

**ALLEGHENY COUNTY
DEPARTMENT OF HUMAN SERVICES**



**CONTRACT SPECIFICATIONS MANUAL
FOR SERVICES PURCHASED FOR CLIENTS OF
THE OFFICE OF BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES**

REVISED APRIL 2013

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INTRODUCTION

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

Further, the Manual identifies:

- A. Any particular forms or procedures that the SERVICE PROVIDER must comply with in order to assure the COUNTY'S compliance with the requirements of the funding source.
- B. Service Category Names and Codes
- C. Cost Centers and their relationship to the Service Names/Codes

The terms, conditions, forms, and procedures in this manual are subject to change from time to time as required by law and shall be amended or modified by written notification from the COUNTY to the SERVICE PROVIDER.

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

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

In addition to the terms and conditions addressed in this manual, all providers of drug and alcohol services must comply with Department of Drug and Alcohol Programs (DDAP) manuals including all requirements of the Operations, Treatment, Prevention, and Fiscal Manuals, the Grant Agreement and State Plan. All contracted drug and alcohol treatment providers must utilize the Strengthening Treatment and Recovery (STAR) Data System. For more information on the STAR Data System please use the following link:

http://www.portal.state.pa.us/portal/server.pt/community/star_strengthening_treatment_and_recovery_data_system/20512

For more information about DDAP please visit their website: www.ddap.pa.gov

Chapter 1: WORKSTATEMENT

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

PROVIDER PROFILE FORM AND INSTRUCTIONS:

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

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

All Contracted providers must prepare and submit the **Provider Profile Form** via email to the OBH Bureau of Drug and Alcohol Services Administrator, Dr. Latika D. Davis-Jones at latika.davis-jones@alleghenycounty.us.

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

Contact your OBH Office of Drug and Alcohol Services Representative if you have questions about the Provider Profile Form.

CHAPTER 2: SERVICE PROVIDER CONDITIONS

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

A. Definitions

The following definitions shall apply throughout this manual.

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

B. Compliance Requirements

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

1. SERVICE PROVIDER shall comply with and fulfill, in a timely and proper manner, its obligations under the AGREEMENT in accordance with the provisions of all federal, state and local laws, as amended, and all regulations promulgated thereunder, which are hereby incorporated into this AGREEMENT by reference.

SERVICE PROVIDER does hereby agree to provide promptly on the execution of this AGREEMENT a full and complete copy of the by- laws of the Provider Corporation, certified to be true and correct, by the Secretary or Assistant Secretary. SERVICE PROVIDER further agrees to promptly provide a certified copy of any changes in the by-laws, which may be adopted by the Corporation during the term of this agreement.

2. SERVICE PROVIDER shall supply COUNTY and DDAP with such consumer and service information as shall be duly required by COUNTY for the purpose of management, accountability, and compliance with State and Federal reporting mandates; provided that COUNTY’S requests are in conformity with applicable laws on consumer confidentiality and include appropriate technical specifications as to the manner(s) and mode(s) in which information will be accepted. SERVICE PROVIDER may utilize outside consultants and vendors in designing and operating its management information system, but SERVICE PROVIDER’S obligation to COUNTY is not transferable to any other party.

Significant and/or persistent failure to supply requested information shall result in financial penalties or other sanctions unless waived by the Director.

C. Substance Abuse Prevention and Treatment (SAPT) Block Grant Provisions

This AGREEMENT is funded by Federal block grant monies pursuant to the Federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) and in accordance with 42 U.S.C. Section 300x-31 and 45 CFR Section 96.135. None of this AGREEMENT'S funds shall be used to:

1. Provide inpatient hospital services unless it is determined, in accordance with guidelines issued by the Secretary of Health and Human Services, that such treatment is a medical necessity for the individual involved. In exercising this exception, a physician must determine that the primary diagnosis of the individual is substance abuse; the services can be reasonably expected to improve the individual's condition or level of functioning; the individual cannot be effectively treated in a community-based, non-hospital, residential program of treatment; and the hospital's substance abuse program follows national standard of substance abuse professional practice. SAPTBG funding may only be used under these circumstances only to the extent that the daily rate of payment provided to the hospitals for providing the services to the individual shall not exceed the comparable daily rate provided for community-based, non-hospital, residential programs of treatment for substance abuse; and that payment is only for services that are medically necessary, that is, only for those days that the patient cannot be safely treated in a residential, community-based program.
2. Make cash payments to intended recipients of health services;
3. Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling if provided for in the line item budget of this agreement) any building or other facility, or purchase major medical equipment. (No minor equipment may be purchased unless the line item budget specifically provides for such purchase);
4. Satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of Federal funds;
5. Provide financial assistance to any entity other than a public or non-profit private entity; or
6. Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines in writing that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS. (In addition, state law, Controlled Substance, Drug Device and Cosmetic Act, 35 P.S. Section 780-101 et seq., prohibits providing individuals with hypodermic needles or syringes.)

D. Block Grant Compliance

1. SERVICE PROVIDER shall adhere to the block grant provisions as outlined in Chapter 1, Section C of this Manual. In addition, SERVICE PROVIDER shall use no block grant funding to provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Secretary of Health of the Commonwealth, in consultation with and upon recommendation of the Pennsylvania Drug, Device and Cosmetic Board, determines to waive the pertinent provisions of the Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. Section 780-101 et seq., which would prohibit such an exchange.
2. SERVICE PROVIDER assures that it and any subcontractor under this AGREEMENT shall cooperate fully with the Commonwealth to enable it to comply with any reporting, audit, or fiscal requirements imposed under 42 U.S.C. Section 300x-52.

In accordance with Federal Regulation 45 C.F.R. 96.131(a), service Providers who serve women and who receive SAPT Block Grant funds shall provide preference to pregnant women. A service provider who serves an injecting drug abuse population and who receives SAPT Block Grant funds shall give preference to treatment as follows:

- a. Pregnant injecting drug users;
- b. Pregnant substance abusers;
- c. Injecting drug users; and
- d. All others.

In accordance with Federal Regulation 45 C.F.R. 96.131(b), SERVICE PROVIDER shall publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by any proper means, including but not limited to, the following: street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.

SERVICE PROVIDER shall notify COUNTY if it has insufficient capacity to provide treatment services to any pregnant women who seeks services.

3. SERVICE PROVIDER assures that it shall adhere to the following service and funding principles during the term of this AGREEMENT for Primary Prevention and Intervention/Treatment services financed with SAPT Block Grant funds:
 - a. SERVICE PROVIDER shall not reallocate Federal SAPT Block Grant funds between Primary Prevention and Treatment.
 - b. If SERVICE PROVIDER receives Federal SAPT Block Grant funds, it shall make available continuing education in such services to employees.

4. All SERVICE PROVIDERS receiving SAPT Block Grant funds and treating individuals for intravenous substance abuse, must provide the COUNTY with seven (7) days' notice that they have reached ninety percent (90%) of their capacity to admit individuals to its program. All sub-contracted providers must by contract notify the SCA by e-mail (makesha.west@alleghenycounty.us) that they are at 90% capacity and what level of care is affected by Friday noon of each week. Subsequently, when your capacity becomes fewer than 90% capacity you should notify the SCA by Friday noon of each week.

