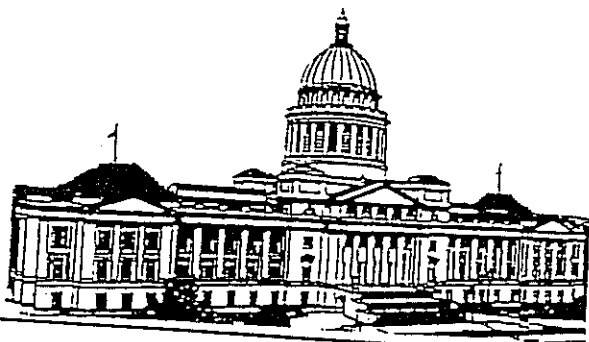


# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 026  
Little Rock, Arkansas 72201-1094

For Office  
Use Only:

Effective Date

7/1/98

Code Number

007.25.98--001

Name of Agency

ARKANSAS DEPARTMENT OF HEALTH

Department

BUREAU OF ALCOHOL AND DRUG ABUSE PREVENTION

Contact Person

Virginia Harper

Statutory Authority for Promulgating Rules

Arkansas Code 20-64-601

Intended Effective Date

☐ Emergency

Legal Notice Published . . . . .

Date

4/26/98

Final Date for Public Comment . . . . .

5/26/98

Reviewed by Legislative Council . . . . .

6/4/98

Adopted by State Agency . . . . .

7/1/98

☒ Other

July 1, 1998

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended

*Joe M. Depp*  
Signature

501-280-4500

Phone Number

Director, Bureau of Alcohol and Drug Abuse Prevention  
Title

June 24, 1998

Date

FILED  
AR. REGISTER DIV.  
98 JUN 24 PM 3:15  
STATE OF ARKANSAS



007,25,98-001

**Arkansas Department of Health**  
*Keeping Your Hometown Healthy*

**Bureau of Alcohol and Drug Abuse Prevention**  
Freeway Medical Center, 5800 West 10th Street, Suite 907  
Little Rock, Arkansas 72204  
Telephone (501) 280-4500 Fax (501) 280-4519

June 24, 1998

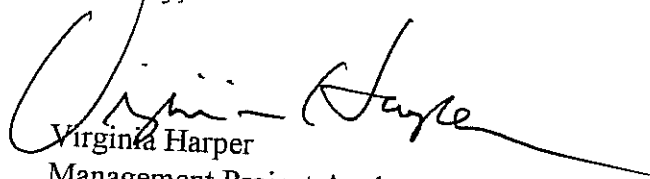
Ms. Sharon Priest  
Secretary of State  
State Capitol, Room 01  
Little Rock, AR 72201-1094

Dear Ms. Priest:

Attached you will find four copies each of the Transmittal Sheet, Questionnaire on Proposed Administrative Rules, Financial Impact Statement and revisions to the Bureau of Alcohol and Drug Abuse Prevention's Policies and Procedures Manual.

If you have questions, please contact me at 280-4502.

Sincerely,

  
Virginia Harper  
Management Project Analyst

VH:vh

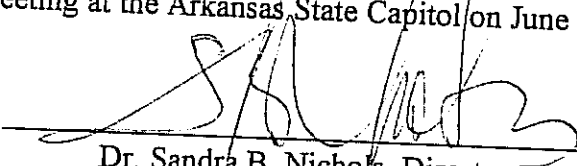
Enclosures

cc: Joe M. Hill, Director, Bureau of Alcohol and Drug Abuse Prevention

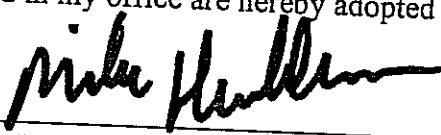
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AR. REGISTER DIV.  
98 JUN 24 PM 3:14  
SECRETARY OF STATE  
STATE OF ARKANSAS

## CERTIFICATION

This will certify that the Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention's Policies and Procedures Manual was adopted according to the Arkansas Administrative Procedures Act after a public hearing held in Little Rock, Arkansas at the Freeway Medical Center on May 27, 1998 and reviewed by the Subcommittee on Administrative Rules and Regulations in a meeting at the Arkansas State Capitol on June 4, 1998.

  
\_\_\_\_\_  
Dr. Sandra B. Nichols, Director  
Arkansas Department of Health

The foregoing Standards having been filed in my office are hereby adopted on this 23rd day of June, 1998.

  
\_\_\_\_\_  
Mike Huckabee,  
Governor

FILED  
AR. REGISTER DIV.  
98 JUN 24 PM 3:15  
STATE OF ARKANSAS  
BY \_\_\_\_\_

**ARKANSAS DEPARTMENT OF HEALTH  
BUREAU OF ALCOHOL AND DRUG ABUSE PREVENTION**

**AMENDING ADMINISTRATIVE REGULATION**

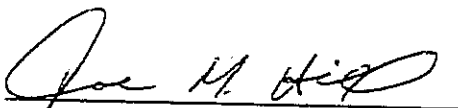
**NUMBER AND TITLE:** Policies and Procedures Manual for  
the Bureau of Alcohol and Drug  
Abuse Prevention

**PROPOSED EFFECTIVE DATE:** July 1, 1998

**STATUTORY AUTHORITY:** Act 644 of 1977

**NECESSITY AND FUNCTION:** Provides regulations and operational  
procedures for programs funded by the Bureau of Alcohol and Drug Abuse  
Prevention as well as applicants for funding.

**REVISIONS TO PAGES ARE MARKED WITH A VERTICAL LINE IN THE LEFT  
MARGIN. CHANGES TO PAGES 5, 6, 7, 8, 9, 10, 15, 22, 29, 37, 39, 41,  
43, 49, 50 and 53.**



Joe M. Hill, Bureau Director  
Bureau of Alcohol and Drug Abuse Prevention

**Promulgation Date:** April 26, 1998 - July 1, 1998.

**Contact Person:** Virginia Harper  
Arkansas Department of Health  
Bureau of Alcohol and Drug Abuse Prevention  
Freeway Medical Center, Suite 907  
5800 W. 10th Street  
Little Rock, AR 72204  
(501) 280-4500

BY \_\_\_\_\_  
SECRETARY OF STATE  
STATE OF ARKANSAS

98 JUN 24 PM 3:16

FILED  
M. REGISTER DIV.

DEPARTMENT Arkansas Department of Health  
DIVISION Bureau of Alcohol and Drug Abuse Prevention  
PERSON COMPLETING THIS STATEMENT Virginia Harper  
TELEPHONE NO. 501-280-4502 FAX NO. 501-280-4532

### FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Bureau of Alcohol and Drug Abuse Prevention Policies and Procedures Manual

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?  
Yes \_\_\_\_\_ No x
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

<u>1997-98 Fiscal Year</u>	<u>1998-99 Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Specific Revenue _____	Specific Revenue _____
Other _____	Other _____
Total <u>None</u>	Total <u>None</u>

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

<u>1997-98 Fiscal Year</u>	<u>1998-99 Fiscal Year</u>
<u>None</u>	<u>None</u>

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

<u>1997-98 Fiscal Year</u>	<u>1998-99 Fiscal Year</u>
<u>None</u>	<u>None</u>

FILED  
A.K. REGISTER DIV.  
98 JUN 24 PM 3:15  
STATE OF ARKANSAS  
DEPT. OF HEALTH

July 28, 1995

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE  
ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DIVISION Arkansas Department of Health  
Bureau of Alcohol and Drug Abuse Prevention  
DIVISION DIRECTOR Joe M. Hill  
CONTACT PERSON Virginia Harper  
ADDRESS 5800 W. 10th Street, Suite 907, Little Rock, Arkansas 72204  
PHONE NO. 501-280-4502 FAX NO. 501-280-4532

**INSTRUCTIONS**

- A. Please make copies of this form for future use.  
B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.  
C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of This Rule" below.  
D. Submit two (2) copies of this questionnaire attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis  
Subcommittee on Administrative Rules and Regulations  
Arkansas Legislative Council  
Bureau of Legislative Research  
Room 315, State Capitol  
Little Rock, AR 72201

\*\*\*\*\*

1. What is the short title of this rule?

Policies and Procedures Manual for the Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention

2. What is the subject of the proposed rule?

Provides regulations and operational procedures for programs funded by the ADH, Bureau of Alcohol and Drug Abuse Prevention, as well as applicants seeking funding.

3. Is this rule required to comply with federal statute or regulations?

Yes \_\_\_\_\_ No X \_\_\_\_\_

4. Was this rule filed under the emergency provisions of the Administrative Procedures Act?

Yes \_\_\_\_\_ No X \_\_\_\_\_

If yes, what is the effective date of the emergency rule?

FILED  
JUN 24 PM 3:56  
REGISTER DIV.  
OFFICE OF THE  
CLERK OF THE  
HOUSE OF REPRESENTATIVES  
STATE OF ARKANSAS

When does the emergency rule expire?

Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? Yes X No           

5. Is this a new rule? Yes            No X

Does this repeal an existing rule? Yes            No X

If yes, please provide a copy of the repealed rule.

Is this an amendment to an existing rule? If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Code 20-64-601 (Act 644 of 1977)

7. What is the purpose of this proposed rule? Why is it necessary?

The Policies and Procedures Manual provides regulations and operational procedures for programs funded by the Bureau of Alcohol and Drug Abuse Prevention, as well as applicants seeking funding.

8. Will a public hearing be held on this proposed rule? Yes X No             
If yes, please give the date, time and place of the public hearing?

A public hearing will be held on May 27, 1998 at 10:00 a.m. at the Bureau of Alcohol and Drug Abuse Prevention, Freeway Medical Center, 5800 W. 10th Street, Freeway, Room 906, Little Rock, Arkansas.

9. When does the public comment period expire?

May 26, 1998

10. What is the proposed effective date of this proposed rule?

Proposed effective date: July 1, 1998

11. Do you expect this rule to be controversial? Yes            No X  
If yes, please explain.

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules? Please provide their position (for or against) if known.

See attached list

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 18, 1995

## Attachment for Item 12

Names, Addresses & Phone Numbers	Category	For	Against
<u>ASSOCIATIONS</u>			
Arkansas Substance Abuse Certification Board Mariella Tedder, Administrator Mid-South Center - UALR 2801 South University Little Rock, AR 72204 501-569-3073	A	X	
Arkansas Nonprofit Treatment Providers Association Jim Ward, Chairperson 1201 River Road North Little Rock, AR 72114 501-372-4611	A	X	
Don McMillan, Ph.D. Wilbur Mills Chair on Alcohol and Drug Abuse Prevention UAMS 4301 W. Markham Little Rock, AR 72205 501-686-8038	A	X	
Arkansas Prevention Certification Board Doye Wasson, Administrative Secretary P. O. Box 681 North Little Rock, AR 72115 501-758-8838	A	X	
Arkansas Association of Alcoholism and Drug Abuse Counselors William Bohannon, Program Consultant Freeway Medical Center 5800 W. 10th, Suite 907 Little Rock, AR 72204 501-280-4514	A	X	
Kenny Whitlock Mental Health Council of Arkansas 501 Woodlane, Site 220 Little Rock, AR 72201 501-372-7062	A	X	



## ADAP FUNDED LICENSED PROGRAMS

Mr. Larry Counts, Director Decision Point P.O. Box 1174 301 Holcomb Springdale, AR 72764 501-756-1060	A	X	
Mr. John Greer, Director Ozark Counseling Services #8 Medical Plaza Mountain Home, AR 72653 870-425-6901	A	X	
Mr. Duane Griffin, Ex. Director OMART P.O. Box 308 Highway 62 Gassville, AR 72635 870-435-6200	A	X	
Mr. William Huddleston, Ex. Dir. North Arkansas Human Services P.O. Box 2578 Batesville, AR 72501 870-793-8900	A	X	
Mr. Steve Boyd, Director Wilbur Mills Center 3204 E. Moore St. Searcy, AR 72143 501-268-7777	A	X	
Mr. Larry Goodwin, Director NorthCentral Arkansas Development Council P.O. Box 3349 550 Ninth Street Batesville, AR 72503 870-793-5765	A	X	
Mr. Jim Jansen, Director Black River Area Development Corp. 1402 Hospital Drive Pocahontas, AR 72455 870-892-4547	A	X	
Mr. Bobby Yopp, Ex. Director Crowley's Ridge Development Council P.O. Box 1497 Jonesboro, AR 72401 870-935-8610	A	X	

Ms. Ginnie Baggett, R.N. NAC-MHC, Mid-South Health Systems, Inc. 2920 McClellan Drive Jonesboro, AR 72401 870-972-4043	A	X	
Ms. June Bailey, Director Gateway House 3900 Armour Street. Fort Smith, AR 72901 501-783-8849	A	X	
Mr. Ron Bass, Director Harbor House, Inc. 615 North 19th Street P.O. Box 4207 Fort Smith AR 72914 501-785-4083	A	X	
Mr. B. R. "Pete" Kennemer, Ex. Director Western Arkansas Counseling and Guidance Center P.O. Box 11818 Fort Smith, AR 72917-1818 501-452-6650	A	X	
Dr. Rob Covington, Director Substance Abuse Programs Horizon 3113 S. 70th Street Fort Smith, AR 72903 501-478-6664	A	X	
Mr. Randy Tilmon, Project Director Freedom House 900 Dike Rd. P.O. Box 1463 Russellville, AR 72801 501-968-7225	A	X	
Mr. Steve Newsom, Director Counseling Associates 930 Wingate, Building E Conway, AR 72032 501-327-4889	A	X	
Mr. Robert Infinger, Director Behavioral Health 604 Cherry Street Helena, AR 72342 870-38-9131	A	X	

