



ARKANSAS DEPARTMENT OF HEALTH

**BUREAU OF ALCOHOL AND
DRUG ABUSE PREVENTION**

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POLICIES AND PROCEDURES

Revised 7/1/99

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CHANGES TO THE BUREAU OF ALCOHOL AND DRUG ABUSE PREVENTION **POLICIES AND PROCEDURES MANUAL:**

Stricken language will be deleted and underlined language will be added to the existing Policies and Procedures Manual. For ease in locating these changes, they are noted with a vertical mark in the left margin.

Changes were made to pages: 5, 7, 8, 9, 10, 12, 13, 14, 15, 16, 18, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32, 34, 36, 37, 38, 40, 41, 42, 43, 44, 45, 47, 48, 49, 50, 52

Section 6.00: Direct Services was deleted.

In an effort to make the Policies and Procedures Manual more functional, a number of items have been moved from one section to another, with no change in the content.

Old Manual (7/1/98)	New Manual (7/1/99)
Item 15, page 7	2.072, page 14
Policies Affecting Special Emphasis Programming, page 8	Item 17, page 7
Policies Affecting Funding, page 8	3.01, page 21
2.042 and 2.043, page 14	2.072, page 14
3.129.01, page 27	3.142.07, page 30
3.129.02, page 29	3.142.28, page 34
3.19, page 34	3.142.12, page 32
4.01, 4.02, 4.03, page 37	2.03, 2.04, 2.05, page 13
4.08, page 40	3.142.02, page 29

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BUREAU OF ALCOHOL AND DRUG ABUSE PREVENTION
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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.

PREVENTION PHILOSOPHY

1. Prevention is the use of planned activities to reduce the risk that individuals will experience alcohol or drug-related problems, youth-related violence and/or crime, in their lives. It is a positive, proactive approach that attempts to influence individuals before the earliest onset of such problems.
2. Prevention begins within communities -- helping individuals to learn that they can have an impact in solving their local problems and setting local norms. Prevention emphasizes collaboration and cooperation, both to conserve limited resources and to build on existing relationships within the community. Community groups are routinely used to explore new, creative ways to use existing resources.
3. Prevention is part of a broader health promotion effort, based on the knowledge that addiction is a primary, progressive, chronic, and fatal disease. As such, it focuses on helping people develop new, more positive views of themselves. It is aimed at both users and non-users, with a goal to helping community members to achieve healthier life-styles.
4. Community activities sometimes incorporate problem identification and referral activities, which attempt to assist individuals who have already developed inappropriate means of dealing with anger, or who have begun inappropriate use of alcohol or other drugs. Intervention may include referral to a diagnostic or treatment center.
5. Comprehensive prevention efforts target many agencies and systems, and use many strategies in order to have the broadest possible impact. Therefore, evaluation is crucial in order for communities to identify their successful efforts and to modify or abandon their unproductive efforts.
6. The overall goal for prevention is the development of healthy, responsible, productive citizens who will be unlikely to experience youth-related violence and/or crime, alcohol or drug-related problems in their lives.
7. Building coordinated prevention efforts that offer multiple strategies, provide multiple points of access and coordinate and expand citizen participation in community activity is a most promising approach to preventing alcohol and other drug problems and youth-related violence and/or crime.
8. ADAP supports a holistic approach to preventing youth violence, drug, alcohol, and other education including health education, self-appreciation and personal development for grade kindergarten through 12.
9. ADAP supports the development of alcohol and other drug abuse education, conflict resolution and crime prevention in schools. It is the philosophy of ADAP that effective education is dependent upon quality teacher training.

SECTION I
ADAP PROGRAM POLICY

1. Any activity or program funded by ADAP must be consistent with the goals established by ADAP; however, funding requirements must be flexible to allow a responsiveness to individual community needs.
2. State level responsibilities to alcohol, tobacco, other drug abuse and youth violence prevention and treatment activities in Arkansas shall be in management, coordination and technical assistance areas. 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/area funding for Detoxification and Treatment services.
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.

SECTION II

POLICIES AFFECTING PREVENTION

1. Prevention programs approved for funding must identify a target population which includes numbers, age(s), gender and geographic location; 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 outcome objectives; and must have an adequate evaluation methodology which includes both process and outcome evaluation.
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.