PREGNANT WOMEN

The SCA must address the needs of each pregnant woman as follows:

- Screen for emergent care needs. If emergent care needs are identified, a referral must be made to the appropriate service. If no emergent, care needs are identified and an assessment is necessary then;
- The SCA must conduct a level of care assessment to determine the need for treatment. If treatment is indicated then;
- Refer the woman to a treatment provider that has the capacity to provide treatment services to the woman within 14 days of the assessment. If no treatment, facility has the capacity to admit the woman, then;
- Make available interim services to the woman within 48 hours after the assessment.

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

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

INJECTION DRUG USERS (IDU)

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

Note: The following only pertains to non-pregnant IDU.

The SCA shall ensure that each individual who has been identified as needing treatment services for injection drug use is offered admission to a program for such treatment within 14 days of assessment.

If the individual cannot be admitted within 14 days, interim services must be made available to the individual within 48 hours of assessment and **admission must occur no later than 120 days** after assessment. During this waiting period for admission, a mechanism for maintaining contact with the individual must be in place.

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

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

TRACKING

- The SCA requires all subcontracted providers to have a client tracking system to document each actual or attempted contact with the client who has not entered treatment. The provider must follow-up with the client weekly by phone (provided client has one) or bi-weekly mailing(if address available) until the client enters treatment or client request no further contact, or can't be located after repeated attempts.
- The documentation should include name of client, date client placed on list, dates and times of contacts and signature of the recorder.

- The Service Coordinator Supervisor will report to the Quality Assurance Coordinator, and the QAC will report to the SCA on a monthly basis the number of Interim Referrals they have received and other pertinent data requested by the SCA.
- Quality Assurance Coordinator or his / her designee will review the tracking data and Resource Management Report on a monthly basis to track the number of clients on the waiting list and status of clients offered Interim Services.
 - A. In accordance with Federal regulation 45 C.F.R. 96.124(e) COUNTY shall ensure that, at a minimum, treatment programs receiving Federal SAPT Block Grant funds for the purpose of providing treatment services to pregnant women and women with dependent children also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children
 1. Primary medical care for women, including a referral for prenatal care and, while the women are receiving such services, child care;
 2. Primary pediatric care, including immunization, for their children;
 3. Gender sensitive substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, family therapy, nutrition education and education to GED level;
 4. Sufficient case management and transportation to ensure that women and their children have access to the services provided in this Paragraph; and
 5. Therapeutic interventions for the children in the custody of the women receiving treatment services pursuant to this Paragraph, which may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect.

B. Pro-Children Act of 1994

The Contractor and all subcontractors shall agree to comply with the following certification required by P.L. 103-227 Sections 1041-1044, 20 U.S.C. Sections 6081-6084, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or

maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient hospital drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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

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

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

C. Tuberculosis Services

1. SERVICE PROVIDER receives federal block grant funds shall:
 - a. Routinely make available, tuberculosis (TB) services to each individual receiving substance abuse treatment. TB services include:
 - (1) Counseling the individual with respect to tuberculosis;
 - (2) Mantoux tuberculin skin testing to determine whether the individual has been infected with Mycobacterium tuberculosis to determine the appropriate form of treatment for the individual; and
 - (3) Providing for or referring the individuals infected by Mycobacterium tuberculosis for appropriate medical evaluation and treatment.
 - b. Refer individuals in need of such treatment who are turned away due to lack of capacity to another provider of TB services and report the lack of capacity to COUNTY;
 - c. Implement infection control procedures that are designed to prevent the transmission of tuberculosis. Such procedures shall include, at a minimum, the following:
 - (1) Screening of patients;

- (2) Identification of those individuals who are at high risk of becoming infected; and
 - (3) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements, including 42 C.F.R. Part 2.
- d. Provide for or refer individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment;
 - e. Provide Directly Observed Therapy (DOPT), if called upon by the local Health Authority to do so. DOPT involves observing the self-administration of medication by a designee of the local Health Authority to the non-infectious patient.
 - f. The intent of DOPT is to ease the patient's burden of pill taking while insuring its administration; and
 - g. Conduct activities to ensure that individuals receive such services.
2. It is the policy of the SCA that all subcontracted Treatment providers upon assessing any client will ask DDAP's 7 screening questions for Tuberculosis. Upon receiving any positive response to any of the questions the client will be informed that he/she is high risk for TB.
 3. The Treatment provider will offer a referral to the client to Allegheny County Health Department for testing. The treatment provider will get the appropriate release for follow-up purpose. See Appendix I for form.
 4. SERVICE PROVIDER shall ensure for the provision of:
 - a. Coordinating the testing of clients from federally funded facilities with the Department of Health's nurses or providers;
 - b. Monitoring and reporting the delivery of testing through the Department's Client Information System (CIS);
 - c. Identifying compliance problems and corrective actions to be taken to address those problems; and
 - d. Assuring that programs that lack capacity are referring individuals to another provider.
 - e. It is the policy of the SCA that treatment providers must track clients who accept or reject Interim Services or ICM services. The treatment provider will contact the client on a weekly basis and have in place a tracking mechanism to document. This could include progress notes, etc. up until the client receives treatment, interim services or ICM services or client request no further contact.

D. Pennsylvania Client Placement Criteria (PCPC)

1. SERVICE PROVIDER shall use the Pennsylvania's Client Placement Criteria (PCPC) for adults, Second Edition, and the American Society of Addiction Medicine's Patient Placement Criteria, Second Edition (ASAM-PPC II) for adolescents, or other Department issued or approved

placement criteria, for all individuals referred or funded by the COUNTY, who require treatment in a licensed drug and alcohol facility. SERVICE PROVIDER staff, who are responsible for placement, continuing stay and discharge decisions, shall not administer the PCPC or ASAM-PPC II until such time as the COUNTY or SERVICE PROVIDER staff have been trained, by a DDAP approved trainer, in the use of the PCPC or ASAM-PPC II.

2. SERVICE PROVIDER shall use the PCPC Summary Sheet to record and exchange client information necessary for the utilization of the criteria in making placement determinations. SERVICE PROVIDER shall ensure that the PCPC Summary sheet is consistent with DDAP Information Bulletin 13-98 PCPC Summary Sheet, which includes a summary sheet determined to meet State confidentiality regulations at 4 PA code 255.5 [b]. Any alterations, modification or additions to the PCPC Summary Sheet must be approved by DDAP.
3. SERVICE PROVIDER shall implement and use the PCPC Summary Sheet for the exchange of client information necessary to obtain authorization and to conduct continuing stay reviews.

E. Confidentiality

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

F. Environmental Impact

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

G. Adherence to Special Conditions

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

H. Collection of Liability and Other Revenue

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

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

3. Consumer Liability

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

I. Personnel Action Plan

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

J. Grievance and Appeal

SERVICE PROVIDER shall adhere to the grievance and appeal procedure issued by COUNTY set forth in Appendix B of this Manual.

K. Citizen Participation

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

L. Monitoring

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

date, time and place of its Citizen Advisory Council meetings and Board meetings when appropriate.