Delta Recovery Center 1803 Lindauer Road Forrest City, AR 72335	A	X	
Ms. Mickie Grisham, Director Quapaw House P.O. Box 6368 115 Market Street Hot Springs, AR 71902 501-624-3325	A	X	
Ms. Carole Baxter, Director Addictions Treatment Center 2021 Main Street Little Rock, AR 72206 501-375-7585	A	X	
Ms. Cindy Crone, Project Director ARKANSAS CARES 4301 West Markham, Slot 711-1 Little Rock, AR 72205 501-661-7979	A	X	
Mr. Terrell Rose, Program Director Supervised Treatment & Education Program 715 West 2nd Street Little Rock, AR 72201 501-372-7837			
Ms. Mary Nuoffer, Executive Director Central Arkansas Substance Abuse Programs Inc. (CASAP) 7107 W. 12th Street 203B P.O. Box 55417 Little Rock, AR 72215-5417 501-666-6460	A	X	
Mr. Jim Gregory, Director Counseling Clinic, Inc. 307 East Sevier Street Benton, AR 72015 501-847-8050	A	X	
Mr. Gene Gibbins, Director GYST House 8101 Frenchman Lane P.O. Box 192407 Little Rock, AR 72219 501-568-1682	A	X	
Mr. Jim Ward, Ex. Director Riverbend Recovery Center 1201 River Road North Little Rock, AR 72114 501-372-4611	A	X	

Mr. Joe McQuany, Director Serenity Park 2801 W. Roosevelt Rd. Little Rock, AR 72204 501-663-7627	A	X	
Mr. Charles DeVille, Jr., Director Family Service Agency of Central Arkansas 628 West Broadway, Suite 300 P.O. Box 5431 North Little Rock, AR 72119 501-372-4242	A	X	
Ms. Rosa Porter, Acting Director Mid-Arkansas Substance Abuse Services 4601 West 7th Street Little Rock, AR 72201 501-686-9375	A	X	
Ms. Karen Gilmore-Thomas, Clinic Manager University of Arkansas for Medical Sciences Substance Abuse Treatment Clinic 4301 West Markham, Slot 611 Little Rock, AR 72205 501-686-9630	A	X	
Mr. Adam Valez, Ex. Director Red River Council On Alcohol Drug Abuse 222 W. 5th Ave. Texarkana, TX 75501 903-793-7592	A	X	
Ms. Teresa Roark, Director Ouachita County Hospital Chemical Dependency Unit 638 California, P.O. Box 797 Camden, AR 71701 870-836-1289	A	X	
Dr. William Peel, Ex. Director South Arkansas Regional Health Center 715 North College El Dorado, AR 71730 870-862-7921	A	X	
Mr. Tim Hickerson, Director Recovery Center 710 W. Grove El Dorado, AR 71730 870-864-2475	A	X	

Mr. Larry Norris, Director Dept. of Correction P.O. Box 8707 Pine Bluff, AR 71601 870-247-6328	A	X	
Mr. Craig Eldridge, SATP Coordinator Substance Abuse Treatment Program P.O. Box 8707 Pine Bluff, AR 71601 870-247-6328	A	X	
Mr. Cliff Benedict, Executive Director Human Development and Research Services, Inc. P. O. Box 8225 Pine Bluff, AR 71611 870-535-3535	A	X	
Mr. Clarence Perkins, Executive Director Southeast Arkansas Behavioral Health Care System, Inc. P.O. Box 1019 2500 Rike Drive Pine Bluff, AR 71613 870-534-1834	A	X	

HOSPITALS AND NONFUNDED  
LICENSED ADAP PROGRAMS

Ms. Debbie Rushing, Director Arkansas Children's Hospital Insure The Children 800 Marshall Street Little Rock, AR 72202-3591 501-320-1632	A	X	
Ella Taylor Practitioner Baptist Family Medical Center - HealthCorp 328 Kittle Road Forrest City, AR 72335 870-633-1425	A	X	
Ms. Teri Stark, Clinical Supervisor Catar Clinic P.O. Box 25618 Little Rock, AR 72221-5618 664-7833	A	X	
Ms. Ramona "Moki" Harris, Program Coordinator Jefferson Regional Medical Center First Step Chemical Dependency Unit 1515 West 42nd Avenue Pine Bluff, AR 71603 870-541-7310	A	X	

Dr. Rose Gantner, Administrator Charter Hospital of Little Rock 1601 Murphy Drive Maumelle, AR 72113 501-851-8700	A	X	
Sally Goforth, Ph.D. Sparks Regional Medical Center 1311 South I Street Fort Smith, AR 72901 501-441-5500	A	X	
Mr. Joseph Fischer, CEO CPC Pinnacle Pointe Hospital 11501 Financial Centre Parkway Little Rock, AR 72211 501-223-3322	A	X	
Mr. Ron Summerhill, Administrator Harbor View Mercy Hospital 10301 Mayo Road P.O. Box 17000 Fort Smith, AR 72917-7000 501-484-5500	A	X	
Mr. Kimbro Stephens, Director Living Hope Institute 600 S. McKinley, Suite 400 Little Rock, AR 72205 501-663-4673	A	X	
Mr. Michael T. Worley, Director Southwest Arkansas Counseling and Mental Health Ctr. P.O. Box 1987 2904 Arkansas Blvd. Texarkana, AR 75502 870-773-4655	A	X	
Mr. David Williams, Executive Director Ozark Guidance Center 219 South Thompson Springdale, AR 72765 501-751-7052	A	X	
Mr. Frank Ellis, Chief Executive Mended Dreams 104 West Main Street Paragould, AR 72450 501-236-4883	A	X	
Mike Wertz, Director A Little Bit of Recovery 640 North Mill Street Springdale, AR 72764 501-750-2458	A	X	

Rob Rollins, Intake Coordinator Willow Crest Hospital And Counseling Center 312 West Walnut Rogers, AR 72756 918-542-1836	A	X	
Mr. Dennis Crigger Veterans Administration Fort Roots, Special Treatment Section Bldg. 170, Ward 11C 2200 Fort Roots Drive North Little Rock, AR 72114-1706 501-661-1202, Ext 1031	A	X	

ALCOHOL AND DRUG ABUSE  
COORDINATING COUNCIL MEMBERS

Mr. Olan W. Reeves, Arkansas Drug Director Room 011, State Capitol Little Rock, AR 72201	A	X	
Ms. Otistene Smith Drug Free Schools Coordinator Department of Education #4 Capitol Mall Little Rock, AR 72201-1071	A	X	
Mr. Jerry Duran DF&A 401 DFA Building Little Rock, AR 72201	A	X	
Mr. James Clark, Director State Crime Laboratory #3 Natural Resource Drive Little Rock, AR 72215	A	X	
Ms. Wanda Williams Drug Prevention Coordinator Malvern Public Schools 525 East Highland Malvern, AR 72104	A	X	
Mr. Brent Haltom Prosecuting Attorney Miller County Courthouse Room 6 Texarkana, AR 75501	A	X	

Mr. J.D. Gingerich, Director Administrative Office of the Courts Justice Building 625 Marshall Street Little Rock, AR 72201	A	X	
Ms. Rebecca Daggett 258 Pearl Street Mariana, AR 72360	A	X	
Director Arkansas Highway Police P.O. Box 2779 Little Rock, AR 72203-2261	A	X	
Major General Melvin Thrash Adjutant General Arkansas National Guard Camp Robinson North Little Rock, AR 72218-2200	A	X	
Director Alcohol Testing Program Arkansas Department of Health 4815 West Markham Little Rock, AR 72205	A	X	
Mr. Pete Hornibrook 213 South Ridge Road Little Rock, AR 72207	A	X	
Colonel John Bailey, Commissioner Arkansas State Police #3 Natural Resources Drive P.O. Box 5901 Little Rock, AR 72215	A	X	
Mr. Maurice Caldwell, Director Mental Health Services Department of Correction P.O. Box 8707 Pine Bluff, AR 71611	A	X	
Mr. Todd Newton Assistant Attorney General 200 Tower Building 4th and Center Streets Little Rock, AR 72201	A	X	
Chief Steve Lee City of Carlisle P.O. Box 49 Carlisle, AR 72024	A	X	



Mr. Fred Harvey, Director Prevention Services Red River Council on Alcohol & Drug Abuse P.O. Box 1606 Texarkana, AR 75501	A	X	
Ms. Mandy Alford, Chairperson #1 Idylwood Pine Bluff, AR 71603 536-4100	A	X	
Sheriff Jay Winters Pope County Sheriff #3 Emergency Lane Russellville, AR 72801 968-2558	A	X	
Mr. Norith Ellison 7001 West 41st Street Little Rock, AR 7204	A	X	
Mr. Shaw Wilson 611 Robin Road Jacksonville, AR 72076	A	X	
Mrs. Jeanine O'Bannon Family Service Agency P. O. Box 5431 North Little Rock, AR 72119	A	X	

### PREVENTION RESOURCE CENTERS

Prevention Resource Center Decision Point Jim Smith, Coordinator 614 E. Emma Street, Suite M428 Springdale, AR 72764 501-927-2655	A	X	
Prevention Resource Center North Arkansas Human Services System, Inc. Joy Laney, Coordinator 3204 East Moore street Searcy, AR 72143 501-268-7419	A	X	
Prevention Resource Center Crowley's Ridge Development Council Dorothy Newsom, Coordinator P. O. box 1497 Jonesboro, AR 72403 870-933-0033	A	X	

Prevention Resource Center Delta Counseling Associates Marsha Broadnax, Coordinator 455 West Gaines Monticello, AR 71655 879-367-1460	A	X	
Prevention Resource Center Department of Human Services University of Arkansas at Pine Bluff Naomi LaVeaux-Summerville 1200 North University Drive Pine Bluff, AR 71611 870-534-8813	A	X	
Prevention Resource Center Family Service Agency Beverly Miller, Coordinator P. O. Box 5431 North Little Rock, AR 72119 501-372-4242	A	X	
Prevention Resource Center Community Service In. Neill S. Lawrence, Coordinator P. O. Box 679 Morrilton, AR 72110 501-354-4589	A	X	
Prevention Resource Center Ouachita Children's Center Brendalyn Henry, Coordinator 339 Charteroak Hot Springs, AR 71901 501-623-5591	A	X	
Prevention Resource Center Red River Council on Alcohol and Drug Abuse Kevin Smith, Coordinator P. O. Box 1606 Texarkana, AR 75504-1606 870-773-2108	A	X	
Prevention Resource Center Harbor House Cindy Stokes, Coordinator P. O. Box 4207 Fort Smith, AR 72914 501-783-1916	A	X	
<u>OTHER</u>			
Milton B. Scott Arkansas Press Association 1701 Broadway Little Rock, AR 72206 374-1500	A	X	

A:ATTACH97



ARKANSAS DEPARTMENT OF HEALTH

BUREAU OF ALCOHOL AND  
DRUG ABUSE PREVENTION

# POLICIES AND PROCEDURES

Revised 7/1/98

## TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION.....	1
MISSION.....	1
GOALS.....	1
ADAP PHILOSOPHY.....	2
PREVENTION PHILOSOPHY.....	3
ADAP PROGRAM POLICY.....	3
POLICIES AFFECTING PREVENTION.....	5
POLICIES AFFECTING TREATMENT.....	5
POLICIES AFFECTING MONITORING.....	7
POLICIES AFFECTING PLANNING AND COORDINATION.....	7
POLICIES AFFECTING SPECIAL EMPHASIS PROGRAM DEVELOPMENT.....	8
POLICIES AFFECTING FUNDING.....	8
POLICIES AFFECTING TREATMENT FUNDING.....	9
POLICIES REGARDING FEDERAL FUNDING REQUIREMENTS.....	9
1.00 INTRODUCTION.....	11
1.01 Purpose.....	11
1.02 Scope.....	11
1.03 Where to Obtain Information and Assistance.....	11
1.04 Availability of Funds.....	11
1.05 Manual Content and Organization.....	11
2.00 CONTRACT/GRANT SPECIFICATION AND THE APPLICATION PROCESS.....	12
2.01 Projects Considered Eligible for Funding by ADAP.....	13
2.02 Eligible Applicants.....	14
2.03 Prohibitions on Fund Use.....	14
2.04 Application Submission and Procedures.....	14
2.05 Appeal Process for Adverse Action.....	17
2.06 Prerequisites for Funding of the Application.....	17
2.07 Continuation Support Policy.....	19
2.08 Award Period.....	19
2.09 Grant Negotiation and Approval Process.....	19

