\_\_\_ Nausea/Vomiting \_\_\_\_ Severe cramps

\_\_\_\_ Other: (specify): \_\_\_\_\_

Have you recently been treated by medical personnel for an overdose? \_\_\_\_\_ Y \_\_\_\_\_ N If so,

When? \_\_\_\_\_

**Psychiatric Care:**

Do you have a psychiatric diagnosis? \_\_\_\_\_ Y \_\_\_\_\_ N ( If so what is the diagnosis: \_\_\_\_\_ )

Are you having current thoughts of harming yourself or others? \_\_\_\_\_ Y \_\_\_\_\_ N (If yes, follow up is required)

Have you ever received mental health services? \_\_\_\_\_ Y \_\_\_\_\_ N

If yes, most recent? \_\_\_\_\_ Inpatient

\_\_\_\_ Outpatient

Are you currently prescribed any medications? \_\_\_\_\_

**(IF MALE SKIP and CHECK HERE \_\_\_\_\_)**

**Prenatal/Perinatal Care:**

Are you pregnant? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_ Unknown

Are you receiving prenatal care? \_\_\_\_\_ Y \_\_\_\_\_ N

Have you given birth in the last 28 days? \_\_\_\_\_ Y \_\_\_\_\_ N

Are you experiencing any complications that you may feel may require emergency Care? \_\_\_\_\_ Y \_\_\_\_\_ N

Is there a need for a referral for emergent care services? \_\_\_\_\_ Y \_\_\_\_\_ N

If so please provide details: \_\_\_\_\_

Emergent care referral location: \_\_\_\_\_

Was direct contact with emergency referral made? \_\_\_\_\_ Y \_\_\_\_\_ N If so please explain: \_\_\_\_\_

## Appendix E: Health Care Complaint Form

stayinformed@attorneygeneral.gov

www.attorneygeneral.gov



### UPMC/Highmark Complaint Form

Health Care Section  
14<sup>th</sup> Floor, Strawberry Square  
Harrisburg, PA 17120

1-844-743-2015  
1-717-705-6938  
1-717-787-1190 (fax)

### WHEN SHOULD YOU FILE A COMPLAINT?

If you are unable to resolve a health-related complaint directly with the person or company you are complaining against, **then** you should file a complaint with the Office of Attorney General, Health Care Section (HCS), by completing a complaint form and medical release authorization. If your complaint is against your insurance company, then you should refer to your contract to ensure that you have taken all the appropriate steps to file a complaint or grievance directly with the Plan. **Filing a complaint with the HCS does not preserve your appeal rights; therefore, you are encouraged to file an appeal with your insurance company while simultaneously filing a complaint with the HCS.**

The completed forms and any supporting documentation should be mailed to the address below or sent via email to stayinformed@attorneygeneral.gov.

Office of Attorney General  
Health Care Section  
14<sup>th</sup> Floor, Strawberry Square  
Harrisburg, PA 17120

### HOW CAN YOU EXPEDITE THE PROCESSING OF YOUR COMPLAINT?

- Complete all portions of the complaint form that apply to your situation
- Describe what actions you have taken to resolve your complaint
- State what action you are seeking in order to resolve your complaint
- Include any supporting documentation that further explains your complaint and your position for resolving the complaint

### WHAT SHOULD YOU EXPECT AFTER YOU FILE A COMPLAINT?

Your complaint will be reviewed to determine if the HCS is the most appropriate agency to address your concerns. Upon receipt of your complaint, the HCS will send you an acknowledgment letter:

1. Providing your file number and assigned Agent; or
2. Advising that your complaint has been forwarded to another state or federal agency for handling.

If your complaint is assigned to an Agent, then **your Agent will forward a copy of your complaint (as submitted) to the person or company you are complaining against** and request a response to the complaint within 15 business days. Your Agent will forward you a copy of the response to your complaint and will keep you informed of any new developments in your case. Please allow your Agent a minimum of 30 days to contact you with an update on your file.



**APPENDIX F: Fee Schedule**

TREATMENT / TREATMENT RELATED FEE SCHEDULE					
Level of Care	Service Description	Code	Modifier	Unit Type	Unit Rate
Case/Care Management	Treatment Related     Case/Care Management     Case Management Services	T1017	HF	15 minutes	\$12.00
Case/Care Management	Treatment Related     Case/Care Management     Level of Care Assessment	H0001		Service Unit	\$22.83
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementLow to Moderate     Established Patient     15 minutes	99213	HF	Service Unit	\$109.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementLow to Moderate     New Patient     20 minutes	99202	HF	Service Unit	\$109.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementMinimal     Established Patient     5 minutes	99211	HF	Service Unit	\$55.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementMinor     Established Patient     10 minutes	99212	HF	Service Unit	\$80.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementMinor     New Patient     10 minutes	99201	HF	Service Unit	\$78.50
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementModerate to High     Established Patient     25 minutes	99214	HF	Service Unit	\$157.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementModerate to High     Established Patient     40 minutes	99215	HF	Service Unit	\$209.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementModerate to High     New Patient     45 minutes	99204	HF	Service Unit	\$209.00
Intensive Outpatient	Treatment     Intensive Outpatient     Evaluation and ManagementModerate to High     New Patient     60 minutes	99205	HF	Service Unit	\$262.00

Intensive Outpatient	Treatment   Intensive Outpatient   Evaluation and Management Moderate   New Patient   30 minutes	99203	HF	Service Unit	\$157.00
Intensive Outpatient	Treatment   Intensive Outpatient   Family Therapy	90847	HF	15 minutes	\$27.72
Intensive Outpatient	Treatment   Intensive Outpatient   Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Intensive Outpatient	Treatment   Intensive Outpatient   Group Therapy	90853	HF	15 minutes	\$11.55
Intensive Outpatient	Treatment   Intensive Outpatient   Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy   16-37 minutes	90832	HF	Service Unit	\$51.98
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy   38-52 minutes	90834	HF	Service Unit	\$86.63
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy   53-74 minutes	90837	HF	Service Unit	\$122.60
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy   75+ minutes	90837	AF	Service Unit	\$137.21
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy School Based   16-37 minutes	90832	TR	Service Unit	\$45.00
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy School Based   38-52 minutes	90834	TR	Service Unit	\$75.00
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy School Based   53-74 minutes	90837	TR	Service Unit	\$106.15
Intensive Outpatient	Treatment   Intensive Outpatient   Individual Psychotherapy School Based   75+ minutes	90837	TA	Service Unit	\$118.80
Intensive Outpatient	Treatment   Intensive Outpatient   Intensive Outpatient	H0015		15 minutes	\$10.00

Intensive Outpatient	Treatment   Intensive Outpatient   Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Intensive Outpatient	Treatment   Intensive Outpatient   Physical Exam	99204	UB	Service Unit	\$60.00
Intensive Outpatient	Treatment   Intensive Outpatient   Psychiatric Evaluation	90792	HF	Service Unit	\$275.00
Outpatient	Treatment   Outpatient   Evaluation and Management-Low to Moderate   Established Patient   15 minutes	99213	HF	Service Unit	\$109.00
Outpatient	Treatment   Outpatient   Evaluation and Management-Low to Moderate   New Patient   20 minutes	99202	HF	Service Unit	\$109.00
Outpatient	Treatment   Outpatient   Evaluation and ManagementMinimal   Established Patient   5 minutes	99211	HF	Service Unit	\$55.00
Outpatient	Treatment   Outpatient   Evaluation and ManagementMinor   Established Patient   10 minutes	99212	HF	Service Unit	\$80.00
Outpatient	Treatment   Outpatient   Evaluation and ManagementMinor   New Patient   10 minutes	99201	HF	Service Unit	\$78.50
Outpatient	Treatment   Outpatient   Evaluation and Management-Moderate to High   Established Patient   25 minutes	99214	HF	Service Unit	\$157.00
Outpatient	Treatment   Outpatient   Evaluation and Management-Moderate to High   Established Patient   40 minutes	99215	HF	Service Unit	\$209.00
Outpatient	Treatment   Outpatient   Evaluation and Management-Moderate to High   New Patient   45 minutes	99204	HF	Service Unit	\$209.00

Outpatient	Treatment   Outpatient   Evaluation and Management-Moderate to High   New Patient   60 minutes	99205	HF	Service Unit	\$262.00
Outpatient	Treatment   Outpatient   Evaluation and Management Moderate   New Patient   30 minutes	99203	HF	Service Unit	\$157.00
Outpatient	Treatment   Outpatient   Family Therapy	90847	HF	15 minutes	\$27.72
Outpatient	Treatment   Outpatient   Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Outpatient	Treatment   Outpatient   Group Therapy	90853	HF	15 minutes	\$11.55
Outpatient	Treatment   Outpatient   Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Outpatient	Treatment   Outpatient   Individual Psychotherapy   16-37 minutes	90832	HF	Service Unit	\$51.98
Outpatient	Treatment   Outpatient   Individual Psychotherapy   38-52 minutes	90834	HF	Service Unit	\$86.63
Outpatient	Treatment   Outpatient   Individual Psychotherapy   53-74 minutes	90837	HF	Service Unit	\$122.60
Outpatient	Treatment   Outpatient   Individual Psychotherapy   75+ minutes	90837	AF	Service Unit	\$137.21
Outpatient	Treatment   Outpatient   Individual Psychotherapy-School Based   16-37 minutes	90832	TR	Service Unit	\$45.00
Outpatient	Treatment   Outpatient   Individual Psychotherapy-School Based   38-52 minutes	90834	TR	Service Unit	\$75.00
Outpatient	Treatment   Outpatient   Individual Psychotherapy-School Based   53-74 minutes	90837	TR	Service Unit	\$106.15
Outpatient	Treatment   Outpatient   Individual Psychotherapy-School Based   75+ minutes	90837	TA	Service Unit	\$118.80
Outpatient	Treatment   Outpatient   Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Outpatient	Treatment   Outpatient   Physical Exam	99204	UB	Service Unit	\$60.00

Outpatient	Treatment   Outpatient   Psychiatric Evaluation	90792	HF	Service Unit	\$275.00
Outpatient	Treatment   Outpatient   Methadone Maintenance   Clinic Visit	H0020	UB	Service Unit	\$13.00
Outpatient	Treatment   Outpatient   Methadone Maintenance   Comprehensive Services	T1015	HG	Weekly Service Unit	\$135.00
Outpatient	Treatment   Outpatient   Methadone Maintenance   Take Home	H0020	HG	Service Unit	\$13.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Low to Moderate   Established Patient   15 minutes	99213	HF	Service Unit	\$109.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Low to Moderate   New Patient   20 minutes	99202	HF	Service Unit	\$109.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Minimal   Established Patient   5 minutes	99211	HF	Service Unit	\$55.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Minor   Established Patient   10 minutes	99212	HF	Service Unit	\$80.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Minor   New Patient   10 minutes	99201	HF	Service Unit	\$78.50
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Moderate to High   Established Patient   25 minutes	99214	HF	Service Unit	\$157.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Moderate to High   Established Patient   40 minutes	99215	HF	Service Unit	\$209.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Moderate to High   New Patient   45 minutes	99204	HF	Service Unit	\$209.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Moderate to High   New Patient   60 minutes	99206	HF	Service Unit	\$262.00
Partial Hospitalization	Treatment   Partial Hospitalization   Evaluation and Management-Moderate   New Patient   30 minutes	99203	HF	Service Unit	\$157.00

Partial Hospitalization	Treatment   Partial Hospitalization   Family Therapy	90847	HF	15 minutes	\$24.00
Partial Hospitalization	Treatment   Partial Hospitalization   Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Partial Hospitalization	Treatment   Partial Hospitalization   Group Therapy	90853	HF	15 minutes	\$10.00
Partial Hospitalization	Treatment   Partial Hospitalization   Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Partial Hospitalization	Treatment   Partial Hospitalization   Individual Psychotherapy   16-37 minutes	90832	HF	Service Unit	\$45.00
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Partial Hospitalization	Treatment   Partial Hospitalization   Individual Psychotherapy   53-74 minutes	90837	HF	Service Unit	\$106.15
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Partial Hospitalization	Treatment   Partial Hospitalization   Individual Psychotherapy School Based   38-52 minutes	90834	TR	Service Unit	\$75.00
Partial Hospitalization	Treatment   Partial Hospitalization   Individual Psychotherapy School Based   53-74 minutes	90837	TR	Service Unit	\$106.15
Partial Hospitalization	Treatment   Partial Hospitalization   Individual Psychotherapy School Based   75+ minutes	90837	TA	Service Unit	\$118.80
Partial Hospitalization	Treatment   Partial Hospitalization   Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Partial Hospitalization	Treatment   Partial Hospitalization   Partial Hospitalization	H2035		1 Hour	\$40.40

Partial Hospitalization	Treatment   Partial Hospitalization   Physical Exam	99204	UB	Service Unit	\$60.00
Partial Hospitalization	Treatment   Partial Hospitalization   Psychiatric Evaluation	90792	HF	Service Unit	\$275.00

## Appendix G: Establishing Reimbursement Rates for Allegheny County Drug and Alcohol Services



ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES  
Erin Dalton, Director

### **Establishing Reimbursement Rates for Allegheny County Drug and Alcohol Services (ALDA)**

The following information is intended to provide an overview of the process utilized by Community Care and the Allegheny County Drug and Alcohol Program to establish reimbursement rates for drug and alcohol services payable through the County D&A Program and the HealthChoices Program. While the County and Community Care accept the PACDAA rate setting process in principle as detailed below, be aware that because Allegheny County participates in the HealthChoices program, the SCA Administrator and the Community Care are not bound by rates established by providers with other county SCA Administrators. The Allegheny County SCA Administrator and Community Care are not required to accept rates endorsed by other county SCA Administrators for programs located outside of Allegheny County.

#### **Base Fee Schedule Rates**

Community Care manages the base fee schedule with input from Allegheny County's DHS, Office of Behavioral Health. The goal of Community Care and the County is to establish consistent rates for Allegheny County Drug and Alcohol Services (ALDA) and HealthChoices to the extent possible.

Community Care routinely reviews the base fee schedule to assess the appropriateness of fees and to comply with all DPW requirements, as detailed in the Healthchoices Behavioral Health Services Reporting Classification Chart.

To initiate the rate change process, Community Care completes a fiscal impact analysis and shares it with the County to guide decision-making. The fiscal impact analysis includes assessing the annual budgetary impact of the proposed rate change with consideration given to utilization trends. The overall impact of the proposed rate change on service volume and demand for Allegheny County funded consumers is also taken into consideration. This complete analysis is reviewed by Community Care, the Deputy Director of the Office of Behavioral Health, and the SCA Administrator

It is only when the County and Community Care reach consensus to move forward with a rate change that the process to change the base fee schedule is initiated.

#### **SCA/Community Care Negotiated Rate Setting Process**

Rates for residential programs and other specialty programs are typically negotiated between the provider, the SCA Administrator, and Community Care. Community Care and the SCA Administrator ask that



providers utilize the XYZ rate setting package to request a change in a residential rate. Providers are to submit completed XYZ packages to the SCA Quality Assurance Coordinator, Allegheny County Drug and Alcohol Services and the Director of Network Management for Allegheny County, Community Care.

For negotiated rates, providers are advised to submit completed XYZ packages by the timeframe outline on the PACDAA website when requesting a rate change for implementation in the upcoming county fiscal year. This timeframe allows for all steps in the process to be completed prior to the effective date and for the rates to be posted on the PACDAA website ([www.pacdAA.org](http://www.pacdAA.org).) for all counties in a timely manner.

Within two weeks of receiving the completed XYZ packages, the SCA Administrator and Community Care will review the request internally and will communicate with each other about rate recommendations. The SCA Administrator and Community Care will review the fiscal impact analysis, consider the impact on service volume given demand, and consider the rate request relative to the range of current rates for network providers of the same service.