1. SERVICE PROVIDER shall be bound to comply with such reviews of all aspects of their respective programs and services as are required by all appropriate Federal, State and County authorities. These reviews include, but are not limited to, the annual monitoring required by DDAP.
2. The Provider will ensure key staff are available for DDAP Quality Assurance Assessment Reviews and follow-up visits as required by the Department. All information obtained during the period of this contract by the Contractor through work governed by the contract shall be made available to the Department and SCA immediately upon demand.
3. All Subcontracted providers as part of the initial assessment and treatment plan will address non- treatment issues as part of the client treatment planning procedure. Please refer to Appendix K Admission and Utilization; bullet # 3.
4. COUNTY shall monitor the financial and service performance of its subcontractors once a year in accordance with the provisions of the COUNTY contract with the SERVICE PROVIDER and any guidelines issued by the Department of Health, DDAP addressing monitoring requirements. All information requested on forms contained within the subcontractor contracts must be complete. Work statements and work statement appendix must contain detailed financial and programmatic information.

M. Human Experimentation

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

1. Prior written approval of the Department of Health, DDAP, subject to all applicable laws, statutes, and regulations;
2. Prior informed and voluntary written consent of the subject;
3. Prior informed and voluntary written consent of his/her parents or legal guardian, if the consumer is deemed to be a minor or incompetent.
4. Each potential subject shall be informed prior to his or her consent that refusal of consent will not result in the loss of any benefits to which the subject is otherwise entitled to from the Federal Government, Commonwealth, COUNTY, SERVICE PROVIDER, or any third party insurer.

N. Changes to the Services

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

O. Consumer Satisfaction

SERVICE PROVIDER will engage in and cooperate with the Consumer Satisfaction Team/Consumer Action and Response Team (CART) consumer and family satisfaction assessments.

SERVICE PROVIDER agrees to allow access to and provide interview space for County approved consumer satisfaction activities.

P. Generic Drugs

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

FIXED ASSET MANAGEMENT GUIDELINES

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

General Provisions

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

assets and be subject to the approval processes described below. All vehicles, regardless of purchase price, shall also be defined as a fixed asset.

- B. The SCA or subcontractor shall obtain prior written approval from the DDAP or the SCA for all fixed assets purchased with funding under an Agreement with the DDAP or the SCA when the total cost per SFY of such property exceeds \$40,000 or two percent (2%) of the SCA or subcontractor's total annual budget of state and federal funds (for the SCA budget - reference Page 1, Column 7 of Appendix C of the SCA Agreement), whichever is less. The SCA or subcontractor must also obtain prior written approval for all vehicle purchases, and capital improvements and purchases. The cost for such assets shall be allowable only when included within an approved agreement budget document.
- C. The following information shall be included in all SCA and subcontractor requests for furniture and equipment:
 - (1) Item to be purchased;
 - (2) Estimated cost per item;
 - (3) Need and intended use;
 - (4) Source of funds to be used;
 - (5) SFY to which funds are to be charged, subject to the conditions as set forth by the Department; and
 - (6) Cost allocation among various funding sources, if applicable.
- D. Vehicles
 - (1) The SCA or subcontractor shall submit a letter to the DDAP or the SCA in order to request the purchase or trade-in of a vehicle. The letter must be accompanied by the completed "Request for Motor Vehicle Purchase" (Form 314A).
 - (2) The DDAP or the SCA receives and reviews the SCA or the subcontractor's request for the purchase of a vehicle.
 - (3) Written approval from the DDAP or the SCA shall be contingent upon the SCA or the subcontractor following the required procedures as described in paragraph F below.
 - (4) The SCA or the subcontractor shall notify the DDAP or the SCA upon purchase of a vehicle and will forward any additional information as required by the DDAP or the SCA for review.

E. Capital Improvements and Purchases

- (1) For capital improvements and purchases, the SCA or the subcontractor shall submit a letter to the DDAP or the SCA in order to request participation of DDAP funds in the acquisition of capital improvements or purchases. The letter shall include, at a minimum, the justification, the estimated cost and the terms for payment, the start date of construction or purchase date, and a description of the improvement or purchase. The SCA or the subcontractor shall forward any additional information as required by DDAP for review.
 - (2) The DDAP or the SCA receives and reviews the SCA's or subcontractor's request.
 - (3) Written approval from the DDAP or the SCA shall be contingent upon the SCA or the subcontractor following the required procedures as described in paragraph F below.
 - (4) The DDAP or the SCA must be kept apprised of any alterations to the original submission.
 - (5) SAPTBG funds may not be utilized for land and building purchases.
- F. The SCA or the subcontractor shall submit all fixed asset purchase requests to the DDAP or the SCA by May 1st of the applicable SFY to allow for sufficient review and processing time. The SCA or the subcontractor shall obtain fixed assets for use in the performance of the Agreement at the lowest practical cost and to purchase by means of competitive bidding. When purchasing fixed assets with a unit cost of less than \$10,000, the SCA or its subcontractor shall obtain a minimum of three quotes, which may be obtained via fax, or in writing. When purchasing fixed assets with a unit cost of \$10,000 or greater, the SCA or its subcontractor shall obtain a minimum of three formal bids per item. These bids must be in writing, and be in conformance with any county code, as applicable.
- G. The SCA and its subcontractors acknowledge that failure to submit any fixed asset request by the required due date or without proper documentation as outlined in Paragraphs C, D and E will be grounds for disapproval of the fixed asset request by the DDAP or the SCA.
- H. All fixed assets furnished by DOH or acquired by any of the SCA's subcontractors with funds under the SCA Agreement, including the purchase of real and personal property pursuant to a lease-purchase contract, for which the SCA or the subcontractor is to be reimbursed under the Agreement with the DOH or the SCA, shall be deemed Commonwealth property. Upon purchase, title to all fixed assets shall be with DOH. During the term of the Agreement, the SCA and its subcontractors shall be deemed the repository for all fixed

assets purchased or acquired with funds provided under the Agreement with the DOH or the SCA and shall have exclusive rights to use such fixed assets. Within 120 days after the termination of the Agreement, or at any time upon written notice to the SCA or its subcontractor, the DOH may take possession of said fixed assets and reimburse any other funding sources according to their percentage of contribution, based upon fair market value as determined by independent appraisal.

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

Provisions Specific to the SCA

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

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

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

- B. Fixed assets with a purchase price of \$5,000 or more per item obtained by the SCA under the SCA Agreement shall be recorded on DDAP's "Annual Inventory Report for Fixed Assets", Form 314, in accordance with the DDAP Report Schedule. Form 314 must provide a description of the property, quantity of items purchased, identification (serial) number, unit cost of item, total amount expended, total amount funded by DDAP as referenced in Paragraph B of the General Provisions above, total amount funded by all other

sources, date of acquisition, present location, and remarks, if applicable. The annual inventory report for fixed assets shall be a cumulative compilation of all fixed assets procured utilizing any amount of DDAP funding. In addition, the report shall contain all fixed assets purchased under the original Agreement, the current Agreement and any subsequent Agreements.

- C. The SCA shall obtain prior written approval to sell, lend, donate or dispose of fixed assets purchased utilizing any amount of DDAP funding. The SCA shall record the information on Form 314 under the "Remarks" section of the form.
 - (1) The SCA shall require and maintain on file, in accordance with Paragraphs 9, 10 and 11 of Appendix D of the SCA Agreement, an inventory list of fixed assets procured by each of its subcontractors, according to the provisions of these guidelines.
 - (2) It is not necessary for the SCA to submit subcontractor fixed asset requests to DDAP; however, the SCA, at its discretion, may submit subcontractor fixed asset purchase requests to DDAP for approval.