## INTRODUCTION

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

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

As a response to the rapid increase of youth violence, the Arkansas General Assembly in 1995, created the Common Ground Youth Violence Prevention Program. The administration of the program is located in the ADH/ADAP

## **MISSION**

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

## **GOALS**

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

## ADAP PHILOSOPHY

The philosophies of ADAP recognize that:

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

2. State level responsibilities to alcohol, tobacco, other drug abuse and youth violence prevention and treatment activities in Arkansas shall be in management, coordination and technical assistance areas. Delivery of direct treatment services shall be through the administration of the Supervised Treatment and Education Program (S.T.E.P.), providing assessment and drug treatment diversion to first time non-violent offenders.
3. State level responsibilities to all funded community-based treatment and prevention programs in management, coordination and technical assistance areas shall include financial monitoring, evaluation, training, statewide data retrieval and analysis, licensure and technical assistance.
4. ADAP shall develop a Request for Proposal (RFP), Request for Application (RFA) and Progress Report and Program Proposal (PRPP) system to be used in the awarding of funds.
5. ADAP shall assure that all availability of funding announcements, press releases, RFPs, etc. will include a statement indicating the percentage of federal funds involved in the program.
6. All procurement transactions shall be conducted in a manner to provide, to the maximum extent practicable, open and free competition.
7. ADAP shall afford an opportunity to an applicant to appear before the Alcohol and Drug Abuse Coordinating Council or the Common Ground Program Committee, whichever is applicable, in matters of the award of funds, review of an application, or adjustment to an existing contract or grant.
8. ADAP shall not enforce or develop a policy or guideline for the awarding of contracts or grants, or to continue to disburse funds, which it knowingly finds to be in conflict with any state or federal rule or regulation.
9. ADAP shall not approve for funding any application that does not comply with ADAP policies and procedures.
10. ADAP shall present the Policies and Procedures Manual affecting all contracts and grants to the Alcohol and Drug Abuse Coordinating Council for review and advice prior to its implementation. The Policies and Procedures Manual will be reviewed and updated at least annually.
11. ADAP shall present applications/proposals for service delivery which are awarded by ADAP to the Alcohol and Drug Abuse Coordinating Council for review and advice, with the exception of applications/proposals dealing with the Common Ground Program which are presented to the Common Ground Program Committee. This procedure does not apply to administrative contracts such as equipment purchases, newspaper contracts, training contracts, planning contracts or pilot projects.
12. ADAP shall encourage development of standards for alcohol and drug abuse professionals in the state.
13. ADAP shall develop a management information system for all programs, whereby ADAP can conduct program planning activities.

14. ADAP shall allocate funds in each area of the state based on federal or state mandates, special projects and a needs based funding formula.
15. ADAP shall allocate regional funding according to the following program categories: Prevention, Education, Detoxification and Treatment.
16. ADAP shall initiate, if funds are available, the development of pilot projects in treatment, prevention and education that shall be evaluated for future development of model programs and activities.
17. ADAP shall assist local communities in securing all available financial assistance for provision of treatment and prevention activities.
18. ADAP may coordinate with any public or private agency or organization which can assist in collecting data on incidence and prevalence of alcohol and other drug abuse, youth violence and youth-related crime.

### **POLICIES AFFECTING PREVENTION**

1. Prevention programs approved for funding must identify a target population; must develop a program in response to the identified risk factors in the target population; must assure adequate measures to involve the target group; must have short and long term objectives; and must have an adequate evaluation methodology to reflect accomplishment of short and long term objectives.
2. ADAP shall encourage all primary prevention programs to become self-sustaining after initial funding.
3. Prevention programs shall emphasize zero tolerance of youth violence and youth-related crime, illicit drug use by all persons and the use of alcohol and tobacco by youth.

### **POLICIES AFFECTING TREATMENT**

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

1. ADAP shall develop a plan for each area of the State which shall include the present funding, utilization and need.
2. ADAP shall determine a plan for allocations of funding, (e.g., Federal mandates, special projects and a statewide funding formula, etc.).
3. ADAP will purchase outpatient and residential alcohol and other drug abuse treatment services within a reasonable ceiling rate.



4. ADAP supports the concept that non-medical as well as medical treatment models are viable and effective approaches in providing quality care.
5. Successful treatment and rehabilitation must utilize the total range of services that the individual can appropriately and productively use in the recovery process.
6. While client work may be an important part of the recovery process, the program should develop policies which safeguard the client from inappropriate work, ensure the voluntary nature of work assignments, and meet Department of Labor guidelines.
7. ADAP shall not initiate, encourage, or approve the development nor funding of programs seeking to provide treatment by modifying behavior through the use of psychosurgery, aversion therapy, or chemotherapy as a primary treatment method.
8. ADAP shall serve as the State Methadone/LAAM (Levo-Alpha-Acetyl-Methadol) Authority and shall develop standards, provide coordination and oversight of all methadone/LAAM program applications, exemptions, waivers, monitoring and closings in coordination and cooperation with the various federal agencies having regulatory oversight for methadone/LAAM programs.
9. ADAP shall require that each funded treatment program coordinate services with criminal justice systems within their service area.
10. ADAP shall require that funded treatment programs provide priority admission in the following order: (1) Court ordered clients, (2) Clients with the greatest clinical need, (3) If all clients awaiting admission have relatively the same clinical need, Injection Drug Users (IDU), and Pregnant clients are given priority, (4) Clients who are currently receiving or who have received Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) and are under 65 years of age, (5) Clients from the catchment area specified by ADAP, (6) Clients from the State of Arkansas, and (7) Clients from other states.
11. ADAP shall require that treatment programs notify ADAP when they reach 90 percent of their capacity to admit individuals to the program.
12. ADAP shall require that ADAP funded treatment programs be designated as receiving facilities for voluntary admissions and involuntary commitments in compliance with Act 1268 of 1995 or its successor. Non-funded treatment programs may be designated as receiving facilities at their request.
13. ADAP shall develop licensure standards for all funded and non-funded treatment programs. All alcohol and other drug abuse/addiction treatment programs must comply with ADAP standards.
14. ADAP shall accept the licensure/accreditation/certification of hospital-based alcohol and other drug abuse programs by the Arkansas Department of Health, the Joint Commission on Accreditation of Hospital Organizations (JCAHO), or the Commission on Accreditation of Rehabilitation Facilities (CARF). JCAHO or CARF Accreditation must include alcohol and other drug services. Acceptance of licensure/accreditation by JCAHO or CARF does not extend to Methadone/LAAM treatment programs.

15. ADAP and its funded contract/grant providers shall complete the Certification Regarding Lobbying statement for contracts of \$100,000 or more. This certification assures that no federal funds have been paid or will be paid for the purposes of lobbying in connection with the awarding of any Federal contract, grant, loan, cooperative agreement, and the extension, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
16. ADAP shall not use Substance Abuse Prevention and Treatment (SAPT) Block Grant funds to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection.
17. ADAP shall not fund testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
18. It is the policy of ADAP and the State of Arkansas that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in a state agency's workplace is prohibited. This policy is established in compliance with the Drug Free Workplace Act of 1988 and the Governor's Executive Order, EO-89-2.

#### **POLICIES AFFECTING MONITORING**

1. ADAP will review all contracts and grants for utilization and overall effectiveness and performance. The review will include but not be limited to the following:
  - A. A site visit at least annually.
  - B. Review of ADMIS, audits, program, incident and expenditure reports, etc.
  - C. Review of ADMIS or expenditure report documentation may be performed on a random basis and contract and grant providers may be required to submit additional information to facilitate this review.
  - D. Licensure reviews will be performed in accordance with the licensure standards. The frequency of licensure reviews will occur as dictated by the program's licensure status."

#### **POLICIES AFFECTING PLANNING AND COORDINATION**

1. ADAP shall develop an annual state plan for the delivery of alcohol and other drug abuse services.
2. ADAP shall do planning on a regional basis or as special needs dictate.
3. ADAP shall involve special interest groups and professions in the planning process.
4. ADAP shall develop formal written coordination agreements with other Bureaus of the Department of Health as appropriate. Agreements may be developed with state

governmental units that have some involvement in the areas of alcohol and other drug abuse.

### **POLICIES AFFECTING SPECIAL EMPHASIS PROGRAM DEVELOPMENT**

1. ADAP shall place a high priority on programming for pregnant women and women with dependent children.
2. ADAP may plan and develop special emphasis programs for special population groups that include, but are not limited to, the elderly, youth, women and other minorities.
3. Any action strategy designed by ADAP will be to expand and coordinate with existing programs to assure that needs of special groups are met.

### **POLICIES AFFECTING FUNDING**

1. ADAP shall make funds available for the delivery of services through funding mechanisms known as contracts and/or grants.
2. ADAP shall not approve an application that is not consistent with its funding plan and allocations approved by the Alcohol and Drug Abuse Coordinating Council.
3. Allocated funding for programs that do not demonstrate the ability to utilize at least 90% of the programs' funds may be reallocated to other programs based on need and utilization of funds. Evaluation of utilization shall be done quarterly throughout the fiscal year.
4. ADAP reserves the right to reduce the funding, terminate the contract/grant or impose another sanction on a contractor/grantee for the reasons which include, but are not limited to, the following:
  - A. Poor performance of the contractor/grantee in fulfilling the contractual obligations. Evidence of poor performance includes but is not limited to:
    - (1) An unsatisfactory Progress Report or Progress Report and Program Proposal from ADAP staff or outside evaluators.
    - (2) Failure to comply with standards as outlined in the Grant Application, the Progress Report, Progress Report and Program Proposal, Grant Award Notification, etc.
    - (3) Chronic or severe problems with ADMIS reporting, monthly programmatic or financial reports or other documentation required to be submitted.
    - (4) Failure to correct chronic or severe problems noted on site visits.

- (5) Failure to comply with requests by ADAP staff or outside evaluators for production of documents.
  - (6) Failure to make satisfactory progress toward the goals or strategies set forth in the application.
  - (7) Failure to submit required reports in the proper format and with proper documentation.
- B. Failure to adhere to the requirements in the agreement, standard conditions or special conditions.
  - C. Proposing or implementing substantial plan changes to the extent that, if originally submitted, the application would not have been selected for funding.
  - D. Filing a false certification in the application, report(s) or other document(s).
  - E. Late submittal of financial audit.
  - F. An unsatisfactory services-to-billing audit.
  - G. An unsatisfactory client records review.
  - H. Failure to comply with standards necessary to meet licensure requirements.
  - I. Failure to accept priority admission clients.

Future applications from either the project director or the recipient institution are subject to strict scrutiny and may be denied support based on past failure to meet minimum standards as set out in the applicable Grant Award , RFP, RFA or PRPP.

#### **POLICIES AFFECTING TREATMENT FUNDING**

- 1. Priority for expanded level programming shall be given to the following programs:
  - A. Programs which are requesting expansion of their services and/or which have demonstrated full utilization of existing funds.
  - B. Programs that provide specialized services as identified by ADAP (e.g., pregnant women, women with children, adolescents, high-risk youth, etc.)
- 2. Unexpected and/or unallocated funding that becomes available during the fiscal year, but which will not be continued in subsequent fiscal years, may be allocated to programs which are overutilizing funds or to activities which will not be ongoing programs.

#### **POLICIES REGARDING FEDERAL FUNDING REQUIREMENTS**

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

1. Substance Abuse Prevention and Treatment (SAPT) Block Grant:
  - A. At least 35% of the SAPT Block Grant shall be spent for alcohol services.
  - B. At least 35% of the SAPT Block Grant shall be spent for drug services.
  - C. At least 20% of the SAPT Block Grant shall be spent for prevention services.
  - D. At least 5% of the SAPT Block Grant shall be spent on HIV Early Intervention Services.
  - E. SAPT Block Grant funds shall be spent for services to women, with emphasis on specialty services for pregnant women and women with children according to a formula provided by the Center for Substance Abuse Treatment.
  - F. No more than 5% of the SAPT Block Grant may be spent on administration.
  - G. Maintenance of Effort for State expenditures. P.L. 102-321, Subpart II, Section 1930 of the SAPT regulations provides that the State agrees to maintain State expenditures for alcohol, drug abuse services at a level equal to not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying to receive block grant payments.
  - H. Maintenance of Effort for HIV and TB Services. The state agrees to maintain State expenditures for HIV and TB services at a level that is not less than an average of such expenditures maintained by the State for the two year period preceding the first fiscal year for which the state received such a grant. In making this determination, states shall establish a base for fiscal year 1993.
2. Safe and Drug-Free Schools and Communities Act of 1994 (SDFSCA):
  - A. Not less than 10% shall be spent for law enforcement education partnerships.
  - B. Not more than 5% may be spent from the general program portion for the administration of the SDFSCA program.
  - C. All recipients of these funds must also follow the guidelines for administration as described in the Education Department General Administration Regulations (EDGAR) and National Regulatory Guidelines (NRG).
3. Other Federal Funds: ADAP will administer other federal funds according to the laws and guidelines of the federal funding source.
4. ADAP will comply with the mandates of the Cash Management Improvement Act of 1990 as amended.
5. All subgrantees shall adhere to the cost principles set forth in the U. S. Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations) or Circular A-87 (Cost Principles for State and Local Governments), as applicable, in the use of ADAP funds.

