

State of Hawaii
Department of Health
Alcohol and Drug Abuse Division
Treatment and Recovery Branch

Request for Proposals

RFP No. 440-17-1

**RFP Title: Substance Abuse Treatment and
Recovery Support Services**

Date Issued: September 30, 2016

<u>Sub-Category</u>	<u>Service Description</u>
1	Adult Substance Abuse Treatment Services
2	Specialized Substance Abuse Treatment for Pregnant Women and Women with Dependent Children
3	Integrated Addiction Case Coordination and Substance Abuse Treatment Services

Note: *It is the applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

Some Hawaiian words use diacritical markings that signify special pronunciation. The 'okina (glottal stop) signifies a clean break between two vowels. The kahako (macron, consisting of a horizontal line over a vowel) lengthens the pronunciation of that vowel. As these 'okina and kahako have no counterpart in HTML code and might be interpreted differently by various browsers, we have taken liberties with the 'okina, using a sign open quote ('), to enable maximum number of users to view this document. The kahako will not be used.

**SUBSTANCE ABUSE TREATMENT AND RECOVERY SUPPORT SERVICES
REQUEST FOR PROPOSALS
RFP No. 440-17-1**

The Department of Health, Alcohol and Drug Abuse Division, Treatment and Recovery Branch, is requesting proposals from qualified applicants to provide a variety of substance abuse treatment services for adults and adolescents statewide as described in Section 2 of this Request for Proposal (RFP).

I. CONTRACT TERM:

The contract term will be from **October 1, 2017 through September 30, 2021**. Multiple contracts will be awarded under this request for proposals.

II. APPLICATION DEADLINE:

Proposals shall be mailed, postmarked by the United States Postal Service (USPS) on or before **January 6, 2017**, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on **January 6, 2017**, at the drop-off sites designed on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

III. APPLICANT ORIENTATION TO RFP:

Date **Monday, October 10, 2016**
Time: 9:00 a.m. to 12:00 p.m. HST
Location: State Laboratory
 2725 Waimano Home Road, Pearl City, Hawaii 96782

All prospective applicants are strongly encouraged to attend the orientation.

IV. QUESTIONS:

Written questions shall be submitted via email or fax to the contact person below, before midnight, HST, **October 19, 2016**. All written questions will receive a written response from the State on **October 25, 2016**.

V. CONTACT PERSON FOR INQUIRIES

Wendy Nihoa
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360, Kapolei, Hawaii 96707
Phone: (808) 692-7522 | Fax: (808) 692-7521
Email: wendy.nihoa@doh.hawaii.gov

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED:

1 Original (hard copy) and 1 Electronic Copy (thumb drive)

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **January 6, 2017** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

RFP COORDINATOR

Wendy Nihoa
Phone: (808) 692-7522
Fax: (808) 692-7521
Email: wendy.nihoa@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:30 P.M., Hawaii Standard Time (HST), January 6, 2017.** Deliveries by private mail services such as FEDEX shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m., **January 6, 2017.**

Drop-off Sites

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

RFP Table of Contents

Section 1 Administrative Overview

1.1	Procurement Timetable.....	1-1
1.2	Website Reference	1-2
1.3	Authority.....	1-2
1.4	RFP Organization	1-3
1.5	Contracting Office	1-3
1.6	RFP Contact Person.....	1-3
1.7	Orientation	1-3
1.8	Submission of Questions	1-4
1.9	Submission of Proposals.....	1-4
1.10	Discussions with Applicants.....	1-7
1.11	Opening of Proposals.....	1-7
1.12	Additional Materials and Documentation.....	1-7
1.13	RFP Amendments.....	1-7
1.14	Final Revised Proposals.....	1-7
1.15	Cancellation of Request for Proposals.....	1-8
1.16	Costs for Proposal Preparation	1-8
1.17	Provider Participation in Planning.....	1-8
1.18	Rejection of Proposals	1-8
1.19	Notice of Award	1-9
1.20	Protests.....	1-9
1.21	Availability of Funds	1-10
1.22	General and Special Conditions of the Contract.....	1-10
1.23	Cost Principles.....	1-10

Section 2 - Service Specifications

2.1.	Introduction	
	A. Overview, Purpose or Need	2-1
	B. Planning activities conducted in preparation for this RFP.....	2-3
	C. Description of the Service Goals	2-3
	D. Description of the Target Population to be Served.....	2-4
	E. Geographic Coverage of Service	2-4
	F. Probable Funding Amounts, Source, and Period of Availability.....	2-4
2.2.	Contract Monitoring and Evaluation	2-7
2.3.	General Requirements.....	2-7
	A. Specific Qualifications or Requirements	2-7
	B. Secondary Purchaser Participation	2-12
	C. Multiple or Alternate Proposals.....	2-12
	D. Single or Multiple Contracts to be Awarded	2-12
	E. Single or Multi-Term Contracts to be Awarded	2-13

2.4.	Scope of Work	2-14
	A. Service Activities	2-14
	B. Management Requirements	2-29
	C. Facilities	2-40
2.5.	Compensation and Method of Payment	2-41

Section 3 - Proposal Application Instructions

	General Instructions for Completing Applications	3-1
3.1.	Program Overview	3-1
3.2.	Experience and Capability	3-2
	A. Necessary Skills	3-2
	B. Experience	3-2
	C. Quality Assurance and Evaluation	3-2
	D. Coordination of Services	3-2
	E. Facilities	3-3
3.3.	Program Organization and Staffing	3-3
	A. Program Organization	3-3
	B. Staffing	3-3
3.4.	Service Delivery	3-4
3.5.	Financial	3-5
	A. Pricing Structure	3-5
	B. Other Financial Related Materials	3-6
3.6.	Other	3-7
	A. Litigation	3-7

Section 4 – Proposal Evaluation

4.1.	Introduction	4-1
4.2.	Evaluation Process	4-1
4.3.	Evaluation Criteria	4-2
	A. Phase 1 – Evaluation of Proposal Requirements	4-2
	B. Phase 2 – Evaluation of Proposal Application	4-2
	C. Phase 3 – Recommendation for Award	4-5

Section 5 – Attachments

- Attachment A. Proposal Application Checklist
- Attachment B. Sample Proposal Table of Contents
- Attachment C. Workplan Forms
- Attachment D. Certification
- Attachment E. Program Specific Requirements

Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

1. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	<u>September 29, 2016</u>
Distribution of RFP	<u>September 29, 2016</u>
RFP orientation session	<u>October 10, 2016</u>
Closing date for submission of written questions for written responses	<u>October 19, 2016</u>
State purchasing agency's response to applicants' written questions	<u>October 25, 2016</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>October 2016</u>
Proposal submittal deadline	<u>January 6, 2017</u>
Proposal evaluation period	<u>Jan.-May 2017</u>
Provider selection	<u>June 2017</u>
Notice of statement of findings and decision	<u>June 2017</u>
Contract Start Date	<u>October 1, 2017</u>

2. Website Reference

Item	Website
1 Procurement of Health and Human Services	http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2 RFP website	http://hawaii.gov/spo2/health/rfp103f/
3 Hawaii Revised Statutes (HRS) and Hawaii Administrative Rules (HAR) for Purchases of Health and Human Services	http://spo.hawaii.gov Click on the “References” tab.
4 General Conditions, AG-103F13	http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5 Forms	http://spo.hawaii.gov Click on the “Forms” tab.
6 Cost Principles	http://spo.hawaii.gov Search: Keywords “Cost Principles”
7 Protest Forms/Procedures	http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8 Hawaii Compliance Express (HCE)	http://spo.hawaii.gov/hce/
9 Hawaii Revised Statutes	http://capitol.hawaii.gov/hrscurrent
10 Department of Taxation	http://tax.hawaii.gov
11 Department of Labor and Industrial Relations	http://labor.hawaii.gov
12 Department of Commerce and Consumer Affairs, Business Registration	http://cca.hawaii.gov click “Business Registration”
13 Campaign Spending Commission	http://ags.hawaii.gov/campaign/
14 Internal Revenue Service	http://www.irs.gov/
(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)	

3. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a

valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

4. RFP Organization

This RFP is organized into five sections:

1. **Section 1, Administrative Overview:**
Provides applicants with an overview of the procurement process.
2. **Section 2, Service Specifications:**
Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).
3. **Section 3, Proposal Application Instructions:**
Describes the required format and content for the proposal application.
4. **Section 4, Proposal Evaluation:**
Describes how proposals will be evaluated by the state purchasing agency.
5. **Section 5, Attachments:**
Provides applicants with information and forms necessary to complete the application.

5. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department: Department of Health
Division: Alcohol and Drug Abuse Division
Address: 601 Kamokila Boulevard,
Room 360, Kapolei, Hawaii 96707
Phone: (808) 692-7522
Fax: (808) 692-7521

6. RFP Point-of-Contact

From the release date of this RFP until the selection of the successful provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Name: Wendy Nihoa
Phone: (808) 692-7522
Fax: (808) 692-7521
Email: wendy.nihoa@doh.hawaii.gov

7. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date: Monday, October 10, 2016 **Time:** 9:00am-12:00pm

Location: State Laboratory, 2725 Waimano Home Road, Pearl City, Hawaii 96782

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the subsection 1.8, Submission of Questions.

8. Submission of Questions

Applicants may submit questions to the RFP point-of-contact identified in Section 1.6. Written questions should be received by the date and time specified in Section 1.1 Procurement Timetable. The purchasing agency will respond to written questions by way of an addendum to the RFP.

Deadline for submission of written questions:

Date: October 19, 2016 **Time:** Before Midnight HST

State agency responses to applicant written questions will be provided by:

Date: October 25, 2016

9. Submission of Proposals

- A. **Forms/Formats** – All forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in Section 1.2, Website Reference. Refer to the Section 5, Proposal Application Checklist for the location of program specific forms.
1. **Proposal Application Identification (Form SPOH-200)**. Provides applicant proposal identification.
 2. **Proposal Application Checklist**. The checklist provides applicants specific program requirements, reference and location of required RFP proposal forms, and the order in which all proposal components should be collated and submitted to the state purchasing agency.

3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPOH-200A).** Applicant shall submit comprehensive narratives that address all proposal requirements specified in Section 3, Proposal Application Instructions, including a cost proposal/budget, if required.
- B. Program Specific Requirements.** Program specific requirements are included in Sections 2 and 3, as applicable. Required Federal and/or State certifications are listed on the Proposal Application Checklist in Section 5.
- C. Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Provider Compliance.** All providers shall comply with all laws governing entities doing business in the State.
1. **Tax Clearance.** Pursuant to **HRS §103-53**, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
 2. **Labor Law Compliance.** Pursuant to **HRS §103-55**, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations (DLIR) website address.
 3. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express (HCE) for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered provider's current

compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the purchasing agency. All applications for applicable clearances are the responsibility of the providers. All certificates must be valid on the date it is received by the purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six months from the date of issue. The DCCA certificate of good standing is valid for six months from date of issue.

It is the policy of ADAD that no invoices will be processed unless a valid DCCA certificate of good standing is on file at the time of receipt.

- E. **Wages Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with **HRS §103-55**, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.
- F. **Campaign Contributions by State and County Contractors. HRS §11-355** prohibits campaign contributions from certain State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.
- G. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

- H. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal System (USPS) and received by the State purchasing agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet, or as amended. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet, or as amended. Proposals shall be rejected when:
 - 1. Postmarked after the designated date; or
 - 2. Postmarked by the designated date but not received within 10 days from the submittal deadline; or

3. If hand delivered, received after the designated date and time.

The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline. Dated USPS shipping labels are not considered postmarks.

10. Discussions with Applicants

- A. **Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. **After Proposal Submittal Deadline.** Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with **HAR §3-143-403**.

11. Opening of Proposals

- A. Upon the state purchasing agency's receipt of a proposal at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.
- B. Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

12. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

13. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for final revised proposals.

14. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's final revised proposal. *The applicant shall submit **only** the section(s) of the proposal that are*

amended, along with the Proposal Application Identification Form (SPOH-200). After final revised proposals are received, final evaluations will be conducted for an award.

15. Cancellation of Request for Proposal

The RFP may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interest of the State.

16. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

17. Provider Participation in Planning

A. Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to **HRS §103F-203**.

B. Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a RFP, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals, if conducted in accordance with **HAR §§3-142-202** and **3-142-203**.

18. Rejection of Proposals

A. The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

B. A proposal may be automatically rejected for any one or more of the following reasons:

1. Rejection for failure to cooperate or deal in good faith. (**HAR §3-141-201**)
2. Rejection for inadequate accounting system. (**HAR §3-141-202**)
3. Late proposals (**HAR §3-143-603**)

4. Inadequate response to request for proposals (**HAR §3-143-609**)
5. Proposal not responsive (**HAR §3-143-610(a)(1)**)
6. Applicant not responsible (**HAR §3-143-610(a)(2)**)

19. Notice of Award

- A. A statement of findings and decision shall be provided to each responsive and responsible applicant by mail upon completion of the evaluation of competitive purchase of service proposals.
- B. Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.
- C. No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

20. Protests

- A. Pursuant to **HRS §103F-501** and **HAR Chapter 148**, an applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. Refer to Section 1.2, Website Reference for website address. Only the following matters may be protested:
 1. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
 2. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
 3. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.
- B. The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency

Name:	Virginia Pressler, M.D.
Title:	Director of Health
Mailing Address:	P.O. Box 3378 Honolulu, HI 96801
Business Address:	1250 Punchbowl Street Honolulu, HI 96813

Procurement Officer

Name:	Edward Mersereau, LCSW, CSAC
Title:	Chief, Alcohol & Drug Abuse Division
Mailing Address:	601 Kamokila Boulevard, Room 360, Kapolei, HI 96707
Business Address:	601 Kamokila Boulevard, Room 360, Kapolei, HI 96707

21. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State and/or Federal funds.

22. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary

23. Cost Principles

To promote uniform purchasing practices among state purchasing agencies procuring health and human services under **HRS Chapter 103F**, state purchasing agencies will utilize standard cost principles as outlined on the SPO website. Refer to Section 1.2 Website Reference for website address. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Sub-Category 1

Adult Substance Abuse Treatment Services

Section 2

Service Specifications

Sub-Category 1

Adult Substance Abuse Treatment Services

2.1 Introduction

A. Overview, purpose or need

The mission of the Alcohol and Drug Abuse Division (ADAD) is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. The Division plans, coordinates, provides technical assistance, and establishes mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **HRS Chapter 321**, which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **HRS Chapter 334**, which requires that the department of health “shall foster and coordinate a comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse and to treat and rehabilitate the victims in the least restrictive and most therapeutic environment possible. The department shall administer such programs, services, and facilities as may be provided by the STATE to promote, protect, preserve, care for, and improve the mental health of the people”.

ADAD’s overarching goal is to prevent or reduce the severity and disabling effects related to alcohol and other drug use, abuse and dependence by assuring an effective, accessible public and private community-based system of prevention strategies and treatment services designed to empower individuals and communities to make health-enhancing choices regarding the use of alcohol and other drugs.

ADAD is also the designated single state authority to apply for and expend federal Substance Abuse Prevention and Treatment Block Grant funds administered under **P.L. 102-321, sections 1921-1956 of Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act (42 USC §300x-21 through §300x-66)**.

The purpose of this RFP is to provide a continuum of substance abuse treatment and recovery support services statewide. The following data represents a clear basis for the continued need for such services.

Substance Abuse Treatment Problems by Primary Substance of Abuse (Percent) based on total of 5,809 admissions for calendar year 2015. Source: Hawaii Alcohol and Drug Abuse Division, 2016.

		Substance													
		Alcohol	Cocaine	Marijuana	Heroin	No Rx Methadone	Other Opiates	Other Halluc.	Meth	Other Amphet.	Other Stim.	Benzos	Inhalants	OTC	Other
Age at Admission	18-20	.9%	.1%	2.1%	.2%	0%	.1%	0%	1.5%	0%	<.1%	<.1%	0%	0%	<.1%
	21-25	2.4%	.8%	2.4%	.9%	0%	1.8%	0%	6.8%	0%	<.1%	<.1%	0%	<.1%	<.1%
	26-30	2.9%	.4%	2.0%	1.1%	0%	1.4%	<.1%	8.2%	.1%	0%	<.1%	0%	0%	<.1%
	31-40	5.3%	.6%	2.3%	1.1%	.1%	2.0%	0%	16.4%	.1%	.1%	.1%	<.1%	0%	<.1%
	41-50	4.8%	.5%	1.4%	.4%	0%	.6%	<.1%	12.0%	.3%	.1%	.1%	<.1%	<.1%	<.1%
	51-60	4.9%	.4%	.6%	.5%	0%	.4%	0%	5.7%	.1%	<.1%	<.1%	0%	0%	0%
	61-65	1.4%	.1%	.1%	.1%	0%	.1%	0%	.6%	<.1%	0%	0%	0%	0%	0%
	66+	.3%	0%	<.1%	.1%	0%	<.1%	0%	.2%	<.1%	0%	0%	0%	0%	0%
TOTAL		22.9%	2.9%	10.9%	4.3%	.1%	6.3%	<.1%	51.4%	.6%	.2%	.2%	<.1%	<.1%	.1%

Substance Abuse Treatment Problems by Type of Opioids (percent) based on 617 total admissions for Calendar Year 2015. Source: Hawaii Alcohol and Drug Abuse Division, 2016.

		Opioid									
		Heroin	No Rx Methadone	Codeine	Propoxyphene (Darvon)	Oxycodone (Oxycontin)	Hydromorphone (Dilaudid)	Other Opiates. Or Synthetics	Hydrocodone (Vicodin)	Tramadol (Ultram).	Buprenorphine (Subutex or Suboxone)
Age at Admission	18-20	1.8%	0%	0%	0%	1.3%	0%	0%	0%	0%	0%
	21-25	8.3%	0%	0%	.2%	13.8%	.5%	1.1%	1.1%	0%	0%
	26-30	10.2%	0%	0%	0%	10.4%	.2%	2.3%	.2%	0%	0%
	31-40	10%	.5%	0%	0%	11.7%	.3%	4.5%	1.3%	.2%	.2%
	41-50	4.2%	0%	.2%	0%	3.2%	.2%	1.6%	.3%	0%	0%
	51-60	4.4%	0%	.2%	0%	2.1%	0%	.5%	.6%	0%	0%
	61-65	.6%	0%	.2%	0%	.5%	.2%	.3%	0%	0%	0%
	66+	.6%	0%	0%	0%	0%	0%	.2%	0%	0%	0%
TOTAL		40.2%	.5%	.5%	.2%	42.9%	1.3%	10.5%	3.7%	.2%	.2%

Homeless Substance Abuse Treatment Problems by Primary Substance of Abuse (number of admissions). Based on a total of 1,228 admissions for Calendar Year 2015. Source: Hawaii Alcohol and Drug Abuse Division, 2016.

		Substance									
		Alcohol	Cocaine	Marijuana	Heroin	Other Opiates	Meth	Other Amphet.	Other Stim.	Benzos	Other
Age at Admission	18-20	.2%	0%	.6%	.2%	0%	1.8%	0%	0%	0%	0%
	21-25	1.3%	.5%	1.7%	1.3%	.9%	5.4%	0%	0%	0%	0%
	26-30	2.9%	.3%	1.3%	2.0%	.6%	9.0%	.2%	0%	0%	0%
	31-40	5.4%	.3%	1.6%	1.7%	.8%	14.7%	.1%	.1%	.1%	.1%
	41-50	5.9%	.3%	.8%	.7%	.3%	11.0%	0%	.1%	.1%	0%
	51-60	9.9%	.9%	.5%	.7%	.2%	7.5%	.2%	0%	0%	0%
	61-65	3.5%	.2%	.1%	0%	.2%	.8%	0%	0%	0%	0%
	66+	.6%	0%	.1%	.3%	0%	.2%	0%	0%	0%	0%
TOTAL		29.6%	2.6%	6.7%	6.8%	3.0%	50.5%	.4%	.2%	.2%	.1%

These data indicate that the need for substance abuse treatment exists throughout the State. These data further suggest that methamphetamine remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included Requests for Information (RFI) meetings which were held on September 4, 2015 on Oahu; September 9, 2015 on Kauai; September 15, 2015 on Hawaii (Kona); September 18, 2015 on Hawaii (Hilo); September 22, 2015 on Lanai; September 25, 2015 on Molokai; and September 30, 2015 on Maui. A second RFI was completed June 28, 2016 via internet, HTH 440-TRB-18. The summaries of the RFI meetings are in **Attachment E-6**.

C. Description of the service goals

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to individuals and families with alcohol and other drug problems. The continuum includes Pre-Treatment and Pre-Recovery Support, Treatment Services which include Assessment and Updated Assessment, Interim Services, Addiction Care Coordination, Residential Treatment, Day Treatment, Intensive Outpatient and Outpatient Treatment; Opioid Recovery Services; and Recovery Support Services which include Recovery Assessment and Updated Assessment, Therapeutic Living, Clean and Sober Housing and Continuing Care Services and Follow-Up Surveys.

D. Description of the target population to be served

The target populations include adults who meet the most current United States (CM-Clinical Modification) version of the International Classification of Diseases (ICD) of the World Health Organization (WHO) criteria for

1) substance use disorder (per the ICD, a mental and behavioral disorder due to psychoactive substance use) alone; or

2) in combination with a mental health disorder (per the ICD, a mental, behavioral or neurodevelopmental disorder not due to psychoactive substance abuse (i.e. co-occurring disorder).

For adults that have an opioid use disorder, they must have an ICD Opioid related disorder diagnosis and must have become addicted at least one year before admission to treatment (42 CFR 8.12(e)) if they are provided with opioid maintenance treatment. (Exceptions to this requirement must follow 42 CFR 8.12(e)(3) for particular client populations.)

All clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) for admission, continuance, and discharge. Agencies that receive ADAD funding must attest at the time of initial encounter/admission and on a monthly basis thereafter that ADAD is the payor of last resort for each service provided within the episode of care for which reimbursement is requested. **This shall be documented through 1) client encounter notes, 2) in the Health and Wellness Plan, and 3) in each invoice on the Web Infrastructure for Treatment System (WITS) or in the electronic format specified by ADAD.**

Suggested language for this attestation is as follows: *(provider name) attests that to the best of its knowledge, the current service(s) is billed to ADAD based on both documented clinical need on the part of the client and lack of an alternative resource to pay for the service within the continuum of care for this episode of care.*

ADAD reserves the right to request refunds or withhold payment for any service that is not satisfactorily documented in WITS or ADAD-designated electronic health record.

E. Geographic coverage of service

Service areas for this RFP consist of the Islands of Hawaii, Kauai, Lanai, Maui, Molokai and Oahu. The APPLICANT may apply in any one or more of these areas. However, the APPLICANT shall demonstrate actual capacity to provide the required services in the geographic areas for which it is applying.

F. Probable funding amounts, source, and period of availability

1. The anticipated amount of funding per Contract Year for this category is \$6,208,235 consisting of General and Federal funds.
2. ADAD anticipates awarding contracts for two (2) years as defined below with a possibility of extensions of up to two (2) additional contract years.
 - a. The contract year is defined as October 1st to and including September 30th.
 - b. The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances.
 - c. ADAD reserves the right to increase or decrease funds allocated to any category of service at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the Substance Abuse Prevention and Treatment Block Grant.

Only non-profit organizations are eligible for Federal funds. For-profit and non-profit organizations are eligible for State funds.

3. Services Provided in Rural/Remote Areas.

Historically, ADAD has offered cost/reimbursement contracts to certain programs in areas where services are needed but where standard fee for service reimbursement was not feasible to sustain the service based on area capacity. **For this RFP, ADAD will discontinue cost reimbursement contracts and instead will utilize a capitated unit rate for programs who are serving areas identified as Rural/Remote.** For the purpose of this RFP rural remote is defined as, “Any incorporated place or census designated place with fewer than 2,500 inhabitants that is located outside of an urbanized area” (U.S. Census Bureau, Urban and Rural Classification, 2010) an which meet at least two (2) of the following criteria:

- a. Limited provider capacity within a defined area.
- b. Limited specialized workforce within a defined area.
- c. Limited accessibility to services.
- d. Areas where the need outweighs current capacity.

e. Applying these criteria, ADAD has designated the following areas as rural/remote:

- 1) Hana, Maui
- 2) Moloka'i
- 3) Lana'i
- 4) Puna District, Hawai'i Island
- 5) Kohala District, Hawai'i Island
- 6) Ka'u District, Hawai'i Island
- 7) Waimea, Kaua'i

APPLICANTS wishing to serve the areas designated above shall provide detailed information in their proposal relating to;

- 1) Capacity estimates relating to the number of unduplicated clients that will be served within a contract year in the specified area.
- 2) The types of services that the APPLICANT anticipates will be provided within the continuum of care and over the course of an average episode of care. The APPLICANT must substantiate and document methods used to determine average episode of care based on their knowledge of the need in the particular area they are proposing to serve.
- 3) The average cost per client per year within the continuum of care and per episode of care.

Proposed costs will be considered by ADAD in determining contract awards with consideration to availability of funds, resource allocation priorities, practicality and innovation of the proposed delivery plan.

4. For all contract awards, ADAD will impose an annual "not to exceed" (NTE) billing cap. ADAD reserves the right to shift resources if at any time after three (3) months into each fiscal year, there is a monthly pattern of under-utilization indicating funds are better applied elsewhere. The reallocation of funds shall be determined by ADAD at its discretion to best meet the needs of the STATE following a Utilization Management Protocol.

5. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.

6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total “Not To Exceed” amounts. There may be unique circumstances, currently unanticipated by ADAD, which may require these modifications be made in order to continue programs, improve services, adjust to evolving budgetary circumstances and respond to the evolving Health System Environment. Additionally, ADAD reserves the right to increase or decrease funds and adjust treatment service rates at its discretion in order to best meet the needs of the STATE as well as operate within budgetary limitations.

2.2 Contract Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

1. Performance/Outcome Measures
2. Output Measures
3. Quality of Care/Quality of Services
4. Financial Management, Utilization, and Billing
5. Administrative Requirements

Monitoring protocols are developed and implemented by ADAD. ADAD shall audit according to such guidelines as well as those that are consistent with 42 Code of Federal Regulations (CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records and the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws.

2.3 General Requirements

A. Federally mandated qualifications or requirements, including but not limited to licensure or accreditation.

APPLICANTS that do not receive any federal funds shall not be required, but are strongly encouraged to meet the federally mandated qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances change, ADAD reserves the right to change the anticipated source of funds to support needed programs and services.

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with Federal, State and County regulations, and comply with all applicable **Hawaii Administrative Rules (HAR)**.
 - a. Residential programs, in accordance with Title 11, Chapter 98, Special Treatment Facility, must have a valid and active Special Treatment Facility license from the Office of Health Care Assurance (OHCA), DOH at the time of application. Further, no contract award that includes this service will be executed without documentation of active Special Treatment Facility licensure from the OHCA and valid accreditation from ADAD.
 - b. Therapeutic Living programs, in accordance with Title 11, Chapter 98, Special Treatment Facility, must have a valid and active Special Treatment Facility license from the Office of Health Care Assurance (OHCA), DOH at the time of application. Further, no contract award that includes this service will be executed without documentation of active Special Treatment Facility licensure from the OHCA, DOH and valid accreditation from ADAD. Therapeutic Living programs must meet ADAD's Therapeutic Living Program requirements as specified in **Section 5, Attachment E-5**.
 - c. Clean and Sober Homes must meet all applicable State and County codes, standards and zoning requirements. It is the responsibility of the APPLICANT to ensure that requirements are met and maintained and that sufficient documentation of such is included in the APPLICANTS proposal. Subsequent to any award, such documentation shall be actively maintained and made readily available upon request by ADAD.
- 1) ADAD is in the process of establishing the Clean and Sober Homes registry as required by Act 193 Session Laws of Hawaii (SLH) 2014. Applicants must indicate in their proposal that they explicitly agree to add and maintain each individual home covered by an ADAD contract to the registry no later

than 30 days from initial activation of the registry by ADAD. Active registration must be maintained for the duration of the contract.

- 2) **Clean and Sober Homes must have been established at the time of contract execution.**
- d. All APPLICANTS shall comply with HAR Title 11, Chapter 175, Mental Health and Substance Abuse System.
- e. All APPLICANTS shall complete and submit the Federal certification in **Section 5, Attachment D.**
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements 2 CFR 200/45 CFR Part 75 if the applicant expends \$750,000 or more in Federal funds in a year.
3. The program shall comply with the following sections of P.L. 102-321 (42 USC §300x-22) regarding treatment services for pregnant women and women with dependent children:
 - a. Pursuant to Sec. 1922(b)(3), make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
 - b. Pursuant to Sec. 1927, comply with the following requirements:
 - 1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and,
 - 2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.
4. The APPLICANT shall comply with the HRS Chapter 103F, Cost Principles on Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements 2 CFR 200/45 CFR Part 75 for federal funds in **Section 5, Attachment A.**
5. Pursuant to 45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant, the following restrictions on the expenditure of the block grant funds apply:

- a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.
 - b. The APPLICANT shall not use funds to provide inpatient hospital services.
 - c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.
 - d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.
 - e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the STATE as prescribed by section 1931(a)(3) of the Public Health Service Act.
6. Pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104) the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—
- a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b. Procure a commercial sex act during the period of time that the award is in effect; or
 - c. Use forced labor in the performance of the award or sub-awards under the award.

An assurance of compliance with SAMHSA's Trafficking Victims Protection Act of 2000 in **Attachment D-2** shall be completed.

7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
8. The APPLICANT shall assign staff to attend provider meetings as scheduled by ADAD.
9. All substance abuse records shall be kept confidential pursuant to HIPAA and 42CFR, Part 2 and, if necessary, the APPLICANT shall resist in judicial proceedings

- any efforts to obtain access to patient records except as permitted by such regulations and HRS 334-5, Confidentiality of Records.
10. The APPLICANT shall comply with HAR Title 11, Chapter 113, Substance Abuse Testing by Laboratories, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.
 11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b. Assures staff education on communicable diseases (includes HIV and AIDS) at least once per year.
 - c. Provides for communicable disease (includes HIV and AIDS) education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to HRS 325-101.
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S HIV Counseling and Testing Guidelines.
 - f. Administers a Communicable Disease Risk Assessment as part of the treatment bio/psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies and communicable diseases.
 12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) and Hepatitis C which states that it provides for TB and Hepatitis C screening, referral and education as appropriate.
 13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
 14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.
 15. The APPLICANT shall incorporate evidence-based practices and promising practices in any substance abuse service. According to SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), an evidence-based practice is "A

practice that is based on rigorous research that has demonstrated effectiveness in achieving the outcomes that it is designed to achieve.” A promising practice comes from “Outcomes based on an evidence base which produced sufficient evidence of a favorable effect.” The APPLICANT may consult the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Treatment Improvement Protocol Series (TIPS) (<http://www.ncbi.nlm.nih.gov/books/NBK82999/>), SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP: <http://www.samhsa.gov/nrepp>), the National Institute on Drug Abuse (NIDA) (<https://www.drugabuse.gov/>) and/or access website resources listed in **Attachment E-7**.