SECTION III

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 committed 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 areas specified by ADAP, (6) Clients from the State of Arkansas, and (7) Clients from other states.
11. 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.
12. 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.
13. 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.

14. 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.
15. 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.
16. 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.
17. The ADAP has established the following policies affecting special emphasis program development:
 - A. ADAP shall place a high priority on programming for pregnant women and women with dependent children.
 - B. 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.
 - C. Any action strategy designed by ADAP will be to expand and coordinate with existing programs to assure that needs of special groups are met.

SECTION IV

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. A desk audit review of monthly billing may be performed on a random basis. Contract/grant providers may be required to submit documentation to support billing to facilitate the review.
 - D. 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.

SECTION V
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.

SECTION VI
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.

SECTION VII
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. SAPT Block Grant funds that are spent for services to women, will include an emphasis on specialty services for pregnant women and women with children according to a formula provided by the Center for Substance Abuse Treatment.
 - E. No more than 5% of the SAPT Block Grant may be spent on administration.

- F. 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.
 - G. 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 PURPOSE

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

1.00 PURPOSE

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.

1.01 SCOPE

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

1.02 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.

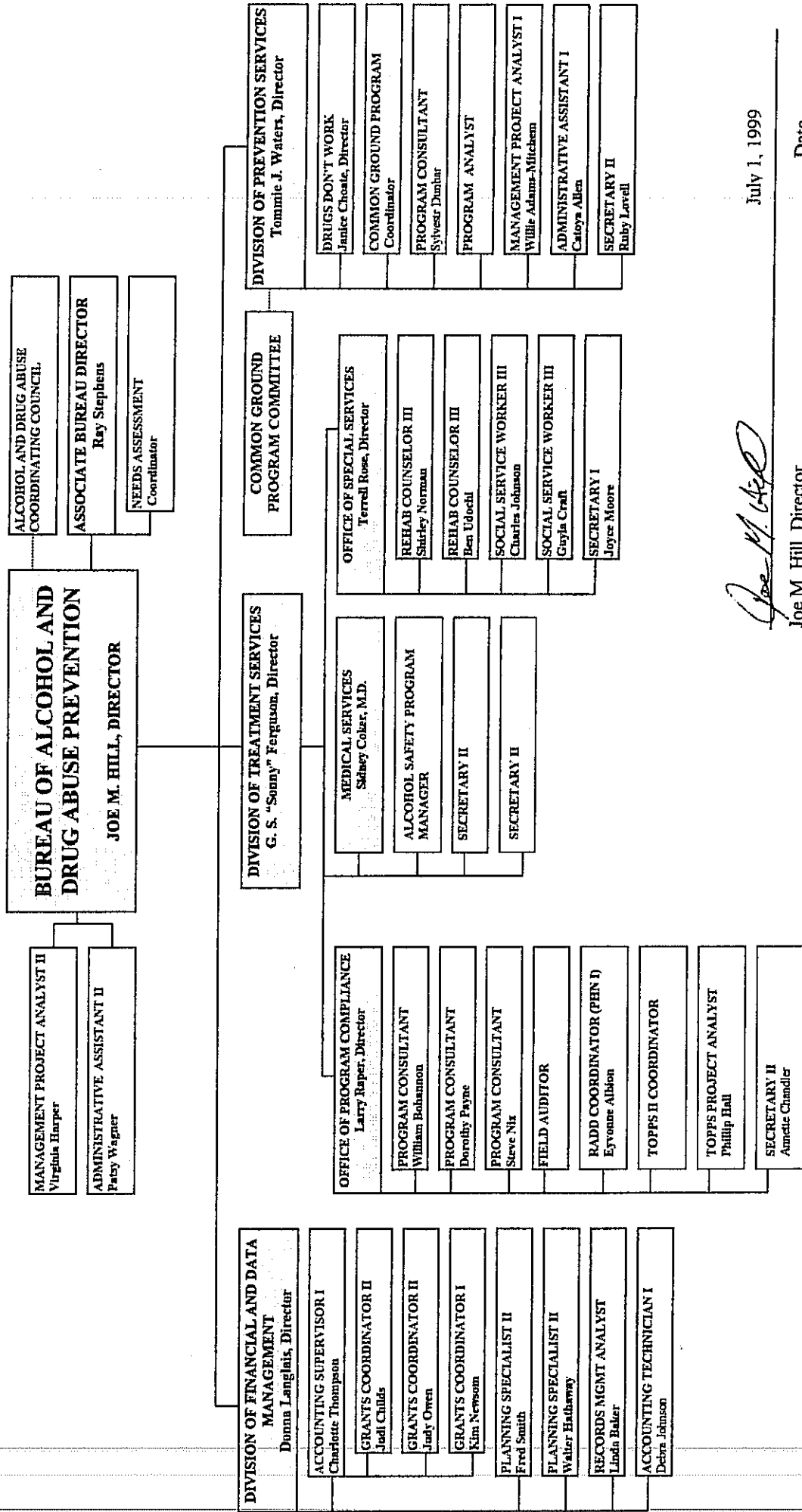
1.03 AVAILABILITY OF FUNDS

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.

1.04 MANUAL CONTENT AND ORGANIZATION

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

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BUREAU OF ALCOHOL AND DRUG ABUSE PREVENTION
BY



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July 1, 1999

Date

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2.00 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
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- 2.03 Accessibility of Facilities
- 2.04 Equal Opportunity
- 2.05 Licensure
- 2.06 Prohibitions on Fund Use
 - 2.061 Prohibitions on Substance Abuse Prevention and Treatment (SAPT) Block Grant Funds
- 2.07 Application Submission and Procedures
 - 2.071 ADAP Guidelines
 - 2.072 Confidentiality Requirements
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 - 2.074 ADAP Access to Records
 - 2.075 Financial Disclosure
 - 2.076 Processing
 - 2.077 Qualifications of Proposals, Late Proposals, and Withdrawals of Proposals
- 2.08 Prerequisites to Funding of the Application
 - 2.081 Administrative and Fiscal Structure
 - 2.082 Clear Purpose
 - 2.083 Specific, Measurable Goals
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- 2.10 Award Period
- 2.11 Grant Approval Process
- 2.12 Appeal Process for Adverse Action