Jointly, the SCA Administrator and Community Care will render one of three possible decisions: 1) approve the rate as requested by the provider; 2) request additional information from the provider to clarify issues identified through the review of the XYZ packet; or 3) deny the rate requested and enter into a rate negotiation process with the provider. It is the goal of the SCA Administrator and Community Care to complete the entire negotiated rate setting process within 30 calendar days of receipt of the XYZ packet.

Upon reaching consensus regarding the rate request, the SCA Administrator and Community Care will notify the provider in writing of their joint decision regarding the rate request. The written notification will confirm the rate and effective date of the rate change. The Provider should submit revised Fee For Service Worksheets from the County website ([www.county.allegheny.pa.us/dhs/provider/providerinfo.html](http://www.county.allegheny.pa.us/dhs/provider/providerinfo.html).) to the Program Office to the attention of the Quality Assurance Coordinator. After review of the Fee For Service Worksheet it will be forwarded to the Contracts Department and Community Care will also send a contract amendment to the provider for HealthChoices and ALDA.

## Appendix H

### SCREENING FOR TUBERCULOSIS

DDAP has been collaborating with the Bureau of Communicable Diseases in relation to the development of questions in reference to screening clients for referrals to appropriate Tuberculosis services.

The SCA must ensure that any entity providing level of care (LOC) assessment services:

Screen the client to determine whether or not the client would be considered high risk for TB as follows:

- Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high tuberculosis incidence areas (Asia, Africa, South American, Central America)?
- Are you a recent immigrant (within the past 5 years) from a high tuberculosis risk foreign country (includes countries in Asia, Africa, South American, and Central America)?
- Have you resided in any of these facilities in the past year? (*jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers*) \* If residents of any of these facilities were tested in the last 3 months they don't need to be retested.
- Have you had any close contact with someone diagnosed with tuberculosis?
- Have you been homeless within the past year?
- Have you ever been an injection drug user?
- Do you or anyone in your household currently have the following symptoms such as a sustained cough for 2 or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?
- Do you currently have or anticipate having any condition that would decrease your immune system? (Examples: HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent dose of Prednisone 15mg/day for one month or longer) or any other immunosuppressive medications)

These questions must be completed by the SCA or its contracted assessment providers by utilizing the Miscellaneous Note in PA WITS if the provider is utilizing the Treatment Assessment Protocol (TAP) as a level of care assessment tool. If the provider is utilizing their own LOCA tool, these questions must be included in that tool.

Any client that responds with a "yes" to any of the above questions is considered high risk for TB; and will be referred to the County's Public Health TB Clinic and given the TB Testing Referral & Information Form.



## TUBERCULOSIS SCREENING TOOL

It is the policy of the SCA that all subcontracted Treatment providers upon assessing any client will ask DDAP's 8 screening questions for Tuberculosis. Upon receiving any positive response to any of the questions the client will be informed that he is high risk for TB. The Treatment provider will offer a referral to the client to Allegheny County Health Department for testing. If utilizing the Treatment Assessment Protocol (TAP) as the LOCA Tool in PA WITS, these questions must be completed by the SCA or its contracted assessment providers by utilizing the Miscellaneous Note in PA WITS.

YES	NO	EIGHT QUESTIONS
		Have you traveled extensively (more than 4 weeks) outside the U.S in the last five years to high tuberculosis incidence areas (Asia, Africa, South America- Central American).
		Are you a recent immigrant (within the past 5 years) from a high tuberculosis risk foreign country, (including countries in Asia, Africa, South America, and Central America)?
		Have you resided in any of these facilities in the past year? ( <i>jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers</i> ) * <b>If resident of any of these facilities and was tested with the past 3 months they don't need to be retested.</b>
		Have you had any close contact with someone diagnosed with tuberculosis?
		Have you been homeless within the past year?
		Have you ever been an injection drug user?
		Do you or anyone in your household, currently have the following symptoms, such as a sustained cough for two or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?"
		Do you currently have or anticipate having any condition that would decrease your immune system? (Examples: HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. infliximab, etanercept, others), steroids (equivalent dose of Prednisone 15mg/day for one month or longer) or any other immunosuppressive medications)

<b>The Allegheny County Health Department TB Clinic, 3901 Penn Avenue, (Lawrenceville), Pittsburgh, PA as follows:</b>	<b>The Immunization Clinic, 3441 Forbes Avenue, (Oakland), Pittsburgh, PA 15213 as follows:</b>
Monday – 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm Return on Thursday - 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm	Monday – 9:00 am to 4:00 pm Return on Thursday - 9:00 am to 4:00 pm
Tuesday – 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm Return on Friday - 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm	Tuesday – 9:00 am to 4:00 pm Return on Friday - 9:00 am to 4:00 pm
Friday – 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm Return on Monday - 9:00 am to 12:00 Noon – 1:00 pm to 4:00 pm	Friday – 9:00 am to 4:00 pm Return on Monday - 9:00 am to 4:00 pm

**For more information, please contact the Allegheny County Health Department at: (412) 578-8162**

Client was screened for T.B. on this date: \_\_\_\_\_ And Client was Referred: Yes \_\_\_\_\_ No \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client was given a personal copy of this form: Yes: \_\_\_\_\_ No: \_\_\_\_\_

## **Appendix I: Charitable Choice**

CONTRACTORS are required to adhere to Federal Statutory language (42 CFR Part 54), on Charitable Choice provisions. Charitable Choice applies to both prevention and treatment services; however, funding cannot be expended for inherently religious activities such as worship, religious instruction, or proselytizing.

CONTRACTORS shall:

All religious organizations under contract and providing drug and alcohol treatment will provide written notice to all clientele regarding their right to be referred to alternative treatment services;

All religious organizations under contract and providing drug and alcohol treatment will make reasonable steps to make referrals to alternative treatment services when requested by their clientele;

The client will be referred to a service in which he has no religious objection, (it need not be a secular organization, but merely one to which the client has no religious objection).

Religious organization under contract shall provide notification of the referral to comparable or alternate service because of client's religious objection to the COUNTY within seven working days of the referral.

Fax the notification to the attention of the Charitable Choice representative at 412-350-3336. Please use the Charitable Choice Referral Notification Form.

# COUNTY OF ALLEGHENY



**Rich Fitzgerald County Executive**

## CHARITABLE CHOICE REFERRAL NOTIFICATION FORM

<b>Program Referring</b>	<b>Date of Referral</b>
<b>Client's Name</b>	
<b>Program Referred To:</b>	<b>Time of Appointment</b>
<b>Reason for Referral:</b>	

---

Erin Dalton, Director  
**Department of Human Services**  
**Office of Behavioral Health**  
**Bureau of Drug and Alcohol Services**  
Human Services Building • One Smithfield Street • Third Floor • Pittsburgh, PA 15222 Phone (412) 350-3328 • TDD  
(412) 473-2017 • Fax (412) 350-3336

## APPENDIX J: Admission and Utilization

- In accordance with the Child Abuse Prevention and Treatment Act (CAPTA) and Act 54 of 2018, SCAs and their contracted providers will develop and implement Plans of Safe Care which list services and supports for the safety and well-being of infants affected by legal or illegal substance use, withdrawal symptoms resulting from prenatal substance exposure, or a Fetal Alcohol Syndrome Disorder (FASD). The Plans of Safe Care should also address the treatment and other service needs of affected family and/or caregivers. For information on Plans of Self Care visit: <http://www.keepkidssafe.pa.gov/resources/PlansSafeCare/index.htm>
- SCA will ensure that all consumers seeking treatment are seen for an assessment within 7 days of the initial request for services. Contracted assessment providers and case management providers must utilize PA WITS to complete all requirements as indicated in the DDAP Case Management and Clinical Services Manual (7/1/2020-6/30/2025). For providers completing level of care assessments, placement determination must utilize the most recent version of the ASAM Criteria and Guidance for Application of ASAM in PA's Substance Use Disorder (SUD) System of Care. These requirements must be completed in their entirety to refer the client to the appropriate level of care. The only exception is when the client is in need of withdrawal management (detoxification). Where the client must be admitted to withdrawal management within 24 hours, the reason a client was not admitted must be documented. In the event that a client cannot be scheduled for an Assessment within the seven days due to client choice, it must be documented in the client's chart the reason an assessment was not performed and a new scheduled date for the assessment. In the event a provider cannot schedule an assessment within the seven days the provider is required to find another provider able to perform the assessment within the seven-day period. This must be noted in the client's chart. In the event the client is placed on a waiting list he/she will be contacted by provider staff where the initial request occurred once a week until an assessment has been completed by a provider. Documentation for each contact will be filed with the provider. SCA monitoring staff will perform random reviews to ensure compliance with this requirement. An Assessment will be valid for a six-month period.
- For those contracted treatment and case management providers receiving State Opioid Response (SOR) funding, a Government Performance and Results Acts (GPRA) must be completed in PA WITS at intake, 6 months, and discharge for clients receiving this funding. For those contracted treatment and case management providers who do not receive SOR funding and receive referrals from the Department of Corrections for clients with Opioid Use Disorder (OUD), a six-month and discharge GPRA must be completed.
- To evaluate the clients' Non-Treatment Needs throughout the course of treatment, utilization of the Level Of Case Management Determination Form or a comparable tool with the 11 Domains is required. Upon completion of the Level of Case Management Determination form and if the assessor identifies need in six or more of the ISS domains, the client must be offered a referral to Human Services Administration Organization (HSAO). However, if a client has needs in less than six domains but would still benefit from Case Management, he or she may still be referred for Service Coordination services. If a client refuses referral to services all of the appropriate domains must be marked along with the reason client refused. This must be indicated in the section provided on the Level of Case Management Determination form. The provider will also indicate in the designated

area on the LOCMD form, when a client refuses, how the identified needs of the client will be appropriately addressed during treatment. It will be documented in the client chart that the client has been informed that he/she can request ICM services at any time regardless of their initial refusal. Upon requesting ICM services a new Level of Case Management Determination form will be completed and faxed to the ICM provider and the original kept in the clients chart at the provider. All documentation will have appropriate signatures and dates and placed in the client's record.

- To support promising approaches for addressing non- treatment needs the SCA requires all contracted treatment CONTRACTORS review all non-treatment needs throughout the course of a client's treatment. This must be done during client clinical treatment plan reviews, discharge reviews and periodically until discharge and especially when client has demonstrated sufficient coping strategies towards a self-directed sustained recovery program. Each non-treatment need addressed must be documented in the client's clinical chart. Non-Treatment needs include: Healthcare Coverage, Basic Needs, Physical Health, Emotional/Mental health, Family, Child Care, Legal Status, Education/Vocation, Life Skills, Social, Employment.
- The Case Management Resource Report (CMRR) is used to assist in monitoring quality and access to care, including tracking data concerning the number of consumers not seen within 7 business days, information and demographics of waiting lists for treatment, and identifying trends. All SCA contracted treatment CONTRACTORS who conduct level of care assessments, i.e., providing Screening and Assessment Case Management Services, are required to submit this report through the electronic database, Qualtrics, on the 10<sup>th</sup> of every month reflecting data from the previous month.
- The SCA requires all CONTRACTORS who are providing Case Management: Coordination of Services to complete a Recovery Plan in PA WITS or a Case Management Service Plan at the time of the assessment. The Recovery Plan must be entered into PA WITS within 7 days of the date the service was delivered. The Recovery Plan and Case Management Service Plan must be updated every 60 days after completion of the original assessment. See DDAP Case Management and Clinical Services Manual 2020-2025 for information regarding data entry requirements for PA WITS.
- The SCA will contact providers in writing to determine the reason(s) for delayed assessments and where warranted will request written corrective action plan(s) to resolve this area of concern within 10 business days of the written notice from the SCA.
- It is the policy of the SCA that all In-County providers are required to have a mechanism in place that allows for screening to occur 24 hours a day 365 days a year.
- During annual and random on-site reviews of providers, D/A Program Representatives will be reviewing client charts to verify that non-treatment needs are being addressed satisfactorily.
- The SCA requires Case Management to be provided as a separate and distinct service from treatment that addresses all relevant aspects of an individual's path to recovery. This does not preclude an agency from offering both case management and treatment services. Case management and treatment must be conducted either by two separate staff members or at two separate times. The



treatment provider may not perform both treatment and case management services during a therapy session.

- The SCA requires that contracted treatment CONTRACTORS accept level of care assessments (LOCA) from all providers within the Office of Behavioral Health— Bureau of Drug and Alcohol contracted network. When these LOCAs are completed in PA WITS (TAP), providers must utilize the consent and refer function to transfer this information to the receiving provider.
- SCA contracted treatment CONTRACTORS are required to enter all pertinent data into the PA WITS database that reflects the work flow of their organization and their contracted drug and alcohol services with the SCA. This information must be entered into PA WITS within 7 days of the date the service was delivered. Providers offering treatment and/or case management services should refer to the DDAP Case Management and Clinical Services Manual, section 5.06 for PA WITS data entry requirements and timeframes.
- SCA contracted treatment and non-treatment providers cannot exclude individuals on Medication Assisted Treatment (MAT) from being admitted into services. According to the 2020-2025 Case Management and Clinical Services Manual [Section 4.04: Medication Assisted Treatment (MAT)]:

The coordination of care between therapeutic and pharmaceutical interventions is critical. Individuals with SUD who have a disorder for which there is an FDA-approved medication treatment must have access to those treatments based upon their individual needs and preferences. SCAs must:

- Ensure the availability of FDA-approved medication and assist with payment for medication;
  - Educate individuals about MAT options;
  - Ensure medication and clinical therapeutic interventions are available in all levels of care, even if the SUD treatment provider is not the prescriber of the medication;
  - Ensure that the individual's needs are met directly or through an appropriate referral to a prescriber;
  - Ensure that treatment and non-treatment providers do not exclude individuals on MAT from being admitted into services;
  - Ensure coordination of care, with proper consent occurs in situations where a prescriber and the SUD treatment provider are not the same;
  - Ensure contracted providers admit and provide services to individuals who use MAT for SUD;
  - Ensure provider capacity is sufficient to treat individuals who use MAT for SUD;
  - Provide information and referral regarding access to MAT to individuals who can obtain medications through other resources, such as medical assistance or third-party insurance.
- All SCA contracted treatment CONTRACTORS are required to utilize PA WITS when consenting and referring consumers to other providers within the Office of Behavioral Health—Bureau of Drug and Alcohol contracted network.

- All SCA contracted treatment and case management CONTRACTORS who receive SOR funding are required to consent and refer Government Performance and Results Acts (GPRA) to the SCA through PA WITS.
- All SCA contracted treatment, prevention, SAP, and intervention CONTRACTORS are required to attend Allegheny County Department of Human Services, Office of Behavioral Health, Bureau of Drug and Alcohol provider meetings as scheduled and as applicable to contracted services.
- All SCA contracted treatment CONTRACTORS are required to submit Capacity / Waitlist Reports that reflect bed availability through the electronic database, Qualtrics, by 4:00 pm every Monday reflecting capacity data for the prior week.

## **APPENDIX K: Client Access and Eligibility**

A person needing to access Drug and Alcohol treatment services during non-business hours, weekends or holidays can call 1-800-553-7499. This toll free number is staffed by professional behavioral health counselors who can assist with accessing Drug and Alcohol services 24 hours/7days a week. Intake and screening are regulated by the Pa. Department of Health.

## Appendix L: Facility Data Sheet

AGENCY NAME:			
Facility/License Number:		Capacity:	
ADDRESS:			
CITY, STATE & ZIP:			
PHONE:		FAX:	
CONTACT NAME:		OPERATING HOURS:	
EIN #:	National Provider Index #:		

Please check the box next to the services provided at the facility location listed above.