16. Religious organizations that provide activities funded with federal Substance Abuse and Mental Health Services Administration (“SAMHSA”) funds are subject to the U.S. Department of Health and Human Services regulations 42 C.F.R. Parts 54 and 54a. Charitable Choice Provisions and Regulations; Final Rules. Federal funds may not be expended under this Agreement for inherently religious activities, such as worship, religious instruction or proselytization. An assurance of compliance with SAMHSA Charitable Choice Statutes and Regulations, found in **Attachment D-2**, shall be completed.
17. The APPLICANT shall have a mechanism for receiving, documenting and responding to consumer grievances, including an appeals process.
18. The APPLICANT shall have a written plan for disaster preparedness.
19. The APPLICANT shall obtain from a company authorized by law to issue such insurance in the State of Hawaii commercial general liability insurance (“**liability insurance**”) in an amount not less than **ONE MILLION DOLLARS (\$1,000,000) PER OCCURANCE for bodily injury and property damage and TWO MILLION DOLLARS (\$2,000,000) IN THE AGGREGATE** (the maximum amount paid for claims during a policy term). For automobile liability, not less than **ONE MILLION DOLLARS (\$1,000,000)**. Refer to **Section 5, Attachment E-8**.

B. Secondary purchaser participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed. They are subject to approval by the primary purchaser and Chief Procurement Officer (CPO).

Planned secondary purchases

None.

C. Multiple or alternate proposals

(Refer to HAR §3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR §3-143-206)

Single Multiple Single & Multiple

Criteria for multiple awards:

1. Interest of the STATE to have a variety of treatment providers in order to provide choices for clients.
2. Interest of the STATE to have geographic accessibility.
3. Readiness to initiate or resume services.

E. Single or multi-term contracts to be awarded

(Refer to HAR §3-149-302)

Single term (2 years or less) Multi-term (more than 2 years)

Contract terms:

1. The contract will be for a minimum of two years with an option for renewal extension of two 12-month periods up to a maximum of four years.
2. Options for renewal or extension shall be based on the provider's satisfactory performance of the contracted service(s), availability of funds to continue the service(s), and if the STATE determines that the service(s) as defined in this RFP are still needed.
3. ADAD reserves the right to re-issue an RFP after an initial 2-year period if material changes in the current scope of services are needed to meet the needs of the STATE.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. Continuum of Care:

ADAD defines the continuum of care as any singular or combination of services available for, and delivered to, a client in order to meet the overarching goal of

effectively addressing substance use and related disorders. Services described in this RFP under the continuum of care entail services that will be purchased by ADAD only and may not necessarily encompass the full scope of the continuum of care. Services that ADAD intends to purchase under this RFP are:

- a. Pre-Treatment and Pre-Recovery Support Services, which include Motivational Enhancement Outreach and Screening.
- b. Assessment.
- c. Addiction Care Coordination.
- d. Treatment Services which include, Interim Services, Updated Assessment, Residential, Day Treatment, Intensive Outpatient and Outpatient Treatment and Opioid Addiction Services.
- e. Recovery Support Services which include Therapeutic Living, Clean and Sober Housing and Continuing Care Services.

An APPLICANT can propose to provide the whole continuum or any part(s) of the continuum. Refer to **Section 5, Attachment E-1**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to **Section 5, Attachment E-2**, which describe required policy and procedures for pregnant injecting drug users, pregnant substance abusers, injecting drug users and other clients in need of substance abuse treatment services. Refer to **Section 5, Attachment E-4** for the IDU Outreach Services Policy and Procedures. Refer to **Section 5, Attachment E-5**, for standards for the Therapeutic Living Program. Refer to **Section 5, Attachment E-11** for the Opioid Addiction Recovery Requirements. Refer to the **Glossary**, which is updated regularly, and can be found at the ADAD website @ <https://health.hawaii.gov/substance-abuse/files/2013/05/Glossary.pdf>.

2. **Episode of Care:**

An Episode of Care may include pre-treatment and pre-recovery support services; treatment and recovery support services; and continuing care services. Addiction Care Coordination shall be available throughout the entire Episode of Care. An Episode of Care begins at the point of first contact for services and ends at the point of discharge from services.

3. **Encounter:**

ADAD defines an Encounter as any singular unit of service delivered based on client needs and related to improvement of health and wellness. The Provider need not necessarily bill all units of service within an episode of care to ADAD.

4. **ADAD Client:**

An ADAD client is defined as anyone who may receive care funded by ADAD in any part along the continuum of care and within an episode of care. ADAD recognizes that it may be the “payor of last resort” for certain services along the continuum of care provided to a client within an episode of care, while other services may be reimbursed by other payors.

5. **Performance of Services**

- a. Pre-Treatment, Pre-Recovery Support, Services may include the following: Motivational Enhancement Services, Outreach Services, Screening, and Assessment.
 - 1) The APPLICANT shall screen for tobacco use. If a client screens positive for tobacco use, then the APPLICANT shall offer tobacco cessation activities as part of the client’s Health and Wellness Plan and shall document such activities. Documentation shall be on WITS or the ADAD designated electronic management information system and shall be through the use of an ADAD-designated tobacco use screen, the Health and Wellness Plan and Plan Reviews and Progress Notes.
- b. Treatment Services may include the following: Screening, Assessment and Updated Assessment, Social Detoxification, Residential Treatment Program, Day Treatment Program, Intensive Outpatient Program and Outpatient Program.
- c. Opioid Treatment and Recovery Services may also include options for daily methadone dosing, take-home methadone dosing, buprenorphine, buprenorphine/naloxone, naltrexone, naloxone (in case of overdose), physician office visits, monthly toxicology screening, an annual physical exam and urinalysis.
- d. Recovery Support Services may include the following: Recovery Assessment, Recovery Service Planning, Therapeutic Living Program, Clean and Sober Housing and Continuing Care Services.
- e. Updated Assessment, also known as Client Progress Data Collection, is a process whereby an agency collects follow-up data on a client at six months from the time of admission and in subsequent six-month intervals through the ADAD-reimbursed episode of care. The last Client Progress Data Collection shall be completed six months after discharge from the Episode of Care.

f. Addiction Care Coordination actively assists and supports client access to needed health, behavioral health and other community supports in a way that ensures communication among and between the client and any stakeholders in the clients wellness to improve positive outcomes. The overall goal of Addiction Care Coordination is to support the client's development of protective factors, recovery supports and other skills to achieve overall health and wellbeing. Addiction Care Coordination is a service that is coordinated with, and coordinates on behalf of, treatment and recovery support services for the client. Addiction Care Coordination includes any of the following:

- 1) Face-to-face or electronic contact with the client.
- 2) Direct or electronic contact with professionals or significant individuals who are stakeholders in the treatment and/or recovery support process and who are vital to the positive outcomes of the episode of care.

At minimum, Addiction Care Coordinators must meet one of the following education, training, experience and/or credentialing requirements:

- 1) An LSW with at least one year of addiction treatment experience.
- 2) A nationally-recognized certification in Care Coordination with at least 2 years of addiction treatment experience.
- 3) Possess a valid Hawaii Certification in Substance Abuse Counseling (CSAC).
- 4) A bachelor's degree in a social service field (e.g. psychology, social work, sociology) with at least 3 years of addiction treatment experience.

Addiction Care Coordination may occur at any time during the episode of care, **EXCEPT** in conjunction with **Outreach/Motivational Enhancement/Interim Care services**. Addiction Care Coordination may only be provided by one ADAD contracted agency at a time, **EXCEPT** during the **Placement/Referral** process within the episode of care. During Placement/Referral, up to 2 ADAD contracted agencies may bill for Addiction Care Coordination for a client up to the four-hour maximum provided the service results in successful placement. **APPLICANTS** must ensure that duplication of care coordination services being provided by other community agencies that may be involved with the client's overall care does not occur.

g. Substantiating Documentation

For all services provided on the continuum of care during a client treatment episode, the APPLICANT shall maintain a clinical record that substantiates the clinical necessity, frequency, duration and intensity of the service provided. Acceptable substantiating documentation includes, but is not limited to, clinical summaries, encounter notes and wellness plans. ADAD reserves the right to conduct audits of all services to ensure adequacy of substantiating documentation. Should inadequacies be found, ADAD reserves the right to impose corrective actions that may include, but are not limited to reversal of payment or contract termination

6. **Description of Services**

a. **Pre-Treatment and Pre-Recovery Support Services**

1) **Motivational Enhancement**

Motivational Enhancement Services provide counseling for the purpose of establishing commitment to behavior change. It may include motivational interviewing techniques, curriculum-based activities and cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs.

Motivational Enhancement Services consist of individual and process or educational group counseling.

2) **Outreach Services**

Outreach Services are a planned approach to engage and link those in need of substance abuse treatment and/or recovery support services with appropriate levels of care and needed services. The purpose of this approach is to reduce barriers related to access and or individual motivation. Outreach services are community based.

3) **Interim Services (*only in conjunction with PWWDC and IDU services*)**

Interim services are only provided in conjunction with PWWDC and IDU services. Interim Services are services that are provided until a client is admitted to substance abuse treatment and/or recovery support services. The purpose of interim services is to reduce the adverse effects of substance abuse, promote the health of the client and reduce the risk of transmission of disease. Interim services are provided at the agency. Interim Services are defined in **Attachment E-2**.

4) **Screening**

Screening is a process by which a client is deemed appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The

determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and considers the program's environment and modality, as well as established patient placement criteria (e.g. ASAM). Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, and the client's motivation. It also considers the capacity of the particular agency to meet the presenting needs of the client. Eligibility is determined by evaluation of demographic characteristics, income level and referral source. Screening should address not only appropriateness for substance abuse treatment but also the need for health, behavioral health and recovery support services.

5) **Assessment**

Assessment is a biopsychosocial evaluation by a clinician which documents:

- a) Relevant data collection (including an assessment or assessments), and analysis that highlights the scope of the presenting problem.
- b) Provides and substantiates the basis for a diagnosis or diagnoses.
- c) Provides and substantiates the basis for recommending level of care placement and other service activities.

6) **Placement/Referral**

Placement/Referral utilizes information gained from the assessment to determine the most appropriate level of care based on the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) and actively seeks to engage the client in services.

b. **Treatment Services**

1) **Social Detoxification**

Social Detoxification provides a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary service 24 hours a day, 7 days a week for persons with substance abuse problems. Observation, monitoring and treatment are available twenty-four (24) hours a day, seven (7) days a week. Its purpose is to manage and monitor severe withdrawal symptoms from alcohol and/or drug addiction. It requires appropriately licensed, credentialed and trained staff. Those clients who develop medical complications or have pre-existing conditions requiring detoxification in a medical setting shall be referred to a hospital.

Reimbursement for social detoxification only covers services provided in a social detoxification setting and does not cover food or housing.

2) Residential Treatment

Residential Treatment provides 24-hour per day non-medical, non-acute care in a residential treatment facility that provides support for persons with alcohol and other drug problems and/or addiction. It includes a planned regimen of professionally directed evaluation, treatment, and other ancillary and special services. Observation, monitoring, and treatment are available twenty-four (24) hours a day, seven (7) days a week. The program shall consist of twenty-four (24) hours per week of face-to-face activities which shall include, but are not limited to, updated assessments, initial and updated health and wellness planning, individual and group counseling, substance abuse education, skill building groups, recreational therapy, family/couple counseling and Addiction Care Coordination. A one (1) hour session per client per week of individual counseling is required and shall be documented. Reimbursement for residential treatment only covers services provided in a residential treatment setting and does not cover food or housing.

3) Day Treatment

Day Treatment (also known as “Partial Hospitalization Services”) provides clinically intensive outpatient alcohol and/or other drug treatment services which has readily available access to health, behavioral health and laboratory services. Day treatment operates from twenty hours up to thirty hours per week in which the client participates in accordance with an approved Individualized Health and Wellness Plan. Day Treatment Programs shall include the following face-to-face activities: updated assessment, initial and updated health and wellness planning, crisis intervention, individual and group counseling and substance abuse education. Day treatment programming may also include, but is not limited to: skill building groups, recreational therapy, cultural groups, family/couple counseling and substance abuse testing. The scheduling of a one (1) hour session per client per week of individual counseling is required.

4) Intensive Outpatient Treatment

Intensive Outpatient Treatment provides outpatient alcohol and/or other drug treatment services which usually operates for 9 to 19 hours per week in which the client participates in accordance with an approved Individualized Treatment Health and Wellness Plan. Intensive Outpatient Programs shall include the following face-to-face activities: updated assessments, initial and updated health and wellness planning, crisis intervention, individual and group counseling, and substance abuse education and addiction care

coordination. Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, cultural groups, family/couple counseling, substance abuse testing, and addiction care coordination and opioid treatment and recovery services. The scheduling of a one (1) hour session per client per week of individual counseling is required.

5) **Outpatient Treatment**

Outpatient Treatment provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed updated assessment, initial and updated health and wellness planning, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or intensive outpatient treatment program. Outpatient programs shall include the following face-to-face activities: assessment, initial and updated health and wellness planning, individual and group counseling and substance abuse education. Outpatient services may also include, but are not limited to: skill building groups, recreational therapy, cultural groups, family/couple counseling, substance abuse testing, and opioid treatment and recovery services. An Outpatient Program regularly provides between one (1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month. The scheduling of one (1) hour per client per week of individual counseling is recommended when clinically indicated.

6) **Opioid Recovery Services**

Opioid Recovery Services include all of the above treatment services in any of the above modalities as well as the following: Daily Methadone Dosing, Take-Home Methadone Dosing, Buprenorphine, Buprenorphine/Naloxone, Naltrexone, Naloxone, Physician Office Visit, Monthly Toxicology Screening, Annual Physical Exam and Urinalysis (UA).

7) **Addiction Care Coordination**

Addiction Care Coordination actively assists and supports client access to needed health, behavioral health and other community supports in a way that ensures communication among and between the client and any stakeholders in the client's wellness to improve positive outcomes. The overall goal of Addiction Care Coordination is to support the client's development of protective factors, supports and other skills to achieve overall health and wellbeing. Addiction Care Coordination is a service that is coordinated with, and coordinates on behalf of, treatment and recovery support services for the client. Addiction Care Coordination includes any of the following:

- a) Face-to-face or electronic contact with the client.
- b) Direct or electronic contact with professionals or significant individuals who are stakeholders in the treatment and/or recovery support process and who are vital to the positive outcomes of the episode of care.

At minimum, Addiction Care Coordinators must meet one of the following education, training, experience and/or credentialing requirements:

- a) An LSW with at least one year of addiction treatment experience.
- b) A nationally-recognized certification in Care Coordination with at least 2 years of addiction treatment experience.
- c) Possess a valid Hawaii Certification in Substance Abuse Counseling (CSAC).
- d) A bachelor's degree in a social service field (e.g. psychology, social work, sociology) with at least 3 years of addiction treatment experience.

Addiction Care Coordination may occur at any time during the episode of care, **EXCEPT** in conjunction with **Outreach/Motivational Enhancement/Interim Care services**. Addiction Care Coordination may only be provided by one ADAD contracted agency at a time, **EXCEPT** during the **Placement/Referral** process within the episode of care. During Placement/Referral, up to 2 ADAD contracted agencies may bill for Addiction Care Coordination for a client up to the four-hour maximum provided the service results in successful placement. APPLICANTS must ensure that duplication of care coordination services being provided by other community agencies that may be involved with the client's overall care does not occur.

c. **Recovery Support Services**

1) **Therapeutic Living**

Therapeutic Living provides structured residential living to individuals who are without appropriate living alternatives and who are currently receiving, are in transition to, or who have been clinically discharged within six (6) months from a substance abuse Residential, Day, Intensive Outpatient, or Outpatient treatment service. Priority shall be given to clients in (or from) ADAD-funded treatment slots. The focus of this service is to provide the necessary support and encouragement needed by clients complete treatment provided outside of the program, adjust to a chemically abstinent lifestyle,

and manage activities of daily living so that they can move towards independent housing and life management. A Therapeutic Living Program (TLP) provides 15 hours per week of face-to-face therapeutic activities. Activities can include, but are not limited to, updated recovery assessment, recovery service planning, individual and group skill building, referral and linkage, supported employment, client support and advocacy, monitoring and follow-up. If a client is employed for ten (10) or more hours per week, the 15 hours face-to-face therapeutic activities requirement can be reduced to ten (10) hours per week. In the provision of Therapeutic Living Programs, the APPLICANT shall comply with ADAD's Therapeutic Living Program Requirements as specified in **Section 5, Attachment E-5**. Eligibility for TLP requires that a consumer meet "Target Population" Guidelines as indicated under Section D ("Description of the target population to be served") currently or within the last 12 months. APPLICANTS providing Therapeutic Living Programs shall develop admission, continuance, and discharge criteria for ADAD's approval.

2) **Clean and Sober Housing**

Clean and Sober Housing provides housing to unrelated adults who are without appropriate living alternatives and who are participating in a substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from a substance abuse treatment agency's continuum of care.

- a) The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management. Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four-hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. It is expected that residents are relatively independent and share household expenses.
- b) Eligibility for Clean and Sober Housing requires that a consumer meet "Target Population" Guidelines as indicated under Section D ("Description of the target population to be served") currently or within the last twelve months. Clean and Sober Homes shall comply with State of Hawaii Clean and Sober Registry Requirements. It is mandatory that all ADAD Clean and Sober homes register within 30 days of the registry start date. Failure to comply will result in withholding of payments.

c) In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises. All clients admitted are required to have a current TB clearance. All Clean and Sober Homes must maintain a tobacco-free environment.

d) **Clean and Sober Homes must have been established at the time of contract execution.**

3) **Continuing Care Services**

Continuing Care Services provide services for the purpose of maintaining gains established in treatment and in support of the recovery process. Continuing Care Services consist of individual and group counseling for the purpose of relapse prevention. Up to two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly.

4) **Opioid Recovery Services**

Opioid Recovery Services include all of the above recovery and continuing care services as well as the following: Daily Methadone Dosing, Take-Home Methadone Dosing, Buprenorphine, Buprenorphine/Naloxone, Naltrexone, Naloxone, Physician Office Visit, Monthly Toxicology Screening, Annual Physical Exam and Urinalysis (UA).

d. **Additional Services**

1) **Transportation Services**

Transportation Services will include transporting a client to and/or from day, intensive outpatient or outpatient substance abuse treatment services or the recovery service of therapeutic living program; or, support with public transportation services.

The APPLICANT must clearly state whether they intend to transport clients in program owned or employee owned vehicles. If the APPLICANT will be transporting clients, the APPLICANT must provide documentation of appropriate Auto and Liability coverage in their proposal. If the APPLICANT does not intend to transport clients, they must provide attestation to that affect.

2) **Translation Services**

Translation Services include service by a qualified interpreter for a client who speaks no or limited English, or who is hearing impaired.

3) **Cultural Activities**

APPLICANTS may offer Cultural Activities in any modality of service. These provide adults with structured learning experiences that increase knowledge in one's own or another's culture. These activities are geared to provide support for the recovery process. ADAD expects that an APPLICANT will provide cultural activities that reflect the ethnic backgrounds of clients served. ADAD requests APPLICANTS that plan to provide Native Hawaiian cultural activities to refer to guidelines as described in **Attachment E-9**: "Indigenous Evidence Based Effective Practice Model" produced by the Cook Inlet Tribal Council, Inc., May, 2007. APPLICANTS are requested to indicate which level(s) of evidence their program meet(s) and provide supporting documentation. APPLICANTS that plan to provide cultural activities for non-indigenous cultures may refer to additional resources at the end of **Attachment E-9**.

APPLICANTS that plan to provide cultural activities may also refer to SAMHSA's Treatment Improvement Protocol Series (TIPS) 59: Improving Cultural Competence for guidance: <http://store.samhsa.gov/shin/content//SMA14-4849/SMA14-4849.pdf>

e. **Client Progress Data Collection**

- 1) Updated Assessment or Client Progress Data Collection is the assessment of client progress at ongoing intervals during the episode of care. It begins at six months from the time of admission and continues at six-month intervals (up to two (2) per episode) with the last updated assessment obtained six (6) months post-discharge from the episode of care. The ASI/ADAD or other ADAD-designated measure shall be used.
- 2) Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.
- 3) Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in **Section 5, Attachment E-1**.

- 4) The APPLICANT that provides any level of care shall develop and implement an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address transition and recovery issues and relapse prevention.
- 5) Adult residential treatment programs shall ensure that clients have access to pre-vocational and vocational programs per HAR Title 11, Chapter 175-62, and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.
- 6) All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in HRS 334-104, Least Restrictive Level of Service.
- 7) Adult treatment programs shall administer the Addiction Severity Index (ASI) or other ADAD-designated assessment as part of the initial assessment and upon discharge to all clients admitted for treatment. Results of the ASI or other ADAD-designated assessment must be included in the WITS (Web Infrastructure for Treatment System). **The assignment of an ADAD-designated biopsychosocial assessment may occur at any point during the contract period. Allowances and time will be made to ensure adequate training and implementation. Official notification will be made by ADAD prior to this taking effect.**
- 8) The APPLICANT shall comply with ADAD's Wait List Management and Interim Services Policy and Procedures as specified in **Section 5, Attachment E-2.**
- 9) The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication or other health maintenance medications) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
- 10) The APPLICANT shall comply with Sec. 1924(a) of Public Law (P.L.) 102-321 (42 USC §300x-24(a)) which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment.

11) The program shall comply with the following sections of P.L. 102-321 regarding treatment services for pregnant women and women with dependent children:

- a) Pursuant to Sec. 1922(c)(3), make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
- b) Pursuant to Sec. 1927, comply with the following requirements:
 - (1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and
 - (2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.

f. **Referral Sources**

The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drugs, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.

B. Management Requirements

(Minimum and/or mandatory requirements)

1. Personnel

- a. The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review by ADAD staff.
- b. Individuals performing the following function shall be Hawaii State Certified Substance Abuse Counselors (CSACs) pursuant to HRS 321-193 (10), or hold an advanced degree in behavioral health sciences:
 - 1) Substance abuse assessment
 - 2) Health and wellness planning

- 3) Individual, group, and family counseling
- c. Individuals performing the following function shall be Hawaii State Certified Substance Abuse Counselors (CSACs) pursuant to HRS 321-193 (10), and hold an advanced degree in behavioral health sciences:
 - 1) Clinical supervision

*Clinical supervision means a minimum of one hour of supervision for every 40 hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor.
 - 2) In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.
 - d. Therapeutic Living Programs shall be provided by staff with knowledge in substance abuse problems and experience in Addiction Care Coordination.
 - e. The APPLICANT shall employ staff who has verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.
 - f. The APPLICANT shall describe and maintain staff to client ratios appropriate to the level of care provided. The APPLICANT shall substantiate such ratios based on best practices and document in policies and procedures. Staffing shall reflect a trans-disciplinary team effort to the greatest extent possible.
 - g. The APPLICANT shall have on the premises at least one (1) person currently certified for First Aid and Cardiopulmonary Resuscitation.
 - h. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
 - i. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per HAR 11-175-14(e)(1)-(4), which shall include:

- 1) Staff education on the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).
 - 2) Staff education on the risks of tuberculosis (TB) for those abusing substances.
 - 3) Staff education on the risks of tuberculosis and Hepatitis C for those abusing substances
- j. The APPLICANT shall ensure that staff receives appropriate supervision including clinical supervision, and administrative direction.

2. **Administrative**

- a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.
- b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **Medicaid, Medicare**, and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of the ADAD substance abuse benefits. **ADAD funds may not be used for co-payments or for the same services that can be covered under other third party payors.**
- c. The APPLICANT shall maximize reimbursement of benefits through any **Medicaid, Medicare** and other third party payors. ADAD shall at all times, for all services remain the payor of last resort.
- d. The APPLICANT shall comply with the Department of Human Service's **Medicaid, Medicare** and other applicable medical program policies.
- e. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- f. ADAD shall at all times remain the payor of last resort for all services.

- g. For all services provided on the continuum of care during a client treatment episode, the APPLICANT shall maintain a clinical record that substantiates the clinical necessity, frequency, duration and intensity of the service provided. Acceptable substantiating documentation includes, but is not limited to, clinical summaries, encounter notes and wellness plans. ADAD reserves the right to conduct audits of all services to ensure adequacy of substantiating documentation. Should inadequacies be found, ADAD reserves the right to impose corrective actions that may include, but are not limited to reversal of payment or contract termination.

3. **Quality Assurance and Evaluation Specifications**

- a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services.
- b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
- d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize and implement innovative, efficient, or effective methods for the purpose of overall program improvement.
- e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

For all services provided on the continuum of care during a client treatment episode, the APPLICANT shall maintain a clinical record that substantiates the clinical necessity, frequency, duration and intensity of the service provided. Acceptable substantiating documentation includes, but is not limited to, clinical summaries, encounter notes and wellness plans. ADAD reserves the right to conduct audits of all services to ensure adequacy of substantiating documentation. Should inadequacies be found, ADAD reserves the right to impose corrective

actions that may include, but are not limited to reversal of payment or contract termination.

4. **Output and Performance/Outcome Measurements**

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web Infrastructure for Treatment Services (WITS) Follow-Up Report form. Please note that data requirements are subject to change; ADAD will provide notification of the change as well as information regarding the change.** The WITS Client Progress Data Collection is required to be administered to all ADAD clients at regular six-month intervals during the episode of care. An ADAD client is one that receives ADAD funding for at least one service during an episode of care. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:
 - 1) Number of clients completing treatment.
 - 2) Employment status at follow-up.
 - 3) Living arrangements at follow-up.
 - 4) Number of clients receiving substance abuse treatment since discharge.
 - 5) Number of clients currently in substance abuse treatment.
 - 6) In the past 30 days, number of clients experiencing significant periods of psychological distress.
 - 7) In the past 30 days, number of days of work/school missed because of drinking/drug use.
 - 8) Number of arrests since discharge.
 - 9) Number of emergency room visits since discharge.
 - 10) Number of times client has been hospitalized for medical problems since discharge.
 - 11) Frequency of use 30 days prior to follow-up.
 - 12) Usual route of administration.

- b. The APPLICANT shall reassess all ADAD clients, with the ASI or other ADAD-designated biopsychosocial assessment, admitted to the program six (6) months after admission, and in subsequent six-month intervals (a minimum of two per episode) and at the six (6) month post discharge, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted. A six-month post-discharge assessment shall be conducted for all clients regardless of the reason for discharge.

5. **Experience**

The APPLICANT shall have a minimum of one (1) year of verifiable experience in the provision of substance abuse treatment services where quality outcomes have been documented. The APPLICANT shall include examples of quality outcomes achieved.

6. **Coordination of Services**

- a. The APPLICANT intending to provide only part of the continuum shall have and document appropriate linkages to other services on the continuum.
- b. The APPLICANT shall collaborate with other appropriate services including but not limited to health, mental health, social, correctional and criminal justice, educational, vocational rehabilitation, and employment services.

7. **Reporting Requirements for Program and Fiscal Data**

All reports and forms shall conform to the HIPAA, 42CFR, Part 2, and the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act of 2009 regarding submission of data.

a. **Required Clinical and Related Reports:**

The APPLICANT shall submit through WITS, or in the electronic format specified by ADAD, the following information as part of each client's health record:

- 1) The Addiction Severity Index (ASI) or other ADAD-designated biopsychosocial assessment.
- 2) Homeless assessments (as applicable) as determined by ADAD.

- 3) Diagnosis/Diagnoses from the most current United States (CM-Clinical Modification) version of the International Classification of Diseases (ICD) of the World Health Organization (WHO) for 1) a substance use disorder (per ICD, a mental and behavioral disorder due to psychoactive substance use alone; or 2) in combination with a mental disorder (per ICD, a mental, behavioral or neurodevelopmental disorder not due to psychoactive substance abuse).
- 4) Severity ratings for all six dimensions according to the most current version of the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC).
- 5) For each episode of care: Clinical Assessment Report which includes a clinical summary, relevant data (e.g. ASI or other ADAD-designated biopsychosocial assessment) and an analysis of this data used to support the diagnosis/diagnoses, client placement and service and wellness recommendations.
- 6) Health and Wellness (includes remission and recovery) **Plans** that are linked to the biopsychosocial assessment and should provide baseline metrics for substance abuse treatment modality (placement) and holistic areas targeted for intervention. Service recommendations should promote positive changes in these metrics and areas targeted for intervention. Plans should include a behavioral prescription which indicates the type, duration and frequency of each service (where applicable) as well as the type of professional or individual that provides substance abuse, behavioral health, health and social services as well as skills training, support and mentoring.
- 7) Updated Health and Wellness (includes remission and recovery) **Plan Reviews** that are linked to the initial or previous Health and Wellness Plan and should provide a summary of progress in identified service metrics and areas targeted for intervention. Service recommendations should promote positive changes in these metrics and areas. They should provide behavioral prescriptions commensurate with requirements as described in the Health and Wellness Plan (above). Updates for residential services should be completed on a monthly basis or more often based on change in clinical or service need. Updates for day treatment and outpatient should be completed every two months or more often based on change in clinical status or service need. Updates for outpatient services should be completed on a monthly basis or more often based on change in clinical status or service need.
- 8) For Recovery Support Services--Therapeutic Living Program: A Recovery Support Assessment which includes a qualifying ICD diagnosis or diagnoses (with supporting documentation), a review and listing of past and present

treatment and recovery support services, a comprehensive Health and Wellness review of needed services and recommendations for additional services based on the above information.

- 9) Updated Recovery (includes support of remission along with recovery) **Plans** are linked to the Recovery Support Assessment and should provide baseline services for support of remission and promotion of recovery and wellness. Service recommendations should promote positive changes in these areas. They include a service and wellness plan which indicates the type, and where applicable, duration and frequency of each service provided both at the agency as well as outside of the agency as well as the type of professional or individual that provides substance abuse, behavioral health, health and social services as well as skills training, support and mentoring.
- 10) Updated Recovery (includes recovery only) **Plan Reviews** are linked to the initial or previous Recovery Plan and should provide a summary of progress in identified service areas. Service recommendations should promote positive changes in these areas. They should provide service and wellness recommendations commensurate with requirements as described in the Recovery Plan (above). Updates for therapeutic living programs should be completed monthly or more often based on change in clinical status or service need.
- 11) Progress Notes that provide a description of the services and/or activities provided and using a format, which indicates the area(s) of intervention in the Health and Wellness Plan. Each progress note provides the client response to the intervention as well as recommendation(s) for the next related activity. The recommendation will a) promote an activity in the area(s) which maintain positive client response, b) provide enhanced intervention within the activity to increase the likelihood of a positive client response, or c) provide the basis for modification or discontinuation of the activity if the client does not respond or responds negatively. Each progress note will also serve as the basis for each Health and Wellness Plan Review. Progress (encounter) notes are required for all client and client-related activities (whether directly billable to a specific code or non-billable) and shall be documented on the Web Infrastructure for Treatment Services (WITS) or ADAD-designated electronic health record.
- 12) The above described reports, notes and other client data are used as the basis for adjudicating all invoices submitted by the provider. It is the responsibility of the provider to maintain a WITS or ADAD-designated electronic health record that conforms to the expectations described above. **ADAD reserves the right to request refunds or withhold payment for any service that is**

not satisfactorily documented in the WITS or ADAD-designated electronic health record.