 - 2.121 Alcohol and Drug Abuse Prevention and Treatment Programs
 - 2.122 Common Ground Youth Violence Prevention Programs

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 and families 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 strategies 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 6.15.

- 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.

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

2.07 APPLICATION SUBMISSION AND PROCEDURES

- 2.071 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.
- 2.072 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.

- A. Certification Regarding Lobbying. 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.
- B. Confidentiality Requirements. The treatment services applicant must certify familiarity and agreement to comply with the confidentiality requirements of 42 CFR, Part 2, which prohibit the unlawful disclosure of client records or any other client identifying information by alcohol or other drug abuse programs which are partially or totally funded by Federal funds, and/or licensed by ADAP.
- C. Contract and Grant Disclosure and Certification Form. The applicant must complete the Contract and Grant Disclosure and Certification Form in compliance with the requirements of Executive Order 98-04 .
- D. Certification Regarding Environmental Tobacco Smoke. The applicant must complete the requirements of Certification Regarding Environmental Tobacco Smoke.

- E. Certification Regarding Debarment. The applicant must complete the requirements for the Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower tier Covered Transactions.

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

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

2.076 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), e-mail, or computer disc.

2.08 PREREQUISITES FOR FUNDING OF THE APPLICATION

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

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

- 2.081 Administrative and Fiscal Structure. The applicant must be responsible to an administrative and fiscal structure, capable of administering an alcohol or other drug treatment 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.
- 2.082 Clear Purpose. The purpose, objectives and scope of the project must be clear.
- 2.083. Specific, Measurable Objectives. The applicant must establish specific, attainable, measurable outcome objectives that logically support goal attainment. These must be capable of being evaluated. 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.
- 2.084 Referral Arrangement. The applicant for treatment services must have written referral agreements with local or state agencies which may provide supportive services to the clients served in the proposed program or which may refer potential clients to the proposed program. These arrangements refer to formal written referral agreements signed by both parties and not to support letters.
- 2.085 Community 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.
- 2.086 Coordination with Regional Prevention Resource Center. In addition, applicants for community prevention services should have a letter from Regional Prevention Resource Coordinator (RPRC) acknowledging awareness of the proposed services. Applicants for school-based efforts need the letter from the RPRC, and also need to provide a letter from the school district drug coordinator documenting that proposed services are appropriate to the districts Safe and Drug School Schools and Communities (SDFSC) plan.