Provisions Specific to the Subcontractor

- A. None of these guidelines shall apply to subcontractors that provide their services to the SCA **exclusively** on a fee-for-service (unit cost) basis.
- B. Fixed assets with a purchase price of \$5,000 or more obtained by the subcontractors under an Agreement with the SCA shall be recorded on Form 314 and reported to the SCA only.
- C. The subcontractor shall obtain prior written approval from the SCA to sell, lend, donate or dispose of; fixed assets purchased utilizing any amount of DDAP funding. The subcontractor shall record the information on Form 314 under the "Remarks" section of the form.
- D. The subcontractor must report to the SCA the purchase of any fixed assets if they receive both cost reimbursement and fee-for-service dollars. In addition, the subcontractor must also have a cost allocation plan on file as back-up documentation with regards to the purchase of said fixed assets.
- E. The SCA may impose more stringent requirements upon the subcontractor than those applied to the SCA by the Department.
- F. COMMONWEALTH TRAVEL AND SUBSISTANCE POLICY

ALL SUBCONTRACTED PROVIDERS shall be bound by the terms and conditions regarding travel, lodging and subsistence rates as set forth in the Office of Administration's Management Directive 230.10, Rev. 1/21/09 and any subsequent revisions thereto. If the lodging rates set by the Management Directive are not available to the SUBCONTRACTOR, the lowest price available through 3 telephone bids will be acceptable. However, if prevailing

county travel policies provide for reimbursement of travel, lodging and subsistence costs at a lower rate than the state rate, then the lower rate shall govern. If prevailing collective bargaining unit policies provide for reimbursement of these items at a different rate than the state or county rate, then the terms of the bargaining unit shall prevail.

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

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

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

G. Other Federal Funds

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

H. Covenant Against Contingent Fees

SERVICE PROVIDER warrants that no person or selling agency has been employed or retained to solicit or secure this AGREEMENT upon an agreement or understanding for a commission, percentage, brokerage or contingent fee (excepting bona fide employees or bona fide established commercial selling agencies maintained by SERVICE PROVIDER for the purpose of securing business). For breach or violation of this warrant, the

Commonwealth shall have the right to annul this AGREEMENT without liability or, in its discretion, to deduct from the consideration otherwise due under this AGREEMENT, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

I. Data, Copyrights and Disclosure

1. Definition: the term “data” as used herein, includes, but is not necessarily limited to written reports and analyses, diagrams, maps, system designs, computer programs, flow charts, punched card decks, magnetic tapes, diskettes, drawings, studies, manuals, brochures, advertisements and work of any similar nature which is required to be performed under this AGREEMENT. It does not include SERVICE PROVIDER’S financial reports or other information incidental to AGREEMENT administration.
2. Rights in Data: Data submitted to and accepted by DDAP under this AGREEMENT shall be the property of DDAP, and it shall have full right to use such data for any official purpose in whatever manner deemed desirable and appropriate. Such use shall be without any additional payment to or approval by the SERVICE PROVIDER.
3. Data Collection: All data collected under this AGREEMENT (computer tapes, programs and other software developed, and other documentation) shall become the property of DDAP at the close of the contract period.
4. Forms Approval: All forms, questionnaires, survey instruments, etc., developed under this AGREEMENT shall be subject to prior written approval by DDAP.
5. Data Processing: All computer programs, tapes, and software developed under this AGREEMENT, and any data or information provided to DDAP by diskette or electronic means, shall be compatible with DDAP computer systems. Specifications, if not included elsewhere in the AGREEMENT, may be obtained from the COUNTY.

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

6. Defense of Infringement Claim: SERVICE PROVIDER shall defend any suit or proceedings brought against the Commonwealth, including DDAP, or their officials or employees, on account of any alleged infringement of any copyright arising out of the performance of this AGREEMENT, including any

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

7. Public Notice: All notices, informational pamphlets, press releases, research reports and similar public notices prepared and released by SERVICE PROVIDER, shall include the statement, "This project is funded, in part, under a contract with the Pennsylvania Department of Health. Basic data for use in this study were supplied by the Pennsylvania Department of Health, Harrisburg, Pennsylvania. DDAP specifically disclaims responsibility for any analyses, interpretations or conclusions."
8. Press Office Approval: All printed material is subject to written pre-approval by the Press Office of DDAP. "Printed material" includes, but is not limited to, brochures, manuals, labels, newsletters, artwork and print advertisements. All printed material must bear the DDAP logo and the names and titles of the Governor and the Secretary of Health unless otherwise authorized in writing by the DDAP Press Secretary. All material produced for radio and television must also be approved for quality of content and accreditation in writing by the DDAP Press Secretary prior to final production as well as after final production.

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

identified, except with the informed consent of such person or establishment.

J. Equal Employment Opportunity

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

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

- (c) It shall be no defense to a finding of noncompliance with this nondiscrimination clause that Contractor had delegated some of its employment practices to any union, training program, or other source of recruitment, which prevents it from meeting its obligations. However, if the evidence indicates that the Contractor was not on notice of the third-party discrimination or made a good faith effort to correct it, such factor shall be considered in mitigation in determining appropriate sanction.
- (d) Where the practices of a union or training program or other source of recruitment will result in the exclusion of minority group persons, so that Contractor will be unable to meet its obligations under this nondiscrimination clause, Contractor shall then employ and fill vacancies through other nondiscriminatory employment procedures.
- (e) Contractor shall comply with all State and Federal laws prohibiting discrimination in hiring or employment opportunities. In the event of Contractor's noncompliance with the nondiscrimination clause of this Agreement or with any such laws, this Agreement may be terminated or suspended, in whole or in part, and Contractor may be declared temporarily

ineligible for further Commonwealth contracts, and other sanctions may be imposed and remedies invoked.

- (f) Contractor shall furnish all necessary employment documents and records to, and permit access to its books, records, and accounts by, the Department and the Office of Administration, Bureau of Affirmative Action, for purposes of investigation to ascertain compliance with the provisions of this clause. If Contractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the Department or the Bureau of Affirmative Action.
- (g) Contractor shall actively recruit minority sub-contractors or sub-contractors with substantial minority representation among their employees.
- (h) Contractor obligations under this clause are limited to the Contractor's facilities within Pennsylvania, or where the contract is for purchase of goods manufactured outside of Pennsylvania, the facilities at which such goods are actually produced.
- (i) In addition to the stipulation to comply with all DDAP manuals as cited in the introduction of this manual, SERVICE PROVIDER specifically stipulates they shall comply with the following quoted provisions of the DDAP Fiscal Manual:
 - (1) **Fee-Splitting** – The Contractor agrees that no employee, board member, or representative of the Contractor, either personally or through an agent, shall solicit the referral of clients to any facility in a manner that offers or implies an offer of rebate to persons referring clients or other fee-splitting inducements. No person or entity involved in the referral of clients may receive payment or other inducement by a facility or its representatives.

Federal Lobbying Certification and Disclosure Requirements whereby the Contractor certifies, to the best of Contractor's knowledge and belief, that no federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

- (a) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, Contractor shall

complete and submit Standard Form-LLL (Appendix C), "Disclosure of Lobbying Activities," in accordance with its instructions.