- 13) For all services provided on the continuum of care during a client treatment episode, the APPLICANT shall maintain a clinical record that substantiates the clinical necessity, frequency, duration and intensity of the service provided. Acceptable substantiating documentation includes, but is not limited to, clinical summaries, encounter notes and wellness plans. ADAD reserves the right to conduct audits of all services to ensure adequacy of substantiating documentation. Should inadequacies be found, ADAD reserves the right to impose corrective actions that may include, but are not limited to reversal of payment or contract termination.
- 14) The APPLICANT shall submit, in the format specified by ADAD, the following information as part of each client's health record:
 - a) Client Signed Statement of Consumer's Rights and Responsibilities
 - b) Informed Consent to Treatment
 - c) Consent(s) to Release Information/Authorization(s)
 - d) Written Notice Prohibiting Re-disclosure
 - e) TB Screening/Test Results (where applicable)
 - f) ADAD HIPAA Notice of Privacy Practices
 - g) Agency's HIPAA Notice of Privacy Practices
 - h) Communicable Disease Risk Assessment

b. Sentinel Events

Under the Alcohol and Drug Abuse Division (ADAD) guidelines, a Sentinel Event is an unexpected occurrence involving death or serious physical and/or psychological harm or the risk thereof, requiring immediate investigation and/or administrative response. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

A verbal report of a Sentinel Event within 24 hours to the ADAD TRB Program Specialist is required. The Sentinel Event Reporting Form (ADAD Form SER-14-001) must be submitted within 72 hours of the event occurrence to fax (808) 692-

7521 or hand-delivered to 601 Kamokila Blvd., Room 360, Kapolei, HI, 96707. Refer to the ADAD website @ <http://health.hawaii.gov/substance-abuse/useful-links/>.

c. **Required Program Reports:**

- 1) The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** providing narratives of overall program and client success and challenges as well as any other pertinent information relating to service delivery and substance use trends that will assist ADAD in evaluating efficacy of the overall system of care. The APPLICANT shall also provide suggestions to ADAD regarding data, programmatic and service delivery improvements that may enhance the overall system of care.
- 2) The APPLICANT shall submit, in the format specified by ADAD **Year-End Program Reports** providing narratives of overall program and client success and challenges as well as any other pertinent information relating to service delivery and substance use trends that will assist ADAD in evaluating efficacy of the overall system of care. The APPLICANT shall also provide suggestions to ADAD regarding data, programmatic and service delivery improvements that may enhance the overall system of care.
- 3) Quarterly reports are due 30 days after the end of the quarter. Year-End Reports are due 45 days after the end of each contract year.

For contracts beginning October 1:

<u>Report</u>	<u>Timeframe</u>	<u>Due Date</u>
Quarter 1	Oct 1 – Dec 31	Jan 31
Quarter 2	Jan 1 – Mar 31	Apr 30
Quarter 3	Apr 1 – Jun 30	Jul 31
Quarter 4	Jul 1 – Sep 30	Oct 31
Year-End	Oct 1 – Sep 30	Nov 15

- 4) The APPLICANT shall report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.
- 5) The APPLICANT shall coordinate with the ADAD program specialist or any other designated staff to verify statistical data obtained through the WITS system upon request.

d. Required Fiscal Reports

- 1) Agencies that receive ADAD funding must attest at the time of initial encounter/admission and on a monthly basis thereafter that ADAD is the payor of last resort for each service provided within the episode of care for which reimbursement is requested. This shall be documented through client encounter notes, in the Health and Wellness Plan, on the electronic invoice on the Web Infrastructure for Treatment System (WITS), or in the electronic format specific by ADAD.

Suggested language for this attestation is as follows: *(provider name) attests that to the best of its knowledge, the current service(s) is billed to ADAD based on both documented clinical need on the part of the client and lack of an alternative resource to pay for the service within the continuum of care for this episode of care.*

ADAD reserves the right to request refunds or withhold payment for any service that is not satisfactorily documented in WITS or ADAD-designated electronic health record.

- 2) For **ALL** contracts, the APPLICANT must have sufficient computer capacity and internet connection to utilize ADAD's computerized **WITS system or the ADAD-designated electronic management information system. The ADAD designated electronic management system shall be the only method through which claims shall be accepted.**

The APPLICANT will be required to submit the **Admission, Reassessment, Discharge and Follow-up data as well as daily encounter notes for all ADAD clients directly into the WITS or the ADAD-designated electronic management information system.**

- 3) **Monthly electronic invoices must be submitted by the APPLICANT within 15 calendar days after the last day of each calendar month.** All corrections or adjustments to submitted invoices must be received by ADAD no later than the first day of the 11th month of each fiscal year. All APPLICANTS must submit data in the manner and format specified by ADAD.
- 4) **Final Invoices shall be submitted no later than 30 days after the end of each contract year, or by October 30, whichever comes first.**
- 5) **Within 30 calendar days after the end of each contract year, the APPLICANT shall submit to ADAD the Financial Statement, Single Audit**

Report (if applicable) and the Year-End Program Report and other contract close-out documentation as specified by ADAD.

- 6) If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements 2 CFR 200/45 CFR Part 75 if the applicant expends \$750,000 or more in Federal funds in a year.
- 7) APPLICANTS, upon award of a contract, shall comply with all laws governing entities doing business in the State. APPLICANTS shall produce certificates to the STATE to demonstrate compliance with the Hawaii State Department of Taxation (DOTAX), Internal Revenue Services (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). APPLICANTS are encouraged to register with HCE to obtain electronic verification. It is the policy of ADAD to process only those invoices that have a valid certificate of good standing on file at time of receipt.

NOTE: The STATE will perform periodic audit of the APPLICANT to assure services are billed according to the pricing Tier structure; that services billed to ADAD conform to “payor of last resort” policies; and that services provided have been documented accurately. The audit shall, at a minimum, include confirming billed service with service documentation in the client chart, and other documents as requested by the STATE.

C. Facilities

1. APPLICANTS shall provide a list and description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:
 - a. Physical address
 - b. Narrative description
 - c. Detailed description of how the facility meets or plans to meet the American with Disabilities Act requirements.
 - d. Description of the facility’s accessibility to clients.
 - e. The services that will be provided at each identified facility.

2. Facilities shall meet applicable State and County regulations regarding the provision of substance abuse treatment services. Any changes to the list and description of the facility(s) shall be reported to ADAD at the time of the change.

D. Benefit Exceptions

APPLICANTS may request a BENEFIT EXCEPTION for additional services or for an extended length of stay for any client in an episode of care. Requests shall be directed to the ADAD Clinical Psychologist. Verbal authorization from the ADAD Clinical Psychologist is sufficient to provide the requested benefit exception. However, written documentation of the authorization must be entered into WITS by the ADAD and the Provider within 24-hours of the verbal authorization.

2.5 Compensation and Method of Payment

A. Units of Service and Unit Rate

It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds allocated to any category of service at its discretion in order to best meet the needs of the STATE as well as operate within budgetary limitations and pending availability of General and Federal funds.

SERVICES	RATES	MAXIMUM and GUIDELINES
OUTREACH/ MOTIVATIONAL ENHANCEMENT/ INTERIM CARE Tier 1: 1-10 hours – Up to 4 hours per wk Tier 2: 11-21 hours –Up to 3 hours per wk Tier 3: 22-30 hours – Up to 2 hours per wk - 15-minute increments.	Tier 1: \$29/hr. Tier 2: \$23/hr. Tier 3: \$18/hr.	<ul style="list-style-type: none"> • Screening may be conducted at any time during this service. • Assessment may be conducted at any time during this service. • Placement Determination may be conducted at any time during this service provided an assessment has been completed. • Referral/linkage can be conducted at any time during this service and billed as Tier 1 CC (4-hour max) provided it is not billed concurrently with any Tier in this service. All other guidelines for Care Coordination apply. • <i>Interim services apply only to PWWDC and IDU clients.</i> <i>*If referral/linkage is completed during this service, no further billing can occur in this service for the rest of the episode of care.</i>
SCREENING	\$10	Once per Episode of Care – can be billed during

		Outreach/Motivational Enhancement/Interim Care.
<p>ASSESSMENT SUMMARY/REPORT</p> <p><i>* An assessment can be completed over the course of several sessions – service is billed when summary is completed in WITS</i></p>	<p>Tier 1: \$90</p> <p>Tier 2: \$50</p> <p>Tier 3: \$25</p>	<ul style="list-style-type: none"> • Tier 1 = Initial Assessment/Summary conducted for the episode of care - can be billed during Outreach/Motivational Enhancement/Interim Care. • Tier 2 = First Updated Assessment/Summary (see “Client Progress Data Collection” cannot be less than 6 months from date of Initial Assessment/Summary completed and entered into WITS). • Tier 3 = Up to 2 Subsequent Updated Assessments (see “Client Progress Data Collection” 6 month intervals) and one post discharge follow up assessment.
<p>PLACEMENT DETERMINATION</p>	<p>\$50</p>	<ul style="list-style-type: none"> • Refers to INITIAL assessment/determination of Level of Care Placement using ASAM Criteria. All subsequent determination of Level of Care Placement become part of the general evaluation of client progress within an episode of care.
<p>ADDICTION CARE COORDINATION</p> <p>Tier 1: Hours 1-10</p> <p>Tier 2: Hours 11-21</p> <p>Tier 3: Hours 22-32</p> <p>- 15-minute increment billing allowed.</p>	<p>Tier 1: \$29/hr.</p> <p>Tier 2: \$23/hr.</p> <p>Tier 3: \$18/hr.</p>	<ul style="list-style-type: none"> • Four (4) hour max Tier 1 for Placement, Referral and Follow up to be used: <ul style="list-style-type: none"> ○ If after initial Assessment and Placement Determination, the provider must refer client to a Level of Care not within their capacity; ○ When transitioning client to different level of care not offered by the provider within the same episode (referral). • During Placement/Referral and Follow-up, up to 2 ADAD contracted agencies may bill for Care Coordination for a client up to the four-hour maximum provided Care Coordination results in successful placement. • Providers must ensure duplication does not occur. • Refers to total number of hours per episode.
<p>HEALTH AND WELLNESS PLANNING</p> <p>Tier 1: Initial.</p>	<p>Tier 1: \$138</p>	<ul style="list-style-type: none"> • For residential – Tier 2 plan updates, frequency should be no less than every 15 days and no more than every 7 days • For Day Treatment - Tier 2 plan updates, frequency should be no less than every 15 days and no more

<p>Tier 2: Subsequent updates and Discharge planning.</p>	<p>Tier 2: \$69</p>	<p>than every 7 days</p> <ul style="list-style-type: none"> • For IOP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every 15 days • For OP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every 15 days • Discharge planning must occur no less than 15 days prior to anticipated discharge from an episode of care.
<p>RESIDENTIAL</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-31</p> <p>Tier 3: Days 32-45</p> <p>24 hrs/day; 7 day/week</p>	<p>Tier 1: \$209/day</p> <p>Tier 2: \$188/day</p> <p>Tier 3: \$151/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD.
<p>NON-MEDICAL SOCIAL DETOXIFICATION</p> <p>- 7-days per episode.</p>	<p>\$209/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • Motivational Enhancement/ACC in conjunction.
<p>DAY TREATMENT</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-23</p> <p>Tier 3: Days 24-31</p>	<p>Tier 1: \$174/day</p> <p>Tier 2: \$156/day</p> <p>Tier 3: \$125/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • A week is based on the calendar week, from Sunday-Saturday. • No more than 2 consecutive days between sessions in a week. • 20-30 hours per week. • Preference Minimum four (4) or more hrs. per day for five (5) days a week; and, (1) one hr. individual counseling per week.
<p>INTENSIVE OUTPATIENT</p> <p>Tier 1: Days 1-10</p> <p>Tier 2: Days 11-21</p>	<p>Tier 1: \$144/day</p> <p>Tier 2: \$129/day</p>	<ul style="list-style-type: none"> • As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. • No more than two (2) consecutive days between scheduled sessions.

Tier 3: Days 22-32	Tier 3: \$104/day	
OUTPATIENT Tier 1: Weeks 1-3 Tier 2: Weeks 4-6 Tier 3: Weeks 7-10	Tier 1: \$120/week Tier 2: \$108/week Tier 3: \$86/week	<ul style="list-style-type: none"> As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. No more than two (2) consecutive days between scheduled sessions.
CONTINUING CARE Tier 1: Hours 1-10 Tier 2: Hours 11-21 Tier 3: Hours 22-32	Tier 1: \$25/hour Tier 2: \$20/hour Tier 3: \$15/hour	<ul style="list-style-type: none"> 1-2 hours per week. 15- minute increment billing allowed after the first 30-minutes.
<u>OPIOID ONLY</u> OTHER: Health Maintenance Medication Dosing	\$14 Per dose	<ul style="list-style-type: none"> Rate for daily and take-home dosing. Relates to administration medications used to support recovery. Includes, but not limited to, Methadone, Buprenorphine, Naloxone, Naltrexone. Medical necessity. Programs must meet all Federal and State rules and regulations to be eligible to provide this service.
<u>OPIOID ONLY</u> OTHER: Monthly Toxicology Screening.	\$14 Per screen	<ul style="list-style-type: none"> Medical necessity.
<u>OPIOID ONLY</u> OTHER: Urinalysis Per screen.	\$14 Per screen	<ul style="list-style-type: none"> Clinical necessity.
<u>OPIOID ONLY</u> OTHER: Urinalysis Confirmatory	\$36 per confirmatory test	<ul style="list-style-type: none"> Clinical necessity.

<p>CLEAN AND SOBER HOUSING</p> <p>Tier 1: Days 1-10</p> <p>Tier 2: Days 11-21</p> <p>Tier 3: Days 22-42</p>	<p>Tier 1: \$31/day</p> <p>Tier 2: \$25/day</p> <p>Tier 3: \$20/day</p>	
<p>THERAPEUTIC LIVING PROGRAM</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-31</p> <p>Tier 3: Days 32-52</p>	<p>Tier 1: \$95/day</p> <p>Tier 2: \$87/day</p> <p>Tier 3: \$70/day</p>	
<p>TRANSPORTATION</p> <p>Type A – Transportation in program or employee owned vehicles.</p> <p>Type B – Support for public transportation.</p>	<p>Type A- \$6/one way</p> <p>Type B - \$60 per episode</p>	<p>Type A –</p> <ul style="list-style-type: none"> • Two (2) allowable per session. • Must coincide with treatment hours. • Maximum of 30 trips <p>Type B-</p> <ul style="list-style-type: none"> • For purchase of public transit pass. • Limit one time per episode of care. • Providers must purchase the pass directly.
<p>TRANSLATION/ INTERPRETER</p> <p>Must coincide with treatment hours.</p>	<p>\$28/hour</p>	<ul style="list-style-type: none"> • Up to 15 hours.
<p>RURAL/REMOTE SERVICES Monthly Client Capitation Rate</p>		
<p>Adult Services</p>	<p>Negotiated Per Client/Per Month</p>	<p>Negotiated minimum amount of clients served per month.</p>

Section 2

Service Specifications

Sub-Category 2

Specialized Substance Abuse Treatment and Recovery Support Services for Pregnant Women and Women with Dependent Children

Section 2

Service Specifications

Sub-Category 2

Specialized Substance Abuse Treatment and Recovery Support Services for Pregnant Women and Women with Dependent Children

2.1 Introduction

A. Overview, purpose and need

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section A which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The Substance Abuse and Mental Health Services Administration (SAMHSA) has reported that while women may have alcohol and substance abuse rates lower than men, women are more likely to have serious psychological distress than men. A 2013 SAMHSA report also indicated that the percentage of substance abuse admissions involving pregnant women using drugs (without co-occurring alcohol use) rose from 51.1% to 63.8% over a 10-year period.

2015 ADAD data reflects that the most frequently used primary substance at admission for adults age 18 to 49 was methamphetamine for both males and females (49.3% of males and 59.8% of females), followed by alcohol (22.6% of males and 13.1% of females).

A higher percentage of females (59.8%) reported methamphetamine as the primary substance used at the time of admission compared to that of males (49.3%). In contrast, higher percentages of males reported marijuana and alcohol as the primary substance compared to those of females (17.1% and 22.6% of males vs. 13.3% and 13.1% of females for marijuana and alcohol, respectively).

The National Surveys on Drug Use and Health (NSDUH) data 2002 - 2010, indicates women aged 15-44, pregnant black women were more likely than

pregnant white and Hispanic women to have used any illicit drugs in the past month. Pregnant black and white women are more likely than pregnant Hispanic women to have used alcohol. Pregnant white women are more likely than pregnant black women to have smoked cigarettes in the past month.

The NSDUH September 9, 2013 report states that women who drink alcohol while pregnant increase the risk that their infant will have physical, learning and or behavior problems, including Fetal Alcohol Spectrum Disorders (FASDs). 2011 to 2012 NSDUH data show that 8.5% of pregnant women aged 15 to 44 drank alcohol in the past month, and 2.7% binge drank. Most alcohol use by pregnant women occurred during the first trimester (17.9%), which tapered off in the second trimester (4.2%) and third trimester (3.7%). The Hawaii Perinatal Alcohol Use Quick Facts, reported that in 2009 – 2011 more than half (51.5%) of women who gave birth in Hawaii reported that they drank alcohol in the three months before they became pregnant. The highest percentage of women reported drinking alcohol in the 3 months before pregnancy was Kauai (58.5%), followed by Maui County (54.8%), Hawaii (53.7%) and Oahu (50.2%).

FASD is the name given to a group of conditions that a person can have if that person's mother drank alcohol while she was pregnant. FASDs are a leading known cause of intellectual disability and birth defects. FASDs are 100% preventable. If a woman doesn't drink alcohol while she is pregnant, her child will not have an FASD. Alcohol can disrupt fetal development at any stage of pregnancy, even before a woman knows she is pregnant.

The TEDS (Treatment Episode Data Set) Report, April 3, 2014, indicate that gender is an important factor to consider when looking at patterns of substance abuse as well as the difference among men and women that vary by age. In 2011 of the 1.84 million substance abuse treatment admissions, 609,000 (33.1%) were female and 1.23 million (66.9%) were male. In looking at the primary substance of abuse, it was found that female admissions aged 12 to 17 reported higher alcohol (21.7%) as their primary substance of abuse compared to men at 10.5%. Among the aged 25 to 34 a smaller proportion of women reported alcohol as their primary substance of abuse, 25.9% female vs. 36.5% male. Marijuana was reported less frequently as a primary substance of abuse for females than males. The proportions of female and male admissions reporting methamphetamine/ amphetamines as their primary substance of abuse were similar across all age groups except for those aged 18 to 24, 8.9% female admissions reported primary methamphetamine/amphetamines compared to 3.7% male admissions. The highest proportions of primary abuse of prescription pain relievers were found among female admissions aged 18 to 24 and 25 to 34. In the 18 to 24 aged group, 17.6% female admissions compared to 12.8% male admissions. In the 25 to 34 age group, 19% female admissions compared to 12.2% male admissions reported prescription pain relievers as their primary substance of abuse. Within the aged

65 or older aged group, women reported prescription pain relievers as the primary substance of abuse 3 times more than men, 7.2% compared to 2.8%.

The 2011 SAMHSA Advisory report indicated that seventy-five (75) percent of people ages 12 and older, who received substance abuse treatment at a facility, reported smoking cigarettes in the past month, compared to twenty-four (24) percent of the general population. Data also shows that sixty-three (63) percent of people ages 12 and older with any substance use disorder (illicit drug and/or alcohol abuse or dependence) in the past year also reported tobacco use in the past month, compared to twenty-eight (28) percent of the general public. Smoking during pregnancy can disrupt fetal development and is associated with premature delivery, low birth weight, sudden infant death syndrome, stillbirth, and other adverse perinatal outcomes. Studies have shown that treating smoking addiction during pregnancy works, and offering treatment for nicotine addiction provides an excellent opportunity to enroll women who would otherwise be too afraid to seek care in methamphetamine addiction treatment programs.

Women with high-risk pregnancies, such as drug-exposed pregnancies, have been shown to adapt to pregnancy and motherhood differently and less easily than women with low-risk pregnancies. Due to the multiple needs of the pregnant women and women with dependent children, specialized services are required to create a nurturing and caring environment while simultaneously providing the most efficient substance abuse treatment program.

B. Planning activities conducted in preparation for this RFP

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section B which applies to this RFP in its entirety and all of its subcategories.

C. Description of the service goals

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section C which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use by making a continuum of service modalities available statewide to pregnant women and women with dependent children and women who prefer gender specific treatment services. The children of substance abusing pregnant women and women with dependent children often need therapeutic care, especially if one of the goals of the service is to support the woman's ability to retain or recover custody of her child(ren) and to preserve the

family unit, as well as to assure a healthy outcome for her child(ren). The child(ren) of substance abusing parents often need comprehensive therapeutic interventions and these interventions must closely involve the parent. Pre-Treatment and Pre-Recovery Support Services, which include Motivational Enhancement, Outreach and Interim Services and Assessment; Care coordination, Treatment Services which include Residential, Day Treatment, Intensive Outpatient and Outpatient Treatment; and Recovery Support Services which include Therapeutic Living, Clean and Sober Housing and Continuing Care Services.

D. Description of the target population to be served

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section D which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The target population includes pregnant adult and adolescent women and women with dependent children up to the age of 12 years and women who prefer gender specific treatment services. Funding is for the woman and her treatment services as well as therapeutic services for each child, up to two children.

E. Geographic coverage of service

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section E which applies to this RFP in its entirety and all of its subcategories.

F. Probable funding amounts, source, and period of availability

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section F, items 2-6 which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The anticipated amount of funding per contract year for this category is \$2,675,665.00 consisting of General and Federal funds.

2.2 Contract Monitoring and Evaluation

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.2 which applies to this RFP in its entirety and all of its subcategories.

2.3 General Requirements

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.3 which applies to this RFP in its entirety and all of its subcategories.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

1. **Pregnant Women and Women with Dependent Children (PWWDC) Services**
 - a. Women's Services: Specialized Substance Abuse Treatment Services for Pregnant Women and Women with Dependent Children must ensure that the family is treated as a unit and includes a range of modalities and services within the continuum of care which includes Child Care Services.
 - b. **The treatment curriculums shall include an awareness and education on Fetal Alcohol Spectrum Disorders.** Curriculum and scheduling shall reflect gender-specific substance abuse treatment. Addressing tobacco cessation and use of quit lines should be included as part of the treatment process. An APPLICANT can propose to provide the whole continuum or any part(s) of the continuum. Refer to **Section 5, Attachment E-1**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to **Section 5, Attachment E-5**, for standards for the Therapeutic Living Programs.
 - c. The APPLICANT shall **publicize the availability** of treatment for pregnant women and that preference shall be given to pregnant women for treatment. The order of preference is as follows:

- 1) Pregnant women who inject drugs
 - 2) Pregnant women who abuse substances in other ways
 - 3) Injecting drug users
 - 4) All others
- d. When providing treatment services to PWWDC, the APPLICANT shall provide verification that the following services are provided or arranged for:
- 1) **Primary medical care and primary pediatric care** for women and their children which includes complete prenatal care, physical examinations, treatment of medical conditions, immunizations, dental care, and behavioral health care while the women are receiving substance abuse treatment. Such services shall be provided by Hawaii state licensed physicians;
 - 2) Sources of primary and pediatric care including Medicaid, Health Resources Services Administration-sponsored health centers, and federally qualified health centers;
 - 3) **Gender-specific substance abuse treatment** and other therapeutic interventions for women should maintain a gender-responsive treatment environment, use a strengths-based model, incorporate an integrated multidisciplinary approach, address women's unique health concerns, and incorporate trauma-informed orientation, promote culturally competent services that are specific to women such as the issues of relationships and the expectations across cultures that shape societal attitudes toward women with substance use disorders, recognize the role and significance of relationships in women's lives including caretaker roles that women assume throughout life, and acknowledge the importance and role of socioeconomic conditions of women compared to men;
 - 4) **Therapeutic interventions for children** in custody of women in treatment (may include developmental needs, issues of sexual and physical abuse and neglect) and family interventions and treating the family as a unit especially in a residential treatment, will reduce barriers to treatment for women. These services will be made available to children

of women, whose treatment may be funded by another source, but are in need of children services only. The woman must meet the ADAD eligibility criteria

- 5) **Child care** while women receive treatment, either directly, or through another service. Child care is inclusive of the child Residential, Therapeutic Living Program, and Clean Sober Housing rate.
- 6) **Addiction Care Coordination and transportation** to ensure that women and their child have access to the above mentioned services. Provides the client a single point of contact with health and social services, is client-driven and driven by client need and involves an individual service plan.

e. **Performance of Services**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Sections A. 5., which applies to this RFP in its entirety and all of its subcategories.

f. **Pre-Treatment and Pre-Recovery Support Services**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, a., which applies to this RFP in its entirety and all of its subcategories.

g. **Treatment Services**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, b., which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

- a) The APPLICANT shall provide interim services to any pregnant woman who has been wait-listed by another ADAD-funded treatment agency due to lack of space. The APPLICANT shall provide interim services within 48 hours of application to pregnant women who have been denied admission to a substance abuse treatment program

on the basis of the lack of capacity of the program to admit the individual. Admission to substance abuse treatment shall occur when the next available opening occurs. The APPLICANT shall address in its proposal how it intends to meet the requirement described in this paragraph.

b) **The unit of performance is 60 minutes.** Interim services shall be reimbursed for **no less than two (2) hours per client per week.** The APPLICANT may bill by **quarter hour (15 minute) increments.** Reimbursable interim activities shall include the following:

- (1) Individual and/or group counseling and education about HIV and tuberculosis (TB), about the risks of needle sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur.
- (2) Pregnant women shall also receive individual and/or group counseling and education on the effects of alcohol and drug use on the fetus.
- (3) A referral for prenatal care.

h. **Recovery Support Services**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, c., which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

- 1) **Child Care Services** are to be arranged for or provided, directly as needed, to support the woman in accessing and being retained in the treatment. If the child is in residential or TLP treatment with the woman, childcare should be an inclusive service.
 - a) Transportation services will include transporting a client to ensure that the women and their children can access all services.

- b) Translation services include service by a qualified interpreter for a client who speaks no or limited English, or who is hearing impaired.
- 2) **Children's Services:** The following specialized services and interventions, including therapeutic nursery services, shall be provided or arranged for each child admitted to treatment along with their mother who has been admitted to Residential or Therapeutic Living Programs.
- a) The APPLICANT shall develop and implement an **Individualized Family Service Plan (IFSP)** which shall identify client, family support and advocacy needs. The APPLICANT shall provide Care coordination services, comprehensive and continuous services, referral and linkages with community resources, and shall arrange for prenatal and well child care, legal resources, financial and employment assistance, housing, and other specialized services meeting the following requirements: The IFSP must stipulate that within two (2) weeks of admission, the APPLICANT shall provide or arrange for:
 - (1) An initial health assessment for each child admitted into the program or as recommended by the well-baby schedule.
 - (2) A standardized developmental assessment for each child that includes gross motor, fine motor, social, self-help, and communication/language skills.
 - b) **Referrals** and linkages with community agencies and organizations, ancillary services that are available to the children either on-site or off-site, and other resources necessary to implement the IFSP treatment plan for the children and mother family unit shall be documented.
 - c) **Addiction Care Coordination** for the child and mother family unit shall be provided and documented.
 - d) The APPLICANT shall **consult with Child Welfare Services (CWS)**, when involved, and document CWS' goals and objectives for the child and parent while in treatment. When possible, a working written agreement shall be developed with CWS which delineates responsibilities of the treatment program and CWS.

- e) The APPLICANT shall provide a **therapeutic nursery child plan** which:
- (1) Establishes and documents the goals and objectives for the child's development and progress and assists the parent in the setting of these goals. A time schedule shall be developed to assess achievement. This information shall be shared with the parent at scheduled meetings.
 - (2) Includes a designated child-care staff person in clinical staff meetings to discuss the progress of the child and child/parent relationship. Significant findings and discussions shall be noted in the child's and parent's record.
 - (3) Includes weekly child-care staff meetings for coordination, consultation, staffing, and planning purposes.
 - (4) Includes a program designed to meet the developmental needs of the various age groups served and addresses cultural and other particular needs of individual children or groups of children.
 - (5) Contains a range of learning experiences, as appropriate, and provides the child a variety of developmentally appropriate learning and play materials.

i. **Additional Services**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, d., which applies to this RFP in its entirety and all of its subcategories.

j. **Client Progress Data Collection**

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, e., which applies to this RFP in its entirety and all of its subcategories.

k. Referral Sources

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A. 6. Description of Services, f., which applies to this RFP in its entirety and all of its subcategories.

B. Management Requirements (Minimum and/or mandatory requirements)

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4 B., which applies to this RFP in its entirety and all of its subcategories.

C. Facilities

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4 C., which applies to this RFP in its entirety and all of its subcategories.

D. Benefit Exceptions

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4 D., which applies to this RFP in its entirety and all of its subcategories.

2.5 Compensation and Method of Payment

A. Units of Service and Unit Rate

It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds allocated to any category of service at its discretion in order to best meet the needs of the STATE as well as operate within budgetary limitations and pending availability of General and Federal funds.

SERVICES	RATES	MAXIMUM and GUIDELINES
<p>OUTREACH/ MOTIVATIONAL ENHANCEMENT/ INTERIM CARE</p> <p>Tier 1: 1-10 hours – Up to 4 hours per wk</p>	<p>Tier 1: \$29/hr.</p>	<ul style="list-style-type: none"> • Screening may be conducted at any time during this service. • Assessment may be conducted at any time during this service. • Placement Determination may be conducted at any time during this service provided an assessment has been completed.