## 1.00 INTRODUCTION

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

### 1.01 PURPOSE.

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

### 1.02 SCOPE

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

### 1.03 WHERE TO OBTAIN INFORMATION AND ASSISTANCE

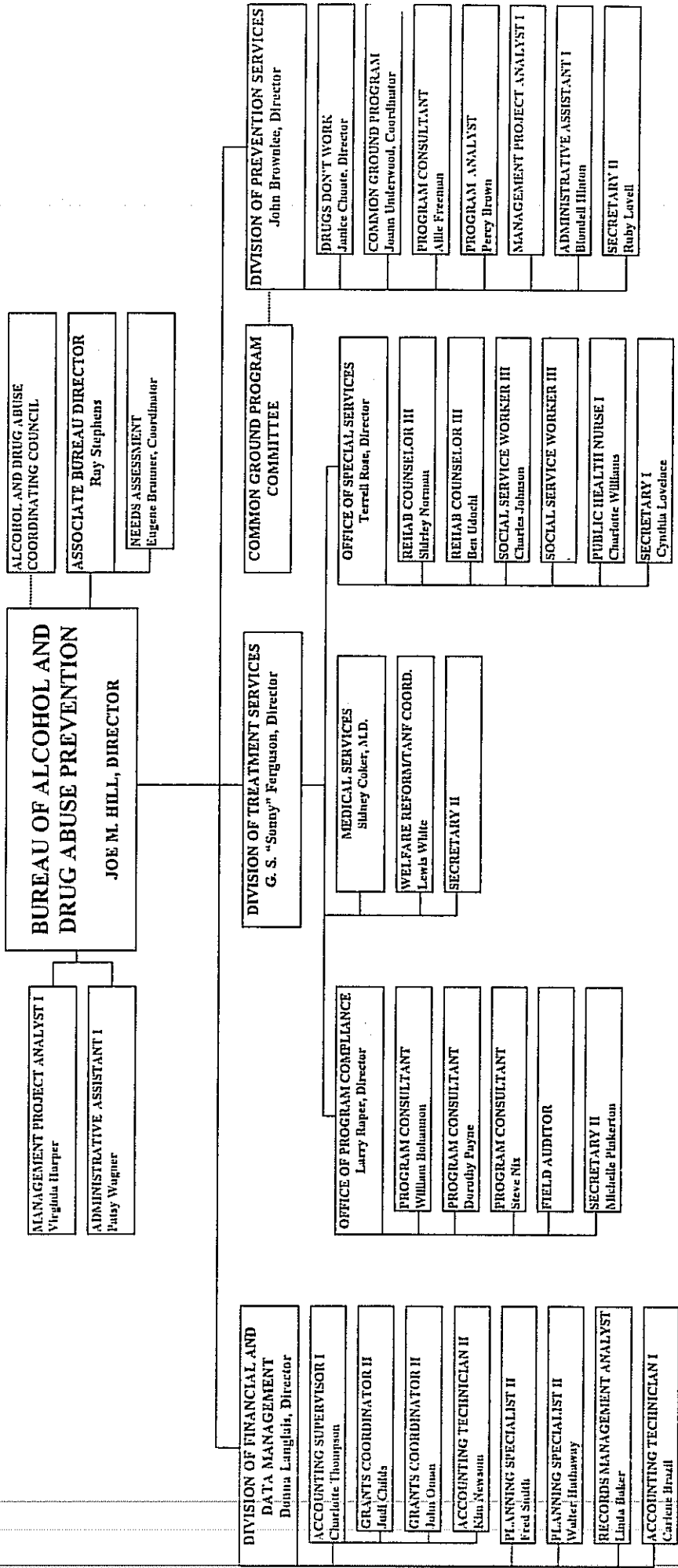
Persons needing help in using this manual should contact ADAP. The functional Organizational Chart shown on the following page may help in that endeavor. A new applicant should contact the Director, Office of Program Compliance, the Director, Prevention Services, or that person's designee, for assistance.

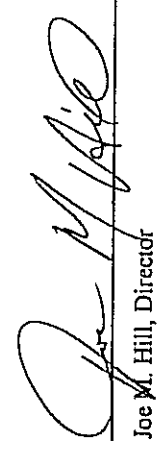
### 1.04 AVAILABILITY OF FUNDS

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

### 1.05 MANUAL CONTENT AND ORGANIZATION

The following sections of this manual will cover:  
Contract/grant specifications and the application process  
Financial provisions  
General requirements  
Special Requirements  
Direct Services, and  
Definitions



  
Joe M. Hill, Director

March 1, 1998  
Date

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

- 2.01 Projects Considered Eligible for Funding By ADAP
  - 2.011 Treatment
  - 2.012 Primary Prevention
  - 2.013 Problem Identification and Referral
  - 2.014 Data, Research and Analysis
  - 2.015 Training
- 2.02 Eligible Applicants
  - 2.021 Non-profit Organizations
  - 2.022 Local Education Agencies
  - 2.023 Local Units of Government
  - 2.024 Public and Private Non-Profit Service Agencies
  - 2.025 IRS Certified 501(c)3 entity
- 2.03 Prohibitions on Fund Use
  - 2.031 Prohibitions on Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds
- 2.04 Application Submission and Procedures
  - 2.041 ADAP Guidelines
  - 2.042 Confidentiality Requirements
  - 2.043 Assurances and Certifications
  - 2.044 ADAP Access to Records
  - 2.045 Financial Disclosure
  - 2.046 Processing
  - 2.047 Qualifications of Proposals, Late Proposals, and Withdrawals of Proposals
- 2.05 Appeal Process for Adverse Action
  - 2.051 Alcohol and Drug Abuse Prevention and Treatment Programs
  - 2.052 Common Ground Youth Violence Prevention Programs
- 2.06 Prerequisites to Funding of the Application
  - 2.061 Administrative and Fiscal Structure
  - 2.062 Clear Purpose
  - 2.063 Specific, Measurable Goals
  - 2.064 Referral Agreements
  - 2.065 Community Support and Assistance
- 2.07 Continuation Support Policy
- 2.08 Award Period
- 2.09 Grant Approval Process



## 2.00 CONTRACT/GRANT SPECIFICATIONS AND THE APPLICATION PROCESS

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

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

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

- 2.012 Primary Prevention. Primary prevention programs are those directed at individuals who have not been determined to require treatment for substance abuse or arrested for crimes related to violence. Such programs are aimed at educating and counseling individuals on violent behavior or substance abuse and providing activities to reduce the risk of violent behavior or substance abuse. Primary prevention includes a broad array of prevention activities and services including such activities and services to discourage the use of violence, alcoholic beverages and tobacco products by minors. These activities and services must be provided in a variety of settings for both the general population, as well as targeted sub groups who are at high risk for violence, committing a crime or substance abuse. A variety of strategies, as appropriate for each target group, shall be used. These include, but are not limited to the following: (1) Information Dissemination; (2) Education; (3) Alternative Activities; (4) Problem Identification and Referral; (5) Community Based Processes; and (6) Environmental Changes. See Definitions, Section 7.014.

- 2.013 Problem Identification and Referral: The problem identification and referral process consists of those purposeful activities by which persons or segments of the environment strengthen the individual and his/her environment to interrupt existing harmful violent, alcohol and/or drug addictive behavior in a manner intended to bring about a positive change. The problem identification and referral process normally consists of identifying people with a problem; documentation of problem behavior; confrontation of the individual with a problem; referring the individual to those who can help; and follow-up to assure that the problem identification and referral has affected a positive change. Examples include Children of Alcoholics (COA) Groups, Diversion classes, Individual assessment and referral assistance, Employee Assistance Programs, Intervention teams, Student Assistance Programs, DWI Programs, Hot Lines.

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

- 2.015 Training. Includes training of workers in alcohol or other drug treatment, youth violence and/or crime, alcohol or other drug prevention or problem identification and referral programs, and training of professionals and paraprofessionals in local communities including physicians, teachers, law enforcement, etc.

## 2.02 ELIGIBLE APPLICANTS

- 2.021 Non-profit corporations  
2.022 Local Education Agencies  
2.023 Local units of government  
2.024 Public and private non-profit service agencies  
2.025 All applicants for funding must provide IRS Certification of their 501(c)3 status as an eligible entity.

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

## 2.03 PROHIBITIONS ON FUND USE

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

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

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

## 2.04 APPLICATION SUBMISSION AND PROCEDURES

- 2.041 ADAP Guidelines. The application must comply with state and federal guidelines and must be consistent with established priorities of ADAP for the prevention and reduction of alcohol and other drug abuse, youth violence and/or crime.
- 2.042 Confidentiality Requirements. The treatment services applicant must certify familiarity and agreement to comply with the confidentiality requirements of 42 CFR, Part 2, which prohibit the unlawful disclosure of client records or any other client identifying information by alcohol or other drug abuse programs which are partially or totally funded by Federal funds, and/or licensed by ADAP.
- 2.043 Assurances and Certifications. The applicant must include assurances and certifications as required by ADAP regarding affirmative action (including persons with disabilities), civil rights, client rights, equal employment

opportunities, compliance with the Fair Labor Standards Act, Americans with Disabilities Act (ADA) and other state and federal laws.

The applicant must include assurances and certifications regarding compliance with applicable policies initiated by the Department of Health. ADAP is responsible for notifying all applicants and recipients of funding of these policies.

- 2.044 ADAP Access to Records. The applicant must allow access to all records related to the grant, contract or licensure at ADAP's request. ADAP assures compliance with all state and federal requirements regarding confidentiality.
- 2.045 Financial Disclosure. The applicant must provide financial disclosure for the total agency, if part of a larger organization, if so requested by ADAP.
- 2.046 Processing. Deadlines for submission of the final application must be observed to receive consideration for review.

The applicant is required to submit sufficient copies of the RFP, RFA, or PRPP, as designated in the Specifications Sheet of the RFP, RFA, or as noted in the PRPP.

2.047 Qualifications of Proposals, Late Proposals, and Withdrawals of Proposals

- 1. Any proposal received at ADAP after the exact time specified for the receipt will not be considered for that funding period unless:
  - a. It was sent by registered or certified mail not later than the fifth calendar day prior to the date specified for receipt of offers (e.g., an offer submitted in response to a solicitation requiring receipt of offers by the 20th of the month must have been postmarked by the 15th of the month or earlier; if mailing arrangements will not provide a postmark, you are advised to use certified or registered mail);  
  
Proposals sent by Overnight or Express mail that arrives after the deadline specified will not be accepted for review.
  - b. It was sent by mail and it is determined by ADAP that the late receipt was due solely to mishandling by ADAP after receipt at ADAP, or
  - c. It is the only proposal submitted.
  - d. State Offices are closed due to inclement weather. In the event State Offices are closed on the date specified for receipt of the proposal, proposals may be submitted to the ADAP on the next workday.
- 2. The only acceptable evidence to establish:
  - a. The date of mailing of a later proposal or modification sent either by registered mail or certified mail is the U. S. Postal Service postmark on the wrapper or on the original receipt from the U.S. Postal Service. If neither postmark shows a legible date, the

proposal or modification of proposal shall be deemed to have been mailed late. (The term "postmark" means a printed, stamped, or otherwise placed impression that is readily identifiable without further action as having been supplied and affixed on the date of mailing by employees of the U.S. Postal Service.)

- b. The time of receipt at ADAP is the time-date stamp on the proposal or other documentary evidence of receipt maintained by ADAP.
3. Proposals may be withdrawn by written notice received at any time prior to award. An applicant or his authorized representative may withdraw proposals in person, provided his identity is made known and he signs a receipt for the proposal prior to award.
4. The normal revisions of proposals by applicants selected for discussion during the usual conduct of negotiations with such applicants will not be considered as late proposals or late modifications. The applicant will be notified by ADAP as to the need for revisions or corrections. Revisions or corrections may be required in response to reviews by ADAP and/or the Alcohol and Drug Abuse Coordinating Council or the Common Ground Program Committee, whichever is applicable.
5. Proposals submitted in response to an RFP, RFA or PRPP are subject to the provisions of the Freedom of Information Act.
6. ADAP will evaluate program proposals in accordance with the criteria set forth in the RFP, RFA, or PRPP instructions.
7. ADAP reserves the right to make an award without further discussion of the proposal received. Therefore, it is important that the proposal be submitted initially on the most favorable terms from both the programmatic and cost standpoints. After submission of proposals and closing thereof, no information will be released until after the award.
8. ADAP reserves the right to reject any or all proposals received. It is understood that the proposal will become part of the official file on this matter without obligation to ADAP.
9. Unnecessarily elaborate brochures or other presentations beyond that sufficient to present a complete and effective proposal is not desired. Elaborate art work, expensive visual and other presentation aides are neither necessary nor wanted.
10. If human subjects are involved or at risk in the proposed project, the following notice is applicable and Form HHS-596 (rev. 5/80), entitled "Protection of Human Subjects," or equivalent form, must be completed and certified, in accordance with the requirements of the Federal Regulations on the Protection of Human Subjects (45 CFR 46) and the instructions contained therein.
11. Proposals or additions to proposals will not be accepted via a facsimile machine (FAX).