- (b) Contractor shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed under Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

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

Equal Opportunity for the Handicapped

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

Provisions Concerning the Americans with Disabilities Act

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

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

Audits

A. 9.01 Audit coverage

Introduction: The information contained in Part 9, Audits, is applicable to both the SCA and its subcontractors except where specifically noted.

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

B. 9.02 Audit Source Documents

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

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

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

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

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

a. Audit Source Document Availability

Copies of OMB Circulars and Government Auditing Standards can be obtained on-line at: <http://www.whitehouse.gov/omb/circulars/index.html>

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

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

Commonwealth of Pennsylvania
 Office of the Budget
 Bureau of Audits
 Bell Tower, Sixth Floor
 303 Walnut Street
 Harrisburg, Pennsylvania 17101
 Telephone: (717) 783-9120
 Fax: (717) 783-0361

C. 9.03 Types of Audits

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

DETERMINATION OF APPLICABLE AUDIT REQUIREMENTS

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

NO AUDIT IS REQUIRED IF EITHER OF THE FOLLOWING APPLY:

1. The contractor expends less than \$300,000 of state funds received under this agreement during its fiscal year and it expends less than \$500,000 of total federal awards received from all sources (i.e., any and all other federal awards expended during the contractor's fiscal year, received either directly from the federal government or indirectly from a recipient of federal funds) during its fiscal year.
2. The agreement is funded by either state or federal funds, and all agreement monies expended during the contractor's fiscal year are received on a strictly fee for service basis. In addition, all federal awards expended from all sources during the contractor's fiscal year are received on a strictly fee for service basis, regardless of the amount of federal awards expended.

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

D. 9.04 Submission of Audit Information

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

1. FEDERAL MANDATED AUDIT

The audit report package should include the following:

- a. Data collection form
- b. Financial statements and schedule of expenditures of federal awards
- c. Auditors' reports on the financial statements and schedule of expenditures of federal awards, internal control and compliance and a schedule of findings and questioned costs
- d. Summary schedule of prior audit findings
- e. Corrective action plan
- f. Management letter comments

The audit should be completed and the reporting required within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

The audit report package, plus one copy for each Commonwealth agency which provided federal pass-through awards, should be submitted to:

Office of the Budget Bureau of Audits
Division of Subrecipient Audit Review
Bell Tower, Sixth Floor
303 Walnut Street
Harrisburg, PA 17101
Phone: (717) 783-9120
Fax: (717) 783-0361

2. DEPARTMENT MANDATED AUDIT

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

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

ATTN: Audit Resolution Section
Pennsylvania Department of Health
Bureau of Administrative and Financial Services
Room 830, Health and Welfare Building
P.O. Box 90
Harrisburg, PA 17108

Phone: (717) 783-7280

Fax: (717) 783-3794

E. 9.05 Audit Responsibilities

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

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

b. SCA Responsibilities

SCA Audit

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

c. Procedure for SCA Audit

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

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

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

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

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

d. Audits of Subcontractors

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

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

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

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

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

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

e. DDAP Responsibilities

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

1. Reportable conditions in internal control over the program(s) (state and/or federal) that provide funding under the agreement. The auditor shall identify reportable conditions, which are individually or cumulatively material weaknesses.
2. Material noncompliance with the provision of laws, regulations, and the provisions of the agreement.
3. Questioned costs specifically identified by the auditor. In evaluating the effect of questioned costs on the opinion on compliance, the auditor shall consider the best estimate of total costs questioned, not just the known questioned costs.

DDAP will review all findings as a result of the audit and the CAP submitted by the SCA. DDAP is responsible for the review and evaluation of reportable conditions and findings. DDAP shall ensure that the SCA complies with the implementation of all corrective actions. The audit will be resolved only after DDAP has accepted and approved all follow-up criteria. It is the policy of DOH to resolve all reportable conditions and audit findings within six months from the day DOH receives the report.

F. 9.06 General Audit Provisions

a. Auditor Selection

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

Questioned Costs

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

Additional Audits

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

Records Retention

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

This information is applicable to the SCA only.

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

Public Health and Human Services Comptroller
Facility Payments and Vendor Resolution
Second Floor, West Wing
Health and Welfare Building
Harrisburg, PA 17120

Appendix A

COMMONWEALTH TRAVEL AND SUBSISTANCE POLICY

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

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

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

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

Appendix B

NON-TREATMENT NEEDS CHECKLIST

DOMAINS	Is the individual in need of assistance in the following areas?
EDUCATION /VOCATION	i.e., GED, job training, resume writing, tutoring, etc.
EMPLOYMENT	i.e., job search assistance, etc.
PHYSICAL HEALTH	i.e., medication management, pressing medical issues needing attention, pregnancy testing, pre-natal care, TB assessment, HIV/AIDS, Hepatitis, etc.
EMOTIONAL/MENTAL HEALTH	i.e., mental health referral, psychotropic medication management; co-occurring referral, etc.
FAMILY/SOCIAL	i.e., assisting client with: child custody/visitation and/or childcare arrangements, develop healthy leisure activities, develop social skills, referral to social service agencies, etc.
LIVING ARRANGEMENTS / HOUSING	i.e., assistance with getting client into a healthy recovery environment, referral to housing agencies, etc.
LEGAL STATUS	i.e., referral for legal assistance, communication skills when dealing with probation/parole, etc.
BASIC NEEDS	i.e., assistance with meeting basic needs such as food, clothing, and transportation, etc.
LIFE SKILLS	i.e., assistance with cooking, cleaning, grocery shopping, paying bills in a timely manner, etc.

Appendix C

Grievance and Appeal Process

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

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

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

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

APPEALS PROCEDURE:

- 1) Client needs to sign all consents form relating to information that will be reviewed during the appeal process at each level of appeal.
- 2) The client has the right to have access to all documentation pertaining to the resolution of the grievance within the confines of state and federal confidentiality regulations.
- 3) The client has the right to be involved in the process and have representation by means of a client advocate, case manager, or any other individual chosen by the client at each level of appeal. Each person must sign a confidentiality form stating they have read the confidentiality notification form that states that all proceedings are confidential. (***This includes the client***)

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

(Client identifying information will not be included or attached to this form.)
Address grievance to:

**Quality Assurance Coordinator
Bureau of Drug and Alcohol Services
Office of Behavioral Health
Allegheny County Dept. of Human Services
Human Services Building, 3rd Floor
One Smithfield Street
Pittsburgh, PA 15222**

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

**Chairperson of Drug and Alcohol Planning Council
c/o
Allegheny County Dept. of Human Services
Office of Behavioral Health
Human Services Building, 3rd Floor
One Smithfield Street
Pittsburgh PA 15222**

GRIEVANCE AND APPEAL REPORTING FORM

SCA: _____

Level: _____

Issue: _____

Date: _____

Client ID #: _____

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

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

Grievance Resolved: Yes () No ()

Submit to:
DDAP Director of Treatment
02 Kline Plazas
Harrisburg, PA 17104
Or Fax to 717-787-6285

Appendix D

EMERGENT CARE SCREENING POLICTY

- This policy is regarding the utilization and implementation of Emergent care screening that addresses emergent care needs of consumers.
- The DDAP contractual mandate emergent care screening must be administered to all consumers that attempt to access treatment services.
- The SCA and all subcontract providers shall be responsible for identifying the emergent need (if applicable) and providing the treatment, intervention and/or the referral to address the identified presenting problem/need.
- When an emergent care need is identified providers must do the following:
 - For clients with emergent psychiatric needs contact Western Psychiatric Institute and Clinic (WPIC)/UPMC Deck at **412-624-1000** or re:solve Crisis Network at **1-888-7-YOU CAN** (1-888-796-8226)
 - For clients with emergent prenatal or perinatal needs contact Magee Women's Hospital referral services office at **1-866-My Magee** or
 - WPIC Perinatal Addiction Center at **412-246-5910**
- The results of this screening (the emergent need that has been identified) and the treatment, intervention and or referral provided must be documented in the consumer record. If a client needs detox he/she must be admitted to detox with in 24hours.
- If the client is not in need of emergent care, an LOC (level of care) assessment must be completed within seven days from the date of initial contact. If this time frame is not met, the reason must be documented.
- The Program Representatives will incorporate this vital area of concern into the monitoring site visit to ensure compliance.