<p>Tier 2: 11-21 hours –Up to 3 hours per wk</p> <p>Tier 3: 22-30 hours – Up to 2 hours per wk</p> <p>- 15-minute increments.</p>	<p>Tier 2: \$23/hr.</p> <p>Tier 3: \$18/hr.</p>	<ul style="list-style-type: none"> Referral/linkage can be conducted at any time during this service and billed as Tier 1 CC (4-hour max) provided it is not billed concurrently with any Tier in this service. All other guidelines for Care Coordination apply. <i>Interim services apply only to PWWDC and IDU clients.</i> <i>*If referral/linkage is completed during this service, no further billing can occur in this service for the rest of the episode of care.</i>
SCREENING	\$10	Once per Episode of Care – can be billed during Outreach/Motivational Enhancement/Interim Care.
<p>ASSESSMENT SUMMARY/REPORT</p> <p><i>* An assessment can be completed over the course of several sessions – service is billed when summary is completed in WITS</i></p>	<p>Tier 1: \$90</p> <p>Tier 2: \$50</p> <p>Tier 3: \$25</p>	<ul style="list-style-type: none"> Tier 1 = Initial Assessment/Summary conducted for the episode of care - can be billed during Outreach/Motivational Enhancement/Interim Care. Tier 2 = First Updated Assessment/Summary (see “Client Progress Data Collection” cannot be less than 6 months from date of Initial Assessment/Summary completed and entered into WITS). Tier 3 = Up to two (2) Subsequent Updated Assessments (see “Client Progress Data Collection” 6 month intervals) and one post discharge follow up assessment.
PLACEMENT DETERMINATION	\$50	<ul style="list-style-type: none"> Refers to INITIAL assessment/determination of Level of Care Placement using ASAM Criteria. All subsequent assessments/determination of Level of Care Placement become part of the general evaluation of client progress within an episode of care.
<p>ADDICTION CARE COORDINATION</p> <p>Tier 1: Hours 1-10</p> <p>Tier 2: Hours 11-21</p> <p>Tier 3: Hours 22-32</p> <p>- 15-minute increment</p>	<p>Tier 1: \$29/hr.</p> <p>Tier 2: \$23/hr.</p> <p>Tier 3: \$18/hr.</p>	<ul style="list-style-type: none"> Four (4) hour max Tier 1 for Referral, Linkage and Follow up to be used: <ul style="list-style-type: none"> After initial Assessment and Placement Determination, the provider must refer client to a Level of Care not within their capacity; When transitioning client to different level of care not offered by the provider within the same episode. During Placement/Referral and transition, up to two (2) ADAD contracted agencies may bill for Care

<p>billing allowed.</p>		<p>Coordination for a client up to the four-hour maximum provided Care Coordination results in successful placement to another program.</p> <ul style="list-style-type: none"> • Providers must ensure duplication does not occur. • Refers to total number of hours per episode.
<p>HEALTH AND WELLNESS PLANNING</p> <p>Tier 1: Initial.</p> <p>Tier 2: Subsequent updates and Discharge planning.</p>	<p>Tier 1: \$138</p> <p>Tier 2: \$69</p>	<ul style="list-style-type: none"> • For residential – Tier 2 plan updates, frequency should be no less than every 15 days and no more than every seven (7) days • For Day Treatment - Tier 2 plan updates, frequency should be no less than every 15 days and no more than every seven (7) days • For IOP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every 15 days • For OP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every 15 days • Discharge planning must occur no less than 15 days prior to anticipated discharge from an episode of care.
<p>RESIDENTIAL</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-31</p> <p>Tier 3: Days 32-45</p> <p>24 hrs/day; 7 day/week</p>	<p>Tier 1: \$209/day (\$113/day per child)</p> <p>Tier 2: \$188/day (\$91/day per child)</p> <p>Tier 3: \$151/day (\$72/day per child)</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • <i>For PWWDC additional residential rates apply for up to two (2) children.</i>
<p>NON-MEDICAL SOCIAL DETOXIFICATION</p> <p>- 7-days per episode.</p>	<p>\$209/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • Utilize Outreach/Motivational Enhancement/ACC in conjunction.
<p>DAY TREATMENT</p> <p>Tier 1: Days 1-15</p>	<p>Tier 1: \$174/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • A week is based on the calendar week, from Sunday-

<p>Tier 2: Days 16-23 Tier 3: Days 24-31</p>	<p>Tier 2: \$156/day Tier 3: \$125/day</p>	<p>Saturday.</p> <ul style="list-style-type: none"> • No more than two (2) consecutive days between sessions in a week. • 20-30 hours per week. • Preference Minimum four (4) or more hrs. per day for five (5) days a week; and, one (1) hr. individual counseling per week.
<p>INTENSIVE OUTPATIENT</p> <p>Tier 1: Days 1-10 Tier 2: Days 11-21 Tier 3: Days 22-32</p>	<p>Tier 1: \$144/day Tier 2: \$129/day Tier 3: \$104/day</p>	<ul style="list-style-type: none"> • As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. • No more than two (2) consecutive days between scheduled sessions.
<p>OUTPATIENT</p> <p>Tier 1: Weeks 1-3 Tier 2: Weeks 4-6 Tier 3: Weeks 7-10</p>	<p>Tier 1: \$120/week Tier 2: \$108/week Tier 3: \$86/week</p>	<ul style="list-style-type: none"> • As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. • No more than two (2) consecutive days between scheduled sessions.
<p>CONTINUING CARE</p> <p>Tier 1: Hours 1-10 Tier 2: Hours 11-21 Tier 3: Hours 22-32</p>	<p>Tier 1: \$25/hour Tier 2: \$20/hour Tier 3: \$15/hour</p>	<ul style="list-style-type: none"> • 1-2 hours per week. • 15 minute increment billing allowed after the first 30 minutes.
<p><u>OPIOID ONLY</u> OTHER:</p> <p>Health Maintenance Medication Dosing</p>	<p>\$14 Per dose</p>	<ul style="list-style-type: none"> • Rate for daily and take-home dosing. • Relates to administration medications used to support recovery. Includes, but not limited to, Methadone, Buprenorphine, Naloxone, and Naltrexone. • Medical necessity. • Programs must meet all Federal and State rules and regulations to be eligible to provide this service.
<p><u>OPIOID ONLY</u> OTHER:</p>		<ul style="list-style-type: none"> • Medical necessity.

Monthly Toxicology Screening.	\$14 Per screen	
<u>OPIOID ONLY</u> OTHER: Urinalysis Per screen.	\$14 Per screen	<ul style="list-style-type: none"> Clinical necessity.
<u>OPIOID ONLY</u> OTHER: Urinalysis Confirmatory	\$36 per confirmatory test	<ul style="list-style-type: none"> Clinical necessity.
CLEAN AND SOBER HOUSING Tier 1: Days 1-10 Tier 2: Days 11-21 Tier 3: Days 22-42	<p>Tier 1: \$31/day (\$31/day per child)</p> <p>Tier 2: \$25/day (\$25/day per child)</p> <p>Tier 3: \$20/day (\$20/day per child)</p>	<ul style="list-style-type: none"> For PWWDC additional tiered rates apply for up to two (2) children.
THERAPEUTIC LIVING PROGRAM Tier 1: Days 1-15 Tier 2: Days 16-31 Tier 3: Days 32-52	<p>Tier 1: \$95/day</p> <p>Tier 2: \$87</p> <p>Tier 3: \$70</p>	
TRANSPORTATION Type A – Transportation in program or employee owned vehicles. Type B – Support for public transportation.	<p>Type A- \$6/one way</p> <p>Type B - \$60 per episode</p>	<p>Type A – Transportation to allow women and their children access to all services in section 2.4.</p> <p>Type B-</p> <ul style="list-style-type: none"> For purchase of public transit pass. Limit one time per episode of care. Providers must purchase the pass directly.

RURAL/REMOTE SERVICES
Monthly Client Capitation Rate

PWWDC Services	Negotiated Per Client/Per Month	Negotiated minimum amount of clients served per month.
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Section 2

Service Specifications

Sub-Category 3

Integrated Addiction Care Coordination (IACC), Treatment and Recovery Support Services for Offenders Statewide

Section 2

Service Specifications

Sub-Category 3

Integrated Addiction Care Coordination (IACC) for Offenders Statewide

Treatment Services for Offenders Statewide

2.1 Introduction

A. Overview, purpose or need

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section A which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The major outcome for services to offenders is recidivism or the proportion of offenders who have been rearrested or had probation or parole revoked within three years of the start of supervision. It also includes technical violations or criminal contempt of court. In 2002, the Hawaii Interagency Council on Intermediate Sanctions (ICIS) conducted a baseline study and has conducted updates from 2006 through 2014. The study has consisted of offenders from Hawaii State Probation Services, the Hawaii Paroling Authority (HPA) and the Department of Public Safety (PSD). The 2002 study monitored probationers and parolees for criminal rearrests and revocations/technical violations for three years. ICIS has had a goal of reducing recidivism by thirty percent over a ten-year period. The 2015 Recidivism Update (May 2016) for the State Fiscal Year 2012 Cohort reported the following:

Hawaii's statewide recidivism rate has declined substantially since 2002. The 2015 (SFY 2012 cohort) recidivism rate of 48.9% is 14.4 percentage points lower than the 2002 baseline recidivism rate (63.3%), which translates to a 21.6% decline in recidivism. The rate is also 2.0% lower than the 2010 (SFY 2007) recidivism rate of 50.9% (published in

ADAD's previous/2012 RFP for treatment services). Probation had a 47.4% recidivism rate versus 48.2% recidivism rate in 2010. This corresponds to a .8% percentage point decline in recidivism. The HPA had a 47.1 recidivism rate versus a 56.4% recidivism rate in 2010. This is a 9.3 percentage point decrease in recidivism from 2010. PSD had a 61.9% recidivism rate for maximum-term released prisoners versus 53.5% in 2010. This is an 8.4% increase since 2010.

For Hawaii's four counties, Hawaii County had the highest recidivism rate at 54.1%, while Maui County had the next highest rate at 52.6%. This was followed by the City and County of Honolulu at 44.9% and Kauai County at 40.8%. Hawaii County had a Criminal Rearrests rate of 31.8%, Revocation-Violations rate of 9.4% and a Criminal Contempt of Court rate of 12.9%. The City and County of Honolulu had a Criminal Rearrests rate of 24.7%, Revocation-Violations rate of 5.5% and a Criminal Contempt of Court rate of 14.7%. Maui County had a Criminal Rearrests rate of 36.8%, Revocation-Violations rate of 5.5% and a Criminal Contempt of Court rate of 10.3%. Kauai County had a Criminal Rearrests rate of 29.6%, Revocation-Violations rate of 2.5% and a Criminal Contempt of Court rate of 8.5%.

The recidivism for drug offenses in 56.1%, as compared with felony "other" offenses, e.g. theft, criminal property damage of 63.1%. Property offenses counted for 63.2%, while non-sex violent offenses counted for 53.7% and sex offenses counted for 27.3% of recidivism. For drug offenses, recidivism counted 30.7% for Criminal Rearrests, 14.5% for Revocation-Violations and 10.9% for Criminal Contempt of Court rate.

Per the ICIS Scorecard Report of 2015, in State Fiscal Year (SFY) 2009, the mean recidivism period was 12.9 months for felony drug offenses. It increased to 17.2 months in SFY2010, decreased to 14.5 months in SFY2011, further decreased to 13.5 months in SFY2012 and continued to decrease to 12.4 months in SFY 2013. Based on Level of Severity Index-Revised (LSI-R) reassessments—the LSI-R assesses an offender's risk of recidivism based on several areas of the offender's life—the percentage of offenders with improved drug and alcohol problems decreased over a five-year period. The LSI-R indicated an improved problem with drugs rate of 73.7% in SFY 2009, 71.3% in SFY 2010, 70.2% in SFY 2011, 65.8% in SFY 2012 and 57.8% in SFY 2013. The LSI-R indicated an improved problem with alcohol rate of 60.2% in SFY 2009, 58.0% in SFY 2010, 57.4% in SFY 2011, 58.8% in SFY 2012 and 56.6% in SFY 2013.

B. Planning activities conducted in preparation for this RFP

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section B which applies to this RFP in its entirety and all of its subcategories.

C. Description of the service goals

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section C which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The goal of the requested service is to reduce the severity and disabling effects related to alcohol and other drug use for the offender population while preserving the client's due process rights and the public's safety. Specific program-related goals include:

1. To maintain an effective integrated Care Coordination system that accepts referred offenders from the Department of Public Safety, the Judiciary Adult Client Services Branch and Hawaii Paroling Authority, for the purpose of providing effective Care Coordination across jurisdictions.
2. To utilize best practices/evidence based practices in the continuum of substance abuse treatment services within the community to reduce the risk of recidivism and re-incarceration amongst offenders at the medium to high levels of risk. To provide a collaborative approach to supervising and treating the substance abusing offender in the community through cooperative efforts of criminal justice agencies' staff, integrated Care Coordinators, and substance abuse treatment programs/providers.
3. To reduce the return to custody rate of offenders on supervised release, furlough, probation or parole in a manner that is conducive with public safety.

D. Description of the target population to be served

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section D which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The target population includes adults 18 years and over who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Client Services Branch, the Department of Public Safety's Corrections Division, or the Hawaii Paroling Authority. They must also meet ASAM PPC criteria based on their use and abuse of substances for the 90-day period prior to their incarceration. Referrals made by

one of the four criminal justice agencies must have been assessed as being at medium-to-high risk for recidivism on the Level of Service Inventory Revised (LSI-R) combined with the Adult Substance Use Survey (ASUS) or the risk assessment instrument utilized.

E. Geographic coverage of service

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section E which applies to this RFP in its entirety and all of its subcategories.

F. Probable funding amounts, source, and period of availability

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.1, Sub-Section F.2 which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

The anticipated amount of funding per Contract Year for this category is \$2,200,000 consisting of General Funds.

2.2 Contract Monitoring and Evaluation

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.2 which applies to this RFP in its entirety and all of its subcategories.

2.3 General Requirements

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.3 which applies to this RFP in its entirety and all of its subcategories.

2.4 Scope of Work

The scope of work encompasses the following tasks and responsibilities:

Refer to 440-17-1, Section 2, Sub-Category 1, Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section A which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

1. **Adult Substance Abuse Integrated Addiction Care Coordination shall be** comprehensive, and shall be designed to satisfy legal sanctions and improve treatment outcomes. The criminal justice client is often difficult to engage and retain in treatment. The State has an interest in facilitating access to and retention in treatment. Therefore, methods tailored to increase the percentage of clients making first treatment contact, interventions targeting client engagement in treatment and referral mechanism resulting in engagement in treatment are critical. The criminal justice agencies may refer offenders directly to ADAD-funded providers for assessment and admission to treatment to facilitate access to IACC and treatment and recovery support services.

Services shall build on strengths and shall attend to the client's preferences where possible. IACC and treatment and recovery staff shall work closely with the components of the criminal justice system to assure public safety, and compliance with intermediate sanctions for failure to follow through with treatment.

2. **IACC services are rehabilitative.** Environmental support and supportive interventions will be employed to assist the offender in gaining access to necessary services and achieving identified recovery goals. Services are intended to reduce substance abuse and to enable the person to return to the highest possible level of functioning.

At each treatment and recovery support services program, each offender will be assigned an Integrated Addiction Care Coordinator who coordinates and monitors the activities of the offender's service providers and has primary responsibility to write the overall addiction care coordination health and wellness plan in collaboration with the supervising criminal justice agency and the staff at his or her substance abuse treatment and recovery support services program. The Integrated Addiction Care Coordinator provides individual supportive services, ensures immediate changes are made in the addiction care coordination health and wellness plan as the offender's needs change, and advocates for the offender's due process rights and preferences. The Integrated Addiction Care Coordinator receives input from substance abuse treatment and recovery program staff in the development of the offender's specific substance abuse health and wellness plan. The Integrated Addiction Care Coordinator is also the first staff person called on when the offender is in crisis, and is the primary support person and educator to the offender's family.

3. IACC care coordination and treatment and recovery support services shall include:

- a. Screening/Clinical Assessment. An offender referred to IACC care coordination services is screened to determine eligibility and appropriateness. The Integrated Addiction Care Coordinator will request either from the Judiciary Adult Client Services Branch, the Hawaii Paroling Authority or the Department of Public Safety's Intake Services Center and its Corrections Division, a copy of the Level of Services Inventory-Revised (LSI-R) summary report or the current risk instrument being utilized. A comprehensive and multidimensional assessment of the offender's criminogenic needs, substance-related disorder and treatment needs, and ancillary needs using the framework of the Addiction Severity Index (ASI) or ADAD-designated biopsychosocial assessment instrument as well as other appropriate assessment instruments, and the ASAM PPC dimensions are used to determine clinical severity and what type of programmatic intervention is appropriate. Through the face-to-face assessment process, the offender's needs will be identified and prioritized in the case plan for service delivery. Assessments are also used on a continuing basis to assess treatment progress and treatment outcomes; to determine whether the offender is responding to treatment; and to determine the extent of behavioral changes, success, and failure.
- b. Alcohol and Drug Testing. The IACC care coordination and treatment and recovery support alcohol and drug testing services should supplement the testing activities of the offender's supervising criminal justice agency and the offenders' treatment program. The Department of Public Safety approved policies and procedures shall be used for alcohol and drug testing in monitoring offender behavior in order to reduce criminal activity. Alcohol and drug testing (Non-Confirmatory Testing) are components of the initial screening to confirm substance use. After the screening process, alcohol and drug testing (Confirmatory Testing) are used to provide baseline information on the nature of the offender's drug dependencies, and thereby allows appropriate referrals to treatment services. Alcohol and drug testing thereafter are used to monitor treatment progress and provide credible and timely information on the offender's continued use or abstinence from specific drugs. All positive testing must result in an update of the health and wellness plan as well as progress notes which indicate that the continued substance use is being effectively addressed. The IACC care coordination and treatment and recovery support services are required to have protocols on alcohol and drug testing which should include observed collections, and chronological documentation showing analysis and disposition of the specimen. The results should be documented in the offender's record

(WITS or ADAD-designated electronic health record) and reported to the supervising criminal justice agency on the same day.

- c. Individual Integrated Addiction Care Coordination Service Planning. Individualized integrated addiction care coordination health and wellness plans will address the offender's need for community based substance abuse treatment. These plans may include provisions for linkage to substance abuse treatment, vocational/educational resources, medical/mental health providers, clean and sober housing, or other ancillary services. The individualized service plans are developed collaboratively by a team including the supervising criminal justice agency, the IACC care coordination and treatment and recovery support services program, and the offender. Cognitive behavioral interventions including cognitive restructuring and skill building, coupled with social learning principles shall be used as a mean of insuring behavior change and reducing recidivism.
- d. Court/Supervising Criminal Justice Agency Technical Assistance and Support. IACC care coordination and treatment and recovery support services will provide assistance to the supervising criminal justice agencies in making decisions about possible offender options through objective testimony and written reports documenting the results of all assessments, monthly progress and termination decisions. The IACC care coordination and treatment and recovery support services agency will provide its expert, objective testimony at all stages of criminal justice processing—pretrial, sentencing, and at violation hearings. The IACC care coordination and treatment and recovery support services agency will negotiate with the supervising criminal justice agency for sanctions that make clinical sense and promote substance abuse treatment as an alternative to incarceration. In addition to providing formal testimony and reports, the IACC care coordination and treatment and recovery support services agency will also participate in scheduled case conferences and staff meetings with criminal justice personnel to clarify their findings in an objective manner and to educate criminal justice personnel about IACC care coordination and treatment and recovery support services, procedures and treatment expectations.
- e. Service Referrals and Placement into Substance Abuse Treatment. IACC services are responsible for determining the offender's service needs at the time of initial assessment; in collaboration with the criminal justice agencies; and throughout the course of the offender's involvement with IACC services. Along with referrals for substance abuse treatment, the IACC agency care coordinator will:

- 1) Refer offenders to ancillary services such as G. E. D. classes, literacy programs, vocational rehabilitation, and other legal, dental, medical, psychiatric and other health and human service resources or entitlements.
 - 2) Monitor offenders' treatment progress by meeting with offenders and treatment provider staff.
 - 3) Monitor offenders' vocational/educational assistance and progress.
 - 4) Participate in treatment providers' case conferences and treatment team meetings as appropriate.
 - 5) Assist in obtaining needed medication and medical supplies, clothing, food and personal necessities.
- f. Monitoring. While offenders are in treatment, IACC care coordination and treatment and recovery support services staff will report progress routinely to the referring supervising criminal justice agency. As new needs arise or when the offenders experience difficulty, the IACC services' care coordinator may revise the service plan or provide other interventions to support progress toward recovery. The Integrated Addiction Care Coordinator's intervention may include increasing the involvement of the supervising criminal justice agency in order to maintain the offender's level of motivation, compliance, progress and commitment. Routine reports and ongoing communication enables the criminal justice system to stay informed of the offenders' status in treatment. Regular monitoring also enables prompt reassessment and early intervention to address any potential problems.
- g. Clean and Sober Housing. Clean and Sober Housing may only be billed to ADAD IACC for a maximum of 31 days to assist in transition to other ADAD or non-ADAD-funded housing services.
- h. Training Activities. Training activities shall be planned, developed and coordinated with ADAD staff and through ADAD's Training Coordinator in conjunction with representatives from the Criminal Justice System, the substance abuse treatment providers and the provider designated as the IACC care coordination services direct service staff as well as treatment services staff and organizations involved in the Integrated Addiction Care Coordination for Offenders.

- i. Clinical Supervision. All care coordinators shall receive regular supervision from the Program Director or Clinical Supervisor. Regular supervision shall be for a minimum of one hour weekly. Supervision may be by phone for same island or neighbor island care coordinators or in person for same island care coordinators.

Note: The ICC agency shall not bill this service to ADAD.

4. **Service Intensity**

- a. Integrated Addiction Care Coordination staff will be expected to work non-traditional hours and on weekends and holidays as required. A service response/capability shall be present 24 hours a day, 7 days a week.
- b. The APPLICANT shall have the capacity to provide multiple contacts per week to offender-clients experiencing severe symptoms or significant problems in daily living. These multiple contacts may be as frequent as two to three times per day, seven days per week, depending on the offender-client's need. IACC Care Coordination treatment and recovery support services shall have the capacity to rapidly increase service intensity to an offender-client when his or her status requires it. It is anticipated that the contacts will be more frequent in the early months of service, gradually decreasing as the offender-client moves toward completion of his or her service objectives. IACC care coordination services shall provide an average of two (2) documented contacts per week for all offender-clients. However, in later stages of client's care, two (2) contacts per week may not be necessary.

B. **Management Requirements**

(Minimum and/or mandatory requirements)

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section B which applies to this RFP in its entirety and all of its subcategories.

Additional information and specific to this sub-category:

Experience: An APPLICANT intending to provide integrated care coordination must demonstrate a minimum of three (3) years' experience in the successful provision of assessment, advocating and care coordination services to medium and high risk offenders.

- a. **Personnel**

- 1) The APPLICANT shall conduct, at a minimum, a criminal history record check for any person who is employed or volunteers in an administrative or program position which necessitates close proximity to clients. The APPLICANT shall have a written plan for addressing any findings that result from the criminal history record check. A copy of the criminal history record check shall be placed in the employee's or volunteer's personnel file and shall be available for review.
- 2) The APPLICANT shall employ staff who has verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as offenders, women, or minorities.

b. Experience

- 1) The APPLICANT shall have a minimum of one (1) year experience in the provision of substance abuse treatment services for substance abuse clients plus a minimum of one additional year of successful experience in the provision of substance abuse treatment services for pretrial, probation, or parole populations.
- 2) An APPLICANT intending to provide therapeutic living for the furlough population must demonstrate a minimum of one year of successful experience in the provision of services to inmates and their families and a minimum of one year of successful experience in operating a residential facility in the community.

c. Coordination of Services

- 1) Adult Substance Abuse Treatment Services for Offenders shall be comprehensive, and shall be designed to satisfy legal sanctions and improve treatment outcomes. Services shall be delivered through an Integrated Addiction Care Coordination (IACC) model, utilizing the principles of effective interventions to promote consistent matching of treatment and supervision levels for quality management.
- 2) The criminal justice client is often difficult to engage and retain in treatment. The State has an interest in facilitating access to and retention in treatment. Therefore, methods tailored to increase the percentage of clients making first treatment contact, interventions targeting client engagement in

treatment and referral mechanism resulting in engagement in treatment are critical.

- 3) APPLICANTS are encouraged to propose methodologies which will result in increased engagement in treatment.
- 4) The therapeutic living program shall enable the participating offender to engage in meaningful leisure, social, and recreational activities. The therapeutic living program shall assist the offender with personal budgeting to ensure he or she has a viable plan to meet their financial obligations.
- 5) The APPLICANT providing IACC care coordination and substance abuse treatment and recovery support services shall develop and implement, in coordination with the supervising criminal justice agency, an appropriate transition plan for each client in the final phase of treatment prior to discharge. The plan shall address recovery issues and relapse prevention.

C. Facilities

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section C which applies to this RFP in its entirety and all of its subcategories.

D. Benefit Exceptions

Refer to 440-17-1, Section 2, Sub-Category 1 Adult Substance Abuse Treatment Services, Section 2.4, Sub-Section D which applies to this RFP in its entirety and all of its subcategories.

2.5 Compensation and Method of Payment

A. Units of service and unit rate

It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds allocated to any category of service at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds.

SERVICES	RATES	MAXIMUM and GUIDELINES
<p>Outreach/Motivational Enhancement/Interim Care</p> <p>Tier 1: 1-10 hours – Up to 4 hours per wk</p> <p>Tier 2: 11-21 hours –Up to 3 hours per wk</p> <p>Tier 3: 22-30 hours – Up to 2 hours per wk</p> <p>- 15-minute increments.</p>	<p>Tier 1: \$29/hr.</p> <p>Tier 2: \$23/hr.</p> <p>Tier 3: \$18/hr.</p>	<ul style="list-style-type: none"> • Screening may be conducted at any time during this service. • Assessment may be conducted at any time during this service. • Placement Determination may be conducted at any time during this service provided an assessment has been completed. • Referral/linkage can be conducted at any time during this service and billed as Tier 1 CC (5-hour max) provided it is not billed concurrently with any Tier in this service. All other guidelines for Care Coordination apply. • <i>Interim services apply only to PWWDC and IDU clients.</i> <p><i>*If referral/linkage is completed during this service, no further billing can occur in this service for the rest of the episode of care.</i></p>

SCREENING	\$10	Once per Episode of Care – can be billed during Outreach/Motivational Enhancement/Interim Care.
ASSESSMENT Summary/Report <i>* An assessment can be completed over the course of several sessions – service is billed when summary is completed in WITS</i>	Tier 1: \$90 Tier 2: \$50 Tier 3: \$25	Tier 1 = Initial Assessment/Summary conducted for the episode of care - can be billed during Outreach/Motivational Enhancement/Interim Care. Tier 2 = First Updated Assessment/Summary (see “Client Progress Data Collection” cannot be less than 6 months from date Initial Assessment/Summary completed and entered into WITS) Tier 3 = Up to 2 Subsequent Updated Assessments (see “Client Progress Data Collection” 6 month intervals)
PLACEMENT DETERMINATION	\$50	Refers to INITIAL assessment/determination of Level of Care Placement using ASAM Criteria. All subsequent assessments/ determination of Level of Care Placement become part of the general evaluation of client progress.
CARE COORDINATION Tier 1: Hours 1-10 Tier 2: Hours 11-21 Tier 3: Hours 22-32 - 15-minute increment billing allowed.	Tier 1: \$29/hr. Tier 2: \$23/hr. Tier 3: \$18/hr.	<ul style="list-style-type: none"> • Four (4) hour max Tier 1 for Referral, Linkage and Follow up to be used: <ul style="list-style-type: none"> ○ After initial Assessment and Placement Determination, the provider must refer client to a Level of Care not within their capacity; ○ When transitioning client to different level of care not offered by the provider within the same episode. • During Placement/Referral and transition, up to 2 ADAD contracted agencies may bill for Care Coordination for a client up to the four-hour maximum provided Care Coordination results in successful admission to another program. • Providers must ensure duplication does not occur.
HEALTH AND WELLNESS PLANNING Tier 1: Initial. Tier 2: Subsequent updates and Discharge	Tier 1: \$138 Tier 2: \$69	<ul style="list-style-type: none"> • For residential – Tier 2 plan updates, frequency should be no less than every 15 days and no more than every 7 days • For Day Treatment - Tier 2 plan updates, frequency should be no less than every 15 days and no more than every 7 days • For IOP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every

<p>planning.</p>		<p>15 days</p> <ul style="list-style-type: none"> • For OP - Tier 2 plan updates, frequency should be no less than every 30 days and no more than every 15 days • Discharge planning must occur no less than 15 days prior to anticipated discharge from an episode of care.
<p>RESIDENTIAL</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-31</p> <p>Tier 3: Days 32-45</p> <p>- 24 hrs/day; 7 days a week.</p>	<p>Tier 1: \$209/day</p> <p>Tier 2: \$188/day</p> <p>Tier 3: \$151/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD.
<p>DAY TREATMENT</p> <p>Tier 1: Days 1-15</p> <p>Tier 2: Days 16-23</p> <p>Tier 3: Days 24-31</p>	<p>Tier 1: \$174/day</p> <p>Tier 2: \$156/day</p> <p>Tier 3: \$125/day</p>	<ul style="list-style-type: none"> • More than one stay per episode must be approved by ADAD. • A week is based on the calendar week, from Sunday-Saturday. • No more than 2 consecutive days between sessions in a week. • 20-30 hours per week. • Preference Minimum four (4) or more hrs. per day for five (5) days a week; and, (1) one hr. individual counseling per week.
<p>INTENSIVE OUTPATIENT</p> <p>Tier 1: Days 1-10</p> <p>Tier 2: Days 11-21</p> <p>Tier 3: Days 22-32</p>	<p>Tier 1: \$144/day</p> <p>Tier 2: \$129/day</p> <p>Tier 3: \$104/day</p>	<ul style="list-style-type: none"> • As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. • No more than two (2) consecutive days between scheduled sessions.