## 2.05 APPEAL PROCESS FOR ADVERSE ACTION

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

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

The notice of appeal must contain:

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

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

An appeal of the decision by the Alcohol and Drug Abuse Coordinating Council may be made to the Director, Arkansas Department of Health. The request must be made within thirty days of receipt of notification of the Coordinating Council decision. The notice of appeal must contain the information specified in items 1, 2, and 3 above.

- 2.052 Common Ground Youth Violence Prevention Programs. When a provider or grant applicant wishes to appeal an action by ADAP, he/she may do so by submitting a written request to the Chairperson, Common Ground Program Committee. The Chairperson must receive the request no later than thirty days from the date of receipt of notification of the adverse action by the provider or grant applicant.

The notice of appeal must contain:

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

When a request for appeal is received, the Chairperson of the Common Ground Program Committee will initiate the process by establishing a date for hearing the complaint.

The decision of the Common Ground Program Committee is final.

## 2.06 PREREQUISITES FOR FUNDING OF THE APPLICATION

A proposed program cannot be considered for funding without the following prerequisites. Applicants should review the Request for Proposal, Request for Application or

Progress Report for the prerequisites specific to the program for which they are making application. Compliance with the following does not, however, guarantee funding.

- 2.061 Administrative and Fiscal Structure. The applicant must be responsible to an administrative and fiscal structure, capable of administering an alcohol or other drug treatment or prevention program or a youth violence prevention program. Ability to administer a program shall include any past experience that ADAP has had with either the recipient institution or the project director. Past failure to meet minimum standards of a grant/contract by a recipient institution or project director shall be considered and may be the basis for denial of support.
- 2.062 Clear Purpose. The purpose, objectives and scope of the project must be clear.
- 2.063. Specific, Measurable Goals. The applicant must establish specific, attainable, measurable goals and objectives. These must be capable of being evaluated. Programs will be required to participate in ADAP Evaluation System, including client, program and financial management review, and site visits by ADAP staff or outside evaluators retained by ADAP to evaluate its various programs/grantees.
- 2.064 Referral Arrangement. The applicant for treatment services must have written referral agreements with local or state agencies which may provide supportive services to the clients served in the proposed program or which may refer potential clients to the proposed program. These arrangements refer to formal written referral agreements signed by both parties and not to support letters.
- 2.065 Community Support and Assistance. There must be validated evidence for the need for such a program with adequate community support to insure continuation after termination of the contract/grant funding. Such support must consist of defined offers of support and assistance, and must be clearly documented giving details of the plan for continuation. These should include but are not limited to: volunteers, funding and equipment donations from community groups (e.g., churches, civic organizations), participation by local units of government, participation by private industry or business. ADAP must be assured that services do not duplicate existing effective and efficient programs.

2.07 CONTINUATION SUPPORT POLICY

Funding of a project does not imply approval for subsequent years.

2.08 AWARD PERIOD

Grant awards are usually made for a twelve-month period, normally coinciding with the state or federal fiscal year. Contracts or grants may be made for shorter periods after the start of the fiscal year.

2.09 GRANT APPROVAL PROCESS

1. Application is received by the Bureau's Division of Financial and Data Management after approval by ADAP Alcohol and Drug Abuse Coordinating Council or Common Ground Program Committee, whichever is applicable.
2. Notice of Grant Award is prepared by the Division of Financial and Data Management within forty-five (45) working days of approval by ADAP Alcohol and Drug Abuse Coordinating Council or Common Ground Program Committee, whichever is applicable.

### 3.00 CONTRACT AND GRANT FINANCIAL PROVISIONS

- 3.01 Award Instruments
- 3.02 Payment Method
- 3.03 General Considerations
- 3.04 Reasonable and Necessary
- 3.05 Rate Characteristics
- 3.06 Basis of Rate Establishment
- 3.07 ADAP Established Rates
  - 3.071 Reimbursable Treatment Services
- 3.08 Treatment Service Capacity
- 3.09 Provision of Services
- 3.10 Funding Utilization
- 3.11 Audit
  - 3.111 Independent Audit
  - 3.112 Audit/Review Performed by ADAP
  - 3.113 Audit Settlement
- 3.12 Use of Funds - Specific Requirements
  - 3.121 Restrictions
  - 3.122 Transfer of Funds
  - 3.123 Replacement of Other Funds
  - 3.124 Deviation from Budget
  - 3.125 Retention of Financial Records
  - 3.126 Third Party Reimbursement - Treatment
  - 3.127 Third Party Reimbursement - Prevention
  - 3.128 Deobligation of funds
  - 3.129 Selected Items of Cost
    - 3.129.01 Equipment
    - 3.129.02 Travel
    - 3.129.03 Insurance
  - 3.130 Program Implementation Requirements
- 3.13 Allowable Costs
  - 3.131 Salaries and Fringe Benefits
  - 3.132 Maintenance and Operation
    - 3.132.01 Accounting and Auditing
    - 3.132.02 Advertising
    - 3.132.03 Bonding & Insurance
    - 3.132.04 Building Space and Related Facilities
    - 3.132.05 Communications
    - 3.132.06 Depreciation and Use Allowance
    - 3.132.07 Equipment Expenditures
    - 3.132.08 Equipment Rental
    - 3.132.09 Field Trips
    - 3.132.10 Food Service Supplies
    - 3.132.11 Freight
    - 3.132.12 Indirect Costs
    - 3.132.13 Inspections
    - 3.132.14 Insurance
    - 3.132.15 Lease Costs
    - 3.132.16 Maintenance and Repair
    - 3.132.17 Materials and Supplies
    - 3.132.18 Meetings and Conferences
    - 3.132.19 Memberships



- 3.132.20 Postage
- 3.132.21 Printing and Reproduction
- 3.132.22 Public Information Costs
- 3.132.23 Rental Costs
- 3.132.24 Subcontracted Services
- 3.132.25 Subscriptions or Reference Materials
- 3.132.26 Taxes
- 3.132.27 Training, Meetings, Conferences
- 3.132.28 Travel
- 3.132.29 Utilities
- 3.14 Unallowable Costs
- 3.15 Cash Depositories
- 3.16 Program Income
- 3.17 Reimbursement
  - 3.171 Billing
  - 3.172 Billing for Services
  - 3.173 Advance Payment
  - 3.174 Billing Due Dates - Reimbursement Requests
- 3.18 Unexpended Funds
- 3.19 Indirect Costs

### 3.00 CONTRACT AND GRANT FINANCIAL PROVISIONS

#### 3.01 AWARD INSTRUMENTS

ADAP uses two types of award instruments: Grant - an award of financial assistance to an eligible recipient. Such awards may be subject to certain terms and covenants and may be conditional upon delivery of specified goods or services. Contract - a binding agreement between ADAP and the provider for the procurement of program or project related goods or services. Procurement contracts are subject to the requirements of the STATE ACCOUNTING PROCEDURES MANUAL. The grant or contract may specify the catchment area for provision of services.

#### 3.02 PAYMENT METHOD

ADAP uses both reimbursement and advance payment. Reimbursement payment is made to all contractors and most grantees according to the specific terms of the agreement subsequent to the actual delivery of goods or services. (See Policies regarding federal Funding requirement #4). Advance payment refers to instances where payment is made to grantees prior to the actual delivery of goods or services. The decision to make advances is based on the federal cash management requirements, the need of the project or program, the availability of funds, sound business practices, and other considerations as required. The decision to make advance payments will be at the discretion of the ADAP Director after consultation with other Bureau and Department of Health personnel and other State and/or Federal Officials as deemed necessary.

#### 3.03 GENERAL CONSIDERATIONS

All subgrantees shall adhere to the cost principles set forth in the U.S. Office of Management and Budget (OMB) Circular A-122 (Cost Principles for Non-Profit Organizations) or Circular A-87 (Cost Principles for State and Local Governments) or its successors, and applicable cost principles duly promulgated by the Department of Health. All providers shall adhere to generally accepted accounting principles and/or applicable industry accounting principles established by the American Institute of Certified Public Accountants and the Comptroller General of the United States of America.

#### 3.04 REASONABLE AND NECESSARY

All rates of payment or costs must be reasonable and necessary to ensure the provision of quality services. Under no circumstances shall the Department of Health be liable for payment in excess of the maximum contract/grant liability or for payment in excess of ADAP rates where applicable. ADAP does not enter into open-ended agreements with no limitations on the total liability to the State or Federal Government.

At the beginning of each grant period, treatment providers will submit to ADAP an estimated cost for each service. If payment is also received from the client or other resources, in no event should payment collected from a client or other resource and from ADAP exceed the providers estimated cost for each service. If the provider receives a late or unexpected payment from an insurance or other third party on a client for services previously billed to ADAP, ADAP must be reimbursed for the previously billed services. This can usually be done as an adjustment to the current month's billing.

#### 3.05 RATE CHARACTERISTICS

Payment to providers is made on a prospective basis. Prospective payment means that the payment for goods or services is final payment regardless of the actual cost to the provider.

### 3.06 BASIS OF RATE ESTABLISHMENT

Rates of payment for the procurement of goods or services are based on the following:

1. Prospective, ADAP rates: Rates are established solely by reference to the rate schedule approved by ADAP. The method used to determine the rates of payment may be based on an average or on a predetermined percentile of the actual costs of a base year or of estimated costs for the program period. The method may be based on a formula describing historical or estimated cost behavior in the comprehensive program environment. Alternately, the method of rate setting may be any other such method, which yields rates, which are reasonable and necessary to ensure the provision of quality services. The rates may from time to time be adjusted to reflect the effects of inflation by reference to the Consumer Price Index or to an appropriate industry price index.
2. Prospective, budget based: Rates are established on the basis of the provider's estimated costs. This method may be required in the absence of applicable ADAP established rates or for proposed rates which fall below 85% of ADAP established rates.
3. Prospective, non-budget based: Rates are established on any such other method (e.g., statewide or regionwide cost/rate analysis of similar projects or program environments) that provides for reasonable and necessary rates.

### 3.07 ADAP ESTABLISHED RATES

ADAP will periodically establish rates for reimbursable services that have been determined to be reasonable and necessary to ensure the provision of quality treatment services in the general statewide treatment environment (i.e., medical models, residential treatment models, community mental health centers). A thirty-day advance written notice will be provided when new rates are established.

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

Day Care for Children  
Intake and Assessment for Substance Abuse  
Intensive Outpatient Services  
Medical Detoxification  
Observation Detoxification  
Outpatient Service - Family  
Outpatient Service - Group  
Outpatient Service - Individual  
Residential Day  
Residential Services for Adolescents - Comprehensive  
Residential Services - PPWLC

### 3.08 TREATMENT SERVICE CAPACITY

Treatment programs shall provide treatment services, if ADAP funding is available, within fourteen days of receipt of request for admission. Interim services (see Definitions Section, 7.08) will be provided for IDU and pregnant clients until the time of admission.

Treatment programs must notify ADAP when they reach 90% of their capacity to admit individuals to their program.

### 3.09 PROVISION OF SERVICES TO INDIGENT CLIENTS

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

### 3.10 FUNDING UTILIZATION

If utilization of total funding by category falls below 90% at the end of each quarter, at the option of the Director of ADAP, funding may be reduced or deobligated from the provider's project or program and included in a pool for reallocation. Awards of reallocated monies shall be at the discretion of the ADAP Director.

The provisions of this section are not intended to establish billing quotas for services, or to determine the manner in which the provider shall earn income. At the discretion of the Director of ADAP, billing quotas or limits may be implemented for service allocations if necessary to ensure the achievement of program goals and objectives or if mandated by federal regulation or law.

Providers are encouraged to continue to submit bills for services provided to ADAP-eligible clients even after all ADAP funding is exhausted. ADAP may include unpaid bills on file in awarding certain types of funds (see Section 5.0123).

### 3.11 AUDIT

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

All subrecipients, regardless of organizational structure, receiving \$25,000 or more in aggregate federal assistance for the contract/grant period will be audited in accordance with the provisions of the Office of Management and Budget (OMB) Circular A-128 and/or A-133.

The Arkansas Department of Health requires that all audit reports include a schedule summarizing receipts and expenditures pertaining to each contract or award. Audit reports must be submitted within nine (9) months of the completion of the year-end of the subrecipient. In the case of a contract or grant which ends or is terminated prior to the end of the fiscal period a short-period audit is required. Two (2) copies of the audit report should be submitted to the following address: Arkansas Department of Health, Office of Financial Management, Slot 35, 4815 West Markham, Little Rock, Arkansas 72205. One copy should be sent to the Arkansas Department of Health, Bureau of Alcohol and Drug Abuse Prevention, Freeway Medical Center, Suite 907, 5800 West 10th Street, Little Rock, Arkansas 72204.