CHECK Licensed Activity	ACTIVITY NAME	BUDGET
<input type="checkbox"/>	5100 Administration	0
<input type="checkbox"/>	5200 Reserved	0
<input type="checkbox"/>	5300 Evaluation and Research	0
<input type="checkbox"/>	5400 Special Projects-DDAP Approved	0
<input type="checkbox"/>	6100 Information Dissemination	0
<input type="checkbox"/>	6200 Education	0
<input type="checkbox"/>	6300 Alternative Activities	0
<input type="checkbox"/>	6400 Prob. Ident. & Referral	0
<input type="checkbox"/>	6500 Community-Based Process	0
<input type="checkbox"/>	6600 Environmental	0
<input type="checkbox"/>	6700 Other Prevention	0
<input type="checkbox"/>	7100 Reserved	0
<input type="checkbox"/>	7200 Intervention-Group	0
<input type="checkbox"/>	7200 Intervention- Hotline	0
<input type="checkbox"/>	7200 Intervention-Outreach	0
<input type="checkbox"/>	Level 0.5 Early Intervention	0
<input type="checkbox"/>	Level 1 Outpatient	0
<input type="checkbox"/>	Level 2.1 Intensive Outpatient	0
<input type="checkbox"/>	Level 1 WM Ambulatory Withdrawal Management without Extended On-Site Monitoring	
<input type="checkbox"/>	Level 2 WM Ambulatory Withdrawal Management with Extended On-Site Monitoring	
<input type="checkbox"/>	Level 2.5 Partial Hospitalization	0
<input type="checkbox"/>	Level 3.7WM Medically Monitored Intensive Inpatient Withdrawal Management (Detox)	0
<input type="checkbox"/>	Level 3.1 Clinically Managed Low Intensity Residential (Halfway House)	0
<input type="checkbox"/>	Level 3.5 Clinically Managed High-Intensity Residential Services (Adult)	0
<input type="checkbox"/>	Level 3.5 Clinically Managed Medium-Intensity Residential Services (Adolescent)	0
<input type="checkbox"/>	Level 3.7 Medically Monitored Intensive Inpatient Services (Adult)	0
<input type="checkbox"/>	Level 3.7 Medically Monitored High-Intensity Inpatient Services (Adolescent)	0
<input type="checkbox"/>	Level 4WM Medically Managed Intensive Inpatient Withdrawal Management (Detox)	0
<input type="checkbox"/>	Level 4 Medically Managed Intensive Inpatient Services	0
<input type="checkbox"/>	8900 Physician and Pharmacy	0

<input type="checkbox"/>	920E Emergency Housing	0
<input type="checkbox"/>	920R Recovery Housing	0
<input type="checkbox"/>	920D DDAP Approved-Other Housing	0
<input type="checkbox"/>	9100 Case Management--Screening & Assessment	0
<input type="checkbox"/>	9100 Case Management--Coordination of Services	0
<input type="checkbox"/>	7200 SBIRT Intervention Services	0
<input type="checkbox"/>	930R Recovery Support Services	0
<input type="checkbox"/>	930D DDAP Approved-Other Recovery Sup.	0
	TOTAL	0

## **Appendix M: Student Assistance Program (SAP)**

Pennsylvania's Student Assistance Program (SAP) utilizes a systematic team process, composed of professionals from various disciplines within the school, and liaisons from community agencies. This work is carried out in conjunction with the Single County Authority (SCA) and other contracted professionals who are trained to identify a student's barriers to learning; and, in collaboration with families, to strategize and/or refer identified students for assistance to enhance their school success. As representatives of the county drug and alcohol service system, professionally trained liaisons provide consultation to teams and families regarding the need for referral to community-based and school-based assessments for drug and alcohol related problems.

These guidelines are applicable to SCA direct service staff and to SCA contracted SAP agencies/providers for effective delivery of SAP liaison services to student assistance teams in a county/joinder. These guidelines represent best practice for the operation of a successful SAP program. While this document outlines best practice, contracted SAP providers should reference the DDAP Prevention Manual for the minimum requirements applicable to the provision of SAP services. Providers can find the Prevention Manual on the DDAP website: [https://www.ddap.pa.gov/Professionals/Pages/For\\_SCAs.aspx](https://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx)

### Collecting/Reporting Data:

Contracted SAP providers must enter required information related to SAP services into the state databases: the PA Web Infrastructure for Treatment Services (WITS) [DDAP Prevention Data System] and Joint Quarterly State Reports (JQSR).

Data must be entered into PA WITS within two (2) weeks of the date the service was delivered.

Recommended trainings for using the PA WITS database can be found at:  
[https://www.ddap.pa.gov/Training/Pages/DataSystem\\_Training.aspx](https://www.ddap.pa.gov/Training/Pages/DataSystem_Training.aspx)

The PA WITS help desk can be reached at: [RA-DAPAWITS@pa.gov](mailto:RA-DAPAWITS@pa.gov) or (717) 736-7459.

DHS encourages SAP providers to conduct periodic quality assessments of their services and to have a plan in place for quality improvement. Quality assessment may include surveying students and school staff about their experience with SAP.

### Training Requirements:

Contracted SAP providers should provide appropriate supervision of SAP Liaisons by staff knowledgeable about SAP in schools and the local behavioral health system. The SAP Liaison is required to consult on all behavioral health issues, which include both mental health and drug and alcohol issues, so must have knowledge, skills, and appropriate supervision in each discipline. Staff should have at least one year of experience as a SAP Liaison or in the behavioral health field and a bachelor's degree in a field related to mental health, drug and alcohol addiction, or education.

As per DDAP, the following trainings must be completed within 365 days of hire for all staff performing direct SAP services and their supervisors:

- Core Team Member (certificate must be from a PA Approved SAP Training Provider [PASTP])
- Confidentiality Training (6-hour DDAP or PCB approved)
  - DDAP-approved Confidentiality training is available on-demand at Train PA (<https://www.train.org/pa/welcome>)

- Staff primarily responsible for oversight of SAP services must attend the one-day SAP Leadership Training provided by a PASTP.
  - The SAP Leadership Training requirement can also be fulfilled by completing the online SAP Bridge Training. This training can be accessed by emailing the SAP regional coordinator for the county. If the responsible staff person has successfully completed the SAP Core Team Member training and has a certificate of completion, the SAP Leadership Training is not required.
- Prevention 101 (parts 1 and 2)
- Ethics in Prevention
- Making the Connection: Prevention Program Services, Fidelity Adaptations and Minimum Data Set (MDS) Service Codes
- Addictions 101
- 12 hours on-going training per year after first year of hire

Letters of Agreement:

All contracted SAP providers are required to submit a Letter of Agreement (LOA) for each school district receiving SAP services to the SCA. The LOA must be signed and dated by the SAP provider and the representative of each school district. The SAP liaison must not offer any services within the school district until the LOA is executed.

New LOAs must be fully executed by October 31<sup>st</sup> of each state fiscal year of the SCA grant agreement. LOAs may be multi-year but cannot be in effect beyond the end date of the current SCA Grant Agreement.

LOAs should include the following:

- A designated contact person for each school and agency;
- The minimum frequency of attendance for liaisons at SAP core team meetings;
- The role of the liaisons in the school SAP process;
- Referral procedures;
- School and agency responsibilities and expectations;
- A list of services to be provided and their accompanying cost, if any, to the school;
- Record-keeping requirements;
- A procedure for conflict resolution\*; and
- Drug and Alcohol confidentiality requirements.

\*DHS expects school districts and contracted SAP providers to adhere to DHS's established conflict resolution process in the event that issues should arise between the selected provider and the school district. The conflict resolution process includes the following steps:

1. The SAP Core Team, including the SAP Liaison and school leadership/representative, meets to discuss the conflict.
2. If the conflict is not resolved in Step 1, school leadership/representatives meet with leadership from the Contracted Provider's agency.
3. If the conflict is not resolved in Step 2, DHS OBH leadership meets with school leadership/representatives, leadership from the Contracted Provider's agency and leadership from the state.
4. If the conflict is not resolved in Step 3, the school district may select a new SAP provider from the pool of Contracted Providers at the beginning of the following school year.

In the event of a legal violation or egregious offense to students, parents or school faculty, DHS is entitled to make exceptions to this process.

#### Roles and Responsibilities of SAP Liaison:

Duties associated with the role of SAP liaison may include:

- Attending core team meetings
- Participation in meetings with parents
- Consulting with school staff about SAP referred students
- Conducting initial screenings
- Providing recommendations for referral for assessment or other services
- Facilitating or co-facilitating school-based support groups
- Meeting with SAP identified students to check-in regarding their progress/status
- Facilitating and supporting the school-based aftercare plan for students who are returning to school from treatment
- Participating in SAP County Coordination or District Council meetings
- Collaborating with other agency providers
- Consulting with the school district and SAP core team
- Implementation of student plans
- Providing postvention services
- Obtaining consents
- Involving parents in SAP
- Building a relationship with school districts
- Collecting and reporting data

#### Knowledge base for SAP Liaisons:

- Local child-serving systems
- Relevant federal and state laws, regulations and policies including confidentiality
- Accessing resources for students and families
- School policies and procedures for the teams to which they are assigned
- Up-to-date information on PDE Commonwealth school-based SAP, policies, procedures and related issues
- School crisis intervention and support procedures
- Suicide prevention, intervention, support, and postvention assistance procedures
- Screening and assessment procedures
- Group dynamics and the facilitation of educational groups
- Continuum of care planning
- Substance Use and Substance Use services
- Evidence-based prevention programs
- Ethics
- SAP standards and competencies
- School-safety issues (e.g., bullying, hazing, harassment, discrimination, violence, morals offenses, etc.)
- Typical/atypical adolescent development and behavior
- Cultural competency
- Current trends in substance use
- Substances and their pharmacological effects on the human body
- Intervention techniques and strategies

#### Skills for SAP Liaisons:



- Team facilitation
- Family intervention
- Resource acquisition
- Conflict resolution and problem solving
- Oral and written communication
- Working with school personnel
- Consulting with parents in “crisis” situations
- Providing screenings to identify a student’s potential intervention and treatment needs
- Suicide prevention awareness and intervention techniques
- Working with the various cultures & customs of the student populations and families they serve

Confidentiality Guidance:

*Federal Law 42 CFR Part 2:*

- The federal law that guides how substance abuse professionals should manage confidential information is 42 CFR Part 2, also known as the *Substance Abuse Confidentiality Regulations*.
- Federal law at 42 U.S.C 290ee-3 (drugs) – Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.
- Federal law at and 42 U.S.C 290dd-3 (alcohol)- Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

Defining Confidential Information:

Confidential information is any information:

- About a program participant’s substance use behavior; or
- That identifies someone as a participant in a program for individuals who have engaged in substance use behavior.

Per this definition, 42 CFR Part 2 would apply to Drug & Alcohol Level of Care Assessments (LOCA), substance use disorder treatment services, and screenings that ask questions about substance use behavior.

Any screenings or assessments that are conducted as a part of the SAP process that contain information about a student’s substance use behavior are subject to 42 CFR Part 2 (42 CFR Part 2, Subpart B, §2.12).

According to 42 CFR Part 2, the general rule is that professionals may not disclose, directly or indirectly, confidential information about program participants’ substance use behavior. 42 CFR Part

2, Subpart B, § 2.13 (b) – Unconditional compliance required. The restrictions on disclosure and use in these regulations apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use which is not permitted by these regulations.

#### Releasing Confidential Information with Consent:

SAP professionals must protect confidential participant information from disclosure unless a participant signs a legally valid consent form to release the information to another individual, program, or agency. The following elements are required by law in a consent form to release confidential information (42 CFR Part 2, Subpart C, §§ 2.31 and 2.32 and 28 Pa. Code § 709.28(c)):

- Name of program participant;
- Name of person, program, or agency permitted to make the disclosure;
- Information to be disclosed, stated as specifically as possible;
- Name of person, program, or agency to receive this information;
- Purpose or reason for the disclosure, stated as specifically as possible;
- State that the consent can be revoked by the program participant up until the time the person, program, or agency begins disclosing the information;
- Date or condition upon which the consent will expire (if it has not already been revoked by the program participant). This date or condition must ensure that the consent will last no longer than reasonably necessary to serve the stated purpose;
- Signature of the program participant; and
- Date on which the consent is signed.

State law also requires that a copy of the consent be offered to the client and maintained in the client record (28 Pa. Code § 709.28(d)).

Please note that there are instances where confidential information can be disclosed *without* consent. For example, confidential information may be disclosed as needed to protect children and others from suspected abuse and neglect and confidential information may be disclosed to proper medical authorities in cases of medical emergencies. Only information related about the incidents of abuse/neglect may be released and the release of all other treatment information continues to be restricted. 42 CFR Part 2, Subpart B, §2.12 (c) and 4 Pa. Code §255.5(a)(9) should be consulted for further guidance regarding releasing information without consent.

Also note, that in accordance with 42 CFR Part 2, Subpart C, §2.32, general consents to release client identifying information are not permitted.

#### 42 CFR Part 2 and Family Educational Rights and Privacy Act (FERPA)

If a student signs a consent form to release confidential information per 42 CFR Part 2 and 28 Pa. Code § 709.28 to the school or SAP team and written documents containing that confidential information are then included in the student's SAP record or other education record, that information is then accessible to the student's parents/legal guardian per FERPA. A parent/legal guardian obtaining this confidential information without the written consent of the student is a violation of the Substance Abuse Confidentiality Regulations. What can be done to address this situation?

Students who are signing a consent form to release written documentation that will be included in their SAP/education records, should also be asked to consent on that same form to release the information to their parents/legal guardian. All consents to release information must be voluntary. A student cannot be compelled to agree to release information to his/her parents or legal guardians (28 Pa. Code § 709.28 (c) and also review the language at 71 P.S. § 1690.112 and the way it relates to 42 CFR Part 2, Subpart B, § 2.14 (b)).