<p>OUTPATIENT</p> <p>Tier 1: Weeks 1-3</p> <p>Tier 2: Weeks 4-6</p> <p>Tier 3: Weeks 7-10</p>	<p>Tier 1: \$120/week</p> <p>Tier 2: \$108/week</p> <p>Tier 3: \$86/week</p>	<ul style="list-style-type: none"> As defined by ASAM, 3rd Edition, 2013: Generally, 9-19 hours of structured programming per week for adults and 6-19 hours for adolescents. No more than two (2) consecutive days between scheduled sessions.
<p>CONTINUING CARE</p> <p>Tier 1: Hours 1-10</p> <p>Tier 2: Hours 11-21</p> <p>Tier 3: Hours 22-32</p>	<p>Tier 1: \$25/hour</p> <p>Tier 2: \$20/hour</p> <p>Tier 3: \$15/hour</p>	<ul style="list-style-type: none"> 1-2 hours per week. 15- minute increment billing allowed after the first 30-minutes.
<p>OTHER: Urinalysis</p> <p>Per screen.</p>	<p>\$14 Per screen</p>	<ul style="list-style-type: none"> Clinical necessity.
<p>OTHER: Urinalysis Confirmatory</p>	<p>\$36 per confirmatory test</p>	<ul style="list-style-type: none"> Clinical necessity.
<p>CLEAN AND SOBER HOUSING</p> <p>Days 1-31</p>	<p>\$31/day</p>	
<p>TRANSPORTATION</p> <p>Type A – Transportation in program or employee owned vehicles.</p> <p>Type B – Support for public transportation.</p>	<p>Type A- \$6/one way</p> <p>Type B - \$60 per episode</p>	<p>Type A –</p> <ul style="list-style-type: none"> Two (2) allowable per session. Must coincide with treatment hours. Maximum of 30 trips <p>Type B-</p> <ul style="list-style-type: none"> For purchase of public transit pass. Limit one time per episode of care. Providers must purchase the pass directly.
<p>TRANSLATION/ INTERPRETER</p>		<ul style="list-style-type: none"> Up to 15 hours.

- Must coincide with treatment hours.	\$28/hour	
RURAL/REMOTE SERVICES Monthly Client Capitation Rate		
IACC Treatment and Recovery Services	Negotiated Per Client/Per Month	Negotiated minimum amount of clients served per month.

Section 3

Proposal Application Instructions

Proposal Application Instructions

General Instructions:

- *Proposal applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *Applicants are strongly encouraged to review evaluation criteria in Section 5, Proposal Evaluation Protocol when completing the proposal.*
- *Formatting. Use Font – Times New Roman, 12-point font; 1” top, bottom, and side margins.*
- *Submit black and white copies (no color) of your Proposal Application.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section.*
- *Proposal Applications may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Required).*
- *A written response is required for each item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant’s score.*
- *Proposal Applications will be reviewed and scored according to the quality of your response to the requirements in the Program Narrative.*
- *Page number maximum. Pages submitted in excess of the page maximum limit will not be considered in the review of your Proposal Application.*
- *The number of points indicated on the Proposal Evaluation Protocol is the maximum number of points the technical review committee may assigned to each question.*

The Proposal is comprised of the following:

- 1. Proposal Application Identification Form**
- 2. Table of Contents** (Refer to sample in Section 5, Attachment B of RFP)

3. **Program Narrative** (40-page maximum). *The Program Narrative describes your program. It consists of items a-e below. Sections a-e together may not exceed 40 pages. More detailed instructions for completing each section of the Program Narrative are provided below. The narrative is comprised of the follow required sections:*
 - a) *Program Overview*
 - b) *Experience and Capability*
 - c) *Project Organization and Staffing*
 - d) *Service Delivery*
 - e) *Financial*

4. **Supporting Documents/Attachments** (note page limits below). *The Supporting Documentation section provides additional information necessary for the review of your proposal. All supporting documents and attachments should be in the section immediately following your Program Narrative.*
 - a) **Required.** There is no page limitation for Required Attachments. *All required attachments are listed in Section 5 Attachments A-D and on the Proposal Application Checklist. In addition, the following are required:*
 - (1) *List of Certifications*
 - (2) *Performance-Based Budget*
 - (3) *Service Delivery Table*
 - (4) *Program Organization Chart*
 - (5) *Organization-Wide Organization Chart*
 - (6) *Weekly Schedule Format*
 - (7) *Most recent Single Audit Report/Financial Audit -or- the latest Financial Reports (refer to instructions in Section 5. Financial for a list of Financial Reports)*
 - (8) *Form Form SPO-H-205A*
 - (9) *Staff List*

- b) *Optional (15-page maximum). The total length of Optional Attachments may not exceed 15 pages.*

Specific Instructions:

3.1 Program Overview

APPLICANT shall give a brief overview to orient evaluators as to the program/services being offered. Include an Organization-wide organizational chart that shows where the proposed program fits within the APPLICANT agency.

3.2 Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

B. Experience

The APPLICANT shall provide a description of projects/contracts of verifiable experience pertinent to the proposed services within the most recent 1 year. APPLICANT shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

C. Quality Assurance and Evaluation

The APPLICANT shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT'S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to implementation of the proposal model will be achieved, and how results will be assessed. **Set a threshold percentage for each Outcome Objective** specified in this subsection and provide the rationale for not setting a lower or higher percentage.

D. Coordination of Services

The APPLICANT shall demonstrate the capability to coordinate services with other agencies and resources in the community. Specify the intermediaries, e.g., school (Letters of Intent) personnel, judiciary, mental health centers, QUEST plans, etc., whose involvement is critical in order for the program to succeed.

Include a description of coordination efforts that will occur with other agencies in the community. Indicate how these intermediaries will cooperate.

E. Facilities

The APPLICANT shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and the availability of special equipment that may be required for the services.

3.3 Program Organization and Staffing

A. Program Organization

1. Supervision and Training

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The APPLICANT shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency). Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

B. Staffing

1. Proposed Staffing

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

Discuss staffing, including level of effort with justification for key personnel. Include position descriptions for all significant staff budgeted to this program directly or through subcontracts.

2. Staff Qualifications

The APPLICANT shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable). Complete the **Budget**

Justification Personnel-Salaries and Wages (SPO-H-206-A). Include incumbent qualifications with actual qualification.

Describe the extent to which the staff's qualification/competency is responsive to the needs of the target population.

3.4 Service Delivery

Applicant shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A separate weekly schedule, showing all hours of operation for all seven days, showing the activities to be provided to ADAD clients shall be submitted.

Describe the treatment component to be created or expanded and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data, and follows the NIDA Principles of Effective Treatment. For treatment components that will be expanded, include data on current capacity, average length of treatment, retention rates, and outcomes. Address how services will be provided to each targeted population to be served by this proposal.

Provide annual quantitative goals and objectives for the treatment component in terms of the numbers of individuals to be served, types and numbers of Services to be provided, and outcomes to be achieved. Describe how the targeted population will be recruited into treatment and retained in treatment. Include a description of available resources (e.g., facilities, equipment) and discharge planning process to the community.

Present a management plan which discusses the proposed schedules of activities, products, events, and implementation timelines.

Describe the basis of any curricula to be used and describe how each curriculum will be applied to the targeted population to be served by this proposal.

Incorporate the use of innovative and/or culturally relevant approaches and provide justifications for their use.

Respond to the all applicable **Subsections of Section 2 of the RFP. If not applicable, indicate as such:**

3.5 Financial

A. Pricing Structure

The APPLICANT shall submit a cost proposal utilizing the compensation and method of payment information designated in Section 2 of the RFP subcategory for which it is applying. The cost proposal shall be attached to the POS Proposal Application.

1. Pricing Structure Based on Unit Rate

The unit rate pricing structure reflects a purchase arrangement in which the State pays the contractor a *pre-determined fixed rate* for a performance unit. Complete required attachments.

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each modality for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

2. Pricing Structure Based on Negotiated Unit of Service Rate

The negotiated rate pricing structure reflects a purchase arrangement in which the State pays the contractor a negotiated capitated *fixed rate* for services. Complete required attachments.

The APPLICANT is requested to furnish a reasonable estimate of the maximum number of service units it can provide in each modality for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff).

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the APPLICANT'S accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application:

- a. **The latest Single Audit Report, Financial Audit.** Note, the Financial Audit Report must be completed by an independent auditor.

b. **The latest Financial Reports** (see below). *If the APPLICANT is not required to provide a Financial Audit*, the applicant must provide the following Financial Reports for the most current Fiscal Year. The APPLICANT must include supplemental information about the financial condition of the company, without which the Financial Statements cannot be fully understood. Financial Reports:

- 1) Profit and Loss Statement (P&L)
- 2) Balance Sheet
- 3) State of Cash Flow
- 4) General Ledger
- 5) Notes to Financial Statement

2. **Financial Analysis**

APPLICANTS must show their ability to meet its short-term and long-term financial obligations. Members of the review team will use the following formulas for computing Solvency and Liquidity ratios. Solvency ratio should be 10% or higher and Liquidity ratio should be 1.00 or higher.

- a. Solvency ratio = (After Tax Net Profit + Depreciation) / Total Liabilities
- b. Liquidity ratio = (Current Assets/Current Liabilities)

3. **Sustainability**

The APPLICANT should describe how the program will be sustained if funding from the STATE purchasing agency is decreased or ceases to exist.

- a. 2-Year Sustainability Plan.
- b. Project Plan Narrative.
- c. Budget by Source Funds (**Form SPO-H-205A**).
- d. Cost Allocation Plan and/or Billing Policies and Procedures.

4. **Hawaii Compliance Express (HCE).**
APPLICANTS, upon award of a contract, shall comply with all laws governing entities doing business in the State. APPLICANTS shall produce certificates to the STATE to demonstrate compliance with the Hawaii State Department of Taxation (DOTAX), Internal Revenue Services (IRS), Department of Labor and Industrial Relations (DLIR), and Department of Commerce and Consumer Affairs (DCCA). APPLICANTS are encouraged to register with HCE to obtain electronic verification.

3.6 Other *(page limitation not applicable)*

A. Litigation

The APPLICANT shall disclose and explain any pending litigation, to which they are a party, including the disclosure of any outstanding judgment.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

4.1 Introduction

The procurement officer or an evaluation committee of designated reviewers selected by the head of state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. *The STATE reserves the option to use the same committee for all counties or to use separate evaluation committees for each sub-RFP and each sub-RFP county or island(s). ADAD reserves the right to award contracts based on the best configuration of services and to best meet the needs of the STATE.*

4.2 Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

Evaluation Categories

Possible Points

Administrative Requirements

(Not Rated)

Proposal Application

Program Overview	0 points
Experience and Capability	35 points
Program Organization and Staffing	18 points
Service Delivery	32 points
Financial	15 points

TOTAL POSSIBLE POINTS

100 Points

4.3 Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

Mandatory proposal requirements are items that must be submitted with the application or addressed in order for the proposal to be evaluated. They do not receive a rating.

2. Proposal Application Requirements

- a) Proposal Application Identification Form (Form SPO-H-200)
- b) Proposal Application Checklist
- c) Table of Contents
- d) Program Overview
- e) Experience and Capability
- f) Project Organization and Staffing
- g) Service Delivery
- h) Financial (All required forms and documents)
- i) Program Specific Requirements (as applicable)
- j) Litigation Disclosure (for review and determination)
- k) Administrative Assurances

B. Phase 2 - Evaluation of Proposal Application (100 Points)

The Technical Review Committee will use the scale as described in Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Instructions and Protocol.

Criteria for Multiple Proposals: In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the additional criteria indicated in **Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Instructions, Criteria for Multiple Proposals** in determining the funding allocations.

1. **Program Overview:** No points are assigned to Program Overview.

The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.

2. **Experience and Capability (35 Points)**

The State will evaluate the APPLICANT's experience and capability relevant to the proposal which shall include the necessary skills and experience as described on **Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Protocol, 2. Experience and Capability.**

3. **Project Organization and Staffing (18 Points)**

The State will evaluate the APPLICANT's overall staffing approach of the proposed service through an evaluation of the documents noted below, in addition to the items described on **Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Protocol, 3. Program Organization and Staffing.**

- a) Completed **Organization-Wide Organization Chart** (Blank form can be found in Section 5, Attachments, form C-4)
- b) Completed **Service Delivery Tables** (Blank form can be found in Section 5, Attachments, form C-2)
- c) **Program Organization Chart** – (Sample can be found in Section 5, Attachments, Form C-3) To be completed by APPLICANT.

4. **Service Delivery (32 Points)**

Evaluation criteria for this section will assess the APPLICANT's approach to the service activities and management requirements outlines in the Proposal Application. The criteria also include an assessment of the work plan logic for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable, refer to **Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Protocol, 4. Service Delivery.**

The service activities and management structure presented by the applicant meets the service activities and management requirements outlined in the POS proposal application and Section 2, Subsection 2.4. Scope of Work.

5. *Financial (15 Points)*

Evaluation criteria for this section will assess the APPLICANT's approach to financial management; including an analysis of APPLICANTS financial stability and plans for sustainability should funding from the STATE be decreased or ceases to exist, refer to **Attachment E-11: Alcohol and Drug Abuse Division, Proposal Evaluation Protocol, 5. Financial.**

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Work Forms
 - C-1 Performance-Based Budget
 - C-2 Service Delivery Table
 - C-3 Program Organization Chart
 - C-4 Organization-Wide Organization Chart
 - C-5 Weekly Schedule Format
- D. Certifications
 - D-1 List of Certifications
 - D-2 List of Assurances
- E. Program Specific Requirements
 - E-1 Substance Abuse Treatment Guidelines
 - E-2 Wait List Management and Interim Services Policy and Procedures
 - E-3 NIDA Principles of Effective Treatment
 - E-4 Outreach Services Policy and Procedures
 - E-5 General Requirements for All Therapeutic Living Programs
 - E-6 Request for Information Summary
 - E-7 Important Websites Addresses
 - E-8 Certificate of Liability Insurance Requirements
 - E-9 Indigenous Evidence Based Effective Practice Model and Website Links
 - E-10 Proposal Evaluations and Protocol
 - E-11 Opioid Recovery Requirements
 - E-12 Hawaii Community Foundation Tobacco Cessation Grantee List

Proposal Application Checklist

Applicant: _____ RFP No.: HTH 440-17-_____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 5, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	See Sample	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)			X	
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions are in Section 5	X	
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions are in Section 5	Not Allowed	
SPO-H-206A	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206B	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206C	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206D	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206E	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206F	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206I	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206J	Section 3, RFP	SPO Website*	Not Allowed	
Certifications:				
Federal Certifications		Section 5, RFP	Attachment D	
Debarment & Suspension Lobbying Program Fraud Civil Remedies Act Environmental Tobacco Smoke	Section 5, RFP	Attachment D	X	
Charitable Choice Assurance Trafficking Victims Assurance Drug Free Workplace	Section 5, RFP	Attachment D	X	
Program Specific Requirements:				
Audit	Section 2, RFP		X	
Attachments C-1 to C-5	Section 2, RFP	Attachment C	X	
Position Descriptions	Section 3, RFP		X	

*Refer to Section 1.2, Website Reference for website address.

Proposal Application Table of Contents

1.0	Program Overview	1
2.0	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities	6
3.0	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts	
4.0	Service Delivery	12
5.0	Financial	20
	See Attachments for Cost Proposal	
6.0	Litigation	20
7.0	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1996	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

SECTION 5

ATTACHMENT C:

WORKPLAN FORMS

Submit the following with Attachment C:

- C-1 Performance-Based Budget**
- C-2 Service Delivery Table**
- C-3 Program Organization Chart**
- C-4 Organization-Wide Organization Chart**
- C-5 Weekly Schedule Format**

A separate set of tables (C-1, C-2, C-3, and C-5) should be submitted for each sub-category the APPLICANT is applying for.

SERVICE DELIVERY TABLES

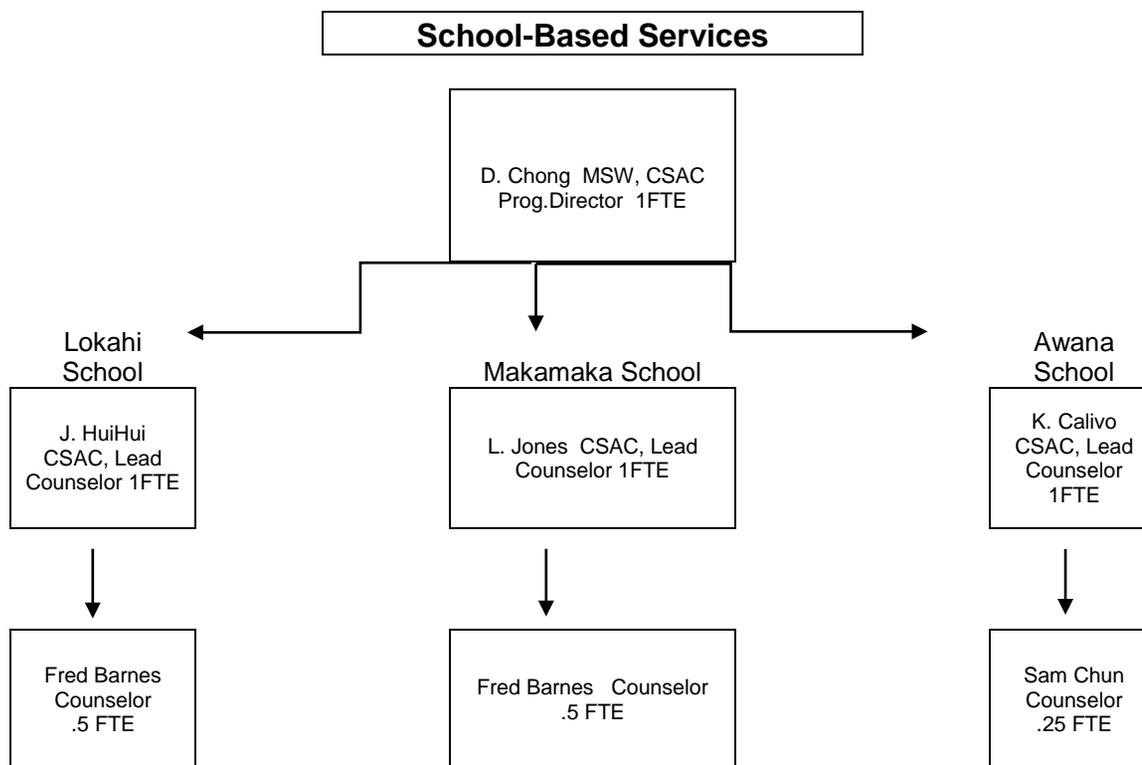
Modality	Staff-To-Client Ratio	Estimated Number of Clients to be Admitted	Total Average Units Per Client	Total Cost Per Client	Total Cost Per Modality
Residential					
Intensive Outpatient					
Outpatient					
Therapeutic Living					
Recovery Support					
Other (Describe)					

Submit a weekly schedule of activities for each modality to be provided. Activities which will be paid for by ADAD must be clearly identified either by the use of ADAD's **Definition of Treatment Activities** (Process Group, Task Group, Individual Counseling, etc.) or a legend which relates the agency's activity names to ADAD's Definitions. The name and position of the staff providing the activity, if known, should also be provided and match staff names provided in the **Staffing Position Chart**. Total Cost Per Modality should match the cost data provided on the **Performance-Based Budget**.

THIS TABLE SHOULD BE SUBMITTED FOR EACH SUB-CATEGORY

SAMPLE

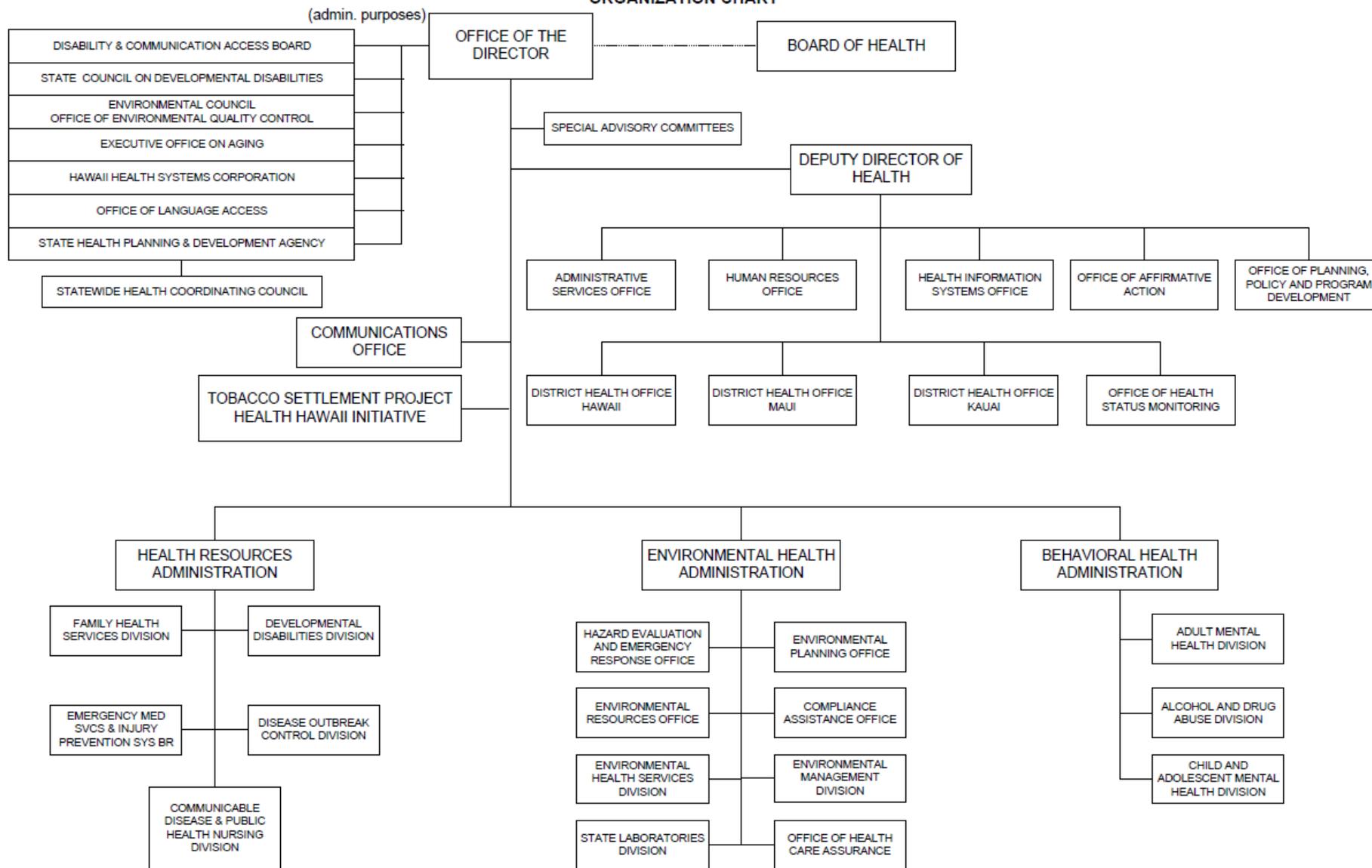
Program Organization Chart



NOTE: This example is for a School-Based program, but may be applied to any type of program.

THIS TABLE SHOULD BE SUBMITTED FOR EACH SUB-CATEGORY

STATE OF HAWAII
DEPARTMENT OF HEALTH
ORGANIZATION CHART



**General format to use for a
Weekly Schedule**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							
5:00							
6:00							
7:00							
8:00							
9:00							
10:00							

Legend for ADAD Activities:

- IC=Individual Counseling
- GP=Process Group
- GS=Skill Building Group
- GE=Educational Group
- GR=Recreational Group

THIS TABLE SHOULD BE SUBMITTED FOR EACH SUB-CATEGORY

LIST OF CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS

This certification is pursuant to 45 CFR Part 76:

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

2. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants, contracts, loans, and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant, contract, loan, or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant, contract, loan, or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to Federal grants, contracts, loans, and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

3. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

4. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), 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 the 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 drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities 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.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children’s services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Organization Name

Name of Authorized Representative

Title

Signature

Date

LIST OF ASSURANCES

1. ASSURANCE OF COMPLIANCE WITH SAMHSA CHARITABLE CHOICE STATUTES AND REGULATIONS

SAMHSA’s two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

2. ASSURANCE OF COMPLIANCE WITH SAMHSA’S PROVISIONS PROHIBITING TRAFFICKING IN PERSONS

Recipients and subrecipients of the Substance Abuse Prevention and Treatment Block Grant and the employees of such recipients and subrecipients are required to comply with SAMHSA’s provisions pursuant to Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). These provisions prohibit severe forms of trafficking in persons, or the procurement of a commercial sex act during the period of time that the Block Grant award is in effect, or the use of forced labor in the performance of the award or subawards under the award.

3. ASSURANCE REGARDING DRUG-FREE WORKPLACE

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) is dedicated to providing the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. As a direct recipient of Federal monies to achieve this goal, ADAD must comply with 45 CFR Part 76 to maintain a drug-free workplace. ADAD requires its prospective contractors to comply with providing a drug-free workplace.

The undersigned (authorized official signing for the applicant organization) APPLICANT certifies that it will comply, as applicable, with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) statutory provisions of the sections noted above as well as the ADAD requirement for a drug-free workplace.

Organization Name

Name of Authorized Representative

Title

Signature

Date

SUBSTANCE ABUSE TREATMENT AND RECOVERY GUIDELINES BEST PRACTICES/RESOURCES

The following sources and links to Internet web sites provide references to best practices and resources to substance abuse treatment and recovery support programs funded by ADAD.

State of Hawaii, Department of Health, Alcohol and Drug Abuse Division (ADAD)

- <http://health.hawaii.gov/substance-abuse/>

Hawaii Med-QUEST Division

- <http://www.med-quest.us/>

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

- <http://nasadad.org/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

- <http://www.samhsa.gov/>

National Council for Behavioral Health

- <http://www.thenationalcouncil.org/>

National Institute on Drug Abuse

- <https://www.drugabuse.gov/>

National Institute on Alcohol Abuse and Alcoholism

- <https://www.niaaa.nih.gov/>
- **White House Office of National Drug Control Policy (ONDCP)** <https://www.whitehouse.gov/ondcp>

National Institute of Corrections

- <http://nicic.gov/>

US Centers for Disease Control and Prevention

- <http://www.cdc.gov/>

US Centers for Medicare & Medicaid Services

- <https://www.cms.gov/>

UN World Health Organization

- <http://www.cdc.gov/>

Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition).

December 2012 (An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)

- https://www.drugabuse.gov/sites/default/files/podat_1.pdf

SAMHSA Center for Substance Abuse Treatment (CSAT). Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1993 to present plus archived.

- <http://www.ncbi.nlm.nih.gov/books/NBK82999/>

DEFINITIONS OF TREATMENT ACTIVITIES

REIMBURSABLE ACTIVITIES

All individual, group and family sessions shall involve direct, formal, clinically appropriate face-to-face contact with a client and/or significant other. A professional staff person must be actively involved in the provision of the service. Clients meeting on their own to read, watch videos, or run a support group will not be considered as reimbursable sessions.

The Healthcare Common Procedure Coding System (HCPCS) has been included at the beginning of each definition.

PRE-TREATMENT AND PRE-RECOVERY SUPPORT SERVICES

I. Screening

A. HCPCS

H0002-Behavioral health screening to determine eligibility for admission to treatment program

B. ADAD

1. The process by which the client is determined 1) appropriate and eligible for admission to a substance use disorder treatment program and/or recovery support services or 2) referral to non-substance abuse services. The first requires a substance use disorder diagnosis as well as the use of established patient placement criteria.
2. Important factors, at a minimum, shall include the nature of the substance abuse, the physical and psychological condition of the client, outside support, previous substance abuse treatment and/or recovery support services and motivation for services.
3. Eligibility for ADAD services is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.

Note: Each program will be required to screen to determine 1) the most current ICD-CM substance use diagnosis or diagnoses (if applicable) and 2) the most current version of the American Society of Addiction Medicine (ASAM) Criteria for level of care placement (if applicable). If a client has a substance use diagnosis and an ASAM placement level, then the agency that completes the screen shall refer the client for appropriate services. The agency may offer its

own but shall also offer other programs' services (if clinically appropriate). If the client does not have a substance use disorder, the agency that completes the screen shall work with the client to provide referral and linkage for the client to non-substance abuse services.

II. Motivational Enhancement

A. HCPCS

1. H0047MI-Alcohol and/or other drug abuse services, not otherwise specified (Motivational Enhancement-Individual)
2. H0047MG-Alcohol and/or other drug abuse services, not otherwise specified (Motivational Enhancement-Group)

B. ADAD

Motivational Enhancement provides cognitive-behavioral strategies to challenge thoughts, attitudes and beliefs and motivational interviewing techniques for the purpose of establishing commitment to change behavior.

III. Outreach Services

A. HCPCS

H0023-Behavioral Health outreach service (planned approach to reach a targeted population)

B. ADAD

A planned approach to reach a target population (intravenous drug users) in its own environment. The purpose of this approach is to prevent and/or address issues and problems as they relate to substance use disorders or co-occurring substance use and mental health disorders. (See Attachment E-2).

IV. Interim Services (See Attachment E-2).

V. Case Management

A. HCPCS

H0006-Alcohol and/or substance abuse services; case management.

B. ADAD

Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management and that meet ADAD case management education, training, experience and/or credentialing requirements.

TREATMENT SERVICES

I. Assessment

A. HCPCS

H0001-Alcohol and/or drug assessment.

B. ADAD

1. The evaluation following admission by a clinician to determine the nature and extent of an individual's abuse, misuse and/or addiction to drugs, including all services related to identifying the detailed nature and extent of the person's condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered.)
2. The process by which a program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Although assessment is a continuing process, the initial plan **MUST** be complete within three business days of admission.
3. The counselor evaluates major life areas (e.g., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.
4. The assessment must include information obtained during screening (as defined previously) and must be holistic, i.e. covers both substance abuse treatment and recovery as well as non-substance abuse treatment and recovery services.
5. The assessment **MUST** be completed by a case manager that meets ADAD requirements.

II. Case Management

A. HCPCS

H0006-Alcohol and/or substance abuse services; case management.

B. ADAD

Case Management, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management and that meet ADAD case management education, training, experience and/or credentialing requirements.

III. Treatment Planning

A. HCPCS

T1007-Alcohol and/or substance abuse services, treatment plan development and/or modification.

B. ADAD

1. Health and Wellness Plan Development and/or Review/Update means design or modification of the service plan for alcohol and/or other drug abuse and non-substance abuse areas. This may be the initial plan for a client already engaged.
2. Health and Wellness Service planning is also the process by which the case manager or counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.
3. The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.
4. The plan describes the services, who shall perform them, when they shall be provided, and at what frequency. The plan is holistic and covers all relevant substance abuse treatment and recovery areas as well as non-substance abuse treatment and recovery service areas.

IV. Non-Medical Residential Detoxification

A. HCPCS

H0011-Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)

B. ADAD

Non-medical (social) residential detoxification is a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary services 24 hours a day, 7 days a week for persons with substance abuse problems. Its purpose is medically to manage and monitor severe withdrawal symptoms from alcohol and/or drug addiction. It requires appropriately licensed, credentialed and trained staff.

V. Residential Treatment

A. HCPCS

H0019-Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem.

B. ADAD

Residential Treatment is organized and staffed to provide both general and specialized non-hospital-based interdisciplinary services twenty-four (24) hours a day, seven (7) days a week for persons with substance abuse problems.