The independent audits will be reviewed for compliance with program requirements. If the audit reveals that the program is not in compliance, ADAP will determine the steps necessary for the corrective action, notify

the provider accordingly, and advise the provider of available administrative appeal procedures.

- 3.112 Audit/Review Performed By ADAP: There must be maintained within the state agency administering the program the authority and responsibility for overall supervision, control and oversight of program activities. Therefore, in the best interest of the providers and the State, circumstances may indicate a need for various other types of audit activities. Such audits may encompass a variety of procedures including, but not limited to, service to billing reviews, limited financial management audits, management reviews and special investigations.

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

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

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

1. Payment in full to ADH-ADAP within 90 days;
2. Negotiated recoupment schedule with installments deducted from payments made by ADAP to the provider.

### 3.12 USE OF FUNDS - SPECIFIC REQUIREMENTS

- 3.121 Restrictions. Contract/grant funds may be used specifically and only for the direct costs attributable to the execution of the particular alcohol or other drug abuse related program or youth violence prevention program as approved by ADAP and as detailed in the individual contract/grant. Also, services paid with ADAP funding may only be provided in a catchment area as determined by ADAP, where applicable. If there is a potential presence of supplanting, the applicant or grantee will be required to supply documentation demonstrating that the reduction in resources occurred for reasons other than the receipt or expected receipt of Federal or state funds.
- 3.122 Transfer of Funds. Contract/grant funds may not be transferred, consigned, assigned, or used to subcontract for services without the prior written consent of ADAP Director.
- 3.123 Replacement of Other Funds. No funds allocated from contract/grant funds will be used to supplant or otherwise replace funds which may be available from other federal, state, or local sources for the purchase of services, supplies, equipment, etc.
- 3.124 Deviation from Budget. For contracts awarded as budget based, contract/grant funds cannot be spent in any category other than that specified in the contract/grant. ADAP recognizes, however, that situations may arise which will cause some deviation from the approved budget of a program. If such a situation arises, the provider must submit in writing to ADAP the amounts of funds that are to be transferred between budget categories, and must show the revision by line item amounts.
- This must be done before liabilities are incurred. ADAP budget forms must be used to show the transfer of funds. Also, any changes in the approved equipment list included in the funding application must have a similar written request made before the change can be made. In no case are changes effective without the written approval of ADAP. Justification for the changes must accompany the budget revision. Approval will not be given retroactively.
- 3.125 Retention of Financial Records. Records of the provider, including books of original entry, source documents, supporting accounting transactions, the general ledger, subsidiary ledgers, personnel and payroll records, canceled checks, and related documents and records, to include electronic files, must be retained for a period of three years, with the following qualifications: (1) the records shall be retained beyond the three-year period if audit findings have not been resolved, (2) if the program is closed out, all records concerning the contract shall be transferred to ADAP, (3) the retention period starts from receipt of the final billing and/or expenditure report.
- 3.126 Third Party Reimbursement - Treatment. Treatment programs supported with funds from ADAP for the delivery of alcohol and other drug abuse services are expected to develop, to the extent possible, independence from ADAP support. Therefore, these projects will be encouraged and assisted in the development and use of alternate funding sources to supplement or replace ADAP support where possible. These funding sources include

third-party payers, other available federal, state, local and private funds, and beneficiaries who are able to pay. (See Section 3.04).

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

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

3.127 Third Party Reimbursement - Prevention. ADAP encourages Prevention programs to access additional funding sources; however, full time equivalent prevention staff paid with ADAP contract funds shall not charge for those contracted services. If an honorarium is received, see Section 3.16, Program Income.

3.128 Deobligation of Funds. All contracts/grants shall automatically be deobligated 60 days following the end of the award period. Bills, not to exceed the amount of the obligated funds, submitted after the contract is deobligated may be paid after review and approval by the Director, Division of Financial and Data Management. Such relief may be granted for any reasonable explanation of the delay if allowable by any federal regulations affecting the funding. Providers with unexplained delays or willful negligence in timely billing will not be granted relief from the deobligation requirement.

### 3.129 Selected Items of Cost

3.129.01 Equipment. Equipment is personal tangible property with a total acquisition price of \$500.00 or more and useful life of at least one year. Only equipment listed in the contract/grant approved budget may be purchased. This must be done at cost equal to or less than the price listed in the original contract/grant. Unexpended funds at the end of a contract/grant period may not be used to purchase or lease items of capital expense such as office furniture and equipment to include typewriters, calculators, adding machines, copy equipment, mimeograph duplication machines, postage meters, VCR, TV's, camcorders, stereo equipment, or films, without special approval from the Director, Division of Financial and Data Management. Equipment used as match must be cost incurred during the contract/grant period. All equipment purchased with federal and local match dollars within the contract/grant period must be inventoried and reported to ADAP within 30 days after the contract/grant ends.

ADAP shall discourage the funding of programs whose major purpose is the purchase of equipment (i.e., films, audio-visual, recreational equipment, etc.). Approval

shall be given only if the program is able to adequately justify that the application is for a total program that shall be assisted through the purchase of equipment. ADAP shall not furnish equipment that will be used to supplement programs funded for purposes other than alcohol and other drug primary prevention, education, treatment, intervention or youth violence prevention.

A. Bidding. All renovation and purchases of equipment, supplies or services must be done in accordance with State Contract Bidding Procedures, and reported to ADAP before final purchase is made. Basically, the following guidelines apply.

1. Commodity over \$2,000 (known as Formal Bid). The provider must (1) develop specifications for each item bid, (2) mail an invitation to bid to all eligible prospective bidders, (3) make an insertion in a newspaper with statewide circulation, not less than five nor more than thirty days prior to the opening date, (4) post bid forms on a "Bid Notice Board," and (5) open and tabulate bids at the time and date indicated.
2. Commodity of \$500 to \$2,000 (Quotation Bid). The provider must (1) obtain at least three bids, (2) receive all bids at least one day prior to the date of purchase and (3) have the bids recorded and signed by the person receiving them.
3. Commodity of \$500 or less - No bids are necessary. The best judgment of the agency purchasing official should be used.
4. Note that in any case where other than the low bid is to be purchased, a full letter of justification must be sent to ADAP.

B. ADAP Retention of Ownership. Title to all property and/or capital equipment purchased by any program with contract or grant funds is vested in the Department of Health, Bureau of Alcohol and Drug Abuse Prevention unless the Department or Bureau and/or the applicable Federal grantor agency specifically agrees in writing to a title transfer or other disposition. All property and/or equipment must be returned to ADAP if for any reason the program is terminated or ceases to function as an alcohol or other drug related treatment or prevention program or operate according to the specified guidelines of the grant or contract. Such equipment, however, may remain with the provider after the contract or grant period as long as the program continues in operation. The program must assure, in



writing, each year, that the program will continue to serve the population designated in the original grant application. Failure to do so will result in the return of the property to ADAP. No Department property may be sold, transferred, or used in another program without the consent of the Department or Bureau. All Department/ Bureau property will be clearly marked, inventoried and properly maintained. All compensation for loss or damage to Department property will be paid to the Department unless the Department directs otherwise. It is the responsibility of the provider to maintain adequate insurance on all property.

- C. Inventory Requirements. Under a line item cost reimbursement contract/grant, all equipment purchased with contract/grant funds remain the property of ADAP and must be kept on both the provider's inventory list and the ADAP inventory list. Each item shall be affixed with an identification tag provided by ADAP.

The program should provide ADAP with an inventory list of all equipment costing over \$500.00 purchased with contract/grant funds. The list should include a description of the item and its serial number. This equipment is the property of ADAP and all equipment shall be returned to ADAP within 48 hours of the program's closing,

- 3.129.02 Travel. (Applies to line item cost reimbursement contracts/grants only.) Reimbursement for travel expenses will be made only if specified in the contract/grant. Reimbursement will be made for mileage only, and at a rate not to exceed the rate established by the Chief Fiscal Officer of the State of Arkansas, (currently 28 cents per mile) based on the shortest highway distance. Reimbursement for meals, lodging, fees, etc., will not be allowed unless specified in the program contract/grant. In such cases, the prevailing state rate of reimbursement will apply. Out-of-state travel must have prior approval from ADAP to be eligible for reimbursement except for travel into Texarkana, Texas, Memphis, Tennessee or similar such immediate border areas.

- 3.129.03 Insurance. Prevention and treatment programs funded by ADAP shall be required to have a liability program that provides for the protection of the physical and financial resources of the program, coverage of the building and equipment and coverage of its clients, staff and general public. If the program is part of a governmental agency, in lieu of liability insurance, the program must have other appropriate means of protection for the items specified above.

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

3.13 ALLOWABLE COSTS

The following is a general guideline. Federal and State regulations specific to the program being funded may differ. See the RFP/RFA or Progress Report and Program Proposal for exceptions.

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

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

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

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

3.132 Maintenance and Operation

- 3.132.01 Accounting and Auditing: The expense of establishing and maintaining accounting and other information systems required in the performance of the contract is an allowable expense. The cost of the required annual independent audit is also allowable.
- 3.132.02 Advertising: Costs are allowable for recruitment of personnel, procurement of scarce items and disposal of scrap or surplus material.
- 3.132.03 Bonding and Insurance: The costs of bonding and insurance are allowable if in accordance with sound business practice and the rates are competitive.
- 3.132.04 Building Space and Related Facilities: Costs associated with lease or rental of building space and related facilities used for the benefit of the program are allowable. Funds may not be utilized for the purchase, construction or permanent improvement (other than minor remodeling) of any building.

- 3.1320.05     Communications: Allowable costs include (1) Telephone costs for local and long-distance calls, service charges, installation costs, and similar expenses. (2) Postage used in the office for communication related to the program.
- 3.132.06     Depreciation and Use Allowance: A depreciation schedule must be provided and supported by adequate records and inventory.
- 3.132.07     Equipment Expenditures: Expenditures for equipment costing less than \$500 or with a useful life of less than two years are allowable. If the total costs of all components of a system (such as for computers or stereos) are \$500 or more, it must be considered a capital expense (see 3.14).
- 3.132.08     Equipment Rental: The cost of rental equipment is allowable. Lease-purchase of equipment must be recovered through depreciation.
- 3.132.09     Field Trips: The cost of educational and recreational outings for clients, including the cost of admission, transportation (if not provided for under another line item), snacks, beverages, and food costs directly associated with field trips are allowable.
- 3.132.10     Food Service Supplies: Costs of supplies (such as plates, silverware, etc.) directly associated with the provision of meals to clients is allowable.
- 3.132.11     Freight: Costs incurred for freight, postage, and other transportation costs directly relating to goods purchased, delivered or moved from one location to another are allowable.
- 3.132.12     Indirect Costs: See Item 3.19
- 3.132.13     Inspections: The cost of required inspections such as health and fire inspections, is allowable if such inspections are not available without charge.
- 3.132.14     Insurance: See Bonding and Insurance
- 3.132.15     Lease Costs: See Rental Costs
- 3.132.16     Maintenance and Repair: Costs incurred for necessary maintenance, repair or upkeep of property, including motor vehicles.
- 3.132.17     Materials and Supplies: The cost of materials and supplies necessary to carry out the objectives of the program is allowable. This line item should be broken into the following categories: Office Supplies (paper, folders, ink, pencils, etc.), Janitorial Supplies (brooms, mops, soap, etc.);

Program Supplies (classroom materials, etc.). (See Section 4.09 and 4.10 regarding audio-visuals, books, tapes, etc.).

- 3.132.18 Meetings and Conferences: See Training
- 3.132.19 Memberships: The cost of membership in trade, technical, and professional organizations is allowable if: (1) related to the cost of the program; (2) is for provider membership; (3) cost is reasonable; and (4) not for membership in an organization which devotes a substantial part of its activities to influencing legislation.
- 3.132.20. Postage: See Communications
- 3.132.21 Printing and Reproduction: Costs for printing and reproduction services necessary for the program, including but not limited to forms, reports and manuals are allowable.
- 3.132.22 Public Information Costs: Costs for pamphlets, news releases, and other forms of information services are allowable when the primary purpose of such activities is to inform the public about the availability of services. (Prior approval from ADAP is required. See Section 4.08 for additional information.)
- 3.132.23 Rental Costs: Rental costs are allowable to the extent they are reasonable and necessary and the provider does not gain a material equity in the property.
- 3.132.24 Subcontracted Services: May be allowable: (1) Based on services rendered in relation to the contract; (2) the necessity of contracting for the services; (3) the past pattern of such costs; (4) whether contracting is more economical than service performed by employee; (5) the qualifications of the individual or firm and fees charged; and (6) written contractual agreement for services. (Also see Section 4.07.)
- 3.132.25 Subscriptions or Reference Materials: The cost of books and subscriptions to trade, business or professional periodicals is allowable when related to and subscribed for the program.
- 3.132.26 Taxes: In general, tax payments that the program is legally required to pay are allowable. (See Section 3.14 - 9).
- 3.132.27 Training, Meetings, Conferences: In-service training is allowable where the primary purpose is the dissemination of technical information of direct benefit to the program. Costs may include meals, transportation, lodging, registration fees, materials, etc. The cost may not exceed allowable limits for State employees on State business.
- 3.132.28 Travel: Costs are allowable for mileage, lodging, meals and related items incurred by employees who travel on official program business. The maximum allowable may not exceed

limits for State employees on official business. In no case may funds be used to pay for employees' travel between the place they are employed and their residence without prior approval from ADAP.