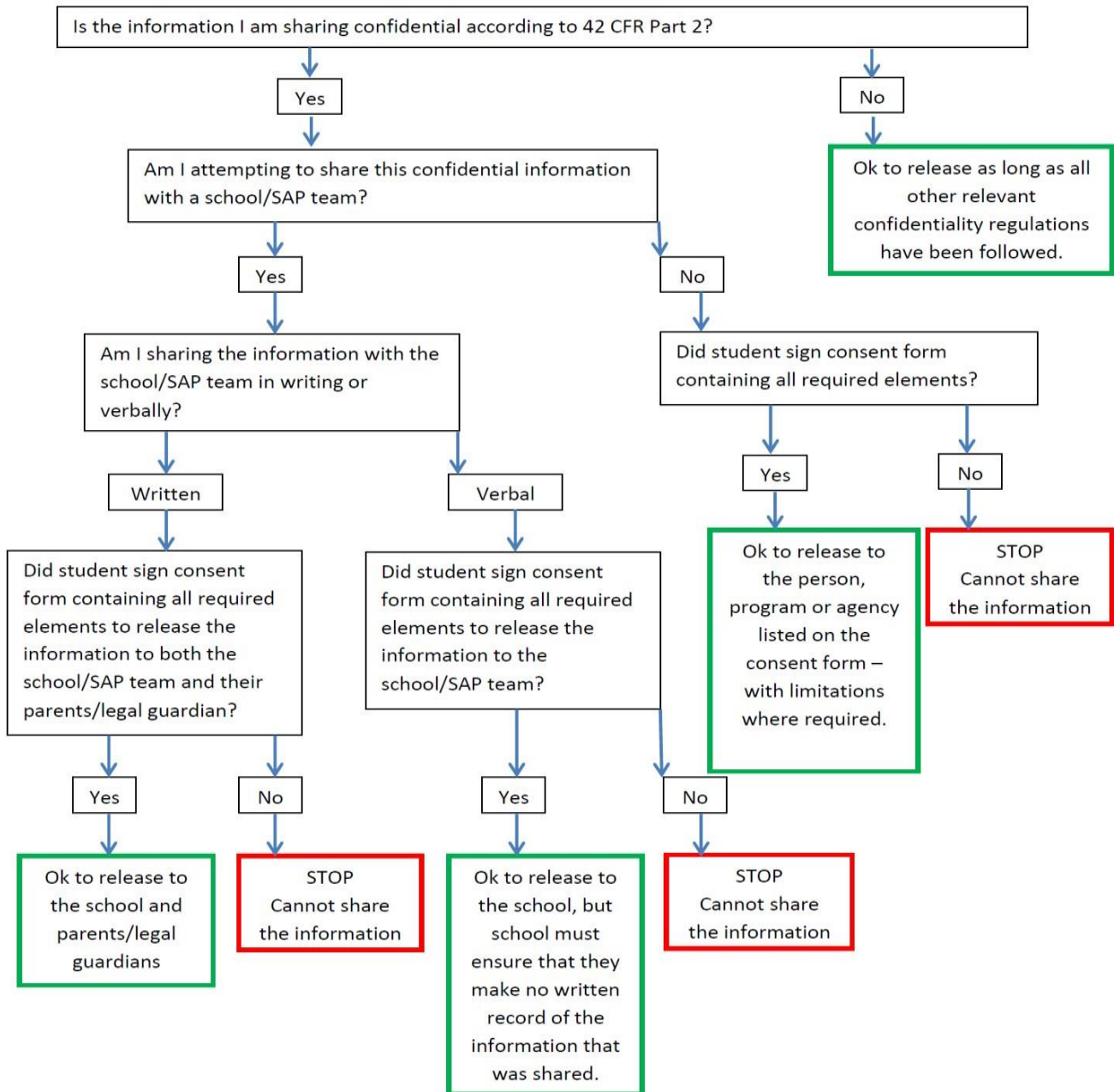
Confidential information such as recommendations based on a screening or assessment could be shared verbally with the school and not in writing. In this scenario, a student would still sign a consent form to release confidential information, consenting to the verbal release of the information to the school/SAP team. The school/ SAP team would need to be cautious to ensure that no written records are made of this information that was shared verbally. For example, if information about follow-up action taken by a SAP team is documented in the student's SAP file, the documentation cannot include any reference to confidential information (e.g. the student's substance use behavior).

Decision Support Tool:

The decision support tool is to help guide in protecting confidential information.

*Please note: This document is intended to provide information and guidance and is not intended as an official legal interpretation of the Substance Abuse Confidentiality Regulations. Questions you have about specific situations should be taken to your legal counsel.*

**Can I share this student information with the school/SAP team?**



## **Appendix N: Interim and Ancillary Services Referral Guide**

INTERIM AND ANCILLARY SERVICES REFERRAL GUIDE  
Bureau of Drug and Alcohol Services



\*Interim Services: Those services that reduce adverse health effects of substance abuse, promote the health of the individuals, and reduce the risk of transmission of a disease until the individual is admitted to a treatment program

## Table of Contents

- Support Services for Women and Children
- Counseling, Education and Referral: HIV, TB, Risk of Needle Sharing, Risk Transmission to Sexual Partner and Infants, and Steps That Can Be Taken to Ensure That HIV & TB Transmission Do Not Occur
- Medical Care for Pregnant Women and their Children
- Gender Specific Treatment
- Sexual Abuse and Violent Behavior
- Family Therapy
- Nutrition Education
- Outreach
- Travelers Aid
- Case Management
- Counseling On The Effects Of Drug & Alcohol On The Fetus

### Support Services for Women and Children

<p><u>Hill District Center for Nurturing Families</u> 1425 Forbes Avenue 2<sup>nd</sup> Floor Pittsburgh, PA 15219</p> <p>PROGRAM CONTACT Contact: Doreen Glover Telephone: 412-363-1702 ext. 1423</p> <p><a href="http://www.familyresources.org">www.familyresources.org</a></p> <p>Provides family support, development screening for children birth to 5 years, child development, home visits that include home based developmental activities for children and utilizes an evidence based parenting program, parent education, life skills and goal planning, parent support group, parent/child developmental interactive groups, father's programs, parent council and parent leadership opportunities, linkage to community resources, family recreational activities and educational field trips</p>	<p><u>YWCA of Greater Pittsburgh</u> 305 Wood Street Pittsburgh, PA 15222</p> <p>Telephone: 412-391-5100 Fax: 412-391-5109</p> <p><a href="http://www.ywcapgh.org">www.ywcapgh.org</a></p> <p>Offers individual and crisis counseling and support, information and referral, employment readiness, training, placement and follow up, legal counseling and legal resources, personal development programs, career programs, health education, health and wellness, aquatics, ENCORE, children's fitness and swim classes, and leadership training.</p>	<p><u>Focus on Renewal/Neighborhood Corporation</u></p> <p>420 Chartiers Ave. McKees Rocks, PA 15136</p> <p>PROGRAM CONTACT Contact: Cindy Haines Telephone: 412-331-1685 Fax: 412-771-4150 Email: <a href="mailto:info@forstorox.org">info@forstorox.org</a></p> <p>Goals include the reduction of environmentally caused delays in Sto-Rox preschools and to promote nonviolence in the lives of all children and their families.</p> <p>Program offers preschool, play groups, parent groups, summer day camp, recreation and social activities, community celebrations, counseling, outreach and service linkages.</p>
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<p><u>Lydia's Place</u> (an affiliate of Renewal, Inc.)</p> <p>700 Fifth Avenue, 4<sup>th</sup> Floor Pittsburgh, PA 15219 PROGRAM CONTACT Contact: Ngina Thompson Telephone: 412-246-2784 Fax: 412-697-1238 <a href="http://www.renewalinc.com">www.renewalinc.com</a></p> <p>Lydia's Place is a non-profit agency that helps male and female offenders and their children in Allegheny County, PA rebuild their lives. Lydia's Place works to: help incarcerated and recently released men and women in Allegheny County address their addictions and become stable, productive members of society, help children and their caregivers cope with the traumatic separation from a parent, strengthen relationships between incarcerated fathers and mothers and their children, assist parents as they make permanency decisions for their children, promote policy changes that better address the needs of incarcerated men and women and the children of prisoners.</p>	<p><u>Wilksburg Family Support Center</u> 807 Wallace Ave., Ste. 205 Pittsburgh, PA 15221</p> <p>PROGRAM CONTACT Contact: Phylcia Tarpley Telephone: 412-871-7948 Fax: 412-871-7991 Email: <a href="mailto:phylciat@wfcs1994.org">phylciat@wfcs1994.org</a></p> <p>Program offers family support, case management, child development assessment, advocacy &amp; referral, substance abuse prevention, parent support, home visits, drop-in activities, mental health counseling, and family reunification visitation. Program is supported by the Allegheny County Department of Human Services Family and Community Services.</p>	<p><u>Magee-Women's Hospital of UPMC Health System</u> 300 Halket St Pittsburgh, PA 15213 1-866-MyMagee(696-2433) Main Hospital Operator: 412-641-1000</p> <p>To find a physician or schedule an appointment: 1-866-MyMagee Fax: 412-641-1151 <a href="http://www.upmc.com/magee">www.upmc.com/magee</a></p> <p>Nurse health educators provide information and skill-building for women and their families. There are three main areas of education: 1. Healthy Lifestyle for women such as osteoporosis prevention, breast cancer awareness, weight loss, and menopause. 2. Healthy behaviors for teens and other family members such as sexuality education for teens, babysitting, and infant CPR/first aid. 3. Pregnancy and childbirth-related programs such as prenatal classes, sibling programs, infant massage, prenatal exercise, classes for grandparents and more.</p>
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Allegheny County Health Department  
HIV/STD Clinic  
1908 Wylie Ave, 1<sup>st</sup> Floor  
Pittsburgh, PA 15219

Telephone: 412-578-8332/412-687-2243  
412-281-5405 (immunization clinic)  
Fax: 412-471-1910

Offers HIV screening by either blood or oral testing and pre- and post-test counseling concerning HIV risks and meaning of test results. HIV-positive patients are encouraged to begin medical monitoring with a healthcare provider. If you do not have a primary care provider, ACHD provides primary medical care including assessment, evaluation, treatment, monitoring via lab tests, home/hospital visits, medical reporting, and coordination of care. Conducts outreach to the minority and homosexual communities and provides health education to all segments of the public.

Magee-Women's Hospital of UPMC  
Health System

1630 Arlington Avenue  
Pittsburgh, PA 15210

**PROGRAM CONTACT**

Contact: Melissa Young  
Telephone:

412-488-2690/412-488-2691/412-641-1047  
Fax: 412-488-3890

[www.magee.edu](http://www.magee.edu)

Obstetrical and gynecological care, family planning, pregnancy testing, and HIV counseling and testing for females. Nursemidwifery, contraception, breast exams, sexually transmitted disease testing and treatment for females.

**Counseling, Education, and Referral: HIV, TB, Risk of Needle Sharing, Risk Transmission to Sexual Partner and Infants, and Steps That Can Be Taken to Ensure That HIV & TB Transmission Do Not Occur**

<p><u>Breath Pennsylvania</u></p> <p>201 Smith Dr., Suite E Cranberry Twp., PA 16066</p> <p>PROGRAM CONTACT Contact: Marianne Drevna Telephone: 724-772-1750 Fax: 724-772-1180 Email: <a href="mailto:mdrevna@breathePA.org">mdrevna@breathePA.org</a></p> <p align="center"><a href="http://www.breathePA.org">www.breathePA.org</a></p> <p>Provides services for the prevention, education and control of lung diseases including asthma, tuberculosis, influenza and pneumonia. Among the programs and services are: Childhood asthma camps (Camp Breathe E-Z and Camp Huff and Puff) and other programs, such as, self-help and clinic smoking cessation programs including the 21-Day Personal Reduction Program &amp; Smoke-Free for Life, Breathing Partners educational group, audio-visual programs on chronic obstructive pulmonary disease, tuberculosis, smoking, environmental and occupational lung health, professional educational materials and presentations, public information on lung disease and lung health. Medication Assistance Program: Will provide a onetime grant for respiratory medications. Applicant must have no insurance coverage and requests are reviewed on a case-by-case basis.</p>	<p><u>Primary Care Health Services</u></p> <p>7227 Hamilton Avenue Pittsburgh, PA 15208</p> <p>Telephone: 412-244-4700 Dollar Energy Screening Fax: 412-244-7797 Fax: 412-244-4992</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing, education and counseling, adult medicine, physical exams and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education. TB/HIV testing and education to community groups. Provides pre-natal care and referral.</p>	<p><u>Alma Illery Medical Center</u></p> <p>7227 Hamilton Avenue Pittsburgh, PA 15208</p> <p>Telephone: 412-244-4700</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB/HIV testing and education to community groups. Provides prenatal care and referral. Acts as a screening agency for Dollar Energy Fund</p>
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Women's Choice Network

4615 Fifth Ave.  
Pittsburgh, PA 15213

PROGRAM CONTACT

Contact: Gloria Hale  
Telephone: 412-687-7767  
Administrative: 724-935-0130  
Fax: 412-687-1889  
Email: [gloriah@womenschoicenetwork.com](mailto:gloriah@womenschoicenetwork.com)

[www.imissedmyperiod.com](http://www.imissedmyperiod.com)

Provides pregnancy related services including: free pregnancy tests, 24-hour answering service, peer pregnancy counseling, information on birth control and STDs, peer abortion counseling, abortion alternatives, referral services, abstinence (chastity) program, post-abortion peer support, maternity and baby clothes, baby furniture, childbirth and parenting classes and support groups including Young Mom's Support Group and speakers' bureau. Services provided throughout the year.

Pittsburgh Women's Care Clinic

101 Drake Road, Ste. A  
Pittsburgh, PA 15241

Telephone: 412-833-7445  
Fax: 412-851-9111

Email: [prcsh1@verizon.net](mailto:prcsh1@verizon.net)

[www.prcsh.org](http://www.prcsh.org)

Pregnancy testing, ultra sound, sexually transmitted disease testing (STD), on-going counseling, education and support, post-abortion counseling, childbirth and parenting classes, baby and maternity clothes, and an abstinence education program ("In the Know").

**Medical Care for Pregnant Women and their Children: Referral for Prenatal Care**

<p><u>Primary Care Health Services, Inc</u> <u>ALMA ILLERY MEDICAL CENTER</u></p> <p>7227 Hamilton Ave Pittsburgh, PA 15208 Telephone: 412-244-4700</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB / HIV testing and education to community groups. Provides prenatal care and referral. Acts as a screening agency for Dollar Energy Fund.</p>	<p><u>Primary Care Health Services, Inc</u> <u>BRADDOCK HEALTH CENTER</u></p> <p>404 Braddock Ave. Braddock, PA 15104-1804 Telephone: 412-351-6300</p> <p>Pregnancy testing, family planning, and referral obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, social services, and mental health services.</p>	<p><u>Primary Care Health Services, Inc</u> <u>MCKEESPORT FAMILY HEALTH CENTER</u></p> <p>627 Lysle Blvd. McKeesport, PA 15132 Medical &amp; Dental Telephone: 412-664-4112</p> <p>Pregnancy testing, family planning, and referral obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, social services, and mental health services.</p>
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Primary Care Health Services, Inc  
BRADDOCK FAMILY HEALTH CENTER

404 Braddock Ave.  
Pittsburgh, PA 15104  
Telephone: 412-351-6400

Pregnancy testing, family planning, and referral obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, social services, and mental health services.

Primary Care Health Services, Inc  
EAST END COMMUNITY HEALTH  
CTR.

117 N Negley Ave.  
Pittsburgh, PA 15206-1515  
Telephone: 412-404-4000

Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, mental health services, pharmacy, and social services.

Primary Care Health Services, Inc  
HAZELWOOD HEALTH CENTER

4918 2<sup>nd</sup> Ave.  
Pittsburgh, PA 15207-1623  
Telephone: 412-422-9520

Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, complete dental services, mental health services, pharmacy, and social services.



Primary Care Health Services, Inc  
HILL HOUSE HEALTH CENTER

1835 Centre Ave.  
Pittsburgh, PA 15219-4305  
(Medical) Telephone: 412-261-0937  
(Dental) Telephone: 412-697-4698

Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays (referral out), EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, complete dental services, mental health services, pharmacy, social services. Acts as a screening agency for Dollar Energy Fund.



March of Dimes National Office

1550 Crystal Dr, Suite 1330  
Arlington, VA 22202  
888-MODIMES  
Email: [askus@marchofdimes.org](mailto:askus@marchofdimes.org)

[www.marchofdimes.org](http://www.marchofdimes.org)

March of Dimes is a voluntary health agency whose mission is to improve the health of babies by preventing birth defects and infant mortality.

Contact us with questions about pregnancy and treatment/or prevention of birth defects, drug, alcohol and tobacco use during pregnancy, premature labor, health problems due to premature birth, low birth weight births, miscarriage, newborn death, including support services, genetic counseling resource and related topics. Resources include an extensive library of patient and professional health education materials, brochures and posters including continuing education modules for nurses to obtain CEUs. Free video lending library available for schools and medical facilities. Maintains a speakers' bureau and youth programs for high school students and college students.

Primary Care Health Services, Inc  
WILKINSBURG FAMILY HEALTH CENTER

807 Wallace Avenue  
Pittsburgh, PA 15221-2312  
Telephone: 247-5216

Pregnancy testing, family planning, obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, mental health services, pharmacy, and social services.