2.09 CONTINUATION SUPPORT POLICY

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

2.10 AWARD PERIOD

Grant awards are usually made for a twelve-month period, normally coinciding with the state or federal fiscal year. Contracts or grants may be made for shorter periods after the start of the fiscal year. Professional services contracts cannot extend beyond the biennium.

2.11 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. Additional time may be required due to resolution of all pending program and budget issues.

2.12 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.

- 2.121 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.

The decision of the Alcohol and Drug Abuse Coordinating Council is final.

- 2.122 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.

3.00 CONTRACT AND GRANT FINANCIAL PROVISIONS

- 3.01 Policies Affecting Funding
- 3.02 Award Instruments
- 3.03 Payment Method
- 3.04 General Considerations
- 3.05 Income Eligibility
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- 3.14 Allowable Costs
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 - 3.142.13 Inspections
 - 3.142.14 Insurance
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 - 3.142.16 Maintenance and Repair
 - 3.142.17 Materials and Supplies
 - 3.142.18 Meetings and Conferences
 - 3.142.19 Memberships
 - 3.142.20 Postage
 - 3.142.21 Printing and Reproduction
 - 3.142.22 Public Information Costs

- 3.142.23 Rental Costs
- 3.142.24 Subcontracted Services
- 3.142.25 Subscriptions or Reference Materials
- 3.142.26 Taxes
- 3.142.27 Training, Meetings, Conferences
- 3.142.28 Travel
- 3.142.29 Utilities
- 3.15 Unallowable Costs
- 3.16 Unduplicated Salaries
- 3.17 Cash Depositories
- 3.18 Program Income
- 3.19 Reimbursement
 - 3.191 Billing
 - 3.192 Billing for Services
 - 3.193 Advance Payment
 - 3.194 Billing Due Dates - Reimbursement Requests
- 3.20 Unexpended Funds
- 3.21 Notification of Change
- 3.22 Termination of Contract/Grant

3.00 CONTRACT AND GRANT FINANCIAL PROVISIONS

3.01 POLICIES AFFECTING FUNDING

- 3.011 ADAP shall make funds available for the delivery of services through funding mechanisms known as contracts, grants and interagency agreements.
- 3.012 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.
- 3.013 Allocated funding for programs that do not demonstrate the ability to utilize at least 90% of the programs' funds may be reallocated to other programs based on need and utilization of funds. Evaluation of utilization shall be done quarterly throughout the fiscal year.
- 3.014 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:
 - 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 review of a Progress Report or Progress Report and Program Proposal from ADAP staff or outside evaluators
 - (2) Failure to comply with standards as outlined in the funding agreement.
 - (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 or line item budget review.
- 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 institutions 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.

3.015 For grants/contracts with multiple year commitment, future year funding is contingent upon progress achieved and the availability of funds.

3.02 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. Contracts, grants and inter-agency agreements are subject to the requirements of the STATE ACCOUNTING PROCEDURES MANUAL. The grant or contract may specify the area for provision of services.

3.03 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.

3.04 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.

3.05 INCOME ELIGIBILITY

Providers may collect payment for services over and beyond BADAP contracted rate schedule using the following tables.

Table 1 **FEE COLLECTION SCHEDULE**

Type of Service	Maximum per episode Cap
Residential	\$780.00
Partial day	\$630.00
Intensive Out Patient	\$200.00
Out Patient	\$100.00 Per month
PPWLC	\$780.00
RADD Observation	\$112.50

To determine the maximum allowable per treatment episode fee for service that a provider may charge a client in addition to the BADAP payment, the provider shall perform an in-depth financial assessment to the client prior to admitting the client, except in an emergency admission, i.e. RADD, and Act 10. Prior to admission, the provider shall furnish to the client a written estimated statement of charges that the client may incur if admitted to treatment.