3.132.29 Utilities: The cost of utilities is allowable.

3.14 UNALLOWABLE COSTS

The following costs are unallowable:

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

3.15 CASH DEPOSITORIES

ADAP does not impose contract or grant requirements which:

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

3.16 PROGRAM INCOME

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

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

### 3.17 REIMBURSEMENT

No payment can be made until a completed W-9 is on file with the Arkansas Department of Health. The W-9 must reflect the legal name of the entity and the full mailing address for receipt of warrants. Any change in the name and address requires the completion and submission of a revised W-9.

- 3.171 Billing. All funding requests are submitted on the appropriate forms provided by ADAP. These must be for the actual units of service delivered or expenses incurred, if budget based, for the month not to exceed the limits of the contract/grant nor ADAP ceiling rates for the fixed price contracts/grants.
- 3.172 Billing for Services. All reimbursement requests for any treatment service must be reconciled with the Client Logs (ADAP-6) for the particular report month. When the amount requested for these services cannot be reconciled with what appears on ADAP-6 and correction or clarification cannot be made by telephone, the request will be returned immediately to the provider for correction and resubmission. If the reimbursement request does correspond with ADAP-6, the Division of Financial and Data Management will forward for payment.
- 3.173 Advance Payment - Only those funds with specially designed programs (such as Common Ground Youth Violence Prevention) may receive payment in advance of services being rendered. Reimbursement requests for advance payment will be initiated by ADAP within time frames specified in individual grants or contracts. Failure to submit required fiscal or programmatic reports or other information as requested or required indicating satisfactory progress in program completion and utilization and management of funding, or on-site evaluation by ADAP or other contracted evaluation or financial personnel indicating unsatisfactory findings will be considered grounds for delay or denial of subsequently scheduled payments.
- 3.174 Billing Due Dates - Reimbursement Requests. All programs are required to submit their requests for reimbursement or expenditures monthly to be postmarked no later than the seventh of the month.

### 3.18 UNEXPENDED FUNDS

If advance payment method was used, any ADAP funds remaining at the end of a contract/grant period must be returned to ADAP. A written request to retain unexpended funds (including budget) may be addressed to ADAP Director. If approved, these funds may be retained by the contractor/grantee. A request for retention of funds must be addressed in writing (including budget) to the Director, Division of Financial and Data Management.

### 3.19 INDIRECT COSTS

Indirect costs shall be allowable only when special approval is given, in writing, from the ADAP Director. Generally this shall not exceed 10%. Indirect costs are costs incurred by an organization that are not readily identifiable with a particular project or program but are necessary to the operation of the organization and the performance of its program.

A copy of the Federally approved indirect cost rate, or a cost allocation showing the items and expense included, and the method used to equitably distribute the cost must be maintained by the provider. Submission of a copy to ADAP may be required before indirect costs are allowed for a particular ADAP grant or contract.

#### 4.00 GENERAL REQUIREMENTS

- 4.01 Accessibility of Facilities
- 4.02 Equal Opportunity
- 4.03 Licensure
- 4.04 Treatment Requirements
  - 4.041 Basic Requirements
  - 4.042 Client Records
  - 4.043 Retention of Client Records
  - 4.044 Confidentiality
  - 4.045 Client Input
  - 4.046 Client Grievance Procedures
  - 4.047 Treatment Service Capacity
- 4.05 On File Requirements
  - 4.051 Items Required On-File With ADAP
- 4.06 Participation in Conference
- 4.07 Subcontracted Services
  - 4.071 Restriction of Services
  - 4.072 Other Agency Subcontractor
  - 4.073 Subcontract Requirements
- 4.08 Advertising and Publicity
- 4.09 Volunteers
- 4.10 Termination of Contract/Grant



## GENERAL REQUIREMENTS

### 4.01 ACCESSIBILITY OF FACILITIES

Facilities, programs, and services supported in part or in whole with funds provided by ADAP will be so located as to be readily accessible, available, and responsive to the needs of the population to be served without discrimination because of sex, race, disability, age, religion, color, national origin, or duration of residence. Treatment providers must establish policies and procedures to address grievances that are a result of non-compliance with the Americans With Disabilities Law of 1990, as specified in the ADAP Licensure Manual. Services for alcohol and other drug abuse prevention, treatment or youth violence and/or crime prevention will be actively publicized so as to be generally known to the population to be served.

### 4.02 EQUAL OPPORTUNITY

All programs will assure equal employment opportunity. Discrimination in any aspect of personnel administration based on race, sex, age, color, national origin, religion, disability or political affiliation is prohibited except where age, sex, or physical requirements constitute a bona fide occupational qualification. No qualified applicant will be denied employment in a position wholly or partly supported by funds provided by ADAP solely on the basis of a prior history of alcohol or drug dependence. An Affirmative Action Plan shall be prepared and retained for review.

### 4.03 LICENSURE

All persons, partnerships, associations or corporations establishing, conducting, managing, or operating an alcohol and drug abuse treatment program must be licensed by the Bureau of Alcohol and Drug Abuse Prevention as provided by Act 173 of 1995.

### 4.04 TREATMENT REQUIREMENTS

- 4.041 Basic Requirements. All prospective contractors/grantees for funds for treatment programs are obligated to be familiar with, and comply with, the provisions of all pertinent state, federal, and local regulations governing the activities of treatment programs. In addition, providers should be aware that programs are subject to the requirements of ADAP Licensure Standards Manual for Alcohol and Other Drug Abuse/Addiction Treatment Programs. Providers are advised to review thoroughly the Licensure Standards package for those specific requirements (see item 4.03)

ADAP will not award funds to programs that fail to meet other licensure laws. For example, any treatment program that provides residential or similar services to adolescents must also comply with the applicable licensure requirements mandated by the Department of Human Services, Division of Children and Family services (DCFS).

- 4.042 Client Records. Treatment facilities are required to establish a uniform client record system to document and monitor client care. These client records will conform to the requirements established in ADAP Licensure Standards.
- 4.043 Retention of Client Records. The provider shall retain all records and other documents relating to services rendered and the individuals in receipt of the services for a minimum of three (3) years from the expiration of the

agreement for the purpose of client follow-up, evaluation of the program and for completion of compliance reviews in progress at that time.

- 4.044 Confidentiality. Confidentiality of alcohol/drug abuse client records shall be assured by the provider and shall be in accordance with all pertinent state and federal regulations. Existing federal law (42 CFR, Part 2) provides for safeguarding files or any other client identifying information from access by any unauthorized individuals, and requires that records be maintained in a secure manner. All records, including clients not billed to the ADAP, however, are subject to review by ADAP at any time for the purpose of monitoring proper execution of the contract/grant, and must be made available to ADAP upon request.
- 4.045 Client Input. Each program will develop and implement a procedure whereby persons served by the program can provide input on the operation and services of the program.
- 4.046 Client Grievance Procedures. Each program shall develop and implement a procedure whereby persons served by the program can communicate a grievance against that program and the means whereby the program will respond to the grievance. The program will also develop and implement a procedure that documents the mechanism whereby persons served by the program are informed of this procedure.
- 4.047 Treatment Service Capacity. Treatment programs shall provide treatment services, if ADAP funding is available, within fourteen days of receipt of request for admission. Interim services (see Definitions Section, 7.08) will be provided for IDU and pregnant clients until the time of admission.

#### 4.05 ON FILE REQUIREMENTS

- 4.051 Items Required On File with ADAP. As applicable to particular programs, the following items are required to be provided to ADAP for file, prior to approval for funding.
1. A current list of Board of Directors, including names, addresses, telephone numbers, date of appointment, length of term, and identification of officers. The Board should represent the gender, ethnic and economic-level population distribution of the entire geographic area to be served.
  2. A description of volunteers including numbers used in the program, a summary of qualifications for the duties to be performed, and methods of recruitment.
  3. A copy of the bond for the bookkeeper or accountant. Note that this must be provided prior to the effective date of the contract/grant.
  4. A copy of the Articles of Incorporation
  5. Current referral agreements with local human service providers.
  6. A narrative history of the program and current organizational chart.

7. Listing of program personnel.
8. The goals, objectives and target groups of the program for the current contract/grant year.
9. Evaluation Methodology.
10. Treatment Approaches and Philosophies.
11. Current subcontractors and cooperative agreements.
12. Geographic area of service; program hours of operation; client/staff ratio; and facility capacity according to local fire, health and safety standards.
13. Admission criteria.
14. Assurances of Section 504 and Americans with Disabilities Act compliance.
15. Annual assessment of program progress.

#### 4.06 PARTICIPATION IN CONFERENCE

The provider must participate in local or statewide sponsored coordinating conferences, training seminars, or training workshops as so directed by ADAP if deficiencies are identified which require specific training.

#### 4.07 SUBCONTRACTED SERVICES

- 4.071 Restriction of Services. Unless subcontracted services are specifically identified in the ADAP approved program contract/grant budget, they may not be purchased with contract/grant funds.
- 4.072 Other Agency Subcontractor. If a subcontractor is employed full-time by another agency or group, a letter of permission must be obtained from the regular employer and approved by ADAP prior to utilization in the funded program.
- 4.073 Subcontract Requirements. All subcontractors are subject to the same requirements as the prime contractor/grantee. Subcontract arrangements must contain, at a minimum, the following conditions.
  1. A statement describing the particular services to be provided.
  2. A statement setting forth the number of hours or description of other rate computation which the consultant has agreed to provide.
  3. A statement of the amount of compensation to be paid.
  4. A clear understanding that the fee-for-services, or other compensation is available only from the funded program and not from ADAP or other program participants.

5. Provision for termination of the contract if the above requirements are not met.

#### 4.08 ADVERTISING AND PUBLICITY

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

#### 4.09 VOLUNTEERS

If volunteer services are included in the terms of the contract/grant, the provider is responsible for the overseeing of the volunteers and for the monitoring of services provided by these individuals.

#### 4.10 TERMINATION OF CONTRACT/GRANT

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

The ADAP reserves the right to immediately terminate a contract/grant if the public health or safety is placed in imminent peril.



5.00 SPECIAL REQUIREMENTS

- 5.01 Alcohol/Drug Treatment Contract/Grant Requirements
  - 5.011 Compliance with Funding Criteria
  - 5.012 Maintenance of Minimum Capacity
    - 5.0121 Minimum Requirement
    - 5.0122 Failure to Maintain Minimum
    - 5.0123 Operation Above Capacity
  - 5.013 ADMIS Compliance
  - 5.014 Report Requirements
    - 5.0141 ADMIS Billing Reports
    - 5.0142 ADMIS Client Records
    - 5.0143 Other Reports
- 5.02 Primary Prevention, Education, Problem Identification and Referral Contract/Grant Requirements
  - 5.021 Audio-Visual Materials
  - 5.022 Books, Tapes, Films and Other Literature
  - 5.023 Compliance with Funding Criteria
  - 5.024 ADMIS Compliance
  - 5.0235 Report Requirements
    - 5.0251 Billing Reports
    - 5.0252 Program Reports
    - 5.0253 Other Reports

5.00 SPECIFIC REQUIREMENTS

5.01 ALCOHOL/DRUG TREATMENT CONTRACT/GRANT REQUIREMENTS

5.011 Compliance With Funding Criteria. All prospective applicants for treatment funds for the initiation and/or the continuation of treatment programs must comply with current, applicable state and federal regulations. See Section 4.04 of this manual for specific program requirements. Providers will submit financial and program reports as required by ADAP according to established schedules.

5.012 Maintenance of Minimum Capacity. Each treatment program receiving funds from ADAP must meet minimum performance levels as identified in the current contract/grant.

5.0121 Minimum Requirement. All treatment programs must maintain 90% minimum capacity as identified in the current contract/grant.

5.0122 Failure to Maintain Minimum. If the provider has not met the required performance levels, ADAP shall either terminate the contract/grant or reduce the minimum capacity and funding.

5.0123 Operation Above Capacity. If the provider has consistently operated above the contracted level of performance and reported those services on ADMIS, ADAP may increase, contingent upon receiving a request from the provider and upon funds being available, the level of funding and program performance for a specified period.

5.013 ADMIS Compliance. All alcohol and other drug abuse treatment and rehabilitation programs in Arkansas are required to report client-related data in accordance with the requirements of the current ADMIS. For ADAP funded programs, failure to report may result in the suspension or loss of ADAP required licensure. For acute care, hospital based and other non-funded alcohol and drug abuse treatment programs, failure to report may result in notification to the Arkansas Department of Health, Division of Health Facility Services, of failure to comply with requirements of Act 25 of 1991. Licensure awarded automatically pursuant to Section 4 (a) and (c) of Act 173 of 1995 shall not be affected by failure to report.