<p><u>Primary Care Health Services, Inc</u> <u>STEEL VALLEY HEALTH CENTER</u></p> <p>1800 West Street, Ste. 110 Homestead, PA 15120-2578 Telephone: 412-461-3863</p> <p>Pregnancy testing, obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, mental health services, pharmacy, and social services</p>	<p><u>Children's Hospital of Pittsburgh Child Development Unit</u></p> <p>3420 Fifth Avenue, Upper Level Pittsburgh, PA 15213 Telephone: 412-692-5560 Fax: 412-692-5679</p> <p>Offers diagnostic, consultative, and select therapeutic services to infants, preschoolers, and children with developmental and/or behavioral problems and their families. Programs evaluate the impact of medical disorders on a child's development including: autism, fragile X syndrome, fetal alcohol syndrome, chronic illness pre-maturity, prenatal drug exposure, seizure disorder, and various genetic conditions. The CDU also provides assessment of children with school related problems. Select developmental assessments are offered at Children's Hospital of Pittsburgh. North, South, and East satellites</p>	<p><u>Primary Care Health Services, Inc</u> <u>WEST END HEALTH CENTER</u></p> <p>415 Neptune Street Pittsburgh, PA 15220-5541 Telephone: 412-921-7200</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, complete dental services, mental health services, pharmacy, and social services.</p>
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## Gender Specific Treatment

<p><u>POWER Connection</u></p> <p>907 West Street Pittsburgh, PA 15221</p> <p>PROGRAM CONTACT: Lisa Penn, Program Manager Telephone: 412-243-7535 Fax: 412-243-8711 Email: <a href="mailto:info@power-recovery.com">info@power-recovery.com</a></p> <p style="text-align: center;"><a href="http://power-recovery.com">power-recovery.com</a></p> <p>Assists women who are willing to look at how their use of alcohol and other drugs is affecting their lives and their children. Strives to help women become free from chemical dependency, establish natural support systems to maintain a clean and sober lifestyle and preserve the integrity of their families. Provides comprehensive assessment, intervention &amp; referral to treatment, mentoring, relapse prevention, collaboration with other providers, resource coordination, follow up and consultation.</p>	<p><u>Sojourner House, Inc.</u></p> <p>5460 Penn Ave Pittsburgh, PA 15206-3455</p> <p>Telephone: 412-441-7783 Fax: 412-441-3409 Email: <a href="mailto:soho@sojournerhousepa.org">soho@sojournerhousepa.org</a></p> <p style="text-align: center;"><a href="http://sojournerhousepa.org">sojournerhousepa.org</a></p> <p>An interdenominational faith-based licensed "women with children" residential rehabilitation program for addicted mothers. Offers: 24-hour staff, individual counseling, group therapy, life skills education, spirituality groups and parenting classes. The capacity of the program is 14 women and their children (up to three children under age 12, per mother). On-site child-care center for infants. Elementary school age children receive after school tutoring, recreation and drug/alcohol prevention activities.</p>	<p><u>POWER New Day</u></p> <p>907 West Street Pittsburgh, PA 15221</p> <p>PROGRAM CONTACT: Rachael Perlick, Program Manager Telephone: 412-243-7535 Admission/Referral 412-243-8755 Fax: 412-243-8711 Email: <a href="mailto:info@power-recovery.com">info@power-recovery.com</a></p> <p style="text-align: center;"><a href="http://power-recovery.com">power-recovery.com</a></p> <p>A woman may participate in weekly individual outpatient addiction treatment or intensive day treatment. Day treatment is four-five day/week participation and includes individual and group therapy, life skills and parenting education, personal violence support groups, music therapy, and relapse prevention. Child care is provided for participants in the day program.</p>
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Center for Family Excellence, Inc.

409 Dinwiddie Street  
Pittsburgh, PA 15219-3367

PROGRAM CONTACT

Contact: Dr. Lenall Thomas  
Telephone: 412-232-0322  
Fax: 412-232-0331

[www.cffe.org](http://www.cffe.org)

This program works to strengthen families by helping teenage, young adult, and adult males address issues that hinder their personal development and that tend to separate them from their families. They also offer support services to single mothers who are raising adolescent male children. By using the Values for Life model, staff helps clients deal with daily challenges that they must face such as job readiness, sexual responsibility, substance abuse, parenting, adult authority, and family maintenance. In addition to individual meetings with clients, there is a weekly group session for teenage males and females every other week. At least twice a year, the Male Coalition runs a ten-week anger management class for adult males.



Salvation Army, Pittsburgh

865 West North Ave.  
Pittsburgh, PA 15233

PROGRAM CONTACT

Contact: Jennifer O'Brien  
Telephone: 412-231-0500  
Fax: 412-231-7809

[www.salvationarmy-wpa.org](http://www.salvationarmy-wpa.org)

Residential alcohol and other drug treatment facility for men. Offers individual counseling, group work, recreational therapy, spiritual and vocational counseling, and church services. The New Hope Corps is the church worship center for families of the recovering clients. Program also sponsors a bridge housing program for the homeless.

## Sexual Abuse and Violent Behavior

<p><u>Center for Victims of Violence and Crime</u></p> <p>3433 E. Carson St., Ste. 300 Pittsburgh PA 15203</p> <p>PROGRAM CONTACT: Contact: Laurie MacDonald Telephone: 412-392-8582 24-Hour Crisis Hotline: 1-866-644-2882 (tollfree) Administration: 412-482-3240 Fax: 412-482-3241 Email: <a href="mailto:information@centerforvictims.org">information@centerforvictims.org</a></p> <p style="text-align: center;"><a href="http://www.centerforvictims.org">www.centerforvictims.org</a></p> <p>Helping individuals, families, and communities survive the trauma of violence and crime by offering victims advocacy and accompaniment services, a 24-hour helpline, victim compensation, therapy, offender release notification, community and individual crisis interventions, counseling and community education programs that address the causes and impacts of violence. Help and healing start here. All services are free and confidential.</p>	<p><u>Children's Hospital of Pittsburgh Child Advocacy Center (CAC)</u></p> <p>4401 Penn Avenue Floor 2 Pittsburgh, PA 15224</p> <p>PROGRAM CONTACT Contact: Jamie Mesar Child Advocacy Center: 412-692-8664 Intake: 412-692-8747 Arch Clinic: 412-692-8662 Fax 412-692-8399 <a href="http://www.chp.edu/ourservices/child-advocacy-center">www.chp.edu/ourservices/child-advocacy-center</a></p> <p>The Child Advocacy Center (CAC) at UPMC Children's Hospital of Pittsburgh provides comprehensive evaluations for children and adolescents who may be victims of physical or sexual abuse, or neglect. Services include forensic interviews, psychosocial history-taking, medical examinations, support service referrals and behavior therapy. All staff members have expertise and experience in the area of child maltreatment. Staff includes physicians, nurse practitioners and nurses, advocacy specialists, forensic interviewers, social workers and therapists.</p>	<p><u>Pittsburgh Action Against Rape</u> 81 S 19th St Pittsburgh, PA 15203-1852</p> <p>PAAR Mon Valley Location: 501 Braddock Avenue, Suite 109 Pittsburgh, PA 15104</p> <p>PROGRAM CONTACT Contact: Julie Evans Telephone: 412-431-5665 x 153 Hotline: (1-866-END-RAPE) / 866-363-7273 Administrative/Intake for services: 412-431-5665 TTY: 412-431-2576 Fax: 412-431-0913 Email: <a href="mailto:friends@paar.net">friends@paar.net</a> <a href="http://www.paar.net">www.paar.net</a></p> <p>Crisis intervention and counseling to adult and child victims of sexual assault through a hotline and 24-hour advocacy system including emergency medical (hospital) and legal accompaniment. Counsels individuals, families, and groups, including art therapy and play therapy for children. Provides educational and training programs to schools, community, and professionals. Offers films, literature, publications, speakers, and training/consultation.</p>
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## Family Therapy

### Pittsburgh Pastoral Institute

6324 Marchand Street  
Pittsburgh, PA 15206

#### PROGRAM CONTACT

Contact: Rachel Becker  
Telephone: Intake: 412-661-1239 x 216  
Toll Free: 877-661-9623  
Fax: 412-661-1304

[www.ppi-online.org](http://www.ppi-online.org)  
[www.ppicounseling.org](http://www.ppicounseling.org)

Outpatient pastoral therapy for individuals, families, and couples.

Training programs and community education for clergy, congregations, and mental health professionals.

Psychological testing, career assessment, and vocational testing are offered.



### Holy Family Institute Family Focus Program

1789 S. Braddock Ave., Ste. 570  
Pittsburgh, PA 15218

#### PROGRAM CONTACT

Contact: Ne'cole Olson  
Telephone: 412-361-2570  
Dollar Energy Fund: 412-361-2583  
Duquesne Light Universal Services:  
412-361-2583  
Fax: 412-361-2599  
Email: [olson.necole@hfi-pittsburgh.org](mailto:olson.necole@hfi-pittsburgh.org)

[www.hfi-pgh.org](http://www.hfi-pgh.org)

An intensive, in-home crisis intervention and family treatment program which provides counseling and support services to multi-problem "at risk" families. Program includes a 24-hour crisis hotline, family therapy, training in parenting and home management skills, and addiction counseling and drug and alcohol assessment and evaluation services. Acts as a screening agency for Dollar Energy Fund.

### Nutrition Education

<p><u>East Liberty Family Support Center</u></p> <p>6435 Frankstown Avenue, Ste. 200 Pittsburgh, PA 15206</p> <p>PROGRAM CONTACT Contact: Lynette Brawn-Williamson Telephone: 412-362-7609 Fax: 412-661-1063 Email: <a href="mailto:ldwilliamson@kingsleyassociation.org">ldwilliamson@kingsleyassociation.org</a></p> <p>Drop-in programs which provide children and families with the social services and medical attention they need to lead healthy and productive lives. Services include parenting groups, individual counseling, nutrition classes, drug and alcohol counseling, child development, respite time, parenting classes. Home visits are also provided by the family development specialist.</p>	<p><u>East Liberty Family Health Care Center</u></p> <p>6023 Harvard Street Pittsburgh, PA 15206</p> <p>PROGRAM CONTACT Telephone: 412-661-2802 Medical Appointment: 412-661-2802 Fax: 412-661-8020</p> <p><a href="http://www.elfhcc.com">www.elfhcc.com</a></p> <p>A Christian Ministry of Whole Person Health Care. General family practice, wellwomen and gynecological care, well-child and pediatric care, adolescent health care, pastoral care, regular monitoring of the chronically ill, home health care, health screening, health education programs, patient advocacy, and fee counseling.</p>	<p><u>Allies for Health &amp; Wellbeing (Pittsburgh AIDS Task Force)</u></p> <p>5913 Penn Avenue, Second Floor Pittsburgh, PA 15206</p> <p>Telephone: 412-345-7456 TOLL FREE: 888-204-8821 Fax: 412-345-7457</p> <p><a href="http://alliespgh.org">alliespgh.org</a></p> <p>For people living with HIV/AIDS: Needs assessment, case management, and referral for medical, counseling, social, and practical needs, buddy companion support, anonymous testing, advocacy on legal, insurance, and care issues, emergency funds, nutritional supplements, homeless program, food pantry, transportation, and client News Bulletin. For individuals and organizations: information/educational programs including speakers, library, videos, brochures, prevention program materials and newsletter. Special outreach programs for gay and bisexual men, African Americans, and adolescents.</p>
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## Outreach



Allegheny County Health Department  
FAMILY HEALTH CLINIC

1908 Wylie Avenue  
Pittsburgh, PA 15219

Telephone: 412-578-8081  
Fax: 412-578-8325

[www.alleghenycounty.us/healthdepartment](http://www.alleghenycounty.us/healthdepartment)

Offers HIV screening by either blood or oral testing and pre- and post-test counseling concerning HIV risks and meaning of test results. HIV-positive patients are encouraged to begin medical monitoring with a healthcare provider. If you do not have a healthcare provider, ACHD provides primary medical care including assessment, evaluation, treatment, monitoring via lab tests, home/hospital visits, medical reporting, and coordination of care. Conducts outreach to the minority and homosexual communities and provides health education to all segments of the public.

Allies for Health and Wellbeing

5913 Penn Avenue, Second Floor  
Pittsburgh, PA 15206

Telephone: 412-345-7456  
Fax: 412-345-7457  
Email: [info@alliespgh.org](mailto:info@alliespgh.org)

[www.alliespgh.org](http://www.alliespgh.org)

For people living with HIV/AIDS: Needs assessment, case management, and referral for medical, counseling, social, and practical needs, buddy companion support, anonymous testing, advocacy on legal, insurance, and care issues, emergency funds, nutritional supplements, homeless program, food pantry, transportation, and client News Bulletin. For individuals and organizations: information/educational programs including speakers, library, videos, brochures, prevention program materials and newsletter. Special outreach programs for gay and bisexual men, African Americans, and adolescents.

## Travelers Aid

<p><u>Mobile Moms Program</u> <u>Travelers Aid Society of Pittsburgh</u></p> <p>343 Blvd. Of the Allies Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Ryan Capra Telephone: 412-281-5474 Fax: 412-281-5049 Email: <a href="mailto:1921@travelersaidpgh.org">1921@travelersaidpgh.org</a></p> <p style="text-align: center;"><a href="http://www.travelersaidpgh.org">www.travelersaidpgh.org</a></p> <p>Transportation assistance for low-income women who need to get prescribed prenatal checkups, testing appointments, and postnatal checkups. Bus tickets and transfers are the normal form of assistance; Yellow Cab may be used for women with high-risk pregnancies. Participating agencies/facilities: Magee Women's Hospital &amp; Outreach Sites, Mercy Health Center - Women's Health Unit, UPMC Shadyside Family Health Center, Allegheny General Hospital, East End Community Health Center, Alma Illery Medical Center, Lawrenceville Family Health Center, The Western Pennsylvania Hospital, Latterman Family Health Center, McKeesport Hospital Family Birth Center</p>	<p><u>Trips for Tots</u> <u>Travelers Aid Society of Pittsburgh</u></p> <p>343 Blvd. Of the Allies Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Ryan Capra Telephone: 412-281-5466 Fax: 412-281-5049 Email: <a href="mailto:1921@travelersaidpgh.org">1921@travelersaidpgh.org</a></p> <p>Trips for Tots is for newborn babies (up to age 18 months) of women who completed the Mobile Moms program, as well as their brothers/sisters who are still under 18 months. The program provides Port Authority bus tickets for 10 immunization visits, two taxi trips for unscheduled sick visits to a doctor/clinic as well as transportation for additional escorts, if needed.</p>	<p><u>Travelers Aid Society of Pittsburgh</u></p> <p>343 Blvd. Of the Allies Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Tenisha Ward Telephone: 412-281-5474 Fax: 412-281-5049</p> <p style="text-align: center;"><a href="http://www.travelersaidpgh.org">www.travelersaidpgh.org</a></p> <p>Note: all help for stranded travelers is available ONLY at the Greyhound Bus Terminal. There is a separate listing for this location. Traveler's Aid provides assistance for those who have transportation problems, including financial assistance, food, and information and direction services. (Assistance is not provided for funeral trips or hospital visits.) Transportation assistance is provided for women in abuse shelters and those needing to go to substance abuse programs, and for unemployed persons who have a newly acquired position. Participating facilities: Magee Women's Hospital &amp; Outreach Sites, Mercy Health Center - Women's Health Unit, UPMC Shadyside Family Health Center, Allegheny General Hospital, East End Community Health Center, Alma Illery Medical Center, Lawrenceville Family Health Center, The Western Pennsylvania Hospital, Latterman Family Health Center, McKeesport Hospital Family Birth Center</p>
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## Case Management

East End Cooperative Ministry, Inc.