C. Standards

1. For an organization to be reimbursed for residential treatment, a client shall receive a minimum of twenty-five (25) hours per week of a combination of the following services:
 - a. Therapeutic activities such as individual and group counseling.
 - b. Educational activities.
 - c. Training activities. Such training may address:
 - 1) Community integration goals and activities.
 - 2) Identification of target symptoms.
 - 3) Behavior management and interview practices.
 - 4) Factors impacting the persons served, such as:

- a) Communication skills.
 - b) Degree of support and supervision required.
 - c) Guardianship issues.
 - d) Special needs.
 - e) Medications.
 - f) General health considerations.
 - g) Religious beliefs.
 - h) Literacy.
- 5) Functional skills.
 - 6) Housekeeping/maintenance skills.
 - 7) Human sexuality.
 - 8) Incident reporting.
 - 9) Menu planning and meal preparations.
 - 10) Cultural competency and relevance.
 - 11) Sanitation and infection control.
 - 12) Safety procedures.
 - 13) Scheduling of:
 - a) Menu planning and meal preparation.
 - b) Cleaning and maintenance of appliances.
 - c) Daily routines.
 - 14) Maintenance of adaptive equipment.
 - 15) Addressing special dietary requirements.
- d. Crisis intervention.

- e. Development of community living skills.
- f. Family support with the approval of the persons served.
- g. Linkages to community resources.
- h. Advocacy.
- i. Development of social skills.
- j. Development of a social support network.
- k. Development of vocational skills.
- l. Assistance in securing housing that is safe, decent, affordable, and accessible.
- m. Assistance in receiving primary health care.
- n. Assistance in receiving primary health care for children in pregnant and parenting women and children (PPWC) specialty programs.
- o. Assistance in complying with criminal justice requirements.

Note: Not all listed services must be provided. Some services may be provided off site.

VI. Pregnant Women and Women with Dependent Children Residential Treatment

A. HCPCS

H0019-Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem

B. ADAD

Non-medical (social) residential detoxification is a residential treatment program that is organized to provide specialized non-hospital based interdisciplinary services 24 hours a day, 7 days a week for pregnant and parenting women with children with substance abuse problems.

C. HCPCS

H2037-Developmental Delay, prevention activities, dependent child of client, per diem.

D. ADAD

Services designed to foster the development of children of clients receiving residential treatment while the client is in residential treatment, per day, including, but not limited to, the children's psychological, emotional, social and intellectual development.

VII. Day Treatment

A. HCPCS

H2012-Behavioral health day treatment, per hour.

B. ADAD

1. Day treatment or partial hospitalization. An intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 4 hours a day and 5 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment services and other ancillary alcohol and/or other drug services. Services include, and are not limit to, assessment, counseling, crisis intervention, and activity therapies or education.
2. Day treatment, although provided in an outpatient setting, has access to the same services provided in a residential treatment program, e.g. medical, psychiatric, psychological, transdisciplinary and emergency services as needed.

VIII. Intensive Outpatient Services

A. HCPCS

H0015I-Alcohol and/or drug services; intensive outpatient treatment—individual activities (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, individual counseling, individual treatment planning crisis intervention, and activity therapies or education.

B. ADAD

An intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 3 hours a day and at least 3 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment services and other

ancillary alcohol and/or other drug services. Services include, and are not limit to, assessment, counseling, crisis intervention, and activity therapies or education.

IX. Individual Counseling

A. HCPCS

H0004-Behavioral health counseling and therapy

B. ADAD

1. Individual counseling is the utilization of special skills by a clinician, to assist individuals and/or their families/significant others in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.
2. Various counseling approaches such as motivational interviewing, reality therapy, client-centered therapy, cognitive, behavioral, etc., may be used.

X. Group Counseling

A. Process Groups

1. HCPCS
2. H0005-Alcohol and/or drug services; group counseling by a clinician.

B. ADAD

These involve the utilization of special skills to assist groups in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The maximum number of total clients (ADAD-funded plus others) per process group shall not exceed fifteen.

XI. Education Groups

A. HCPCS

H0025-Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude, and/or behavior)

B. ADAD

1. These groups have as their primary objective the provision of information by

the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session. Education involves two-way communication with the group for purpose of affecting attitude, behavior, social skills, life skills, decision-making, refusal skills and judgment. Although not recommended, group size may exceed fifteen. A staff to client ratio of one counselor per eight clients (1:8) is recommended.

2. Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

XII. Skill Building Groups

A. HCPCS

T1012-Alcohol and/or substance abuse services, skills development

B. ADAD

1. Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill. The maximum number of total clients (ADAD-funded plus others) per process group shall not exceed fifteen.
2. The skills taught can be divided into daily living skills (e.g., managing money, food preparation, accessing information directories, looking for a place to live), inter-personal skills (e.g., appropriate assertiveness, stress management, ability to give positive reinforcement) or job-related skills (interviewing for a job, managing work).

XIII. Recreational Groups

A. HCPCS

H0022-Alcohol and/or drug intervention service (planned facilitation).

B. ADAD

1. These groups involve the client in learning leisure-time activities. Group size may exceed fifteen; however, a staff to client ratio of one counselor per eight clients (1:8) is required.
2. In order to be reimbursable as a treatment session:

- a. The goals for the activity must be specified in the service plan,
- b. At least one counselor must be actively involved in facilitating the group, and
- c. The participants must have an opportunity to discuss their participation in the activity. This must be documented in client progress notes.

XIV. Family Counseling

A. HCPCS

T1006-Alcohol and/or substance abuse services, family/couple counseling.

B. ADAD

1. Family/couple counseling is the utilization of special skills to assist families or couples in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. Behavioral, cognitive, interpersonal strategies/approaches may be used.
2. The “couple” or “family” may involve parents, children, partners or other significant others within the client's home environment who will have a major role to play in the client's recovery, e.g., aunts, foster parents, boarding home operators.
3. Large groups of multiple family members shall be reimbursed under the group rate.

XV. Cultural Activity Groups

A. HCPCS

H2035-Alcohol and/or drug treatment program, per hour (cultural activities)

B. ADAD

1. These groups involve the client in learning cultural knowledge. The maximum number of total clients (ADAD-funded plus others) per process group shall not exceed a ratio of one counselor per fifteen clients.
2. In order to be reimbursable as a treatment activity:
 - a. The goals for the activity must be specified in the Health and Wellness Plan.

- b. A cultural specialist must be actively involved in facilitating the activity.
- c. Cultural programming must be integrated with the substance abuse service curriculum.
- d. Reimbursable activities may include:
 - 1) Ho‘oponopono—family meetings in which relationships are set right through prayer, discussion, confession, repentance and mutual restitution and forgiveness (Pukui & Elbert, 1986).
 - 2) Lomilomi—Hawaiian restorative massage
 - 3) Acupuncture—a healing method of inserting and manipulating fine needles into specific points on the body in order to relieve pain and provide therapy (Wikipedia, 2008).
 - 4) Other activities shall be based on definitions that may be added in the future after definitions on standards and operational definitions are agreed upon. Activities may or may not be Native Hawaiian in nature, and as described below.
- e. Shall conform to standards as described in:
 - 1) Attachment E-10: “Indigenous Evidence Based Effective Practice Model” produced by the Cook Inlet Tribal Council, Inc., May, 2007.
 - 2) Attachment E-11: “SAMHSA’s Guiding Principles on Cultural Competence Standards in Managed Care Mental Health Services,” January, 2001.

RECOVERY SUPPORT SERVICES

I. Therapeutic Living Programs

A. HCPCS

H2034-Alcohol and/or drug abuse halfway house services, per diem.

B. ADAD

A service for unrelated clients without children who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is provided per diem. This is not a

residential primary treatment service and does not apply to hospital inpatient programs.

C. HCPCS

H2034PP-Alcohol and/or drug abuse halfway house services, per diem (Pregnant and Parenting Women with Children)

D. ADAD

A service for pregnant and parenting women with children who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is provided per diem. This is not a residential primary treatment service and does not apply to hospital inpatient programs.

II. Clean and Sober Housing

A. HCPCS

H0043-Alcohol and/or drug abuse supported housing, per diem.

B. ADAD

A service for clients who are receiving treatment for substance use disorders and in transition from more to less intensive levels of care. Professional supervision and oversight is not provided. This is not a residential primary treatment service and does not apply to hospital inpatient programs.

OPIOID AND INTRAVENOUS DRUG USERS (IDU) ADDICTION RECOVERY SERVICES

I. Opioid Recovery Services

A. HCPCS

H0003NT-Alcohol and/or other drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs.

B. ADAD

The laboratory testing of client specimens to detect the presence of alcohol and other drugs—screening (non-confirmatory test).

C. HCPCS

H0003CT-Alcohol and/or other drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs.

D. ADAD

Known as confirmatory testing, the laboratory testing of client specimens to confirm the presence of a specific drug or drugs, usually given after a screen/non-confirmatory test has indicated the presence of a specific drug or drugs.

E. HCPCS

H0016-Alcohol and/or drug; medical/somatic (medical intervention in ambulatory setting)

F. ADAD

Medical intervention including physical examinations and prescriptions or supervision of medication to address the physical health needs of the alcohol and other drug addiction clients served. Medical service means the same as medical somatic service. This service does not include detoxification, rehabilitation, methadone administration or alcohol and other drug screening analysis.

G. HCPCS

H0020OS-Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program) (on-site administration of methadone)

H. ADAD

The provision of methadone by an alcohol and/or other drug program certified by the U.S. DHHS/SAMHSA/CSAT and State of Hawaii to conduct a methadone program—administration of methadone to clients at the program (on-site)

I. HCPCS

H0020TH-Alcohol and/or drug services; methadone administration and/or service (provisions of the drug by a licensed program) (take-home dosages of methadone)

J. ADAD

The provision of methadone by an alcohol and/or other drug program certified by the U.S. DHHS/SAMHSA/CSAT and State of Hawaii to conduct a methadone program—administration of methadone to clients through take-home dosages.

CONTINUING CARE

I. Services

A. HCPCS

1. H0047CI-Alcohol and/or other drug abuse services, not otherwise specified (Continuing Care-Individual)
2. H0047CG-Alcohol and/or other drug abuse services, not otherwise specified (Continuing Care-Group)

B. ADAD

Continuing Care provides focused discussion on topics related to recovery maintenance and relapse prevention.

Guidelines for Programs Serving the Criminal Justice Population

The overall rehabilitation approach of the offender treatment shall be cognitive and behavioral focused with heavy emphasis on relapse prevention. The therapeutic approach shall be holistic and take into account the responsivity principle. The treatment mode should fit, as much as possible, the individual's characteristics, factors such as IQ, learning style, gender/ethnicity and motivational readiness stage. Services shall be designed to help offenders change their thought processes, attitudes, values and behaviors from negative and dysfunctional to positive and self-fulfilling. Treatment services shall follow the principles of effective treatment intervention, based in part on the National Institute on Drug Abuse principles of drug addiction treatment, as follows:

1. **Assessment of offenders**, to include risk of re-offending, substance abuse treatment needs, and criminogenic needs is essential.
2. **Match level of services** to level of risk as much as possible.
3. **Match treatment** with appropriate levels of care that meet individual needs based on assessment of offender characteristics, such as learning style, and responsivity, when feasible.
4. **Treatment models** should be research based and include social learning and cognitive behavioral techniques.
5. **Relapse/recidivism prevention** of both substance abuse and criminal behaviors needs to be the focus of treatment.

6. **Treatment must target criminogenic issues**, such as antisocial attitudes, chemical dependency, criminal companions, physical and mental health, social relationships, vocational/financial, residence/neighborhood, and education.
7. **Length of stay in treatment** must be sufficient for change to occur but not so long as to reduce treatment effectiveness.
8. **Treatment providers** must be responsive to the offender population and goals of the overall program.
9. **Possible drug use during treatment** must be monitored continuously. (The U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA) recommends a random testing schedule no less frequently than one time per week.)
10. **Medications** are an important element of treatment for many, especially when combined with counseling and behavioral therapies.
11. **Aftercare** is essential.

In addition, to enhance their existing curricula so as to reflect the unique needs of the offender population, each agency providing substance abuse treatment should have and implement a curriculum focusing on cognitive restructuring, such as those suggested by the U.S. Department of Justice, National Institute of Corrections and the Federal Bureau of Prisons. These include “Thinking for a Change: Integrated Cognitive Behavior Change Program;” “Think: Cognitive Interventions Program;” and “Cognitive Intervention: A Program for Offenders,” by B.A. Cox et al (7/97); “Choice and Change” evidence-based process of Interactive Journaling, Federal Bureau of Prisons & The Change Companies (1988); and “Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC) – Pathways to Responsible Living”, by K.W. Wanberg & H.B. Milkman (2006). Other structured curricula designed to assist people in evaluating the consequences of their thinking may also be acceptable.

A separate track for higher-risk individual, specialized staff, space and curriculum would be preferable. However, 15-20 individuals in a program would be needed to create a separate track for these higher- risk offenders. For less than 15 individuals it is not cost-effective for an agency to create separate programs for so few offenders.

APPLICANTS may wish to consult the following Treatment Improvement Protocol Series (TIPs) published by the Center for Substance Abuse Treatment, as references in designing and implementing substance abuse services for adult offenders: TIP #7- “Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System;” TIP #27-“Comprehensive Case Management for Substance Abuse Treatment;” and TIP #30-“Continuity of Offender Treatment for Substance Use Disorders From Institution to Community.” These and other TIPs may be found on the Internet at the following URL: www.samhsa.gov/centers/csat/csat.html.

I. Operational Principles:

- A. The APPLICANT shall describe the program's admission eligibility or exclusionary criteria.
- B. The APPLICANT shall describe the program's completion criteria for the clinical discharge of the client.
- C. The APPLICANT shall describe the Continuing/Aftercare services.

II. Target Population:

Referrals of offenders for this program will be approved by the Department of Public Safety's Intake Services Center and its Corrections Division, the Judiciary's Adult Client Services Branch, and the Hawaii Paroling Authority. Eligibility for the program shall be determined collaboratively by the referring criminal justice agency, the substance abuse provider, and the ICM case management services agency's Program Administrator. Criteria for admission include:

1. The offender must be assessed as being at medium-to-high risk for legal sanctions due to a present or past history of substance abuse or dependence. The offender must have a substance-related disorder, which if addressed, would greatly decrease the offender's probability of re-offense and re-incarceration. For parolees and furloughes, clients may meet the DSM IV and ASAM PPC criteria based on their use and abuse of substances for the 90-day period prior to their incarceration.
2. The offender must be under the active supervision of the Judiciary, the Department of Public Safety, or the Hawaii Paroling Authority.
3. The offender must agree to engage in treatment.
4. Preference shall be given to the offender who is a non-violent offender, which is defined as a person who has not committed serious and/or substantial bodily injury as defined by Chapter 707 HRS, within the previous five (5) years and is not currently charged with committing such injury. Exceptions to this requirement may be granted only if agreed upon by the referring criminal justice agency the ICM case management services agency's Program Administrator, and the substance abuse treatment provider.
5. The offender must not display current assaultive behaviors.
6. The offender must be financially unable to seek treatment independently.
7. The offender's risk of recidivism and incarceration must be moderate to high.

III. Service Requirements

Services shall be based on evidence based practices in working with drug abusing offenders and shall focus on the risk/need/responsivity principles in addressing the criminal justice client.

Wait List Management and Interim Services Policy and Procedures

I. Wait List Policy and Procedures

- A. A wait list is a list of clients who have been screened and determined to be eligible for future admission for services when no open slots currently exist.
- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall notify ADAD of its Wait List status by using the “waitlist” function on the **Web Infrastructure for Treatment Services (WITS) system**. If the WITS system is not accessible, then the program will be required to submit weekly faxed reports to the ADAD Waitlist monitor, by noon on the first working day of each week. Any request for services the program has received from a pregnant woman or injection drug user must be indicated within the WITS system waitlist function.

The requirement for the WITS system is that the counselor has access to a computer running Internet Explorer 6.0 and a high speed Internet connection.

If the agency does not have a waitlist, they must send an e-mail notification to the ADAD waitlist monitor at the end of each month, to indicate that there has been no waitlist.

- C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedure that includes the requirements listed below:
 - 1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.
 - 2. Instructions for what individuals must do to remain on a wait list and be eligible for services, as well as criteria for the removal of a person from the wait list.
 - 3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:
 - a. Who reviews the list;
 - b. How frequently the list is reviewed;
 - c. Disposition data specifying whether the individual continues to be eligible or is dropped from the wait list because he/she is no longer interested, has found other treatment, cannot be contacted or did not

- maintain contact with the program at specified intervals, and how and where removed names are recorded for statistical purposes; and
- d. Specification that individuals who are removed from the list will not be barred from reapplying for services. Pregnant women and injection drug users (IDU) will be given preference at the time of reapplication (as specified in item number 8, below).
4. Procedures shall be developed for maintaining contact with individuals on the wait list.

Contact:

- a. May be face-to-face (which is preferred), by telephone, or by mail;
- b. Shall be made every 30 days at a minimum; more frequently is preferable;
- c. When initiated by the program requires that client confidentiality be protected.

Contact procedures shall be clearly communicated to the prospective client when agreement is reached to place a person on the list. Maintaining contact is ideally the individual's responsibility. However, due to the characteristics of substance abusers, treatment programs shall assume additional responsibility to maintain contact with the individual seeking treatment.

5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:
 - a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
 - b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
 - c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
 - d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.
6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.

7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:
 - a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
 - b. Assessment: current status of substance abuse and associated problems;
 - c. Contact: dates, types and outcomes of subsequent contacts;
 - d. Referral: when the client is referred to another program successfully via the WITS;
 - e. Follow-up: subsequent contacts with the referral program to determine the outcome of the referral.

If the client is subsequently admitted, the Individual Wait List File will be added as an identifiable section to the regular client file. If the client is not admitted this file shall be retained separately.

8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:
 - a. Pregnant injecting drug users,
 - b. Pregnant substance abusers,
 - c. Injecting drug users, and
 - d. All others.
9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:
 - a. Pregnant Women:
 - 1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
 - 2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
 - (a) Provide interim services (see part II of this attachment) within 48 hours; or
 - (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
 - b. Injection Drug Users:

- 1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
 - 2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
 - (a) Provide interim services within 48 hours; or
 - (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
 - 3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.
- c. Each ADAD-funded substance abuse treatment program shall inform ADAD of every request for services that it receives from a pregnant woman or IDU, and of the status of the client who made the request. The program shall do this by using the WITS waitlist function.

II. Interim Services Policy for Pregnant Women and Injection Drug Users

- A. Interim services are services that are provided until a client is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the client, and reduce the risk of transmission of disease.
- B. Each program funded by the Alcohol and Drug Abuse Division (ADAD) shall develop and implement an Interim Services Policy and Procedures that includes the following elements:
 1. For each client placed in Interim Services, the program shall keep a record of the number of days between the request for treatment and the admission to treatment.
 2. At a minimum, interim services shall include counseling and education about the following:
 - a. HIV, Hepatitis C, and tuberculosis (TB),
 - b. The risks of needle-sharing,
 - c. The risks of transmission to sexual partners and infants,
 - d. Steps that can be taken to ensure that HIV and TB transmission does not occur,
 - e. Referral for HIV or TB treatment services if necessary.
 3. For pregnant women, interim services also include:
 - a. Counseling on the effects of alcohol and drug use on the fetus, and

- b. Referral for prenatal care.
- C. Every program shall keep information in the individual client's file for each interim services client. This includes but is not limited to the following records:
- 1) Date of the client's entry into interim services,
 - 2) Source of client's referral into interim services,
 - 3) Application form,
 - 4) A screening or assessment form,
 - 5) Number of days elapsed since the initial request for treatment,
 - 6) An interim plan of action,
 - 7) A log of the services provided including the date on which services were provided,
 - 8) The date of client's admittance into treatment and the name of the program admitting the client into treatment,
 - 9) Progress notes of each face-to-face interaction with the client. These shall include progress made on the plan of action, any current problems indicated by the client, recommendations made to the client, any plans for follow-up meetings, and any help that the program said it would provide the client. The staff member responsible for convening the face-to-face contact with the client shall sign each entry.
- D. The disposition of pregnant women and IDUs shall be monitored by ADAD to determine if they have received treatment in accordance with the above requirements, if their admission has been given proper priority and if services have been provided within the requirements specified in this document.
- E. The ADAD-designated Opioid Therapy Outpatient Treatment Program and Specialized Substance Abuse Treatment Services for Women for interim services shall submit separate quarterly and year end reports on ADAD-developed forms.

National Institute on Drug Abuse (NIDA) Principles of Effective Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior. Drugs of abuse alter the brain's structure and function, resulting in changes that persist long after drug use has ceased. This may explain why drug abusers are at risk for relapse even after long periods of abstinence and despite the potentially devastating consequences.

2. No single treatment is appropriate for everyone. Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

3. Treatment needs to be readily available. Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.

4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse. To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical. The appropriate duration for an individual depends on the type and degree of the patient's problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment. Recovery from drug addiction is a long-term process and frequently requires multiple episodes of treatment. As with other chronic illnesses, relapses to drug abuse can occur and should signal a need for treatment to be reinstated or adjusted. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug abuse treatment. Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.

7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies. For example, methadone, buprenorphine, and naltrexone (including a new long-acting formulation) are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Acamprosate, disulfiram, and naltrexone are medications approved for treating alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (available as patches, gum, lozenges, or nasal spray) or an oral medication (such as bupropion or varenicline) can be an effective component of treatment when part of a comprehensive behavioral treatment program.

8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs. A patient may require varying combinations of services

and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation, and/or social and legal services. For many patients, a continuing care approach provides the best results, with the treatment intensity varying according to a person's changing needs.

9. Many drug-addicted individuals also have other mental disorders. Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.

10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse. Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal and can, for some, pave the way for effective long-term addiction treatment, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Motivational enhancement and incentive strategies, begun at initial patient intake, can improve treatment engagement.

11. Treatment does not need to be voluntary to be effective. Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.

12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur. Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.

13. Treatment programs should test patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling, linking patients to treatment if necessary. Typically, drug abuse treatment addresses some of the drug-related behaviors that put people at risk of infectious diseases. Targeted counseling focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Counseling can also help those who are already infected to manage their illness. Moreover, engaging in substance abuse treatment can facilitate adherence to other medical treatments. Substance abuse treatment facilities should provide onsite, rapid HIV testing rather than referrals to offsite testing— research shows that doing so increases the likelihood that patients will be tested and receive their test results. Treatment providers should also inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations, and help link them to HIV treatment if they test positive.

From: Principles of Drug Addiction Treatment: A Research-Based Guide (3rd Edition), National Institute on Drug Abuse, National Institutes of Health, December 2012.

Alcohol and Drug Abuse Division Outreach Services Policy and Procedures

- I. Outreach shall be defined as the effort to bring services and information about availability of treatment and other resources to drug users in their environment. The purpose of Outreach is to encourage drug users to utilize substance abuse treatment and recovery services and to accept referral and linkage to appropriate resources in the community.

- II. Substance abuse treatment and recovery support programs shall develop and implement an **outreach component** that includes but is not limited to the following elements:
 - A. All outreach contacts and services shall be entered onto ADAD's Web Infrastructure for Treatment System (WITS) or ADAD-designated electronic health record (EHR).

 - B. A progress note shall be entered on WITS for all initial and subsequent contacts. Case management information shall also be provided. For subsequent contacts, progress notes shall provide relevant updates to information obtained on the **ADAD Outreach Contact Form—Client Demographics** as well as case management notes.

- III. Programs that provide Outreach shall comply with the following requirements for personnel:
 - A. Staff responsible for implementing the outreach program shall have the following:
 1. Knowledge of outreach practices;
 2. Experience in or supervision by professionals knowledgeable in outreach,
 3. The ability to effectively engage and communicate with individuals that have been unable or unwilling to access substance abuse treatment and recovery support services or ancillary services.

 - B. The agency shall provide and document ongoing training to help its staff increase their outreach skills and their knowledge of the transmission of communicable diseases such as HIV and Hepatitis C and of prevention practices to ensure that communicable disease transmission does not occur.

 - C. The agency shall ensure that its outreach staff are supervised. A **separate supervision record** shall be kept for each staff assigned to the outreach program. The record shall contain the dates of the supervision, the signature of the person providing the supervision, and a brief description of what transpired during the supervision including but not limited to any problem areas identified, and plans for addressing those problem areas.

General Requirements for all Therapeutic Living Programs

I. Therapeutic living programs - Definition and Type

These programs serve persons suffering from substance abuse requiring a residential setting, but who do not need the structure of a special treatment program or are transitioning from a more restrictive setting to independent living. The program shall aid residents in meeting basic needs and provide supportive services through an individualized recovery and discharge plan. These programs are transitional living programs for adults (age 18 and over); emancipated minors or adolescents or adult pregnant women and women with dependent children. A therapeutic living program serves residents through a transitional residential program.

- A. A recovery support, i.e. a comprehensive strength and needs-based assessment which addresses substance abuse and non-substance abuse areas shall be performed upon admission and the recovery plan shall be based on the assessment. Both shall be entered into ADAD's Web Infrastructure for Treatment Services (WITS) or ADAD-designated electronic health record (EHR).
- B. A recovery plan shall contain, at a minimum, the following:
 - 1. Goals to be attained while the resident is in the program;
 - 2. Measurable recovery objectives;
 - 3. A summary of the services and activities provided to enable attainment of goals; and
 - 4. Regular time periods for the plan to be revised.
- C. The program shall have policies and procedures which shall contain, at minimum, the following:
 - 1. The formulation of discharge plans; and
 - 2. Six months of ongoing monitoring of the status of discharged residents.

II. Fire safety/disaster

- A. Therapeutic Living Programs shall comply, and be inspected by appropriate fire authorities for compliance with state and county zoning, building, fire safety and health codes or in the case of a vessel inspected by the United States Coast Guard, for relevant regulations promulgated by that agency.
- B. The facility shall have a written plan for care givers/staff and residents to follow in case of fire, explosion, or other emergencies. The plan shall be posted in conspicuous places throughout the facility. The plan shall include, but not be limited to:
 - 1. Assignments;
 - 2. Instructions;
 - 3. Special escape routes; and
 - 4. Quarterly drills.

- C. Drills shall be conducted quarterly at various times of the day to provide training for residents and staff. (When new residents are admitted or staff hired they shall be in-serviced on fire procedures. Drills shall be conducted under conditions that simulate fire emergencies.)
- D. The drill record shall contain the date, hour, personnel participating, description of drill, and the time taken to evacuate the building. A copy of the drill shall be available for inspection by fire authorities and the Department.
- E. Facilities shall be safe from fire hazards. All combustible items must be stored away from heat sources.
- F. Exits shall be unobstructed and maintained in an operational manner.
- G. If smoking is allowed, there shall be designated smoking areas.
- H. All locking devices shall automatically pop open upon turning the doorknob in one motion. Locking devices for sleeping room doors shall be readily opened by the occupant from inside the room without the use of a key or special knowledge.
- I. Fire extinguishers shall be installed in accordance with NFPA 101 Fire Safety Code. A minimum fire extinguisher classification rating of 2a10bc is required.
- J. Hardwired smoke detectors shall be located in the hallway outside the residents' sleeping rooms and also in the living/activity room. Hardwired or battery-operated smoke detectors, or both shall also be located in all resident sleeping rooms.
- K. All residents occupying rooms above or below street level of a facility shall be able to evacuate without the physical help of another person.
- L. All multi-story homes shall have an internal stairwell.
- M. Fees for fire inspection shall be the responsibility of the licensee.
- N. Automatic sprinkler systems may be required for Group I occupancies and facilities with nine or more residents as determined by the respective city and county building and fire codes.

- O. Vessels shall comply with fire rules and regulations of the United States Coast Guard. In addition, they shall comply with subsections (c), (e), and (r).
- P. The facility shall have a written disaster plan which identifies the actions that should be taken in each type of hazard: hurricane, earthquake, tsunami or flood. The plan shall include the following provisions:
 - 1. Plan of evacuation;
 - 2. Identification of the closest emergency shelter;
 - 3. Transportation to the emergency shelter if necessary;
 - 4. Identification of staff accompanying and remaining with residents while at the emergency shelter; and
 - 5. Maintenance of survival kits.
- Q. Each facility shall have basic first-aid supplies accessible for use.

III. Nutrition

Therapeutic living programs operating in a residential setting with eight or less residents, who prepare food only for family consumption shall meet the following dietary requirements:

- A. The program shall provide balanced nutritional meals for the residents.
- B. There shall be three meals a day and snacks provided daily with no more than fourteen hours between meals
- C. There shall be a minimum of three days' food supply, which will be adequate for the number of people to be served.
- D. Residents who have identified special nutritional needs, or who require dietetic services, shall have a diet order written by a physician or APRN. The order shall be updated annually, with a written plan for the provision of dietetic service, which may require the consultation by a dietician, physician or APRN. The implementation of the plan shall be recorded on admission and quarterly thereafter.
- E. The program's policies and procedures shall be in accordance with the National Research Council's most current "Recommended Dietary Allowance," and shall be adjusted to the resident's age, sex, activity and disability when evaluating the resident's diet, or ordering diet supplements and provision of special diet training to the staff;
- F. Menus for special diets shall be available for review by the Department of Health.

- G. The resident record shall have:
 - 1. Documentation of special diet needs;
 - 2. Documentation of reactions to food, and evidence that a report to a physician was made immediately upon occurrence.

IV. Health screening/infection control

- A. The facility shall have documentation indicating that each employee has had a health examination by a physician to determine the presence of infectious diseases prior to direct contact with residents.
- B. Each facility shall have on file documented evidence that every direct care staff or any individuals having contact with residents has an initial and annual tuberculosis (TB) clearance following current Departmental policy.
- C. Any direct care staff or any individual providing service to the residents who develops evidence of an infectious disease shall be relieved of any duties relating to food handling or direct resident contact until such time as the infection clears and it is safe for the individual to resume duties. If the care giver has a condition, which may place the well-being of the residents at risk, a physician shall be consulted for a clearance and a procedure for infection control. Undiagnosed skin lesions, or respiratory tract symptoms or diarrhea shall be considered presumptive evidence of an infectious disease.
- D. There shall be appropriate policies and procedures written and implemented for the identification, prevention, control, and voluntary testing of infectious diseases including, but not limited to HIV and hepatitis.
- E. Therapeutic Living Programs shall provide training in safety and risk management, including standard precautions to care givers and staff. The training shall be documented and available for review by the Department on request.
- F. Incident reports shall be completed where staff or residents are exposed to infectious disease, and the action taken following such incident shall be documented.