5.014 Report Requirements

5.0141 ADMIS Billing Reports. All funded treatment programs are required to submit their requests for reimbursement on a monthly basis. At minimum, providers are to submit ADAP-5 and ADAP-6 to be postmarked by the seventh (7th) day of each month. All clients must be reported, not just clients for which reimbursement is requested.

5.0142 ADMIS Client Reports. A complete package of ADMIS Client Reports, including Admission Reports, Environment Change Reports, Discharge Reports and an ADAP-6, must be submitted on all clients, whether reimbursed by ADAP or not, by all treatment

programs. ADMIS Client Reports are to be postmarked by the seventh (7th) day of each month.

5.0143 Other Reports. There may be occasions where separate, additional reports are needed from a provider. ADAP reserves the right to make such requests.

## 5.02 PRIMARY PREVENTION, EDUCATION, PROBLEM IDENTIFICATION AND REFERRAL CONTRACT/GRANT REQUIREMENTS

All prospective applicants must comply with ADAP procedures and the appropriate RFP or RFA format when making application. The services to be provided must reflect and promote ADAP's basic policies and philosophies regarding that service category. Community acceptance of, commitment to, and involvement with the program are necessary elements. The program should complement and support the local treatment and rehabilitation services. Contract/grant awards reflect only a one-year funding period. Special short-term programs may be funded and may require special application and reporting procedures.

5.021 Audio-Visual Materials. All audio-visual materials used by the project must have prior content approval from the ADAP Prevention Services Director before purchase obligation is incurred. Review copies must, where feasible, be furnished to ADAP.

5.022 Books, Tapes, Films And Other Literature. All books, tapes, films, and other literature must have prior content approval from the ADAP Prevention Services Director before purchase obligation is incurred. Review copies must, where feasible, be furnished to ADAP.

5.023 Compliance with Funding Criteria. All prospective applicants for the initiation and/or the continuation of a prevention, problem identification and referral or education Program must comply with current, applicable state and federal regulations. Specific compliance requirements for each type of program are specified in the individual contract/grant and applicable sections of this manual.

5.024 ADMIS Compliance. Any program receiving funds for prevention, problem identification and referral or education is required to participate in the Alcohol/Drug Management Information System (ADMIS). A signed Statement of Agreement shall be obtained from each applicant prior to approval of funding. Prevention ADMIS reporting will be in the form of monthly reports, quarterly reports, or any additional or special reports required by ADAP. Failure to report on ADMIS may result in suspension of the current contract/grant.

### 5.025 Report Requirements

5.0251 Billing Reports. All prevention, problem identification and referral and education programs are required to submit their requests for reimbursement or reports of expenditures on a regular basis. The actual time periods are specified in the individual contract or grant.

5.0252 Program Reports. All prevention, problem identification and referral and education programs are required to submit reports of



progress, including level of activity on a regular basis as identified in the individual contract or grant.

5.0253 Other Reports. The provider shall submit separate additional reports as requested by ADAP.

6.00 DIRECT SERVICES

6.01 Supervised Treatment and Education Program (S.T.E.P.)

6.011 Admission Criteria

6.00 DIRECT SERVICES

6.01 SUPERVISED TREATMENT AND EDUCATION PROGRAM (S.T.E.P.)

Direct services are provided by the Supervised Treatment and Education Program (S.T.E.P.). This is a drug diversion court with an ADAP assessment component (Central Intake Unit) and a treatment program grantee component.

- 6.011 Admission Criteria. The court in conjunction with the Prosecuting Attorney and Public Defender's offices has developed detailed admission criteria. However, in general, admission is restricted to non-violent, first time offenders who have a need for alcohol/drug treatment.

## 7.00 DEFINITIONS

- 7.01 Alcohol and Drug Abuse Coordinating Council
- 7.02 Alcohol/Drug Management Information System (ADMIS)
- 7.03 Common Ground Program Committee
- 7.04 Continued Care
- 7.05 Day Care For Children
- 7.06 Intake and Assessment for Substance Abuse
- 7.07 Intensive Outpatient Service
- 7.08 Interim Services
- 7.09 Licensure Standards for Alcohol and/or Other Drug Abuse/Addiction Treatment Programs
- 7.10 Medical Detoxification
- 7.11 Observation Detoxification
- 7.12 Outpatient Service -Family
- 7.13 Outpatient Service - Group
- 7.14 Outpatient Service - Individual
- 7.15 Primary Prevention Strategies
  - 7.151 Information Dissemination
  - 7.152 Education
  - 7.153 Alternatives
  - 7.154 Problem Identification and Referral
  - 7.155 Community-Based Process
  - 7.156 Environmental
- 7.16 Progress Report And Program Proposal (PRPP)
- 7.17 Regional Alcohol and Drug Detoxification Services (RADD Services)
- 7.18 Regional Detoxification Specialist
- 7.19 Request for Proposal (RFP) or Request for Application (RFA)
- 7.20 Residential Service
- 7.21 Residential Services for Adolescents (Comprehensive)
- 7.22 Residential Services at Pregnant and Parenting Women's Living Centers (PPWLC)

7.00 **DEFINITIONS**

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

7.01 **ALCOHOL AND DRUG ABUSE COORDINATING COUNCIL** - A twenty-five member board of review authorized by Act 855 of 1989 and reconstituted by Act 551 of 1995. The Coordinating Council has the responsibility for overseeing all planning, budgeting and implementation of expenditures of state and federal funds allocated for alcohol and drug education, prevention, treatment and law enforcement. The Coordinating Council has established a committee structure that includes a Treatment and Prevention Committee and a Law Enforcement Committee. The Treatment and Prevention Committee reviews applications for funding through the Bureau of Alcohol and Drug Abuse Prevention.

7.02 **ALCOHOL/DRUG MANAGEMENT INFORMATION SYSTEM (ADMIS)** A data collection system developed and operated by ADAP to be used in alcohol and drug abuse prevention and treatment programs. See Section 5.013 - 5.014 for ADMIS reporting on treatment services and Section 5.022 - 5.023 for ADMIS reporting on prevention services.

7.03 **COMMON GROUND PROGRAM COMMITTEE** - A twenty-three member board authorized by Act 1203 of 1995 and reconstituted by Act 715 of 1997. The Common Ground Program Committee has the responsibility of reviewing grants and making recommendations regarding grantee's performance; developing criteria and priorities for grant programs based upon the recommendations of the Governor's Youth Summit on Violence Prevention and the regional summits, public hearings, and/or surveys thereafter; recommending grant recipients to the Governor and the legislature; developing information about the program to be disseminated to the public; report results of the program to the Governor and the General Assembly.

7.04 **CONTINUED CARE** - The component of the treatment process that assures the provision of a continued contact with the client. The continued care plan will follow the termination of services from the primary care modality (medical detoxification, observation and RADD services), designed to support and to increase the gains made to date in the treatment process. The continued care plan development will start prior to discharge and when possible involves participation of the client's significant others. At a minimum this will include participation in at least four (4) outpatient group counseling sessions and involvement in community based support groups.

7.05 **DAY CARE FOR CHILDREN**

**Full Time:** Care provided for 31 hours or more per week in periods of less than 24-hours per day to enable the parent(s) to attend treatment or treatment-related services.

- 7.11 **OBSERVATION DETOXIFICATION** - Includes monitoring on a 24-hours per day basis of a client who is undergoing mild withdrawal in a residential/live in setting. Monitoring will consist of taking the client's vital signs every two hours, or more frequently if indicated, until results remain within the normal range for at least four hours. Vital signs will be taken by a staff member trained and certified by ADAP, a Medical Doctor, Registered Nurse, Licensed Psychiatric Technical Nurse or Licensed Practical Nurse. The facility shall establish approved emergency medical procedures. These services shall be available should the client's condition deteriorate and emergency procedures be required. A unit of service is one day.
- 7.12 **OUTPATIENT SERVICE - FAMILY** - Counseling provided in an outpatient environment to a substance abuse client and/or family members and/or significant other. Although the client is usually present at these sessions, these sessions are reimbursable if the client is not present. Services to all members of the family or significant other may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 7.13 **OUTPATIENT SERVICE - GROUP** - Counseling provided in an outpatient environment to more than one substance abuse client. Services to all members of the group may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 7.14 **OUTPATIENT SERVICE - INDIVIDUAL** - Includes care provided to a substance abuse client in an outpatient environment. Outpatient service is provided to the client **only**. A unit of service is 15 minutes or any part thereof.
- 7.15 **PRIMARY PREVENTION STRATEGIES**
- 7.151 **Information Dissemination**: This strategy provides awareness and knowledge of the nature and extent of alcohol, tobacco and drug use, abuse and addiction, youth violence and/or crime and their effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) clearinghouse/information resource center(s); (2) resource directories; (3) media campaigns; (4) brochures; (5) radio/TV public service announcements; (6) speaking engagements; (7) Health fairs/health promotion; and (8) information lines.
- 7.152 **Education**: This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities. Examples of activities conducted and methods used for this strategy include (but are not limited to) the following: (1) classroom and/or small group sessions (all ages); (2) parenting and family management classes; (3) peer leader/helper programs; (4) education programs for youth groups; and (5) children of substance abusers groups.

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

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

This strategy assesses whether youth who have been engaged in inappropriate violent behavior would respond favorably to education. If the behavior cannot be corrected through mere education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment or therapy.

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

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

and tobacco advertising practices; (4) product pricing strategies, and (5) technical assistance to communities to maximize the availability of conflict resolution courses and crime prevention initiatives.

- 7.16 **PROGRESS REPORT AND PROGRAM PROPOSAL (PRPP)** - That process by which current contracted providers of prevention or treatment services are evaluated, and their grant is either renewed, not renewed, or renewed pending contingencies placed by the ADAP Alcohol and Drug Abuse Coordinating Council or the Common Ground Program Committee, whichever is applicable. This process involves submitting to ADAP, or an outside evaluator, a document that reports the activities of the provider during the current grant period, and outlines a proposed program for the upcoming grant period. Other performance indicators such as licensure visits, service-to-billing audits, case reviews, site visit reports and ADMIS reporting are taken into account during this process.
- 7.17 **REGIONAL ALCOHOL AND DRUG DETOXIFICATION SERVICES (RADD SERVICES)**- A one time charge per admission for a client presenting themselves for medical detoxification from substance abuse. The RADD services process will provide the client with up to three days residential treatment with a continued care plan that will include up to four outpatient group counseling sessions. All or part of these services may be provided to individualize the treatment to meet the client's needs. A unit of service will include the following: (1) initial evaluation, (2) referral to the appropriate level of detoxification services, (3) up to three days residential treatment, (4) continued care including up to four outpatient groups, and (5) referral.
- 7.18 **REGIONAL DETOXIFICATION SPECIALIST** - A person trained and certified by the Bureau of Alcohol and Drug Abuse Prevention. Training will provide competency at a minimum, in the following areas: (1) taking of vital signs, (2) evaluation of presenting symptoms and compiling an accurate substance abuse history, (3) certification in cardiopulmonary resuscitation (CPR), (4) certification in a First Aid course, (5) training in diffusing hostile situations, and (6) knowledge of alternate social, rehabilitative and emergency referral resources.
- 7.19 **REQUEST FOR PROPOSAL (RFP) OR REQUEST FOR APPLICATION (RFA)** - That process by which potential providers of a particular service submit a proposal/application to ADAP in which specific administrative and procedural information about the particular program is included. This is a competitive process whereby the applicant with the most effective project which most closely fits with the original request is awarded funds.
- 7.20 **RESIDENTIAL SERVICE** - Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting with supportive living arrangements. This service shall include at a minimum, intake, individual and group therapy, case management and room and board. In addition to the minimum services, residential service may include drug testing, medical care other than detoxification, and other appropriate services. A unit of service is a day. Note: Clients must be physically present at the facility for at least a part of any day billed. Exceptions require **prior** ADAP approval.



- 7.21 **RESIDENTIAL SERVICES FOR ADOLESCENTS (COMPREHENSIVE) (CRSA)** –At facilities designated as a Comprehensive Residential Services for Adolescents (CRSA), a unit of service will be one day for the client. Services at a minimum include: A multidisciplinary treatment staff, including certified/licensed alcohol and drug counselors, licensed mental health counselors, nursing staff, certified service coordinators (case managers), licensed teacher(s), a psychiatrist, daily available nursing care, a licensed school as a component of the program and family therapy. Licensure by ADAP, DCFS, and CARF or JCAHO is required. Programming for dually diagnosed clients is available.
- 7.22 **RESIDENTIAL SERVICES AT PREGNANT AND PARENTING WOMEN'S LIVING CENTERS (PPWLC'S)** - At facilities designated as PPWLC's, a unit of service will be one day for a family. Services at a minimum include case management, alcohol and other drug treatment, child care, transportation, medical treatment, room and board, education/job skills training, parenting skills training, aftercare planning, and family counseling. Payment received from the ADAP covers all services except for day care, which may be billed separately on other ADAP Agreements, if the provider so desires.

**Other services may be established as needed and defined in the appropriate RFP/RFA or Progress Report and Program Proposal.**