6140 Station St.  
Pittsburgh, PA 15206

**PROGRAM CONTACT**

Telephone: 412-361-5549

Fax: 412-361-0151

Email: [eecm@eecm.org](mailto:eecm@eecm.org)

[www.eecm.org](http://www.eecm.org)

A 12-month supportive housing program for people (single or with children) in recovery from drug and alcohol addiction. Services provided include: rent subsidy, weekly group meetings, case management, and drug and alcohol supportive services. There are evening meetings for participants.



For more provider and program information  
please go to  
[www.dhs.pa.gov/services](http://www.dhs.pa.gov/services)



## Counseling on the Effects of Drug & Alcohol on the Fetus

Primary Care Health Services, Inc  
ALMA ILLERY MEDICAL CENTER

7227 Hamilton Ave  
Pittsburgh, PA 15208

Telephone: 412-244-4700

Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB / HIV testing and education to community groups. Provides pre-natal care and referral. Acts as a screening agency for Dollar Energy Fund.



Magee-Women's Hospital of UPMC Health System

300 Halket St  
Pittsburgh, PA 15213  
1-866-MyMagee (696-2433)  
Healthy Connection Outreach/Education Program:  
Kristi Lipinski: 412-641-1472

Fax: 412-641-1041

[www.upmc.com/magee](http://www.upmc.com/magee)

Nurse health educators provide information and skill-building for women and their families. There are three main areas of education: 1. Healthy Lifestyle for women such as osteoporosis prevention, breast cancer awareness, weight loss, and menopause. 2. Healthy behaviors for teens and other family members such as sexuality education for teens, babysitting, and infant CPR/first aid. 3. Pregnancy and childbirth-related programs such as prenatal classes, sibling programs, infant massage, prenatal exercise, classes for grandparents and more.

## Appendix O: Implementation Plan Templates

### ATOD Prevention:

#### General Instructions

The Pennsylvania Department of Health, Department of Drug and Alcohol Programs (DDAP), requires the Single County Authority (SCA) to annually capture specific details about services purchased through contracts for Drug and Alcohol clients. The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) collects this information at the time contracts are initiated or renewed.

All contracted Drug and Alcohol Prevention contractors must complete and submit this form, via email, to Cheri Norfolk at [Cheri.Norfolk@AlleghenyCounty.US](mailto:Cheri.Norfolk@AlleghenyCounty.US).

OBH staff shall review and approve the form, thus authorizing execution of the contract, or will place a hold on the contract execution and request corrections be completed by the provider. The contract hold will be lifted upon submission of a corrected profile.

Questions regarding the form should be directed to your OBH Drug and Alcohol Program Representative Supervisor, Cheri Norfolk, at 412-350-4393.

<b>PROVIDER NAME</b>	
<b>PLAN NAME</b>	<b>ATOD PREVENTION</b>
<b>TOTAL ALLOCATION FOR <i>ATOD PREVENTION PLAN</i></b>	\$

## Form Specific Instructions

Review your contract documents and based on your service history, work statement, and detailed allocation statement develop your ATOD Prevention Implementation Plan. Please include as much detail about service delivery within each section of this plan as possible.

Refer to *Prevention & Intervention Categorization & Coding Guide* as well as *DDAP Prevention Program Listing* while completing each section of this plan.

There is a template for each Federal Strategy below. Please enter the total amount of the allocation for each Federal Strategy (e.g. Alternative Activities, Education) in the designated box. Copy and paste as many times as necessary to capture each program you plan to utilize within each of the Federal Strategies. Please complete a program plan for each service code used in each of the Federal Strategies (i.e. EDU01 and EDU02 service codes should not appear on the same program plan for the Federal Strategy of Education).

Separate and distinct program plans must be developed for Fetal Alcohol Spectrum Disorder and Overdose Prevention within appropriate Federal Strategies.

**ALTERNATIVE ACTIVITIES (ALT) PROGRAM PLAN (Not Including SUMMER CAMP)**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing</i> (rev. 6/3/2021)						
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****						
<b>ALTERNATIVE ACTIVITIES ALLOCATION:</b>						\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).					<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place? What is the <i>projected</i> duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based)</b> <b>OR</b> <b>Number of EVENTS (one-time)</b>	<b>Number of PARTICIPANTS</b>		
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
<b>TARGET COMMUNITY (SELECT ONE)</b> <input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills						
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i> <input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental						
<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide</i> , page 4 (rev. 2/17/21) <input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated						
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations						
<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors <input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry						

	<input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**ALTERNATIVE ACTIVITIES (ALT) PROGRAM PLAN (SUMMER CAMP)**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>		
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****		<b>ALT01</b>
<b>ALTERNATIVE ACTIVITIES ALLOCATION:</b>		\$

<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based) OR Number of EVENTS (one-time)</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place? What is the duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills
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<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental
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<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4 (rev. 2/17/21)</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated
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<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors <input type="checkbox"/> Preschool Students
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	<input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**COMMUNITY-BASED PROCESS (CBP) PROGRAM PLAN**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev.6/3/2021)</i>	
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****	
<b>COMMUNITY-BASED PROCESS ALLOCATION:</b>	\$

<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based) OR Number of EVENTS (one-time)</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place? What is the duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills
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<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing (rev. 2/17/21)</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental
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<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4 (rev. 2/17/21)</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated
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<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o)
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	<input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors <input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**EDUCATION (EDU) PROGRAM PLAN**  
*Education programs are Session-Based ONLY*

**Complete one PROGRAM PLAN for each service code used**

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>				
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****				
<b>EDUCATION ALLOCATION:</b>				\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of SESSIONS</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each group take place? What is the duration of each group (6 weeks, 8 weeks)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills			
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental			
<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4 (rev. 2/17/21)</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated			
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors			

	<input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**INFORMATION DISSEMINATION (INF) PROGRAM PLAN**  
*Information Dissemination programs are One-time ONLY*

**Complete one PROGRAM PLAN for each service code used**

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev.6/3/2021)</i>				
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****				
<b>INFORMATION DISSEMINATION ALLOCATION:</b>				\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of EVENTS</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each event take place? What is the duration of each event (2 hours)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills			
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental			
<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4 (rev. 2/17/21)</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated			
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors			

	<input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**ENVIRONMENTAL (ENV) PROGRAM PLAN**  
*Environmental programs are One-time ONLY*

**Complete one PROGRAM PLAN for each service code used**

<b>PROGRAM NAME</b>				
Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>				
<b>SERVICE CODE</b>				
*****ENTER ONLY ONE CODE PER PROGRAM PLAN*****				
<b>ENVIRONMENTAL ALLOCATION:</b>				\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of EVENTS</b>	<b>Number of PARTICIPANTS / MATERIALS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each event take place? What is the duration of each event (2 hours)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills			
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental			
<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4 (rev. 2/17/21)</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated			
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors			

	<input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**PROBLEM ID & REFERRAL (NON-SAP) PROGRAM PLAN**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing</i> (rev. 6/3/2021)	
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****	
<b>PROBLEM ID &amp; REFERRAL ALLOCATION:</b>	\$

<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based) OR Number of EVENTS (one-time)</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place? What is the <i>projected</i> duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills
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<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental
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<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide</i> , page 4 (rev. 2/17/21)	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated
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<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors
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	<input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**Gambling Prevention:**

General Instructions

The Pennsylvania Department of Health, Department of Drug and Alcohol Programs (DDAP), requires the Single County Authority (SCA) to annually capture specific details about services purchased through contracts for Drug and Alcohol and Gambling clients. The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) collects this information at the time contracts are initiated or renewed.

All contracted Gambling Prevention contractors must complete and submit this form, via email, to Cheri Norfolk at [Cheri.Norfolk@AlleghenyCounty.US](mailto:Cheri.Norfolk@AlleghenyCounty.US).

OBH staff shall review and approve the form, thus authorizing execution of the contract, or will place a hold on the contract execution and request corrections be completed by the provider. The contract hold will be lifted upon submission of a corrected profile.

Questions regarding the form should be directed to your OBH Drug and Alcohol Program Representative Supervisor, Cheri Norfolk, at 412-350-4393.

<b>PROVIDER NAME</b>	
<b>PLAN NAME</b>	<b>GAMBLING PREVENTION</b>
<b>TOTAL ALLOCATION FOR ATOD PREVENTION PLAN</b>	\$

## Form Specific Instructions

Review your contract documents and based on your service history, work statement, and detailed allocation statement develop your Gambling Implementation Plan. Please include as much detail about service delivery within each section of this plan as possible.

Refer to *Prevention & Intervention Categorization & Coding Guide* as well as *DDAP Prevention Program Listing* while completing each section of this plan.

There is a template for each Federal Strategy below. Please enter the total amount of the allocation for each Federal Strategy (e.g. Alternative Activities, Education) in the designated box. Copy and paste as many times as necessary to capture each program you plan to utilize within each of the Federal Strategies. Please complete a program plan for each service code used in each of the Federal Strategies (i.e. GAL01 and GAL02 service codes should not appear on the same program plan for the Federal Strategy of Problem Gambling Alternatives).

**PROBLEM GAMBLING ALTERNATIVES (GAL) PROGRAM PLAN**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>	
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****	
<b>PROBLEM GAMBLING ALTERNATIVES ALLOCATION:</b>	\$

<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based) OR</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place (including zip code)? What is the duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills
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<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental
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<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated
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<b>SERVICE POPULATION</b> Service population must	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families
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<p>correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Elementary School Students</li> <li><input type="checkbox"/> Middle/Jr. High Students</li> <li><input type="checkbox"/> High School Students</li> <li><input type="checkbox"/> Youth/Minors (under 18 y/o)</li> <li><input type="checkbox"/> College Students</li> <li><input type="checkbox"/> Young Adults (18-25 y/o)</li> <li><input type="checkbox"/> Older Adults (Senior Citizens)</li> <li><input type="checkbox"/> Teachers/Admin/Counselors</li> <li><input type="checkbox"/> Preschool Students</li> <li><input type="checkbox"/> Business and Industry</li> <li><input type="checkbox"/> Civic Groups/Coalitions</li> <li><input type="checkbox"/> Gaming Industry</li> <li><input type="checkbox"/> Government/Elected Officials</li> <li><input type="checkbox"/> Health Professionals</li> <li><input type="checkbox"/> Law Enforcement / Criminal Justice</li> <li><input type="checkbox"/> Other Professionals</li> <li><input type="checkbox"/> Prevention/Treatment Professionals</li> <li><input type="checkbox"/> Religious Groups</li> </ul>
<p><b>SERVICE POPULATION</b> <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Children of Substance Abusers/COSA</li> <li><input type="checkbox"/> Delinquent/Violent Youth</li> <li><input type="checkbox"/> Economically Disadvantaged Youth/Adults</li> <li><input type="checkbox"/> Homeless/Runaway Youth/Adults</li> <li><input type="checkbox"/> LGBTQ</li> <li><input type="checkbox"/> Military Personnel/Families/Vets</li> <li><input type="checkbox"/> School Dropouts</li> <li><input type="checkbox"/> Persons in Recovery</li> <li><input type="checkbox"/> Persons identified as Problem Gamblers</li> <li><input type="checkbox"/> Persons Using Substances</li> <li><input type="checkbox"/> Persons w/ MH Problems</li> <li><input type="checkbox"/> Persons who are Incarcerated</li> <li><input type="checkbox"/> Persons w/ Disabilities</li> <li><input type="checkbox"/> Physical/Emotional Abused</li> <li><input type="checkbox"/> Pregnant Women/Women of Childbearing Age</li> </ul>

**PROBLEM GAMBLING COMMUNITY-BASED PROCESS (GCP) PROGRAM PLAN**

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>	
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****	
<b>PROBLEM GAMBLING COMMUNITY-BASED PROCESS ALLOCATION:</b>	\$

<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>ONE-TIME</b>	<b>SESSION-BASED</b>	<b>Number of SESSIONS (session-based) OR</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. Where will each group / activity take place (including zip code)? What is the duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills
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<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental
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<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated
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<b>SERVICE POPULATION</b> Service population must	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families
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<p>correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Elementary School Students</li> <li><input type="checkbox"/> Middle/Jr. High Students</li> <li><input type="checkbox"/> High School Students</li> <li><input type="checkbox"/> Youth/Minors (under 18 y/o)</li> <li><input type="checkbox"/> College Students</li> <li><input type="checkbox"/> Young Adults (18-25 y/o)</li> <li><input type="checkbox"/> Older Adults (Senior Citizens)</li> <li><input type="checkbox"/> Teachers/Admin/Counselors</li> <li><input type="checkbox"/> Preschool Students</li> <li><input type="checkbox"/> Business and Industry</li> <li><input type="checkbox"/> Civic Groups/Coalitions</li> <li><input type="checkbox"/> Gaming Industry</li> <li><input type="checkbox"/> Government/Elected Officials</li> <li><input type="checkbox"/> Health Professionals</li> <li><input type="checkbox"/> Law Enforcement / Criminal Justice</li> <li><input type="checkbox"/> Other Professionals</li> <li><input type="checkbox"/> Prevention/Treatment Professionals</li> <li><input type="checkbox"/> Religious Groups</li> </ul>
<p><b>SERVICE POPULATION</b> <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Children of Substance Abusers/COSA</li> <li><input type="checkbox"/> Delinquent/Violent Youth</li> <li><input type="checkbox"/> Economically Disadvantaged Youth/Adults</li> <li><input type="checkbox"/> Homeless/Runaway Youth/Adults</li> <li><input type="checkbox"/> LGBTQ</li> <li><input type="checkbox"/> Military Personnel/Families/Vets</li> <li><input type="checkbox"/> School Dropouts</li> <li><input type="checkbox"/> Persons in Recovery</li> <li><input type="checkbox"/> Persons identified as Problem Gamblers</li> <li><input type="checkbox"/> Persons Using Substances</li> <li><input type="checkbox"/> Persons w/ MH Problems</li> <li><input type="checkbox"/> Persons who are Incarcerated</li> <li><input type="checkbox"/> Persons w/ Disabilities</li> <li><input type="checkbox"/> Physical/Emotional Abused</li> <li><input type="checkbox"/> Pregnant Women/Women of Childbearing Age</li> </ul>

**PROBLEM GAMBLING EDUCATION (GED01) PROGRAM PLAN**  
*Problem Gambling Education programs are Session-Based ONLY*

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>					
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****					<b>GED01</b>
<b>PROBLEM GAMBLING EDUCATION ALLOCATION:</b>					\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of SESSIONS</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each group take place (including zip code)? What is the duration of each group (6 weeks, 8 weeks)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)	
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkesburg <input type="checkbox"/> Woodland Hills				
<b>PROGRAM CATEGORY (SELECT ONE)</b> <i>Refer to DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental				
<b>IOM CATEGORY (SELECT ONE)</b> <i>Refer to Prevention Coding Guide, page 4</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated				
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  <i>Refer to the Prevention Coding Guide for more information on Service Populations</i>	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o)				



	<input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors <input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**PROBLEM GAMBLING INFORMATION DISSEMINATION (GIN) PROGRAM PLAN**  
*Information Dissemination programs are One-time ONLY*

**Complete one PROGRAM PLAN for each service code used**

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>				
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****				
<b>PROBLEM GAMBLING INFORMATION DISSEMINATION ALLOCATION:</b>				\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of EVENTS</b>	<b>Number of PARTICIPANTS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each event take place (including zip code)? What is the duration of each event (2 hours)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills			
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental			
<b>IOM CATEGORY (SELECT ONE)</b> Refer to <i>Prevention Coding Guide, page 4</i>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated			
<b>SERVICE POPULATION</b> Service population must correspond with selected IOM.  Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations	<input type="checkbox"/> General Population <input type="checkbox"/> Parents/Families <input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Youth/Minors (under 18 y/o) <input type="checkbox"/> College Students <input type="checkbox"/> Young Adults (18-25 y/o) <input type="checkbox"/> Older Adults (Senior Citizens) <input type="checkbox"/> Teachers/Admin/Counselors			