A financial assessment shall include the amount of all sources of income, for a specific period (i.e., weekly, biweekly, bimonthly, monthly). Sources must include all household income (i.e., public assistance, retirement, Social Security and VA). If specific amounts are unavailable, averages or reasonable estimates may be used. A client's insurance coverage shall be documented, shall include the name of the company, policy number and type of coverage.

The BADAP has elected to use the Federal Poverty Guidelines, that is updated annually, as the basis for determining the maximum fee a client may be charged in addition to the BADAP payment. Table 2 (Fee Table) establishes the percentage fee varying with income.

Table 2

FEE TABLE

Federal Poverty Guidelines Qualifying Income Level (see Federal Poverty Guidelines)	Maximum Fee that may be charged to the client
Less than or equal to 20% above	0 % (No fee)
Greater than 20% but less than or equal to 40% above	Up to 30 % of maximum service cap
Greater than 40% but less than or equal to 50% above	Up to 40 % of maximum service cap
Greater than 50% but less than or equal to 60% above	Up to 50% of maximum service cap
Greater than 60% but less than or equal to 70%	Up to 60% of maximum service cap
Greater than 70% but less than or equal to 80%	Up to 70% of maximum service cap
Greater than 80% but less than or equal to 90%	Up to 90% of maximum service cap
Greater than 90% less than 100%	Up to maximum service cap

Client's income exceeding 100% of Federal Poverty Guidelines, shall not be eligible for BADAP funding.

3.06 RATE CHARACTERISTICS

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.

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.

3.07 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.

3.08 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.

- 3.081 Reimbursable Treatment Services - See Section 6.00 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
Partial Day Treatment
Residential Day
Residential Services for Adolescents - Comprehensive
Residential Services - PPWLC

3.09 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, 6.07) 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.

3.10 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.

3.11 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.

3.12 AUDIT

- 3.121 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, Attention: Director, Division of Financial and Data Management.

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.

- 3.122 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.
- 3.123 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.

3.13 USE OF FUNDS - SPECIFIC REQUIREMENTS

- 3.131 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.
- 3.132 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.
- 3.133 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.

- 3.134 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 revision forms must be used to show the transfer of funds. Also, any changes in the approved equipment list included in the funding application must have a similar written request made before the change can be made. In no case are changes effective without the written approval of ADAP. Justification for the changes must accompany the budget revision. Approval will not be given retroactively.

- 3.135 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 agency ceases to operate, all records concerning the ADAP funded program shall be available to ADAP, (3) the retention period starts from receipt of the final billing and/or expenditure report.

- 3.136 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.

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.

- 3.137 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 3.18, Program Income.

3.138 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. If funding is available, 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.

3.139 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.

3.14 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. In all cases cost must be reasonable and necessary.

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

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

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

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

3.142 Maintenance and Operation

3.142.01 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.

3.142.02 Advertising and Publicity Contract/grant funds to be spent for advertising or publicity must be clearly identified in the program contract/grant line item budget and the advertising or publicity materials must have prior written

approval of 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.

- 3.142.03 Bonding and Insurance: The costs of bonding and insurance are allowable if in accordance with sound business practice and the rates are competitive.
- 3.142.04 Building Space and Related Facilities: Costs associated with lease or rental of building space and related facilities used for the benefit of the program are allowable. Funds may not be utilized for the purchase, construction or permanent improvement (other than minor remodeling) of any building. See 3.15, item 4, Capital Payments.
- 3.142.05 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.
- 3.142.06 Depreciation and Use Allowance: A depreciation schedule must be provided and supported by adequate records and inventory.
- 3.142.07 Equipment Expenditures: Expenditures for equipment costing less than \$500 or with a useful life of less than one year are allowable. If the total costs of all components of a system (such as for computers or stereos) are \$500 or more, it must be considered a capital expense (see 3.15).

Capital 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. All requests for reimbursement for capital expenditures must be accompanied by an ADAP inventory form. All equipment purchased with federal and state funds 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 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.