Appendix E

**ALLEGHENY COUNTY BUREAU OF DRUG AND ALCOHOL SERVICES
EMERGENT CARE SCREENING TOOL**

(Revised July 2010)

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____
DOB: _____ SS#: _____ Insurance: _____

Date of Call/ Initial Contact : _____ Date of Initial Appointment (LOC): _____

Documented reason why assessment was not scheduled with Seven days. explain:

Staff completing this form need to ask the following Emergent Care questions and provide transfer to appropriate staff /referrals/intervention as needed. Non-clinical screeners will transfer client to a clinical person when * response are marked.

IDENTIFIED EMERGENT CARE AREA

***Detoxification from Drugs and Alcohol:**

- 1) Are you having symptoms of withdrawal? Yes _____ No _____
- 2) Are you having stomach pain? Yes _____ No _____
- 3) Do you have blurred vision? Yes _____ No _____
- 4) Other symptoms? Yes _____ No _____

Please explain symptoms: _____

Psychiatric Care

- 1. Do you have psychiatric diagnosis? Yes _____ No _____ (what is the diagnosis: _____)
- 2. Are you under psychiatric care? Yes _____ No _____
- 3. Are you on any psychiatric medication? Yes _____ No _____
- 4. Are you taking medication as prescribed? Yes _____ No* _____ (why not? _____)
- 5. Are stable on your medication in your opinion? Yes _____ No* _____
- 6. *Are you hearing voices? Yes _____ No _____
- 7. *Any plans for suicide and / or homicide? Yes _____ No _____

(IF MALE SKIP NEXT TWO ITEMS (PLEASE CHECK HERE _____))

Prenatal Care:

- 1. Are you pregnant? Yes _____ No _____ (if no move to Perinatal Care section)
- 2. Have you been seen by a doctor? Yes _____ No* _____ Explain why _____
- 3. Do you have a doctor? Yes _____ No _____

Perinatal Care

- 1. Have you given birth in the last 28 days? Yes _____ No _____
- 2. Are you experiencing any complication from giving birth? Yes _____ No _____

At the time, do you (or the family member /friend are different from the caller) think you need to be in the hospital?
(May signify life threatening or non-life threatening emergency).

Please document Referral / Intervention: (dates and time of appointments)

INTERIM AND ANCILLARY SERVICES REFERRAL GUIDE

Bureau of Drug and Alcohol Services



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

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Support Services for Women and Children

Hill District Centre Nurture Family

1801 Centre Ave., Ste. #310
Pittsburgh, PA 15219-4010

PROGRAM CONTACT

Contact: Jayme Jordan
Telephone: 412-683-7517

Email: JJordonefamilyresourcesofpa.org

Provides family support, parenting education, parent support groups, infant/toddler groups, employment and housing information, a drop-in center, a toy and book lending library, home visits, and recreational events. (Program is affiliated with the Allegheny Intermediate Unit.) Even Start: Family literacy program for parents and their children who are ages birth-seven. Offers adult education (including GED counseling and writing/test-taking skills), early childhood education, and home-based activities.

YWCA of Greater Pittsburgh

305 Wood Street
Pittsburgh, PA 15222

PROGRAM CONTACT

Contact: Karen Wapkins
Telephone: 412-391-5100
Fax: 412-391-5109

Web: <http://www.ywcaPittsburgh.org>

Offers individual and crisis counseling and support, information and referral, employment readiness, training, placement and follow up, legal counseling and legal resources, personal development programs, career programs, health education, health and wellness, aquatics, ENCORE, children's fitness and swim classes, and leadership training.



Focus on Renewal/Sto-Rox Neighborhood Center

901 Gray Street
McKees Rocks, PA 15136

PROGRAM CONTACT

Contact: Amy Cetrone
Telephone: 412-771-6009
Fax: 412-771-1056

Goals include the reduction of environmentally caused delays in Sto-Rox preschools and to promote nonviolence in the lives of all children and their families. Program offers preschool, play groups, parent groups, summer day camp, recreation and social activities, community celebrations, counseling, outreach and service linkages.

Hill House Association

**1835 Centre Avenue
Pittsburgh, PA 15219**

PROGRAM CONTACT

Contact: Alice Logan

Telephone: 412-392-4400

Fax: 412-392-4462

Administrative 412-392-4404

Dollar Energy Fund 412-392-4406

Email: alogan@hillhouse.org

Web: <http://www.hillhouse.org>

Child care, single parent services, socialization and recreation, day camp, athletics, tutoring, cultural and educational programs, services to the elderly and a computer center. Meeting rooms, speakers, and training available. Acts as a screening agency for Dollar Energy Fund. Other human service agencies housed at Hill House: Health Services - Allegheny County Health Dept., Mercy Hospital, Western Psychiatric Institute and Clinic, and Magee-Women's Hospital, Housing Services - AHRCO, Housing Authority - City of Pittsburgh. (HACP) Central Relocation Program, Pittsburgh. Community Services, Alzheimer's Outreach Center. Hill House C.A.N. - Community Access Network (392-3136): A local network which provides electronic information and communication services addressing the needs of residents while encouraging and providing assistance for the development of community-based computer systems throughout the Pittsburgh area. Also assists other agencies in creating their own home page.

Wilkinsburg Family Support Center

**807 Wallace Ave., Ste. 205
Pittsburgh, PA 15221**

PROGRAM CONTACT

Contact: Paulette Davis

Telephone: 412-871-7948

Fax: 412-871-7991

Email: isterpdavis@aol.com

Program offers family support, case management, child development assessment, advocacy & referral, substance abuse prevention, parent support, home visits, drop-in activities, mental health counseling, and family reunification visitation. Program is supported by the Allegheny County Department of Human Services Family and Community Services.