	<input type="checkbox"/> Preschool Students <input type="checkbox"/> Business and Industry <input type="checkbox"/> Civic Groups/Coalitions <input type="checkbox"/> Gaming Industry <input type="checkbox"/> Government/Elected Officials <input type="checkbox"/> Health Professionals <input type="checkbox"/> Law Enforcement / Criminal Justice <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Religious Groups
<p><b>SERVICE POPULATION</b>  <b>SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<input type="checkbox"/> Children of Substance Abusers/COSA <input type="checkbox"/> Delinquent/Violent Youth <input type="checkbox"/> Economically Disadvantaged Youth/Adults <input type="checkbox"/> Homeless/Runaway Youth/Adults <input type="checkbox"/> LGBTQ <input type="checkbox"/> Military Personnel/Families/Vets <input type="checkbox"/> School Dropouts <input type="checkbox"/> Persons in Recovery <input type="checkbox"/> Persons identified as Problem Gamblers <input type="checkbox"/> Persons Using Substances <input type="checkbox"/> Persons w/ MH Problems <input type="checkbox"/> Persons who are Incarcerated <input type="checkbox"/> Persons w/ Disabilities <input type="checkbox"/> Physical/Emotional Abused <input type="checkbox"/> Pregnant Women/Women of Childbearing Age

**PROBLEM GAMBLING ENVIRONMENTAL (GEN) PROGRAM PLAN**  
*Problem Gambling Environmental programs are One-time ONLY*

Complete one PROGRAM PLAN for each service code used

<b>PROGRAM NAME</b> Program name must come from the <i>DDAP Prevention Program Listing (rev. 6/3/2021)</i>				
<b>SERVICE CODE</b> *****ENTER ONLY ONE CODE PER PROGRAM PLAN*****				
<b>PROBLEM GAMBLING ENVIRONMENTAL ALLOCATION:</b>				\$
<b>Group / Activity Name</b> (This name will be used to help identify the group / activity in PA WITS. It should match what is entered into PA WITS as closely as possible).	<b>Number of EVENTS</b>	<b>Number of PARTICIPANTS / MATERIALS</b>	<b>Service Description, Location, and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. Where will each event take place (including zip code)? What is the duration of each event (2 hours)?	<b>Outcome Measures</b> (e.g pre / post tests, satisfaction surveys)
<b>TARGET COMMUNITY (SELECT ONE)</b>	<input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Non-Targeted <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills			
<b>PROGRAM CATEGORY (SELECT ONE)</b> Refer to <i>DDAP Prevention Program Listing</i>	<input type="checkbox"/> Evidence Based <input type="checkbox"/> Evidence Informed <input type="checkbox"/> Supplemental			
<b>IOM CATEGORY</b>	<input type="checkbox"/> Universal <input type="checkbox"/> Selective <input type="checkbox"/> Indicated			

<p><b>(SELECT ONE)</b> Refer to <i>Prevention Coding Guide</i>, page 4</p>	
<p><b>SERVICE POPULATION</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> General Population</li> <li><input type="checkbox"/> Parents/Families</li> <li><input type="checkbox"/> Elementary School Students</li> <li><input type="checkbox"/> Middle/Jr. High Students</li> <li><input type="checkbox"/> High School Students</li> <li><input type="checkbox"/> Youth/Minors (under 18 y/o)</li> <li><input type="checkbox"/> College Students</li> <li><input type="checkbox"/> Young Adults (18-25 y/o)</li> <li><input type="checkbox"/> Older Adults (Senior Citizens)</li> <li><input type="checkbox"/> Teachers/Admin/Counselors</li> <li><input type="checkbox"/> Preschool Students</li> <li><input type="checkbox"/> Business and Industry</li> <li><input type="checkbox"/> Civic Groups/Coalitions</li> <li><input type="checkbox"/> Gaming Industry</li> <li><input type="checkbox"/> Government/Elected Officials</li> <li><input type="checkbox"/> Health Professionals</li> <li><input type="checkbox"/> Law Enforcement / Criminal Justice</li> <li><input type="checkbox"/> Other Professionals</li> <li><input type="checkbox"/> Prevention/Treatment Professionals</li> <li><input type="checkbox"/> Religious Groups</li> </ul>
<p><b>SERVICE POPULATION SPECIAL/HIGH-RISK</b> Service population must correspond with selected IOM.</p> <p>Refer to the <i>Prevention Coding Guide</i> for more information on special and high-risk Service Populations</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Children of Substance Abusers/COSA</li> <li><input type="checkbox"/> Delinquent/Violent Youth</li> <li><input type="checkbox"/> Economically Disadvantaged Youth/Adults</li> <li><input type="checkbox"/> Homeless/Runaway Youth/Adults</li> <li><input type="checkbox"/> LGBTQ</li> <li><input type="checkbox"/> Military Personnel/Families/Vets</li> <li><input type="checkbox"/> School Dropouts</li> <li><input type="checkbox"/> Persons in Recovery</li> <li><input type="checkbox"/> Persons identified as Problem Gamblers</li> <li><input type="checkbox"/> Persons Using Substances</li> <li><input type="checkbox"/> Persons w/ MH Problems</li> <li><input type="checkbox"/> Persons who are Incarcerated</li> <li><input type="checkbox"/> Persons w/ Disabilities</li> <li><input type="checkbox"/> Physical/Emotional Abused</li> <li><input type="checkbox"/> Pregnant Women/Women of Childbearing Age</li> </ul>

## **Student Assistance Program (SAP):**

### General Instructions

The Pennsylvania Department of Health, Department of Drug and Alcohol Programs (DDAP), requires the Single County Authority (SCA) to annually capture specific details about services purchased through contracts for Drug and Alcohol clients. The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) collects this information at the time contracts are initiated or renewed.

All contracted Drug and Alcohol Prevention/Student Assistance Program contractors must complete and submit this form, via email, to Cheri Norfolk at [Cheri.Norfolk@AlleghenyCounty.US](mailto:Cheri.Norfolk@AlleghenyCounty.US).

OBH staff shall review and approve the form, thus authorizing execution of the contract, or will place a hold on the contract execution and request corrections be completed by the provider. The contract hold will be lifted upon submission of a corrected profile.

Questions regarding the form should be directed to your OBH Drug and Alcohol Program Representative Supervisor, Cheri Norfolk, at 412-350-4393.

<b>PROVIDER NAME</b>		<b>PROVIDER ALLOCATION</b>		
<b>TARGET COMMUNITY</b>	<input type="checkbox"/> Non-Targeted <input type="checkbox"/> McKees Rocks <input type="checkbox"/> McKeesport <input type="checkbox"/> Wilkinsburg <input type="checkbox"/> Woodland Hills <input type="checkbox"/> Other:			
<b>PROGRAM NAME</b>	<b>STUDENT ASSISTANCE PROGRAM (SAP)</b>			
<b>FACILITY NAME</b>	<input type="checkbox"/> ATOD Prevention <input type="checkbox"/> Gambling <input type="checkbox"/> Intervention			
<b>PROGRAM CATEGORY</b>	<input type="checkbox"/> Evidence Informed Program <input type="checkbox"/> Supplemental Program			
<b>OUTCOMES</b> (PRE/POST Tests, Participant Surveys, Stakeholder Surveys, Staff Observations or Scoring)  <i><b>This section must be completed and cannot be N/A.</b></i>				
<b>IOM POPULATION</b>	<input type="checkbox"/> <b>UNIVERSAL</b>	<input type="checkbox"/> <b>SELECTIVE</b>	<input type="checkbox"/> <b>INDICATED</b>	
<b>SERVICE POPULATIONS</b> Refer to <i>DDAP Prevention &amp; Intervention Categorization and Coding Guide</i> , p. 34 Please check all that apply.	<input type="checkbox"/> Elementary School Students <input type="checkbox"/> Middle/Jr. High Students <input type="checkbox"/> High School Students <input type="checkbox"/> Parents/Families <input type="checkbox"/> Other Professionals <input type="checkbox"/> Prevention/Treatment Professionals <input type="checkbox"/> Teachers/Admin/Counselors/Other School Personnel			
<b>SERVICE CODES</b>				
<b>CODES</b> Refer to <i>DDAP Prevention &amp; Intervention Categorization and Coding Guide</i> pp 11-13 Please only enter one code per row.	<b>ONE-TIME</b> How many times is the service projected to take place? How many participants are projected per each one-time service?	<b>SESSION-BASED</b> <i>(Can only be used for PIR05 SAP Group)</i> How many groups are projected to occur? How many sessions are projected to occur per group? How many participants per group are projected? (e.g., 4 groups, 5 sessions per group, 7 students/group)	<b>LOCATION</b> Where will the services take place? Please list BOTH school district and the building name.	<b>SERVICE DESCRIPTION</b> For each code listed below, please offer a <i>brief</i> description of what staff will do during the activity.

## Intervention and Recovery Support Services Plan:

### General Instructions

The Pennsylvania Department of Health, Department of Drug and Alcohol Programs, requires the Single Country Authority (SCA) to annually capture specific details about services purchased through Contracts for Drug and Alcohol clients. The Allegheny County Department of Human Services (DHS), Office of Behavioral Health (OBH) collects this information at the time contracts are initiated or renewed.

All contracted Drug and Alcohol **Intervention CONTRACTORS must complete and submit this form** via email to their **OBH D&A Program Monitor** and Cheri Norfolk at [Cheri.Norfolk@AlleghenyCounty.US](mailto:Cheri.Norfolk@AlleghenyCounty.US).

OBH staff shall review and approve the plan, thus authorizing execution of the Contract, or will place a hold on the Contract execution and request corrections be completed by the Provider. The contract hold will be lifted upon submission of a corrected plan.

Questions regarding this form should be directed to your OBH Drug and Alcohol Program Monitor.

### Form Specific Instructions

Review your contract documents and based on your service inventory, work statement, and detailed allocation statement develop your Intervention Implementation Plan. Please include target populations and targeted community locations (which could include the entire county or specific communities or regions). Goals and objectives must be measurable and all activities must be described and listed as a single (one-time event) or recurring (on-going) service.

Goals Definition	Objectives Definition
This is a broad statement about the long-term expectation (the desired result) of what should occur as a result of each program listed within this implementation plan. It serves as the foundation for developing objectives for each program listed.	These are statements describing the specific results to be achieved, and the manner in which they will be achieved. Multiple objectives are often necessary to address a single goal.



<b>PROVIDER NAME and ADDRESS</b>		
<b>CONTACT PERSON EMAIL PHONE NUMBER</b>		
<b>INTERVENTION SERVICE TYPES</b> <i>Please select the activities listed below your organization is contracted to provide.</i>		
<b>Total ATOD Intervention Allocation for FY</b>		\$
<b>Total 930R Allocation for FY</b>		\$
<input type="checkbox"/>	<b>0.5 INTERVENTION SERVICES</b>	As defined in the American Society of Addiction Medicine Patient Placement Criteria (ASAM – PPC), .5 Intervention Services are organized screening and psycho-educational pre-treatment services designed to help individuals identify and reduce risky substance use behaviors. .5 Intervention Services explore and address problems or risk factors that appear to be related to substance use and aim to help the individual recognize the harmful consequences of inappropriate substance use. These services include Pre-Treatment Linking and Pre-Treatment Mentoring.
<input type="checkbox"/>	<b>GROUP</b>	The goal of these services is to get persons to critically evaluate their substance use or engagement in gambling activities and the negative effects their behavior is having on their personal, family and societal development (e.g., impaired driving programs, underage drinking offender programs, Hepatitis C).
<input type="checkbox"/>	<b>OUTREACH</b>	Outreach activities are aimed at identifying those individuals who are at high risk of becoming substance abusing individuals or engaging in risky behavior concerning problem gambling and encouraging those individuals who are substance abusers or problem gamblers to access treatment. Outreach also includes promoting awareness about substance abuse and its relationship to contracting communicable diseases. Staff persons conducting outreach provide these groups with information about accessing intervention and treatment services. Outreach activities include material Distribution, Intervention Education, and Safe Practice.
<input type="checkbox"/>	<b>HOTLINE</b>	The provision of referral, guidance, and crisis intervention through telephone service.
<input type="checkbox"/>	<b>OTHER TREATMENT RELATED SERVICES</b>	These activities include recovery support services such as: Treatment Related Support, Linking, Mentoring Programs (must be pre-treatment clients), and Telephonic Recovery Support. <input type="checkbox"/> <b>Case Management—Case Coordination</b> <input type="checkbox"/> <b>Level of Care Assessments</b>

**0.5 EARLY INTERVENTION PROGRAMS**

NOT CONTRACTED FOR THIS SERVICE

**0.5 PROGRAM GOALS**

**0.5 PROGRAM OBJECTIVES**

**OUTCOME MEASURES (what tools will be utilized to track outcomes for each of the activities listed below)**

**0.5 EARLY INTERVENTION FISCAL YEAR ALLOCATION:**

**\$**

Activity Name	ONE-TIME	RECURRING	Number of SESSIONS (Recurring) <b>OR</b> Number of EVENTS (One-Time)	Anticipated Number of PARTICIPANTS	Service Description and Duration Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. What is the <i>projected</i> duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time; throughout the entire fiscal year)?	Targeted Population (include Universal, Selective, or Indicated in the description) and Location where the service is anticipated to occur
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
<b>List any Evidence-Based or Evidence-Informed Programs that appear in the Activity Name column above</b>						

**INTERVENTION GROUP**

NOT CONTRACTED FOR THIS SERVICE

**GROUP PROGRAM GOALS**

**GROUP PROGRAM OBJECTIVES**

**OUTCOME MEASURES (what tools will be utilized to track outcomes for each of the activities listed below)**

**INTERVENTION GROUP FISCAL YEAR ALLOCATION:**

\$

Activity Name	Number of SESSIONS	Anticipated Number of PARTICIPANTS	<b>Service Description and Duration</b> Answer the following questions: What will staff <i>DO</i> during the session? Offer as much detail as possible. What is the <i>projected</i> duration of each group being run (e.g. 8 week)?	<b>Targeted Population (include Universal, Selective, or Indicated in the description) and Location where the service is anticipated to occur</b>
<b>List any Evidence-Based or Evidence-Informed Programs that appear in the Activity Name column above</b>				

**INTERVENTION OUTREACH**

NOT CONTRACTED FOR THIS SERVICE

<b>OUTREACH PROGRAM GOALS</b>	
<b>OUTREACH PROGRAM OBJECTIVES</b>	
<b>OUTCOME MEASURES (what tools will be utilized to track outcomes for each of the activities listed below)</b>	

<b>INTERVENTION OUTREACH FISCAL YEAR ALLOCATION:</b>	<b>\$</b>
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Activity Name	ONE-TIME	RECURRING	Number of SESSIONS (Recurring) <b>OR</b> Number of EVENTS (One-Time)	Anticipated Number of PARTICIPANTS	Service Description and Duration Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. What is the <i>projected</i> duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time; throughout the entire fiscal year)?	Targeted Population (include Universal, Selective, or Indicated in the description) and Location where the service is anticipated to occur
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>List any Evidence-Based or Evidence-Informed Programs that appear in the Activity Name column above</b>	
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**INTERVENTION HOTLINE**

NOT CONTRACTED FOR THIS SERVICE

**HOTLINE PROGRAM GOALS**

**HOTLINE PROGRAM OBJECTIVES**

**OUTCOME MEASURES (what tools will be utilized to track outcomes for each of the activities listed below)**

**INTERVENTION HOTLINE FISCAL YEAR ALLOCATION:**

\$

Activity Name	Anticipated Number of CALLS	Service Description Answer the following questions: What does staff usually <i>DO</i> during a phone call? Offer as much detail as possible.	Targeted Population (include Universal, Selective, or Indicated in the description, if applicable)
List any Evidence-Based or Evidence-Informed Programs that appear in the Activity Name column above <i>if applicable</i> (for example, is Motivational Interviewing utilized during phone calls?)			