Documentation of formal bid procedures may be required at the time of reimbursement request at the discretion of the Division of Financial and Data Management.

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,

- 3.142.08 Equipment Rental: The cost of rental equipment is allowable. Lease-purchase of equipment must be recovered through depreciation.
- 3.142.09 Field Trips: The cost of educational and recreational outings for clients, including the cost of admission, transportation (if not provided for under another line item), snacks, beverages, and food costs directly associated with field trips are allowable, if an integral part of the program.
- 3.142.10 Food Service Supplies: Costs of supplies (such as plates, silverware, etc.) directly associated with the provision of meals to clients is allowable.
- 3.142.11 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.
- 3.142.12 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 is required before indirect costs are allowed for a particular ADAP grant or contract.

- 3.142.13 Inspections: The cost of required inspections such as health and fire inspections, is allowable if such inspections are not available without charge.
- 3.142.14 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. See also Bonding and Insurance
- 3.142.15 Lease Costs: See Rental Costs
- 3.142.16 Maintenance and Repair: Costs incurred for necessary maintenance, repair or upkeep of property, including motor vehicles. (For major renovations or capital improvements, see section 3.15)
- 3.142.17 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 5.021 and 5.022 regarding audio-visuals, books, tapes, etc.).
- 3.142.18 Meetings and Conferences: See Training
- 3.142.19 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.
- 3.142.20. Postage: See Communications

- 3.142.21 Printing and Reproduction: Costs for printing and reproduction services necessary for the program, including but not limited to forms, reports and manuals are allowable.
- 3.142.22 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 3.142.02 for additional information.)
- 3.142.23 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.
- 3.142.24 Subcontracted Services: May be allowable: (1) Based on services rendered in relation to the contract; (2) the necessity of contracting for the services; (3) the past pattern of such costs; (4) whether contracting is more economical than service performed by employee; (5) the qualifications of the individual or firm and fees charged; and (6) written contractual agreement for services. (Also see Section 4.04.)
- 3.142.25 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.
- 3.142.26 Taxes: In general, tax payments that the program is legally required to pay are allowable. (See Section 3.15 - 9).
- 3.142.27 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.
- 3.142.28 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, and at a rate not to exceed the rate established by the Chief Fiscal Officer of the State of Arkansas, 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 written approval from ADAP to be eligible for reimbursement except for travel into Texarkana, Texas, Memphis, Tennessee or similar such immediate border areas.
- 3.142.29 Utilities: The cost of utilities is allowable.

3.15 UNALLOWABLE COSTS

The following costs are unallowable:

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

3.16 UNDULICATED SALARIES

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

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

3.17 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.

3.18 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.

3.19 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 as shown on the Articles of Incorporation and 501(c) 3. Any change in the name requires the completion and submission of a revised W-9. The address shown on the W-9 will be the address used for mailing the reimbursement. Changes in address for reimbursement must be sent in writing (no fax or e-mail) to the attention of the Director, Division of Financial and Data Management..

- 3.191 Billing All reimbursements must be 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.
- 3.192 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 or Wang Office, the request will be adjusted or 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.
- 3.193 Advance Payment - Only those funds with specially designated 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.
- 3.194 Billing Due Dates - Reimbursement Requests. All programs are required to submit their requests for reimbursement or expenditures monthly to be postmarked no later than the seventh of the month. Billing received late in the month may be held for payment until the start of the next month. All providers are requested to send a reimbursement request each month. If no service or reimbursement activities occurred a bill for \$0.00 should be submitted.

3.20 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.

3.21 NOTIFICATION OF CHANGE

Contractors/grantees must notify ADAP in writing within one week when there is a change in the program status. This includes the vacancy of a key staff position or a change in the program address, telephone number or fax number.

3.22 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.

4.00 GENERAL REQUIREMENTS

- 4.01 Treatment Requirements
 - 4.011 Basic Requirements
 - 4.012 Client Records
 - 4.013 Retention of Client Records
 - 4.014 Confidentiality
 - 4.015 Client Input
 - 4.016 Client Grievance Procedures
 - 4.017 Treatment Service Capacity
- 4.02 On File Requirements
 - 4.021 Items Required On-File With ADAP
- 4.03 Participation in Conference
- 4.04 Subcontracted Services
 - 4.041 Restriction of Services
 - 4.042 Other Agency Subcontractor
 - 4.043 Subcontract Requirements
- 4.05 Volunteers

GENERAL REQUIREMENTS

4.01 TREATMENT REQUIREMENTS

- 4.011 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 2.05)

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.