Magee-Womens Hospital of UPMC Health System

**300 Halket St
Pittsburgh, PA 15213**

PROGRAM CONTACT

Contact: Connie Feiler

Telephone: Intake: 412-802-8299

Fax: 412-641-1151

Web: <http://www.magee.edu>

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



Immunization Clinic
3441 Forbes Ave., 2nd Fl.
Pittsburgh, PA 15213

PROGRAM CONTACT

Telephone: 412-578-8332/412-687-2243

Fax: 412-578-8300

Web: <http://www.county.allegheny.pa.us/achd>

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

Magee-Womens Hospital of UPMC Health System

1630 Arlington Avenue
Pittsburgh, PA 15210

PROGRAM CONTACT

Contact: Peggy Brady

Telephone: 412-488-2690/412-488-2691/412-641-1047

Fax: 412-488-3890

Web: <http://www.magee.edu>

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

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

<p style="text-align: center;"><u>Immunization Clinic</u> 3441 Forbes Avenue, 2nd Floor Pittsburgh, PA 15213</p> <p style="text-align: center;">PROGRAM CONTACT Telephone: 412-578-8332/412-687-2243 Fax: 412-578-8300 Web: http://www.county.allegheny.pa.us/achd</p> <p>Offers HIV Screening by either blood or oral testing and pre-and post-test counseling concerning HIV risks and meaning of test results. HIV positive patients are encouraged to begin medical monitoring with a healthcare provider. If you do not have a primary care provider, ACHD provides primary medical care including assessment, evaluation, treatment, monitoring via lab tests, home/hospital visits, medical reporting and coordination of care. Conducts outreach to the minority and homosexual communities and provides health education to all segments of the public.</p>	<p style="text-align: center;"><u>Primary Care Health Services</u> 7227 Hamilton Avenue Pittsburgh, PA 15208</p> <p style="text-align: center;">PROGRAM CONTACT Telephone: 412-244-4700 Dollar Energy Screening Contact: Deborah Robinson Telephone: 412-244-7797 Fax: 412-244-7797 Fax: 412-244-4992</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing, education and counseling, adult medicine, physical exams and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education. TB/HIV testing and education to community groups. Provides pre-natal care and referral.</p>	<p style="text-align: center;">Alma Ilery Medical Center 7227 Hamilton Avenue Pittsburgh, PA 15208</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB/HIV testing and education to community groups. Provides prenatal care and referral. Acts as a screening agency for</p> <p style="text-align: center;">Dollar Energy Fund BIG BLUE MOBILE VAN 7227 HAMILTON AVENUE PITTSBURGH, PA 15208 Telephone: 412-244-4700</p>
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American Respiratory Alliance of W. Pa

201 Smith Dr. Ste. E

Cranberry Professional Park

E. Cranberry Twp., PA 16066

PROGRAM CONTACT

Contact: Carol Ann Kuczma

Telephone: 800-220-1990, 724-772-1750

Fax: 724-772-1180

Email: ckuczma@healthylungs.org

Web: <http://www.healthylungs.org>

Provides services for the prevention, education and control of lung diseases including asthma, tuberculosis, influenza and pneumonia. Among the programs and services are: Childhood asthma camps (Camp Breathe E-Z and Camp Huff and Puff) and other programs, such as, self-help and clinic smoking cessation programs including the 21-Day Personal Reduction Program & Smoke-Free for Life, Breathing Partners educational group, audio-visual programs on chronic obstructive pulmonary disease, tuberculosis, smoking, environmental and occupational lung health, professional educational materials and presentations, public information on lung disease and lung health. Medication Assistance Program: Will provide a one-time grant for respiratory medications. Applicant must have no insurance coverage and requests are reviewed on a case-by-case basis.



Community Care Pregnancy Ctr

**1813 West Street
Homestead, PA 15120**

PROGRAM CONTACT

Contact: Lauren Zagorac
Telephone: 412-464-1606
Fax: 412-464-1606

Free pregnancy testing, lay counseling on abortion risks and procedures, abstinence, Post Abortion Syndrome, pregnancy issues, STDs, educational materials and classes, referrals, baby clothes, maternity clothes, and baby items.

Women Choice Network

**160 N. Craig Street, Suite 202
Pittsburgh, PA 15213**

PROGRAM CONTACT

Contact: Amy Beck
Telephone: 412-687-7767
Administrative: 412-364-6522
Fax: 412-687-1889
Email: pccoak@nauticom.net
Web: <http://trfn.clPittsburgh.org/carecenter>

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



Pregnancy Resource Center of the South Hills

**104 Broughton Road
Bethel Park, PA 15102**

PROGRAM CONTACT

Contact: Patrice Becker
Telephone: 412-833-7445
Fax: 412-851-9111
Email: prcsh1@verizon.net
Web: <http://www.prcsh.org>

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

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

Alma Illery Medical Center
7227 HAMILTON AVENUE
PITTSBURGH, PA 15208
Telephone: 412 24 4-4700

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

.BIG BLUE MOBILE VAN
7227 HAMILTON AVE
PITTSBURGH, PA 15208
Telephone: 412-244-4700

BRADDOCK HEALTH CENTER
404 BRADDOCK AVE
BRADDOCK, PA 15104-1804
Telephone: 412-351-6300

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



**DUQUESNE FAMILY HEALTH CENTER
2 DUQUESNE PLAZA
DUQUESNE, PA 15110-1015
Telephone: 412-466-6300**

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

**EAST END COMMUNITY HEALTH CTR.
117 N NEGLEY AVE
PITTSBURGH, PA 15206-1515
Telephone: 412-404-4000**

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

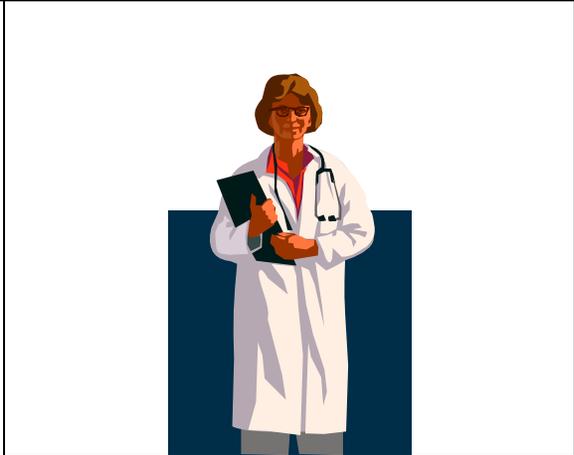


**HAZELWOOD HEALTH CENTER
4918 2ND AVE
PITTSBURGH, PA 15207-1623
Telephone: 412-422-9520**

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

HILL HOUSE HEALTH CENTER
1835 CENTRE AVE
PITTSBURGH, PA 15219-4305
Telephone: 412-261-0937

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



WILKINSBURG FAMILY HEALTH CENTER
807 WALLACE AVENUE
PITTSBURGH, PA 15221-2312
Telephone: 247-5216

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

RANKIN FAMILY HEALTH CENTER
300 RANKIN BLVD
RANKIN, PA 15104-1066
Telephone: 412-351-4555

Podiatry, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, mental health services, pharmacy, and social services.