V. Changes in Circumstances, Transfers, and Program Mergers

- A. A service provider shall notify the Department in writing of any of the following changes in circumstances not less than thirty (30) calendar days before the change takes effect:
 - 1. Program name,
 - 2. Mailing address,
 - 3. Telephone number,

4. Executive director,
 5. Program location,
 6. Program discontinuation, or
 7. Expansion of service capacity.
- B. In addition to completing the required written notification change in circumstance, a discontinued program shall also provide the following information:
1. A written notification to residents who require continued services of the date closure and where continued services may be obtained;
 2. A procedure to transfer certain information or entire resident records to another agency or person where such information is necessary and authorized; and
 3. A procedure to store and dispose of resident records pursuant to 42 C.F.R., Parts 1 and 2, Confidentiality of Alcohol and Drug Abuse Patient Records; Chapter 323 C, HRS; section 325-101; HRS 334-5; HRS section 622-58, and other applicable laws or regulations relating to the retention of mental health records.

VI. Governing authority

- A. The service provider shall document its governance authority and the delegation of governance. The purposes of the program and its governing documents shall be reviewed annually.
- B. The service provider shall furnish the Department with the names, addresses, and phone numbers of all owners, corporate officers or general and limited partners and the board of directors. In addition, the minutes of meetings of the governing body and of its committees, at which issues relevant to the facilities or programs are discussed, shall be available for review by the Department.
- C. The governing body responsible for each facility or service shall develop and implement a mission and philosophy statement of the geographical area served, the ages, the target population of residents and the limitations and scope of services.

VII. Program

- A. The program shall focus on recovery support and rehabilitation to encourage the resident to develop skills to become self-sufficient and capable of increasing levels of independent functioning where appropriate. It shall include prevocational and vocational programs, as appropriate.
- B. The program shall encourage the participation of the resident in the daily milieu and in the development of the resident's Health and Wellness or recovery planning and evaluation.
- C. The program environment shall attempt to reflect aspects associated with a family home without sacrificing resident safety or care. The program shall have furniture

- and equipment that are age-appropriate to its residents. The program shall have policies and procedures addressing the residents' opportunities for regular physical exercise.
- D. The program shall provide a room for residents to gather during leisure time. There shall also be an area set aside where residents may receive and visit with parents, guardians, relatives, or friends with some degree of privacy
 - E. The program shall have written policies regarding the use of behavior management and prohibit the use of physical or emotional punishment, physical exercise to eliminate or curb behaviors, use of punitive versus therapeutic assignments, use of medication for behavioral management, excessive use of physical or emotional isolation, and deprivation of residents' rights.
 - F. The program shall have a non-smoking policy in accordance with sections 328K-2, 328K-13 HRS.
 - G. The service provider shall have and maintain policies and procedures for a comprehensive drug-free work place.
 - H. The service provider shall have policy and procedures identifying:
 - 1. An individual who is designated as the administrator and is responsible for the overall operations of the program. During periods of absences of the administrator, a designated staff member shall assume the responsibilities of the administrator;
 - 2. An individual who is designated as program director of the residential program;
 - 3. An individual designated as the rights advisor who is responsible for reviewing residents' rights. The individual shall be responsible for answering questions upon admission, maintaining a log that describes possible rights violations, making an effort to resolve resident rights violations, making an effort to resolve resident complaint, investigating the complaints and providing consultation and assistance to residents who wish to file a formal complaint. If a resident feels threatened by physical or psychological harm, or does not believe a complaint has been adequately dealt with at the staff level, the resident may direct the complaint in writing to the director or to an independent agency identified by the Department; and
 - 4. An individual designated to verify staff credentials, provide staff in sufficient number and qualifications to meet the service needs of the residents and adequately carry out the program's goals, services, and activities.

- I. Quality improvement activities shall include:
 1. Composition and activities of a quality assurance and quality improvement committee;
 2. Methods for monitoring and evaluating the quality and appropriateness of resident care, including delineation of resident outcomes and utilization of services;
 3. A requirement that staff who are not qualified professionals and who provide direct care shall be supervised by a qualified mental health professional for those residents requiring mental health services or a substance abuse professional for those residents recovering from substance abuse;
 4. Strategies for improving resident care;
 5. Methods for annual monitoring and maintenance of staff qualifications, licensure and certifications;
 6. Review of all sentinel events and establishment of measures to provide for resident's safety; and
 7. Adoptions of standards that assure operational and programmatic performance meeting applicable standards of practice.

- J. Safety and risk management
 1. The service provider shall have a written safety plan in existence that includes but is not limited to, policies and procedures for dealing with:
 - a) Residents who are dangerous to themselves or others;
 - b) Incidents in which staff or residents are injured or exposed to hazards;
 - c) Medication errors;
 - d) Vehicle safety; and
 - e) An arrangement for voluntary testing of HIV and of standard precautions.
 2. The service provider shall verbally or via facsimile, report *sentinel events to the Alcohol and Drug Abuse Division, with a written report submitted within seventy-two hours.
 3. The service provider shall have written policies and procedures regarding the use of least restrictive alternatives to the use of physical or chemical restraints and seclusion, which may include but not be limited to holding and time out.
 4. The service provider shall have written policies and procedures for reporting of abuse or neglect to the Child Protective Services for children, adolescents or Adult Intake and Protective Services for adults.
 5. The service provider shall have written policies and procedures for management of residents suspected of having any communicable disease.
 6. The service provider shall have written policies and procedures to follow when arranging for and obtaining emergency medical or psychiatric treatment, which shall include names and telephone numbers of persons to provide the emergency care.

7. The service provider shall provide staff training in safety and risk management procedures. The safety program shall be reviewed annually and documented.
8. The service provider shall have policies and procedures for residents addressing proper safety measures, including but not limited to emergency and medical issues, nutrition requirement, sanitation, medication storage for day or overnight field trips or adventure program activities.
9. Adolescent service providers shall report sentinel events.
 - a) Sentinel events shall be reported by phone to the Alcohol and Drug Abuse Division, within 24 hours of the event, or, for events occurring on weekends or holidays, on the next working day.
 - b) After the notification by phone, a written report must be submitted to the same division within 72 hours giving details of the event and actions taken.

K. Medication requirements

The program shall have written policies and procedures to address staff training, and storage, labeling, availability, and disposal of medications. Procedures shall at a minimum address:

1. Medication storage:
 - a) Programs shall have double-locked storage for medications. If required to be stored in a refrigerator used for food items, medications shall be kept in a separate, single locked compartment or container;
 - b) Medications shall be kept separately for each resident;
 - c) Medications shall be kept separately for external and internal use;
 - d) Medications approved by a physician or APRN for self-administration shall be kept in a secure manner.
2. Medication labeling:

The packaging label of each prescription medication dispensed shall include the following:

 - a) The resident's name;
 - b) The prescriber's name;
 - c) The current dispensing date;
 - d) Clear directions for self-administration;
 - e) The name, strength, quantity, and expiration date of the prescribed medication; and
 - f) The name, addresses, and phone number of the pharmacy or dispensing location.
3. Medication availability:
 - a) All prescription medications shall be made available only under written order and direction of a physician or APRN and shall be based upon a physician's or APRN's evaluation of the resident's condition.
 - b) Non-prescription medications shall be made available only under physician orders specified to each resident.

- c) All physician orders for prescription medication shall be re-evaluated and signed by the physician at a minimum of every three months or at the next physician's visit, whichever comes first.
- d) Program shall designate and train staff prior to making medications available, and on an annual basis, to:
 - 1) Make prescribed medications available to residents;
 - 2) Supervise and assist with self-medication;
 - 3) Record information immediately after medications have been made available to each resident, including date, time, name of medication, dosage, number or amount given, and signature of person making medication available, according to prescription;
 - 4) Record any side effects of medication;
 - 5) Record resident requests for medication changes, questions, or concerns and any follow up with an appointment or consultation with a physician or designee.
- e) Medications shall not be offered to any resident other than the resident for whom they were prescribed.
- f) Self-administration of medication shall be permitted when it is determined to be a safe practice by the resident, family, legal guardian, or case manager and service provider, and upon authorization of the physician or APRN and supervised by trained staff; and
- g) Medication errors and drug reactions shall be reported immediately to the physician responsible for the medical care of the resident and designated individuals deemed responsible for the care of the resident. An incident report shall be prepared within twenty-four (24) hours from the time of the incident.

4. Medication disposal:

Prescription and non-prescription medications which have been discontinued by physician's order or retained by the facility after the resident is discharged shall be disposed of by incineration, flushing into a septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the resident's name, medication name, strength, quantity, disposal date and method, and the signatures of the person disposing of the medication and of the person witnessing the disposal.

L. Personnel requirements

The service provider delivering services to children and adolescents shall have policies and procedures requiring background checks and a criminal history check that includes fingerprints. The service provider delivering services to adults shall have policies and procedures requiring background checks and a criminal history check, which may not include fingerprints.

1. Staffing patterns shall reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual, and other social characteristics of the community the facility serves;

2. The program shall be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic, rehabilitation, and treatment needs of the resident; and
3. A personnel record shall be maintained for each individual employed by the service provider. The record shall include training, experience, and qualifications of the position, and verification appropriate to licensure, registration or certification.
4. The service provider shall have documentation verifying that each staff member has received annual training on confidentiality, resident's rights, cultural sensitivity, community resources, and on the program's safety procedures.
5. The service provider shall have documentation verifying that each staff member has reviewed his or her position description on an annual basis.
6. All direct services staff shall have current first aid and Cardio-Pulmonary Resuscitation (CPR) certification, and infant CPR for those programs working with infants and children. The training must be conducted by trainers certified by American Lung Association, American Red Cross, or other organization accepted by the Department.

M. Personnel orientation

The program shall have documentation of each staff member's orientation to the program. The orientation shall include but not be limited to:

1. Program(s);
2. Policies and procedures;
3. Duties and responsibilities of the position;
4. Health and safety procedures, including the use of standard health care precautions;
5. Crisis intervention procedures;
6. Record keeping, both hard and electronic, requirements;
7. Confidentiality;
8. Resident rights;
9. Cultural needs;
10. Community resources; and
11. The procedure for identifying and reporting abuse and neglect.

N. Staff training and supervision

The program shall have documentation of each staff member's completion of training recorded in the employee's personnel record. A regular assessment of the training needs of the staff shall be performed and documented. A written training schedule shall be in place and constantly updated at least annually.

1. Direct services staff shall be supervised by a clinical supervisor.
2. Direct services staff shall receive a minimum of one hour per month of supervision, or as determined by the Department.

3. At a minimum, the documentation shall contain:
 - a) Name of the person supervised and the date of supervision.
 - b) General content of the discussion.
 - c) Documentation of the follow up to concerns and activities identified in clinical supervision sessions.
- O. Personnel policies shall include qualifications, duties, and responsibilities of each staff position. The program shall adopt and enforce policies and procedures on hiring, termination, suspension, assignment, evaluation, promotion, confidentiality, and prohibiting personal involvement with residents.

P. Resident record

Each resident's individual record shall be entered onto ADAD's Web Infrastructure Treatment System (WITS) or ADAD-designated electronic health record (EHR). All identifying information shall be entered. Information gathered shall also include:

1. Emergency information including the name, address, and telephone number of the person to be contacted in an emergency and the name, address, and telephone number of the resident's physician;
2. A signed statement from the resident, or a person legally responsible, granting permission to seek emergency care from a hospital or physician;
3. Documentation of resident's orientation to the facility and program, including procedures for filing complaints and grievances;
4. Documentation that all required consent forms are signed and dated by the resident, legal guardian and program staff
5. Documentation of the pre-admission, qualifying substance use disorder ICD diagnosis or diagnoses, American Society of Addiction Medicine (ASAM) Criteria for patient placement, screening and current or prior assessment;
6. Documentation that the resident was informed of his or her legal, civil, and human rights;

7. Documentation attesting to resident's involvement in the following:
 - a) The resident's presence during the development of the Health and Wellness plan, as well as that of the resident's parent or legal guardian, as necessary;
 - b) The resident's opportunity to participate and comment in the development of the Health and Wellness plan. The resident's parent or legal guardian shall be given the opportunity to give input, as necessary;
 - c) The resident's participation in revising or updating the Health and Wellness plan.
8. Daily documentation of therapeutic living program activities, which must be aligned with Health and Wellness plan goals;
9. Documentation of services provided;
10. Documentation of a medical examination or written evidence of a physical examination conducted within thirty days prior to admission or documentation of on-going medical services and monitoring by an RN, APRN, or physician within the past thirty days. For programs providing services to children and adolescents with mental health services, a physical examination is required within forty-eight hours after placement, in the event of an emergency;
11. Documentation that a physician was consulted for all illnesses and injuries, of concern to the resident or staff, within five days from the date the condition was first reported.
12. Resident record shall contain the following medical information:
 - a) Documentation of medical or physical diagnosis, including allergies to food or medication;
 - b) Documentation of tuberculin skin test conducted according to Department requirements. If positive, documentation that appropriate medical follow-up has been obtained;
 - c) Documentation of dental treatment for any resident requiring dental care;
 - d) A copy of a current immunization record, for programs with children and adolescents. If immunizations are not up to date, the program shall make every effort to have the child or adolescent's immunizations updated unless a parent refuses due to religious preferences or it is medically contraindicated by a physician;
 - e) Documentation of medication orders and a complete record of each medication utilized by the resident;
 - f) Documentation of all orders for and results of lab test; and
 - g) Documentation of height and weight recorded on admission and at least quarterly thereafter.
13. A completed transition or discharge summary, entered into the ADAD Web Infrastructure Treatment System (WITS) or ADAD-designated electronic health record (EHR) within two weeks after discharge.

Q. Fiscal

The program shall have in place fiscal policies and procedures that shall include:

1. Maintenance of financial records including an annual budget showing income and expenditures.
2. Provisions for an independent examination of the program's financial records, with documentation of such to be available for inspection by the appropriate agencies; and
3. Additional policies and procedures addressing the following:
 - a) Management of the program's funds;
 - b) Any insurance policies secured by the agency to protect funds; and
 - c) Donations accepted by the service provider or program.
4. Financial information including:
 - a) Charges for services, which shall be based on knowledge of direct and indirect costs;
 - b) An established fee schedule that is available to residents in printed form when fees are charged for services; and
 - c) A procedure for identification, accountability, documentation of money transfers, and safeguards of funds belonging to residents shall be implemented if the program is responsible for funds belonging to residents.

R. Linkages

1. The service provider shall facilitate medical, psychiatric, and any other specialized services or consultation in cooperation with the resident and appropriate individuals or agencies. For those residents recovering from substance abuse, the case manager, primary counselor or aftercare counselor will assist to enhance maintenance of sobriety and independent living.
2. The program shall develop and maintain current service agreements, as appropriate for referrals to more or less intensive levels of care such as counseling services, supportive programs, agencies, and other community resources to ensure continued progress towards independence and rehabilitation.
3. Each therapeutic living program shall provide or have access to the following services, as needed:
 - a) Individual, group, or family therapy for each resident;
 - b) Educational counseling or vocational counseling as appropriate, including academics and school for child and adolescent residents;
 - c) Nutrition education;
 - d) Referrals to supportive services including self-help groups, legal counseling, vocational training, and placement;
 - e) Community resources for financial and employment assistance, housing, and other specialized services; and
 - f) Programs providing services for pregnant women recovering from substance abuse or such women with children, prenatal care and well childcare shall be provided.

S. Nondiscrimination

The program shall have a policy and procedure complying with all federal and state laws prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, or disability. The program shall provide access to persons regardless of their ability to speak English.

T. Admission and discharge

The program shall have policies and procedures for residents, which include:

1. Intake process.
2. Admission criteria.
3. Documentation of eligibility at prescreening or preadmission.
4. Documentation of ineligibility and referral when appropriate.
5. Updating of appropriate individuals or agencies, as appropriate, of the transition and discharge.
6. Discharge summary.

U. Residents' rights

The program shall have the residents' rights policies and procedures governing the legal, civil, and human rights and policies in the residents' orientation including:

1. Procedures for handling complaints and grievances of residents.
2. Documentation of consent to program services.
3. Financial information.
4. The need for and use of an interpreter.

V. Confidentiality

The service provider shall have policies and procedures dealing with confidential nature of information regarding residents. The policies requiring written consent for the release of confidential information to persons or agencies shall conform to applicable law, including as appropriate 42 C.F.R., Part 2, HIPAA Parts 160 and 164, Part 1 and Part 431, subpart F, chapter 323C, HRS; and sections 325-101 and 334-5, HRS.

1. Appropriate resident records shall be readily accessible to those staff members who provide services directly to the resident.
2. The service provider shall provide security of all records and data, which shall include suitably locked and secured rooms and files. Security measures shall be developed to prevent inadvertent or unauthorized access to data. The security measures shall be documented in the operating manual.

W. Research policy

A therapeutic living program that includes human-subject research in its objectives or allows itself to be a resource for research shall have written policies and procedures addressing the purpose and conduct of all research utilizing the program's staff, residents, or services. The written policies and procedures shall require informed consent for all research activities and shall be subject to review and approval of a qualified Internal Review Board in accordance with 45 C. F. R. Part 46.

Part 2: Specific Requirements by Type of Therapeutic Living Program

In addition to the requirements in Part 1, therapeutic living programs shall comply with the Therapeutic Living Programs requirements described below and Sections I and II, according to the target populations served.

Therapeutic Living Programs:

- A. Therapeutic living programs shall serve persons recovering from substance abuse who require a residential setting less structured than that of an STF. The program shall aid residents in meeting basic needs and provide supportive services through an individualized Health and Wellness and transition and/or discharge plan.
- B. A recovery support, i.e. a comprehensive strength and needs-based assessment which addresses substance abuse and non-substance abuse areas shall be performed or obtained upon admission and a recovery plan shall be based on the assessment.
- C. A Health and Wellness or recovery plan shall contain, at a minimum, the following:

1. Goals to be attained while the resident is in the program;
 2. Measurable recovery objectives;
 3. A summary of the services and activities provided to enable attainment of goals; and
 4. Regular time periods for the plan to be revised.
- D. The program shall have policies and procedures, which shall contain, at minimum, the following:
1. The formulation of discharge plans; and
 2. Six months of ongoing monitoring of the status of discharged residents.
- E. The program shall be licensed by the Department of Health Office of Health Care Assurance.
- F. The program shall be accredited by the Department of Health Alcohol and Drug Abuse Division.

I. Transitional residential living programs for adults

These programs provide residential living to adults (age 18 and over) or emancipated minors or adolescents. They serve residents who are currently receiving substance abuse treatment in a day or outpatient program or have been clinically discharged from treatment yet still are in need of supervision and a clean and sober living environment.

A. Staffing requirements

1. Staffing shall conform to Department of Health, Office of Health Care Assurance staffing requirements.
2. Staff shall be on-site twenty-four hours per day, seven days per week.
3. A minimum of one direct services staff member with a current first aid certificate and CPR training shall be present in the program when residents are present in the program.
4. For non-therapeutic program hours, the program shall have sufficient staff, as approved by the Department, to ensure the safety, health, and delivery of the services.
6. The program's staffing pattern shall include a fully certified program administrator pursuant to 321-193 (10), HRS or consultative services on a regular basis from a substance abuse professional.
7. All direct service staff shall be familiar with substance abuse treatment and recovery issues. The staff shall also be familiar with practices including knowledge of relapse prevention, vocational rehabilitation, case management, life skills, and community resources.
8. Staff shall have training on current program procedures and practices, in order to meet all aspects of admission, therapeutic living services, and the referral of residents.

9. All direct service staff shall receive supervision no less than once per month.
10. All direct service staff shall have training in and be familiar with current procedures and practices, intake, admission, and referral of residents.

B. Program services

1. All residents in the same transitional residential living program house shall be adults of the same gender.
2. A minimum of fifteen hours a week of face-to-face supportive psychosocial services shall be provided to each resident each week. The resident's Health and Wellness or recovery plan shall determine the services, which shall include a minimum of one-hour weekly face-to-face meeting with program staff. These activities shall be documented on ADAD's Web Infrastructure Treatment System or ADAD-designated electronic health record (EHR) for each client. In addition, programs shall document on this system encounter or "shift notes" which shall document milieu activity (i.e. client's overall well-being and participation in activities within and outside the TLP, e.g. outpatient treatment, appointments with DHS and medical professional, court appearances) for each shift (e.g. morning, afternoon, evening) at the TLP. The service shall be based on a resident assessment and Health and Wellness or recovery plan and shall address the physiological, psychological, and social, aspects of recovery.
3. A resident Health and Wellness or recovery plan shall be prepared within seven days of admission by program's staff in cooperation with the resident and, when applicable, staff of both substance abuse and non-substance abuse services serving the resident. The recovery plan shall identify barriers to independent, sober living as well as goals to be attained while the resident is in the program.
4. Services provided on-site or through resources in the community shall include vocational rehabilitation, substance abuse education, recreation therapy, life skills, self-help meetings, and case management.
5. Supportive activities include, but are not limited to, needs assessment, individual and group skill building, referral and linkage, and case management. Services provided through resources in the community may include individual and group counseling and family counseling when appropriate.
6. Implementation of the Health and Wellness or recovery plan including contacts and a weekly progress note shall be documented in the resident record.
7. The program shall provide or arrange for primary medical care for all residents.
8. The program shall provide or arrange for prenatal care for all pregnant women.

II. Transitional residential living programs for women with child(ren)

These programs provide residential living services to residents who are currently receiving substance abuse treatment in a day or outpatient program, or who have been

clinically discharged from treatment yet still need supervision and a clean and sober living environment. They meet the same requirements as transitional residential living programs for adults with the following added:

A. Staffing requirements

1. At a minimum, one direct services staff member with a current first aid certificate and CPR training, and infant CPR training for those programs working with infants and children, shall be present in the program when residents are present in the program.
2. Programs that provide childcare in which parents are not on site must comply with childcare staffing requirements pursuant to sections 346-151, 346-161, HRS.
3. Staff shall be trained in supporting normal development and developmentally appropriate behavior management techniques.

B. Program Services

1. All residents in the program shall be pregnant women or women with dependent child(ren).
2. The program shall provide or arrange for the following services:
 - a) Primary medical care for adult resident;
 - b) Sufficient case management and transportation services to ensure that residents have access to services provided as described in this subsection; and
 - c) Referrals for the following services shall be included, when appropriate, and coordinated with all other treatment providers involved.
 - 1) Referral for prenatal care;
 - 2) Childcare while the women are receiving primary medical or prenatal care;
 - 3) Primary pediatric care, including immunization for children and development screening;
 - 4) Therapeutic interventions, which may, at a minimum, address developmental needs, and issues of sexual and physical abuse and neglect, for children in custody of women in the program; and
 - 5) Sufficient case management and transportation services to ensure that the children have access to services as described in this subsection.
3. The program shall develop standards to evaluate the appropriateness of admitting a resident's child(ren). A decision regarding the admission shall be based on these standards and documented in the child(ren)'s and resident's record
4. When services are provided for each child admitted to the program, the program shall develop a recovery plan for the family that shall identify the resident's family, support and advocacy needs.
5. The program shall provide support to the parent in interacting positively with his or her child and shall document areas of strength and concern.
6. The program shall provide or arrange for an initial health assessment for each child admitted into the program within two weeks of admission or as

recommended by the child's pediatrician. The dates and results of the assessment shall be documented in the child's record.

7. The program shall consult with Child Protective Services, when applicable, and document that agency's goals and objectives for the child or parent while in the program. When applicable, a collaborative written working agreement shall be developed which delineates responsibilities of the program, the resident, and Child Protective Services.
8. The program shall provide a Health and Wellness or recovery plan for the child which:
 - a) Establishes and documents the goals and objectives for the child's development and progress, in the parent and child's recovery plan, while in the child-care program.
 - b) Assists the parent in goal setting for the child's behavior and development while in the program. These goals shall be documented in the parent and child's recovery plans.
 - c) Weekly appointments involving the parent and program staff shall be scheduled to review the goals and objectives established in the child's and parent's recovery plan.
 - d) Provides the child a variety of developmentally appropriate learning and play materials. The materials shall be culturally relevant and promote social, developmental, and intellectual abilities; and
 - e) Case management for the child and for the parent and child family unit shall be provided and documented.

* **Sentinel event** includes but is not limited to:

- 1) Any inappropriate sexual contact between residents, or credible allegation thereof;
- 2) Any inappropriate, intentional physical contact between residents that could reasonably be expected to result in bodily harm, or credible allegation thereof;
- 3) Any physical or sexual mistreatment of a resident by staff, or credible allegation thereof;
- 4) Any accidental injury to the resident or medical condition requiring transfer to a medical facility for emergency treatment or admission;
- 5) Adverse medication errors and drug reaction;
- 6) Any fire, spill of hazardous materials, or other environmental emergency requiring the removal of residents from the facility;
- 7) Any incident of elopement by a resident;
- 8) Arrest for other than truancy;
- 9) Illegal alcohol or drug use;
- 10) Suicidal gestures;
- 11) Significant self-injury or self-mutilation;
- 12) Physical restraint, chemical restraint, and seclusion; or
- 13) Resident death.

STATE OF HAWAII
Department of Health
Alcohol and Drug Abuse Division

Request for Information (RFI)
HTH 440-TRB-17
Substance Abuse Treatment Services

Summary of RFI

As part of its planning process, the Alcohol and Drug Abuse Division (ADAD) scheduled a total of seven (7) public requests for information forums to gather information for all of the proposed sub-categories which consisted of the adult continuum, adolescent continuum, dual diagnosis continuum, injection drug users, pregnant women and women with dependent children, integrated case management, homeless, and early intervention services.

The Oahu RFI forum was held on September 4, 2015, at the Kinau Hale Board room, from 8:30 am to 11:30 am for the adult sub-categories, and from 1:00 pm to 2:30 pm for the adolescent sub-categories. For the adults there were thirty-seven (37) attendees and for the adolescent there were twelve (12) attendees. Some common concerns expressed were:

- Better rates to address the multiple need of the addicted person.
- Comprehensive care within an agency to include case management services.
- Remove maximum lengths of stays, allow the provider to make a clinical determination.
- Consider funding day treatment services.
- Incorporate incentives for providers in order to impact the system of care.
- Increase in support for programs supporting pregnant women programs.
- Re-evaluate outcomes.
- Need for outreach services.
- Bundle back Intensive Outpatient Program services to be consistent with third party billing.
- Consider creating a billable service for the networking necessary with school personnel.
- DOE should be “required” to provide a space for the school-based programs.

The Kauai RFI forum was held on September 9, 2015, at the Kauai District Health Office conference room, from 8:30 am to 12:00 pm. There were nine (9) attendees. Some common concerns expressed were:

- Need access to more interpreter services.
- More sober homes or residential facilities on island are needed.
- Expand the aspects of case management and case coordination.
- More community-based services for adolescents.

The Kona RFI forum was held on September 15, 2015, at the Kona Community Hospital, conference room 3, from 8:30 am to 12:00 pm. There was one (1) attendee. Some common concerns expressed were:

- More clean and sober housing is needed.
- Increase rates for clean and sober housing and case management services.
- Integrated case management services should be included within the adult continuum and not just for the offender population.
- Remove the Addiction Severity Index (ASI).

The Hilo RFI forum was held on September 18, 2015, at the Hawaii District Health Office, conference room C, from 8:30 am to 12:00 pm. There were twelve (12) attendees. Some common concerns expressed were:

- There is a need for transportation services.
- More residential and detox treatment facilities are needed.
- More programs that focus on recovery.
- There is a need for outreach and case management services.
- Consider no capitation of weekly cultural services.

The Lanai RFI forum was held on September 22, 2015, at the Lanai Airport, conference room 1, from 11:00 am to 2:30 pm. There were two (2) attendees. Some common concerns expressed were:

- There is a need a full time counselor position.
- Need for more cultural and recreational activities.
- Case management to assist in wellness activities.
- A community-based program for teens who are not enrolled in school, but in need of services.

The Molokai RFI forum was held on September 25, 2015, at the Department of Hawaiian Home Lands, conference room, from 8:30 am to 12:00 pm. There were 3 attendees. Some common concerns expressed were:

- Increase in reimbursement rates. Consider annual increases.
- Increase in funding for Molokai since it is a rural remote area.
- Consider long-term recovery support services for client who have been formally discharged from treatment.
- There should be “warm hand-off” case management services to assure client receives needed services.

The Maui RFI forum was held on September 30, 2015, at the department of Health, Public Health Preparedness conference room, from 8:30 am to 12:00 pm. There eight (8) attendees. Some common concerns expressed were:

- Increase rates.
- Increase rates for case management services.

- Increase funding for Maui.
- Increase capacity to serve women and children.
- Services to women to include serving women without children or who may not be pregnant.
- Remove the Severe Mental Illness (SMI) diagnoses restriction.
- Consider outreach services.
- Consider long-term recovery housing.
- Eliminate co-occurring carve-out and move into adult services.
- Pay educational group rates for adolescents the same as other group rates.

In addition to the public forums, ADAD accepted written comments up to COB, October 30, 2015.

STATE OF HAWAII
Department of Health
Alcohol and Drug Abuse Division
Request for Information (RFI)
HTH 440-TRB-18
Substance Abuse Treatment Services
Summary of RFI

As part of its planning process, the Alcohol and Drug Abuse Division (ADAD) issued an electronic RFI on June 28, 2016. This RFI was to seek information and comments in preparation of a RFP to provide a continuum of adolescent and adult substance abuse treatment services. Responses were accepted via e-mail until July 15, 2016. Responses received after the deadline were taken into consideration, to the extent possible.

ADAD is seeking feedback and information related to the elements identified below and perspectives relating to the impact of the substance abuse continuum of care in Hawaii.

1. **Applicant Proposed Rates.**

In consideration of service rates related to potential service scopes under the planned RFP, ADAD would like feedback on the following:

- a. The impact of the Affordable Care Act on reimbursement by 3rd party payers including Medicaid for substance use related treatment services continues to evolve and expand. What impact if any, would a negotiated rate for services under the planned scope of service continuum have in areas such as quality of care, service capacity and the overall continuum of care for substance abuse treatment?
 - Total of 13 responses: 4 in favor of negotiated rates (30%), 9 not in favor (69%).
 - The negative impact expressed by those not in favor, is that the Medicaid rates are already low and negotiated rates may result in other state agencies or insurance companies using the lowest provider rate as the “state rate” and negotiate lower.
 - Smaller agencies would be negatively impacted by negotiated rates because they do not have the professional resources readily available, nor will they have the number of clientele to be served in order to meet expenses.
- b. If ADAD purchased services through a negotiated rate that considers various factors such as the provider’s ability to bill third party payers, Medicaid fee schedules, standard labor classification and wage rates, etc., what additional factors would respondent like ADAD to consider?