- 4.012 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.
- 4.013 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.
- 4.014 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.
- 4.015 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.
- 4.016 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.
- 4.017 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, 6.07) will be provided for IDU and pregnant clients until the time of admission.

4.02 ON FILE REQUIREMENTS

4.021 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, identification of 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. A job descriptions for each position for 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. W-9.
16. Annual assessment of program progress.

4.03 PARTICIPATION IN CONFERENCE

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

4.04 SUBCONTRACTED SERVICES

4.041 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.

4.042 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.

4.043 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.

4.05 VOLUNTEERS

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

5.00 SPECIFIC REQUIREMENTS

- 5.01 Alcohol/Drug Treatment Contract/Grant Requirements
 - 5.011 Report Requirements
 - 5.0111 ADMIS Compliance
 - 5.0112 ADMIS Billing Reports
 - 5.0113 ADMIS Client Records
 - 5.0114 Other Reports
- 5.02 Primary Prevention, 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
 - 5.025 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 Report Requirements

5.0111 ADMIS Compliance. All alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current ADMIS. For 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.

5.0112 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.

5.0113 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.

5.0114 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 normally 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, a final report, 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.
- 5.253 Other Reports. The provider shall submit separate additional reports as requested by ADAP.

6.00 DEFINITIONS

- 6.01 Alcohol and Drug Abuse Coordinating Council
- 6.02 Alcohol/Drug Management Information System (ADMIS)
- 6.03 Common Ground Program Committee
- 6.04 Day Care For Children
- 6.05 Intake and Assessment for Substance Abuse
- 6.06 Intensive Outpatient Service
- 6.07 Interim Services
- 6.08 Licensure Standards for Alcohol and/or Other Drug Abuse/Addiction Treatment Programs
- 6.09 Medical Detoxification
- 6.10 Observation Detoxification
- 6.11 Outpatient Service -Family
- 6.12 Outpatient Service - Group
- 6.13 Outpatient Service - Individual
- 6.14 Partial Day Treatment
- 6.15 Primary Prevention Strategies
 - 6.151 Information Dissemination
 - 6.152 Education
 - 6.153 Alternatives
 - 6.154 Problem Identification and Referral
 - 6.155 Community-Based Process
 - 6.156 Environmental
- 6.16 Progress Report And Program Proposal (PRPP)
- 6.17 Regional Alcohol and Drug Detoxification Services (RADD Services)
- 6.18 Regional Detoxification Specialist
- 6.19 Request for Proposal (RFP) or Request for Application (RFA)
- 6.20 Residential Service
- 6.21 Residential Services for Adolescents (Comprehensive)
- 6.22 Residential Services at Pregnant and Parenting Women's Living Centers (PPWLC)

6.00 **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.

6.01 **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.

6.02 **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 5.0111 – 5.0113 for ADMIS reporting on treatment services and Section 5.024 for ADMIS reporting on prevention services.

6.03 **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.

6.04 **DAY CARE FOR CHILDREN**

Full Time: Care provided in a licensed day care facility 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.

Part-Time: Care provided in a licensed day care facility for less than six hours a day, five days a week or less to enable the parent(s) to attend treatment or treatment-related services.

A unit of services is one child, per day. The rate is the same whether full-time or part time. Both Pregnant and Parenting Women Living Centers (PPWLC) and non-PPWLC facilities may bill for this service.

6.05 **INTAKE AND ASSESSMENT FOR SUBSTANCE ABUSE** - A one time charge per client per admission. Admission is defined as at least a unit of residential service, a unit of Intensive Outpatient treatment, or one of outpatient counseling. **The client cannot be admitted and discharged on the same day. Intake and Assessment for Substance Abuse must include the administration of an interview**

to provide information on the client's alcohol/drug taking history, employment history, family background, and prior treatment episodes. **The administration of the Addiction Severity Index (ASI) must be included.** Other items that may be included are physical exam, drug testing and other screening or assessment tools for substance abuse and mental health.