**OTHER TREATMENT RELATED SERVICES**

**\*\*Please use this section for Case Management—Case Coordination Services and Level of Care Assessment Services\*\***

NOT CONTRACTED FOR THIS SERVICE

<b>OTHER TREATMENT RELATED SERVICES PROGRAM GOALS</b>	
<b>OTHER TREATMENT RELATED SERVICES PROGRAM OBJECTIVES</b>	
<b>OUTCOME MEASURES (what tools will be utilized to track outcomes for each of the activities listed below)</b>	

<b>OTHER TREATMENT RELATED SERVICES FISCAL YEAR ALLOCATION:</b>	<b>\$</b>
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Activity Name	ONE-TIME	RECURRING	Number of SESSIONS (Recurring) <b>OR</b> Number of EVENTS (One-Time)	ANTICIPATED Number of PARTICIPANTS	Service Description and Duration Answer the following questions: What will staff <i>DO</i> during the session/event? Offer as much detail as possible. What is the <i>projected</i> duration of each event or session (e.g. 8 weeks for session-based, 2 hours for one-time; throughout the entire fiscal year)?	Targeted Population (include Universal, Selective, or Indicated in the description) and Location where the service is anticipated to occur
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

<b>List any Evidence-Based or Evidence-Informed Programs that appear in the Activity Name column above</b>	
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<b>DATE OF PROVIDER SUBMISSION TO SCA</b>	<b>DATE APPROVED BY SCA</b>	<b>DATE RETURNED TO PROVIDER BY SCA FOR REVISIONS</b>
<b>DATE OF PROVIDER RE-SUBMISSION TO SCA</b>	<b>DATE FINAL PLAN APPROVED BY SCA</b>	<b>NAME OF SCA STAFF</b>
<b>COMMENTS (INCLUDE DATE AND INTIALS OF PROVIDER OR SCA STAFF)</b>		

## **Appendix P: Incident Reporting**





## Allegheny County Department of Human Services

### Office of Behavioral Health Contractor Incident Reporting

04/01/2020

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

This procedure describes the process for reporting all types of incidents. This procedure applies equally to incidents involving CONTRACTOR'S employees and/or contracted staff, subcontractors and individuals that have received a publicly funded behavioral health service within 6 months of the incident (Eligible Individuals). CONTRACTOR will report all incidents as defined in this document to Allegheny County Office of Behavioral Health (OBH) within 24 hours of the incident or 24 hours of learning of an incident. To assure immediate, appropriate response to any incident/problem situation, CONTRACTOR will report any incident to any additional regulatory or government authorities or licensing bodies, as required. All CONTRACTORS will follow the incident reporting procedure and report appropriate follow-up actions/procedures to Allegheny County OBH within 48 hours of the incident.

#### Reportable Incidents:

1. **Death** - All deaths regardless of cause/manner;
2. **Suicide Attempt** – Intentional attempt to take one's life including the actual occurrence that requires medical attention or the furtherance of suicidal ideation.
3. **Significant Medication Error** – Includes a missed medication or incorrect dosage, where an Eligible Individual suffers an adverse consequence that is either short-term or long-term in duration;
4. **Arrests and Any Event Requiring Emergency Services of the Fire Department or Law Enforcement Agency** – (Not related to the presence of law enforcement during any activity governed by MH Procedures Act or testing of alarm systems/false alarms or 911 calls by Eligible Individual that are unrelated to criminal activity or emergencies);
5. **Abuse** - Allegations of abuse are to be reported. For the purposes of reporting, abuse includes abuse of Eligible Individual by staff or abuse of Eligible Individual by others.

Depending on the nature of the abuse, it may also constitute a crime reportable to police.

#### Abuse includes:

- a) **Physical Abuse** – An intentional physical act by staff or other person which causes injury;
- b) **Psychological Abuse** – An act including verbalizations, which may emotionally harm, invoke fear or humiliate, intimidate, degrade or demean an Eligible Individual;
- c) **Sexual Abuse**- An act or attempted acts such as rape, sexual molestation, sexual harassment and inappropriate or unwanted touching of a sexual nature of an Eligible Individual by another person. Any sexual contact between an Eligible Individual and a CONTRACTOR staff person is abuse;
- d) **Exploitation**- The practice of a caregiver or other person of taking unfair advantage of an Eligible Individual for the purposes of personal gain, including actions taken without informed consent or with consent obtained by misrepresentation, coercion or threats of force. This could include inappropriate access to or the use of an Eligible Individual's finances, property and personal services;

6. **Neglect** – Neglect is the failure to obtain or provide services and supports defined as necessary or otherwise required by law, contract or regulation. This can include the failure to provide for needed care such as shelter, food, clothing, personal hygiene, medical care and protection from health and safety hazards;
7. **Missing Person** – Any Eligible Individual who is out of contact with staff without prior arrangement for more than 24 hours. A person may be in “immediate jeopardy” based on his/her personal history and may be considered missing before 24 hours elapse. It is considered a reportable incident whenever police are contacted about a missing person or the police independently find and return an Eligible Individual, regardless of the amount of time missing;
8. **Seclusion/Restraint** – Providers are to report any use of seclusion or restraint as defined by MH Bulletin, “OMHSAS 02-01, The Use of Seclusion and Restraint in MH Facilities and Programs.”;
9. **Injury of an Eligible Individual** – APPLIES ONLY TO COUNTY CONTRACTED RESIDENTIAL PROVIDERS AND THEIR PROPERTY. Reportable Injury includes when an Eligible Individual requires medical treatment more intensive than first aid.
10. **Non-Fatal Overdose** – APPLIES ONLY TO DRUG AND ALCOHOL SERVICES PROVIDERS;
11. **Illness of an Eligible Individual** – ONLY COUNTY CONTRACTED RESIDENTIAL PROVIDERS AND CHIPP INDIVIDUALS. Reportable Illness includes any life-threatening illness, any involuntary psychiatric admission or any illness that appears on the Department of Health’s List of Reportable Diseases. The following are not reportable: Scheduled treatment, ER visits or inpatient admissions that result from an Eligible Individual’s previously diagnosed, chronic illness where such episodes are part of normal course of the illness;
12. **Outbreak of a Pandemic Disease** – Any individual or provider staff that test positive to a disease that is defined as a pandemic by the World Health Organization and/or U.S. Centers for Disease Control and Prevention (Ex: COVID-19)
13. **Serious Nature/Other** – Any interruption in service and/or closure of a program or other incident determined by provider.

Reporting Procedures:

Verbal reports are required for all deaths and when fire or law enforcement are involved in the incident for the following categories (Not related to the presence of law enforcement during any activity governed by MH Procedures Act or testing of alarm systems/false alarms or 911 calls by Eligible Individual that are unrelated to criminal activity or emergencies):

1. Death
2. Arrest
3. Suicide Attempt
4. Abuse (as defined above)
5. Neglect
6. Missing Person
7. Injury of an Eligible Individual – Applies only to County contracted residential providers and their property.
8. Serious Nature/Other

All adult mental health, child and adolescent mental health and early intervention CONTRACTORS will make a verbal report to OBH Information, Referral and Emergency Services (IRES) at 412-350-4457 immediately after stabilization of the incident but no more than 24 hours after the incident or within 24 hours of learning of an incident.

IRES Staff will request the following information for the Verbal Report:

- a. Eligible Individual’s name;
- b. Eligible Individual’s date of birth;
- c. CONTRACTOR name;
- d. Type of incident;
- e. Date of incident;
- f. Time of incident;

- g. Place of Incident;
- h. Type of housing;
- i. Brief description of the incident;
- j. Systems the Eligible Individual is involved;
- k. Incident Follow-up;
- l. CONTRACTOR'S reporting staff name, contact information, supervisor's name and telephone number.

D&A CONTRACTORS and programs are not required to call in incidents into IRES due to PA Department of Drug and Alcohol Program (DDAP) confidentiality regulations. D&A CONTRACTORS are required to call the Drug and Alcohol Quality Assurance Coordinator at (412) 350-2755 within 24 hours of the incident or learning of the incident.

Written Reports:

CONTRACTORS who are required to complete incident reporting via Enterprise Incident Management System (EIM)- Community Residential Rehabilitation (CRR) and Long Term Structured Residence (LTSR) are to continue to utilize the EIM process for submitting reports. This will function as the written report therefore additional written reports are not required.

**All** other CONTRACTORS are required to submit the written incident report on the approved Allegheny County OBH Incident Form – which is available on the Allegheny County Department of Human Services Website at: <https://www.alleghenycounty.us/HumanServices/Resources/Doing-Business/Current-Providers/Office-of-Behavioral-Health.aspx>

ALL written incidents will be emailed to: [IncidentReports@alleghenycounty.us](mailto:IncidentReports@alleghenycounty.us)

This written incident form should also be faxed to a Community Care Behavioral Health Organization (CCBHO) at (888) 251-0087 if the Eligible Individual is a CCBHO member. Please refer to CCBHO requirements for reporting Single Member Incidents.

D&A CONTRACTORS must also fax or email a written incident per 28 PA Code Ch. 709: Entitled: Standards or Licensure of Freestanding Treatment Facilities to the PA Department of Drug and Alcohol Programs at (717) 265-8308 or [RA-DAAPI\\_Division@pa.gov](mailto:RA-DAAPI_Division@pa.gov) when the incident meets the criteria outlined below:

§ 709.34

*(C) To the extent permitted by State and Federal confidentiality laws, the project shall file a written unusual incident report with the Department within 3 days following an unusual incident involving:*

- 1. Physical or sexual assault by staff or a client;*
- 2. Death or serious injury due to trauma, suicide, medication error or unusual circumstances;*
- 3. Significant disruption of services due to a disaster such as fire, storm flood or other occurrence that results in the closure of a facility for more than 1 day;*
- 4. Event at the facility requiring the presence of police, fire or ambulance personnel;*
- 5. Outbreak of a contagious disease requiring Centers for Disease Control and Prevention notification.*

§ 715.28. Unusual incidents.

(C) A narcotic treatment program shall file a written Unusual Incident Report with the Department within 48 hours following an unusual incident including the following:

1. Complaints of patient abuse (physical, verbal, sexual and emotional).
2. Death or serious injury due to trauma, suicide, medication error or unusual circumstances.

3. Significant disruption of services due to a disaster such as a fire, storm, flood, or other occurrence.
4. Incidents with potential for negative community reaction or which the facility director believes may lead to community concern.
5. Drug related hospitalization of a patient.

### **Allegheny County OBH Response to Incidents Submitted/OBH Internal Process**

Allegheny County OBH will review CONTRACTOR'S incident management policy and procedure on an annual basis. During licensing visits, program monitors will review provider progress notes for documentation that would meet incident criteria and then look for the corresponding incident in the Enterprise Incident Management system or OBH incident application. To ensure the confidentiality of all CONTRACTOR staff, subcontractors and the Eligible Individual(s) involved, incident reports are stored electronically in a secure location. Incidents are logged in a secure electronic application where only approved OBH staff have access.

Allegheny County shall disseminate the incident information to the appropriate OBH staff (including Administration) to obtain additional follow-up information that may be needed. This follow-up may occur by telephone, email or face to face with staff which may or may not include a site visit and an electronic record review. This will be determined on a case by case basis.

The mental health incident details and follow-up information that are completed by the CONTRACTOR and OBH staff will be shared and emailed to the State Office of Mental Health and Substance Abuse Services (OMHSAS) and to CCBHO, if applicable.

On a weekly basis, OBH and CCBHO staff will meet to review and analyze the reported incidents from the previous week. In this meeting, OBH and CCBHO review the incidents to ensure all follow-ups have been completed timely and thoroughly. In this weekly meeting, incidents will be reviewed to determine if they rise to a sentinel event, described below, and whether a request for a Root Cause Analysis is appropriate.

#### Root Cause Analysis:

OBH and CCBHO staff will review and discuss whether the mental health incidents meet the criteria for a Root Cause Analysis (RCA). On a case by case basis, OBH and CCBHO will identify the need for a RCA for sentinel events involving all CONTRACTORS.

*A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, unrelated to the natural course of an individual's illness or underlying condition. For this process, the sentinel event will involve one or more Eligible Individual who receive or have received mental health services from a CONTRACTOR of the Allegheny County Department of Human Services or Community Care, or an event that impacts in a significant manner on the entire behavioral health system.*

The basic concept of a RCA is to conduct a detailed investigation of the circumstances of an event until the specific cause(s) and the relevant systemic cause(s) are identified. If at any time during the investigation, critical issues that require immediate intervention are discovered, such issues must be addressed as quickly as possible. Ultimately, the goal of the RCA is to reduce risk and promote safety, and to arrive at recommendations on how to best prevent sentinel events from happening again. *Please refer to Allegheny County OBH Process for Root Cause Analysis of Sentinel Events- Revised June 2018 for further information on the RCA process.*

Upon request from the Allegheny County OBH or CCBHO acting on behalf of OBH, CONTRACTOR will conduct a Root Cause Analysis of a sentinel or incident and notify the OBH of any process, protocol or system(s) changes based on the results of that RCA. OBH will work in collaboration with Community Care Behavioral Health to coordinate the completion of these RCAs by CONTRACTORS. CCBHO will coordinate and facilitate all the RCA's for Allegheny County.

CONTRACTOR will complete the RCA at the CONTRACTOR site. Based on the completed RCA, the CONTRACTOR will submit the following information to Allegheny County OBH and CCBHO:

- a. Identification of which levels of care participated in the review;
- b. Date(s) that the clinical record review was completed for each level of care;
- c. Name and title/role of the individuals interviewed and the date(s) of their interview(s);
- d. Date(s) of the group RCA review, including a list of individuals that attended and their titles;
- e. Date of management review, including who attended the review;
- f. Submission of the action items that address the root cause(s) of the sentinel event with time frames and the department/individuals that are responsible for completing the items;
- g. Identification of the system issues that were identified through completing the RCA.

This information will be reviewed by OBH and CCBHO staff to ensure the RCA was completed.

#### Other Important Information

A comprehensive system of care must be accountable for the quality of services provided to individuals with substance use disorders, mental illness or children and adolescents with or at risk of a serious emotional disturbance (Eligible Individuals). System accountability should include a means of addressing the following:

1. Eligible Individual safety, dignity, and personal rights;
2. Service provision that is appropriate, timely and as responsive to the Eligible Individual's needs and/or preferences as can be reasonably expected;
3. A commitment to finding facts that can lead to development of a plan of corrective action or to find the root cause(s) of incidents to prevent the event from happening again. *The emphasis is upon critical exploration of the underlying and contributory factors which, if allowed to persist, could create the potential for the same incident to occur again.*

In order to ensure that Allegheny County maintains this standard of quality and accountability, mechanisms that provide for management of incidents related to the above, and a timely and thorough evaluation of and response to the problem is necessary. Furthermore, incident response must include arrangements for additional resources as needed to assist the Eligible Individual/staff and/or provide for the development of an action plan to assure appropriate follow-up procedures are in place.

#### Procedure History

Please update the policy history, including any changes or reviews to the policy. List what you changed, the date of the change, who approved the new version of the procedure, and the current version number.

<b>Date</b>	<b>Approved By</b>	<b>Indicate Action (Effective, Review, Revision, Update)</b>
01/22/2019	Pat Valentine	Effective