- Total of 11 responses: 3 in favor of third party billing (27%), 6 not in favor (54%), 2 uncertain (18%).
 - Additional factors for ADAD to consider are, payroll and billing activities, various taxes, use of multiple facilities to service the population, professional liability insurance cost, accreditation requirements, 401K programs for employees, information technology support, prevailing wages in like geographical areas, patient complexity with respect to acuity and multiple chronic issues.
 - Negotiated rates should incorporate program functions that are essential but are not covered by current rates or reimbursable by Medicaid.
- c. What type of documentation would respondents feel comfortable submitting to ADAD in order to help substantiate how the respondent determined proposed rates? For example, would an external audit be a feasible way to support proposed/negotiated rates? If not, what other means of documentation should ADAD consider?
- Total of 10 responses: 8 in favor of audits (80%), 1 not in favor (10%), 1 uncertain (10%).
 - Some of the comments suggested ADAD consider looking at cost factors, actual cost, overall budgets, budget expense reports, consider if services were provided as indicated in the RFP using designated staffing patterns.
- d. Currently, ADAD utilizes both unit rate and cost reimbursement contracts. ADAD seeks comments and feedback (particularly from providers who currently have cost reimbursement contracts) as to whether it would be feasible to replace cost reimbursement contracts with negotiated rate contracts.
- Total of 7 responses: 2 in favor of replacing cost reimbursement with negotiated rates (28%), 5 not in favor (71%).

2. Contract Cycle Start Date.

In its planned RFP, ADAD is considering changing the contract year from July 1st - June 30th to October 1st - September 30th in order to better align state and federal funding cycles. Please provide any comments or feedback as to whether this change would impact the substance abuse continuum of care.

- Total of 13 responses: 8 in favor of changing the contract start date (61%), 5 not in favor (38%).
- 2 of those in favor expressed agreement, since it will align with funding.
- 1 in favor stated if there is no additional funding, services would have to be suspended.
- Some of the comments of the 5 not in favor stated, funding restrictions in the first 3 months would affect the number of admissions, if no funds available, clients would be discharged prematurely, current funding is parallel to the DOE school year.

3. **Timeframes for Invoice Submission and Corrections.**

Currently, ADAD allows monthly invoice submission and corrections “within thirty (30) calendar days after the last day of each calendar month”. In order to better meet federal reporting deadlines, ADAD is considering changing the submission and correction deadline to “within thirty (30) calendar days after the last day of each calendar month for the first ten (10) months of the contract year, thereafter, within ten (10) days after the last day of each calendar month”. Please provide any comments or feedback as to whether this change might impact the substance abuse continuum of care.

- Total of 14 responses: 5 in favor of reducing the number of days to submit corrections (35%), 8 not in favor (57%), 1 uncertain (7%).
- 1 in favor of the reduction however, suggested 20 days instead of 10.
- 1 not in favor suggested 20 days would be more reasonable than 10 days. Others not in favor stated that 10 days is unreasonable, especially if ADAD is the payor of last resort, which means they are waiting on other insurance sources to approve or deny.

4. **Medication-Assisted Treatment (MAT).**

ADAD is considering adding MAT as an additional rate, which would be supplemental to contracted rates within the adult continuum of services. For example, a methadone clinic that provides outpatient counseling would be able to charge a MAT rate concurrent with the negotiated OP rate. Please provide any comments or feedback as to whether this change might impact the substance abuse continuum of care.

- Total of 7 responses: 3 in favor of adding MAT as an additional rate (43%), 2 not in favor (28.5%) 2 uncertain (28.5%).
- Those in favor expressed being open to “partner” with MAT providers.
- Those not in favor stated it would not be feasible. Also need to take into consideration the national accreditation and licensing requirements.

5. **Cultural Services.**

ADAD supports and encourages the inclusion of cultural services as an integral component of its continuum of care. However, ADAD has the responsibility to ensure that the scopes of services funded are evidence-based practices. We understand that culturally based interventions can sometimes be difficult to support with empirical evidence. ADAD seeks to develop a framework within which it can justify and support culturally based interventions that may not have a pre-existing evidence base but which are promising methods for addressing substance use disorders. Please provide input on points ADAD should consider as it develops this framework for evaluating the efficacy of promising cultural interventions.

- Total of 13 responses:

- Measurements of improvement as recorded in successful treatment plan accomplishments and annual psychological assessment should always be the professional standard of measurement of care.
- Consider the scope or standard of services for “Native Hawaiian cultural programs in Hawaii” that was developed by Imi Ke Ola Mau.
- ADAD should compile outcomes from cultural programs in the past, and compare them to standard programs.
- Much of the cultural activities have been interwoven with other services.
- ADAD should provide supports required to turn promising practice into an EBI (Evidence Based Intervention). ADAD should also help with the conceptual framework and share with all providers.
- ADAD develop the framework for evaluating the efficacy for the use of cultural interventions and the rates charged for them.
- Look at what is “culturally” out there. Check out successful strategies used in the Indian culture. Look at the process by which the Indians were able to secure funding.
- Creating a cultural program and integrating cultural programming does not necessarily go outside the bounds of traditional and tested, evidence based treatment, already in place.
- Cultural programs need to understand cultural trauma.
- 5 step process described as introduced for discussion at the National Asian Pacific American families Against Substance Abuse.
- In determining efficacy of these practices, aside from the outcome of reduction and abstinence evaluated, one must consider the reduction of identified risk factors and increase in identified protective factors.
- Consider responses from satisfaction surveys.
- Any framework to evaluate a cultural program should start with “cultural” thinking. Western thought should not be used solely to evaluate a cultural program.

6. Case Management.

ADAD is considering expanding and enhancing case management and care coordination components of the substance abuse treatment continuum. Please provide input that addresses the following question:

How is case management for substance abuse clients differentiated from community-based case management?

- Total of 14 responses:
- The focus should be on substance abuse and the variables that lead to or contributed to the individual struggling with the illness.
- The principle difference is the diagnoses of the client.
- Case management is a critical aspect of helping a client to sustain gains made through treatment.
- Community case managers do not fulfill all the salient needs of the population in treatment and aftercare.
- Counselors provide case management not provided by community case managers.

- If ADAD is seeking to move toward ROSC and a wellness approach, case management can be pivotal in ensuring success.
- Case management for substance abuse clients is different because it is a specialized approach to the population.
- Providers should have specialized training and preferably certification in substance abuse counseling, criminal justice, etc.
- Substance abuse case managers are integrated with the treatment programs.
- AOD population has specific needs to be addressed.
- The principle goal of substance used disorder case management is to get and keep clients engaged in treatment, moving towards recovery, which would suggest retention in treatment and better outcomes.
- Case management should be a part of the treatment continuum.
- CBCM services have caps, not all client are eligible for CBCM, SACM services are specialized to the needs of the client.

Important Website Addresses

ADAD does not intend this reference to be an exhaustive list of substance abuse treatment Website addresses. APPLICANTS are encouraged to utilize additional resources should more information be needed. Please also note that Website addresses may change periodically.

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):

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

- **42 CFR Part 2** Confidentiality of Alcohol and Drug Abuse Patient Records (Pages 1-25)
<https://www.gpo.gov/fdsys/pkg/CFR-2002-title42-vol1/pdf/CFR-2002-title42-vol1-chapI-subchapA.pdf>
- **45 CFR Part 96** Block Grants (Pages 464-520)
<https://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol1/pdf/CFR-2002-title45-vol1-subchapA.pdf>
- **45 CFR Parts 160 - 164** Health Insurance Portability and Accountability Act (HIPAA) (Pages 1-148)
<https://www.gpo.gov/fdsys/pkg/FR-1999-11-03/pdf/99-28440.pdf>

Public Law (P.L.):

- **P. L. 102-321 Subpart II** Block Grants for Prevention and Treatment of Substance Abuse (Page 10-28)
<https://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf>

Hawaii Revised Statutes (HRS):

<http://www.capitol.hawaii.gov/hrscurrent/>

- **HRS Chapter 321, Title 19** Department of Health (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0321/
- **HRS 325-101** Confidentiality of Records and Information – HIV Infection, ARC, and AIDS
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0325/HRS_0325-0101.htm

- **HRS 328J** Smoking (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0328J/
- **HRS Chapter 334** Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/
- **HRS 577** Children (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0577/

Hawaii Administrative Rules (HAR), Department of Health

<http://health.hawaii.gov/opppd/departement-of-health-administrative-rules-title-11/>

- **Title 11, Chapter 98 HAR** Special Treatment Facility License
<http://health.hawaii.gov/opppd/files/2015/06/11-98.pdf>
- **Title 11, Chapter 175 HAR** Mental Health and Substance Abuse System
<http://health.hawaii.gov/opppd/files/2015/06/11-175.pdf>

II. Government Resources

Hawaii

- **State of Hawaii, Department of Health**
<http://health.hawaii.gov/>
- **Alcohol and Drug Abuse Division (ADAD), Department of Health**
<http://health.hawaii.gov/substance-abuse/>

National

- **Center for Substance Abuse Prevention (CSAP), SAMHSA**
<http://www.samhsa.gov/prevention>
- **Center for Substance Abuse Treatment (CSAT), SAMHSA**
<http://www.samhsa.gov/treatment>
- **Making Your Workplace Drug-Free--SAMHSA's model program and resource**
<http://store.samhsa.gov/shin/content//SMA07-4230/SMA07-4230.pdf>
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
<https://www.niaaa.nih.gov/>

- **National Institute on Drug Abuse (NIDA)**
<https://www.drugabuse.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA),**
U.S. Dept. of Health and Human Services
<http://www.samhsa.gov/>

**Sample Checklist for Certificate of Insurance (COI)
Insurance Requirements**

INSURED

- Insured Name must match name shown in Contract or identified in certificate as covered entity.

TYPE OF INSURANCE**LIMITS**

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Commercial General Liability | \$1,000,000 per occurrence for bodily injury and property damage and \$2,000,000 in aggregate |
| <input type="checkbox"/> | Automobile Liability | \$1,000,000 per occurrence |
| <input type="checkbox"/> | Professional Liability (if applicable) | \$1,000,000 per occurrence and \$2,000,000 in aggregate |
| <input type="checkbox"/> | The ADD'L INSRD box for both General Liability and Automobile Liability shall be checked.
NOTE: If Umbrella Liability policy is used to meet the insurance requirements, the ADD'L INSRD box for Umbrella Liability shall also be checked. | |
| <input type="checkbox"/> | POLICY EFFECTIVE DATE and POLICY EXPIRATION DATE shall cover the time of performance of the contract. Reminder: A new COI is required should the policy expire during the contract period. | |
| <input type="checkbox"/> | Insurer alpha must be listed in "INSR LTR" box next to the type of insurance. | |

If the insurance company issuing the policy is not registered with the Department of Commerce and Consumer Affairs, pursuant to HRS §431:8-307, the following must be stated on the certificate in accordance with HRS §431:8-306:

- "This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii." *Name and Address of the surplus lines broker*

NOTE: Need only one surplus lines broker stamp if more than one insurer is not registered to do business in Hawaii.

All Certificates shall include the following information in the "DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS" box:

- ASO LOG NO. XX-XXX
- (1) The State of Hawaii and its officers and employees are additional insured with respect to operations performed for the State of Hawaii.
- (2) It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy.

NOTE: Professional Liability policy only requires text (2) if it is on a separate certificate.

- The CERTIFICATE HOLDER shall be:

State of Hawaii
Department of Health
Administrative Services Office
P. O. Box 3378
Honolulu, Hawaii 96801-3378

**Indigenous Evidence Based Effective Practice Model
Cook Inlet Tribal Council, Inc.
May, 2007**

International Initiative for Mental Health Leadership Forum, Alaska

Level I: Client-Based Evidence: Data from three of eight of these types of evidence will be analyzed and an evidence-report generated to support effective practice status.

- Stakeholder and Consumer Satisfaction Surveys
- Comment Cards
- Interviews of Appropriate Sample (based on appropriate sampling criteria)
- Focus Groups (Appropriate Sample based on appropriate sampling criteria)
- Case Studies (Appropriate Sample based on appropriate sampling criteria)
- Discharge Interviews
- Follow-Up Surveys
- Alumni Interviews (Appropriate Sample based on appropriate sampling criteria)

Level II: Practice-Based Evidence: Data from any four of eleven of these types of evidence will be analyzed and an evidence-report generated to support effective practice status.

- Staff or client satisfaction survey or interviews
- Funding agency or accreditation agency acknowledges as effective practice
- Expert opinion from the field (focus on experts from Native Hawaiian and other ethnic groups; however, experts that are not Native Hawaiian or from specific ethnic groups can also be used)
- Awards
- Articles (newspaper, professional publication)
- Process evaluation
- Family Interviews
- Elder or Traditional Healer interviews
- Community Interviews
- Personal testimonies
- Spiritual ceremonies

Level III: Research-Based Evidence: Outcomes driven (Item A plus any two from B through F establishes Level III status)

- A. Utilizing Local Data (qualitative and/or quantitative design)
 - Participatory Research
 - Action-Based Research
 - Single group pretest/posttest design
 - Government Performance and Results Act, United States Substance Abuse Mental Health Services Administration (SAMHSA)
 - National Outcome Measures (NOMS) SAMHSA
- B. Peer Reviewed Journal
- C. Documented in comprehensive evaluation report
- D. Native Hawaiian or other ethnic group Review Panel

- E. SAMHSA's National Registry of Effective Programs or other government agency review
- F. Document review by external agency

Useful Resources:

SAMHSA's Treatment Improvement Protocol Series: TIP 59—Cultural Competence
<http://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>

SAMHSA's Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups
<http://nrchmh.org/ResourcesMHAdminsLeaders/Cultural%20Competence%20Standards%20SAMHSA.pdf>

ALCOHOL AND DRUG ABUSE DIVISION

Proposal Evaluation Instructions and Protocol
RFP 440-14-1 and 440-14-2

Scoring Criteria

- **Section 1:** Program Overview. No points are assigned to this section.
- **Section 2:** Experience and Capability; **Section 3:** Program Organization and Staffing; **Section 4:** Service Delivery. Use the Point Scale-Program (Table 1 below) to assign points based on your evaluation of the APPLICANT's response.
- **Section 5:** Financial Requirements. Use the Point Scale-Fiscal (Table 2 below) to assign points based on your evaluation of the APPLICANT's response.
- **Assign only whole points.**

Table 1: Point Scale - Program

<i>Point</i>	<i>Scale</i>	<i>Definition</i>
0	Does Not Meet/Not Addressed	The required information was not present in the APPLICANT's proposal.
1	Meets	All major items were addressed. APPLICANT appears to have just restated the requirements in the RFP.
2	Exceeds	The majority of items were addressed in an exceptionally clear, concise, or original manner.

Table 2: Point Scale - Fiscal

<i>Point</i>	<i>Scale</i>	<i>Definition</i>
0	Does Not Meet/Not Addressed	The required information was not submitted in the APPLICANT's proposal.
1	Meets	All items were addressed.

Criteria for Multiple Proposals

In the event that more than one APPLICANT'S proposal for a service meets the minimum requirements, the proposal will be reviewed in accordance with the following additional criteria in determining the funding allocations:

1. Interest of the State to have a variety of treatment providers in order to provide choices for clients.
2. Interest of the State to have geographic accessibility.
3. Readiness to initiate or resume services.
4. Ability to maximize 3rd party billing (i.e.: QUEST), if possible.
5. Proposed budget in relation to the proposed total number of service recipients.

ALCOHOL AND DRUG ABUSE DIVISION

Proposal Evaluation Protocol

RFP 440-14-1 and 440-14-2

1. **Program Overview:** No points are assigned to Program Overview. The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.
2. **Experience and Capability (35 Points).** The State will evaluate the APPLICANT’s experience and capability relevant to the proposal which shall include:

A. Necessary Skills	Max Points
1. Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. Described what services and service modalities will be provided, how they will be provided and who is qualified to deliver them. Comments:	2
B. Experience	
1. Demonstrated satisfactory performance in the delivery of the same modality of service to the same population. Provided a description and evidence of at least 1 year of verifiable experience with measurable outcomes. Comments:	2
2. The APPLICANT provided substantial evidence of documented outcomes achieved in the past Comments:	2
3. Demonstrated ability to fully utilize funding from various private, government and none-profit resources. Comments:	2
4. Demonstrated experience of program performance based on internal or external monitoring or audits. Provided a description of how deficiencies are addressed and implemented. Comments:	2
5. Demonstrated experience of clinical performance based on internal or external monitoring audits. Provided a description of how deficiencies are addressed and implemented. Comments:	2
6. Demonstrated experience of meeting data reporting requirements (i.e. WITS) based on internal or external monitoring audits. Provided a description of how deficiencies are addressed and implemented. Comments:	2
C. Quality Assurance and Evaluation	
1. The quality assurance and evaluation plan identifies the mission of the organization, the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, validates corrections, and is time sensitive. Comments:	2
2. The quality assurance standards are used to assess or evaluate the quality and utilization of services. A threshold percentage for each outcome specified in the RFP was established; and the selected levels are sufficiently justified.	2

Comments:	
3. The quality assurance process serves as a source of information to improve the quality of services. Findings are integrated and reviewed by the quality assurance committee, and information is conveyed to the program administrator and the organization’s executive officer and governing body (e.g. Board of Directors) at least quarterly.	2
Comments:	
4. Demonstrated ability of contract compliance (e.g.: timely submittal of reports and corrective action plans.	2
Comments:	
5. The APPLICANT demonstrated a clear approach and plan for establishing and achieving realistic outcomes for services delivered.	2
6. The APPLICANT presented a clear plan for documenting outcomes achieved.	2
7. Accreditation status or demonstrated plan to acquire accreditation.	2
Comments:	
D. Coordination of Services	
1. Demonstrated capability to coordinate services with other agencies and resources in the community to reduce fragmentation and/or duplication of services.	2
Comments:	
2. Specified appropriate intermediaries who are critical for the program to succeed and indicated how these intermediaries will cooperate; includes formal agreements such as Contracts, Letters of Intent, Memorandums of Understanding, Memorandums of Intent.	1
Comments:	
E. Facilities	
1. Described the facilities, and clearly demonstrated their adequacy in relation to the proposed services. Described realistic plans to secure one if none is presently available. Described the facilities accessibility to clients.	2
Comments:	
2. Described how the facilities meet or will meet all Federal, State, and County requirements including Americans with Disabilities Act (ADA) requirements, as applicable and the availability of any special equipment that may be required for the services. Described a viable alternate plan to meet all applicable requirements if facilities do not meet requirements.	2
Comments:	

3. **Program Organization and Staffing (18 Points).** The State will evaluate the APPLICANT’s overall staffing approach of the proposed service through an evaluation of the following documents:

A. Program Organization	
1. Completed Organization-Wide Organization Chart.	2
Comments:	
2. Completed Service Delivery Tables.	2
Comments:	
3. Program Organization Chart – To be completed by APPLICANT.	2
Comments:	
4. The APPLICANT demonstrated adequately qualified personnel to support	2

proposed services. Comments:	
5. Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. Comments:	2
6. Approach and rationale of the structure, functions, and staffing of the organization in relation to the proposed for the overall service activities and tasks. Comments:	2
B. Staffing	
1. The approach and rationale for the organizational structure, functions, and staffing, as detailed in the Organization Chart for the proposed service activities and tasks, appears sufficient to cover the program during staff illness, to allow for <i>holidays</i> and staff vacation time. Comments:	2
2. The rationale to determine how many hours are needed to perform the activities for all positions and for which part time positions are responsible is clearly presented. Position descriptions for all staff budgeted to the program, directly or through subcontracts, are clearly presented. Comments:	2
3. The proposed staffing pattern is consistent with the personnel requirements in the Service Specifications. Comments:	2

4. **Service Delivery (32 Points).** Evaluation criteria for this section will assess the APPLICANT's approach to the service activities and management requirements outlines in the Proposal Application. The criteria also included an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

The service activities and management structure presented by the applicant meets the service activities and management requirements outlined in this RFP including Section 2, Subsection 2.4. Scope of Work.

A. Service Activities and tasks	
1. The modalities of service that the APPLICANT intends to provide are clearly specified and includes an estimation of the number of clients that the APPLICANT plans to serve. The proposed modalities of services and the estimated number of clients served should be consistent with information and projections proposed in Section 2, Subsection 2.4. Scope of Work, specified in the RFP, the Program-Wide Organization chart, and other relevant program narrative sections. Comments:	2
2. The activities/methods the APPLICANT intends to provide demonstrates best practices for the population. Comments:	2
3. The APPLICANT demonstrates the capability to recruit and retain the	2

population. Comments:	
4. The APPLICANT addresses demographic and cultural issues as appropriate for the target population. Comments:	2
5. The activities/methods that the APPLICANT intends to use for each type of service are clearly specified.	2
6. The proposed activities/methods are consistent with information and projections proposed in the Definitions of Treatment Activities Subsection 2.4. Scope of Work, the Definitions of Treatment Activities, Performance Based Budgets and other relevant program narrative sections. Comments:	2
7. How the program will address transition, recovery issues, relapse prevention, is clearly described and is sufficient to suggest a high degree of likelihood of successful transition. Comments:	2
B. Related work assignments/responsibilities	
1. The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities. Comments:	2
C. Timelines/Schedules	
1. The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Subsection 2.4. Scope of Work. Comments:	2
2. A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical. Comments:	2
3. A weekly schedule of activities for each modality is provided and is practical, meets the minimum hours per week of required service. A legend that corresponds to ADAD required activities has been provided indicating which activities are individual counseling or group activities and type. Comments:	2
D. Assessment of the Logic of the Work Plan	
1. The goals of the service are clearly described and are realistic and achievable. Comments:	2
2. A clear rationale is given for the estimated number of ADAD clients that the APPLICANT intends to serve. Comments:	2
3. A clear rational is provided for why the activities/methods that the APPLICANT will use are appropriate for the target population and are most likely to achieve the objectives targeted. Comments:	2
4. The work plan describes how use of non-ADAD resources will be leveraged in order to efficiently and effectively increase capacity.	2
5. The work plan for the major service activities and tasks to be completed is	2

logically related to the stated goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner.
 Comments:

5. **Financial (15 Points)**

A. Financial Requirements	Max Points
1. Single Audit Report (SAR) or Financial Audit Report. The latest SAR or Financial Audit indicates minimal or no material deficiencies (Financial Audit must be completed by an independent auditor). <u>If the applicant is not required to provide a Financial Audit, the following Financial Reports for the most current fiscal year are included (including supplemental information about the financial condition of the company, without which the financial statements cannot be fully understood).</u> Comments:	5
2. Profit and Loss Statement (P&L) Comments:	1
3. Balance Sheet Comments:	1
4. Statement of Cash Flow Comments:	1
5. General Ledger Comments:	1
6. Notes to Financial Statement Comments:	1
B. Financial Analysis. The APPLICANT must demonstrate the ability to meet its short-term and long-term financial obligations. Use the formulas below to compute solvency and liquidity ratios. Solvency ratio should be 10% or high and liquidity ratio should be 1.00 or higher.	
1. Solvency ratio (Solvency ratio = (After Tax Net Profit + Depreciation) / Total Liabilities) Comments:	1
2. Liquidity ratio (Liquidity ratio = Current Assets/Current Liabilities) Comments:	1
C. Sustainability. The APPLICANT must describe how the program will be sustained if funding from the STATE purchasing agency is decreased or ceases to exist.	
1. 2-Year Sustainability Plan Narrative. Comments:	1
2. Budget by Source Funds Comments:	1
3. Cost Allocation Plan and/or Billing Policies and Procedures. Comments:	1

OPIOID ADDICTION RECOVERY REQUIREMENTS

- I. Opioid Addiction Recovery Services can include the provision of methadone as specified in Section 5, Attachment E-2. Specifically, APPLICANTS should note that:
 - A. Interim services must be provided within forty-eight (48) hours of the request for admission of individuals with an opioid addiction, with preference given to IDUs, who have been denied admission to a substance abuse treatment program on the basis of the lack of capacity of the program to admit the individual.
 - B. The individual client may remain in the Interim Opioid Recovery Program for a period of up to one hundred twenty (120) days, during which time admission to substance abuse treatment shall be secured.

- II. The APPLICANT should become familiar with the following resources:
 1. SAMHSA’s Division of Pharmacologic Therapies (DPT) website, which provides information on the provision of pharmacologic treatment in opioid recovery as well as other areas: <http://www.samhsa.gov/medication-assisted-treatment>
 2. SAMHSA’s Federal Guidelines for Opioid Treatment Programs: <http://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf>
 3. SAMHSA’s Treatment Improvement Protocol Series: Medication Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (No. 43)- <http://www.ncbi.nlm.nih.gov/books/NBK64164/>
 4. SAMHSA’s Treatment Improvement Protocol Series: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (No. 40)- <http://www.ncbi.nlm.nih.gov/books/NBK64245/>
 5. SAMHSA’s website on Naltrexone: <http://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone>
 6. SAMHSA’s “Naloxone” which is used to treat opioid overdose: <http://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>
 7. SAMHSA’s “Opioid Overdose Prevention Toolkit”: <http://store.samhsa.gov/shin/content//SMA16-4742/SMA16-4742.pdf>

- III. Requirements
 - A. Methadone
 1. Opioid Addiction Recovery Programs that offer methadone must meet SAMHSA requirements as outlined in the Certification of Opioid Treatment Programs, 42 CFR, Part 8 published by the US Government Publishing Office: <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=3&SID=7282616ac574225f795d5849935efc45&ty=HTML&h=L&n=pt42.1.8&r=PART>
 2. Opioid Addiction Recovery Programs that provide methadone must apply for Opioid Treatment Program (OTP) Certification through

- SAMHSA: <http://www.samhsa.gov/medication-assisted-treatment/opioid-treatment-programs/apply>
3. US DEA Office of Diversion Control Registration must also be completed: <http://www.deadiversion.usdoj.gov/drugreg/index.html>
 4. The Hawaii Department of Public Safety, Narcotics Enforcement Division <http://dps.hawaii.gov/about/divisions/law-enforcement-division/ned/> requires registration for the use of pharmaceutical controlled substances: <http://dps.hawaii.gov/wp-content/uploads/2015/05/CS-Application-PDF.pdf>
 5. The Opioid Addiction Recovery Program shall also meet the following federal regulations per the US Food and Drug Administration Part 291—Drugs used for Treatment of Narcotic Addicts: <https://www.gpo.gov/fdsys/pkg/CFR-1999-title21-vol4/pdf/CFR-1999-title21-vol4-part291.pdf>
- B. Buprenorphine and Buprenorphine/Naloxone
1. An Opioid Addiction Recovery Programs that offers buprenorphine and buprenorphine/naloxone must have a physician that qualifies for a waiver: <http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/qualify-for-physician-waiver>
 2. The waiver can be completed on-line at <http://buprenorphine.samhsa.gov/pls/bwns/waiver> or via fax of an approved form at http://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/waiver-form-sma-167.pdf
 3. A waived physician must also complete required buprenorphine training: <http://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training>
- C. Naltrexone
1. An Opioid Addiction Recovery Programs that offers Naltrexone does not require that the program’s physician undergo special training as per SAMHSA’s “An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People With Opioid Dependence”: <https://store.samhsa.gov/shin/content/SMA12-4682/SMA12-4682.pdf>
 2. SAMHSA offers guidelines on the “Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide”: <http://store.samhsa.gov/shin/content/SMA14-4892R/SMA14-4892R.pdf>

Hawaii Community Foundation
Tobacco Cessation Grantee List
Effective July 1, 2016 – June 30, 2019

GRANTEE ORGANIZATION	PERSONNEL	TITLE	EMAIL	PHONE # (808)	ADDRESS
American Lung Association	Stephanie Locke	Hawaii Program Manager	stephanie.locke@lung.org	687-5376	810 Richards St., Suite 750, Honolulu, HI 96813
Bay Clinic	Mealani Rahmer	TC Coordinator	mrahmer@bayclinic.org	965-3007	450 Kilauea Ave., Ste. 105, Hilo, HI 96720
Big Island Substance Abuse Council	Hannah Preston-Pita	Chief Executive Officer	dr.hannah@bisac.com	969-9994	16-179 Melekahiwa St., Keaau, HI 96749
Castle Medical Center	Kanani Kilbey	Tobacco Treatment Specialist and Wellness Educator	kanani.kilbey@ah.org	263-5050	642 Ulukahiki St., Ste. 105, Kailua, HI 96734-4498
Community Clinic of Maui	Helen Barrow	Certified Tobacco Treatment Specialist	helenb@ccmaui.org	872-4050	1881 Nani St., Wailuku, HI 96793
Hamakua Health Center	Kathryn Akioka	Tobacco Cessation Program Director	kakioka@hamakua-health.org	238-6162	45-549 Plumeria St., Honokaa, HI 96727
I Ola Lahui	Allison Seales	Director of Research	aseales@iolalahui.org	525-6255	1441 Kapiolani Blvd., #1802, Honolulu, HI 96814
I Ola Lahui	Nicole Robello	Licensed Clinical Psychologist	nrobello@napuuwai.com	348-1553	P.O. Box 130, Kaunakakai, HI 96707
Kapiolani Health Foundation	Laura Bonilla	Executive Director, Pediatrics	laurab@kapiolani.org	983-6169	1319 Punahou St., Honolulu, HI 96826
Kokua Kalihi Valley Comprehensive Family Services	Stephanie Moir	Tobacco Control Program Coordinator	smoir@kkv.net	386-9683	2239 N. School St., Honolulu, HI 96819

Hawaii Community Foundation
Tobacco Cessation Grantee List
Effective July 1, 2016 – June 30, 2019
(Continued)

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Koolauloa Community Health and Wellness Center	Helen Bressler	Certified Tobacco Treatment Specialist	hbressler@koolauloachc.org	636-0030	P.O. Box 395, Kahuku, HI 96731
Lanai Community Health Center	Cori Takesue	Post-Doctoral Psychology Fellow, Behavioral Health Specialist	ctakesue@lanaicommunityhealthcenter.org	565-6919	P.O. Box 630142, Lanai City, HI 96763
Life Foundation	Kunane Dreier	Director of Prevention Services	kunane@lifefoundation.org	853-3244	677 Ala Moana Boulevard, Ste. 226, Honolulu, HI 96813
Malama Pono Health Services	Kymm Solchaga	Fund Development Director	kymm@malama-pono.org	246-9577	4366 Kukui Grove St., Ste. 207, Lihue, HI 96766
Waianae District Comprehensive Health & Hospital Board	Monica Esquivel	Preventive Health Educator Manager	mesquivel@wcchc.com	697-3526	86-260 Farrington Hwy., Waianae, HI 96792
Waikiki Health	Kent Anderson	Director of Utilization and Quality	kanderson@waikikihealth.org	791-9354	277 Ohua Ave., Honolulu, HI 96815
West Hawaii Community Health Center	Victoria Hanes	Behavioral Health Director	vkhanes@westhawaiiichc.org	326-5629	75-5751 Kuakini Hwy., Ste. 101A, Kailua-Kona, HI 96740