- 6.06 **INTENSIVE OUTPATIENT SERVICE** - Services provided in an outpatient environment to a client that lasts two or more hours per day for three or more days per week. Units of service will be the same as the other ADAP units for individual, group and family outpatient services. Services include at a minimum, alcohol and other drug treatment and case management. Other services include but are not limited to, family counseling, parenting skills training and job training.
- 6.07 **INTERIM SERVICES** - Interim substance abuse services means services that are provided until an individual is admitted to a substance abuse treatment program. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.
- 6.08 **LICENSURE STANDARDS FOR ALCOHOL AND/OR OTHER DRUG ABUSE/ADDICTION TREATMENT PROGRAMS** - Those Licensure Standards that were developed and revised by ADAP and ADAP Standards Review Committee. They contain criteria by which treatment programs are reviewed in the Licensure process.
- 6.09 **MEDICAL DETOXIFICATION** - Includes 24-hour medically supervised care in a hospital setting or medical model facility. Includes a short-term treatment up to three (3) days, during which time prescribed medication is used to restore physiological functioning after it has been upset by toxic agents, including alcohol. Service shall be under the supervision and guidance of a licensed physician. Service is allowable only after a Regional Alcohol and Drug Detoxification (RADD) evaluation. The unit of service is a day and the limit per client is three days. Additional days require **prior** ADAP approval.
- 6.10 **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. Services are limited to two days per RADD admission. Additional days require **prior** ADAP approval.

- 6.11 **OUTPATIENT SERVICE - FAMILY** - Counseling provided in an outpatient environment to a substance abuse client and/or family members and/or significant other. Although the client is usually present at these sessions, these sessions are reimbursable if the client is not present. Services to all members of the family or significant other may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 6.12 **OUTPATIENT SERVICE - GROUP** - Counseling provided in an outpatient environment to more than one substance abuse client. Services to all members of the group may be reimbursed. A unit of service is 15 minutes or any part thereof.
- 6.13 **OUTPATIENT SERVICE - INDIVIDUAL** - Includes care provided to a substance abuse client in an outpatient environment. Outpatient service is provided to the client **only**. A unit of service is 15 minutes or any part thereof.
- 6.14 **PARTIAL DAY TREATMENT** - Includes care provided to a substance abuse client who is not ill enough to need admission to medical detoxification or observation detoxification, but who has need of more intensive care in the therapeutic setting. This service shall include at a minimum intake, individual and group therapy, psychosocial education, case management and a minimum of one hot meal per day. Partial day treatment shall be a minimum of (4) four hours per day for (5) five days per week. In addition to the minimum services, partial day treatment may include drug testing, medical care other than detoxification and other appropriate services. A unit of service is a day.
- 6.15 **PRIMARY PREVENTION STRATEGIES**
- 6.151 **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.
- 6.152 **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.

6.153 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.

6.154 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.

6.155 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.

6.156 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.

- 6.16 **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.
- 6.17 **REGIONAL ALCOHOL AND DRUG DETOXIFICATION SERVICES (RADD SERVICES)**- The RADD services process will provide the client with up to three days of detoxification services that shall include an aftercare plan. All or part of these services may be provided to individualize the treatment to meet the client's needs. A unit of service will include the following: (1) initial evaluation, (2) referral to the appropriate level of detoxification services, (3) up to three days detoxification services **with extensions requiring prior approval from BADAP**, (4) referral.
- 6.18 **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) current RADD Program Policy and Procedure,
 - (2) taking of vital signs,
 - (3) evaluation of presenting symptoms and compiling an accurate substance abuse history,
 - (4) current certification in cardiopulmonary resuscitation (CPR),
 - (5) current certification in a First Aid course,
 - (6) current Non-violent Crisis Prevention and Intervention (CPI) training in diffusing hostile situations, and
 - (7) knowledge of alternate social, rehabilitative and emergency referral resources.
- 6.19 **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.
- 6.20 **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.

- 6.21 **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.
- 6.22 **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.