STEEL VALLEY HEALTH CENTER
1800 WEST STREET, Ste. 110
HOMESTEAD, PA 15120-2578
Telephone: 412-461-3863

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

WEST END HEALTH CENTER
415 NEPTUNE STREET
PITTSBURGH, PA 15220-5541
Telephone: 412-921-7200

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

WESTINGHOUSE HIGH SCHOOL WELLNESS CENTER
1101 N MURTLAND ST
PITTSBURGH, PA 15208-1355
Telephone: 412-361-0909

Physical exams, mental health services



March of Dimes, Birth Defects Foundation

**5168 Campbells Run Road, Ste. 101
Pittsburgh, PA 15205**

PROGRAM CONTACT

Telephone: 412-505-2200

Fax: 412-505-2209

Email: askus@marchofdimes.com

Web: <http://www.marchofdimes.com/pennsylvania>

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



Children's Hospital of Pittsburgh

Child Development Unit

**4401 Penn Ave
Pittsburgh, PA 15224**

PROGRAM CONTACT

Telephone: 412-692-5560

Appointments: 412-692-5589

Fax: 412-692-5679

Offers diagnostic, consultative, and select therapeutic services to infants, preschoolers, and children with developmental and/or behavioral problems and their families. Programs evaluate the impact of medical disorders on a child's development including: autism, fragile X syndrome, fetal alcohol syndrome, chronic illness pre-maturity, prenatal drug exposure, seizure disorder, and various genetic conditions. The CDU also provides assessment of children with school related problems. Select developmental assessments are offered at Children's Hospital of Pittsburgh. North, South, and East satellites

Gender Specific Treatment

Pennsylvania Organization for Women in Early

Recovery

7501 Penn Ave
PITTSBURGH, PA 15208-2560

PROGRAM CONTACT

Contact: Lori Abbot, Program Manager

Telephone: 412-243-7535

Fax: 412-243-8711

Email: connection@power-recovery.com

Assists women who are willing to look at how their use of alcohol and other drugs is affecting their lives and their children. Strives to help women become free from chemical dependency, establish natural support systems to maintain a clean and sober lifestyle and preserve the integrity of their families. Provides comprehensive assessment, intervention & referral to treatment, mentoring, relapse prevention, collaboration with other providers, resource coordination, follow up and consultation.

Sojourner House, Inc.

5460 Penn Ave
PITTSBURGH, PA 15206-3455

PROGRAM CONTACT

Telephone: 412-441-7783

Fax: 412-441-3409

Web: <http://www.sojournerhousepa.org>

An interdenominational faith-based licensed "women with children" residential rehabilitation program for addicted mothers. Offers: 24-hour staff, individual counseling, group therapy, life skills education, spirituality groups and parenting classes. The capacity of the program is 14 women and their children (up to three children under age 12, per mother). On-site child-care center for infants. Elementary school age children receive after school tutoring, recreation and drug/alcohol prevention activities.

POWER New Day

807 Wallace Ave
Pittsburgh, PA 15221

PROGRAM CONTACT

Contact: Wilhelmina Oakley

Telephone: 412-243-8755

Fax: 412-243-8758

Email: oakley@power-recovery.org

CLINICAL CONTACT

Contact: Joyce McCadney-Hicks

Telephone: 412-243-8755

Fax: 412-243-8758

Email: jmccadney-hicks@power-recovery.org

A woman may participate in weekly individual outpatient addiction treatment or intensive day treatment. Day treatment is four-five day/week participation and includes individual and group therapy, life skills and parenting education, personal violence support groups, music therapy, and relapse prevention. Child care is provided for participants in the day program.

Center for Family Excellence, Inc

409 Dinwiddie Street
Pittsburgh, PA 15219-3367

PROGRAM CONTACT

Contact: Dr. Lenall Thomas
Telephone: 412-232-0322
Fax: 412-232-0331
Web: <http://www.cffei.org>

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

Lydia's Place, Inc

710 Fifth Ave, STE 2000
Pittsburgh, PA 15219

PROGRAM CONTACT

Contact: Angela Longo
Telephone: 412-391-1013
Fax: 412-391-1082
Web: <http://www.lydiasplace.org>

Helps ex-offenders through one-to-one mentoring, information and referral, and family activities. Pre-Release Services: Bible studies, worship services, pre-release counseling, parenting classes, and literacy tutoring. After-Care Services: housing information, job referral, mentoring, family activities, and peer support groups. Provides Support for the caregivers of incarcerated women. Meets at the Family Support Center, Hosanna House, 807 Wallace Ave., Second Floor, Suite 205

Salvation Army, Pittsburgh

865 West North Ave.
Pittsburgh, PA 15212

PROGRAM CONTACT

Contact: Paul J. Freyder, LSW, MSW, CAC
Telephone: 412-231-0500
Fax: 412-231-7809
Web: <http://www.salvationarmy-wpa.org>

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



Sexual Abuse and Violent Behavior

<p><u>Center for Victims of Violence and Crime</u> 5916 Penn Avenue Pittsburgh PA 15206</p> <p>PROGRAM CONTACT Contact: Stephanie Walsh Telephone: 24-hour Hotline: 412-392-8582 Administration: 412-482-3240 Fax: 412-482-3241 Email: information@cvvc.org Web: http://www.cvvc.org</p> <p>Helping individuals, families, and communities survive the trauma of violence and crime by offering victims advocacy and accompaniment services, a 24-hour helpline, victim compensation, therapy, offender release notification, community and individual crisis interventions, counseling and community education programs that address the causes and impacts of violence. Help and healing start here. All services are free and confidential.</p>	<p><u>Children's Hospital of Pittsburgh</u> 4401 Penn Avenue Pittsburgh, PA 15224</p> <p>PROGRAM CONTACT Contact: Patricia Wright Telephone: Child Advocacy Center: 412-692-8664 Intake: 412-692-8747 Arch Clinic: 412-692-8662 Fax 412-692-8399</p> <p>At the Child Advocacy Center of Children's Hospital of Pittsburgh, professional and objective assessments of children are provided. Medical evaluations and forensic interviews are conducted in a safe child friendly environment.</p>	<p><u>Pittsburgh Action Against Rape</u> 81 S 19th St PITTSBURGH, PA 15203-1852</p> <p>PROGRAM CONTACT Contact: Alison Hall Telephone: Hotline: (1-866-END-RAPE)/866-363-7273 Administrative/Intake for services: 412-431-5665 TTY: 412-431-2576 Fax: 412-431-0913 Email: friends@paar.net Web: http://www.paar.net</p> <p>Crisis intervention and counseling to adult and child victims of sexual assault through a hotline and 24-hour advocacy system including emergency medical (hospital) and legal accompaniment. Counsels individuals, families, and groups, including art therapy and play therapy for children. Provides educational and training programs to schools, community, and professionals. Offers films, literature, publications, speakers, and training/consultation.</p>
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Domestic Abuse Counseling Center, Inc

**116 Fifth Avenue
McKeesport, PA 15132**

PROGRAM CONTACT
Contact: Mary Pudlowski
Telephone: 412-678-1055
Fax: 412-678-0544
Web: <http://www.dacc.net>

Domestic violence treatment for court- and voluntary adult men who are abusive. Batterers are required to sign contracts pledging non-abusive behavior while in the program. Those who violate the contract are immediately discharged. Counseling is offered in various sites throughout Allegheny and Westmoreland counties including churches, MH/MR behavioral health centers, and drug and alcohol treatment programs.



Family Therapy

Gateway Rehabilitation Center

1215 Seventh Avenue
Suite 213, 2nd floor
Beaver Falls, PA 15122

PROGRAM CONTACT

Contact: John D. Massella, Ph.D.

Phone: 724-846-6145

Fax: 724-846-4351

Provides a day and an evening outpatient program for adults with acute or chronic problems with outpatient treatment of drug-alcohol & addictive illnesses, individual/group/family therapy, addiction education, medical/psychiatric evaluation, free initial evaluation, drug-alcohol detoxification, speakers' bureau, after-care, Employee Assistance Program Development, and Adolescent Program.

Pittsburgh Pastoral Institute

6324 Marchand Street
Pittsburgh, PA 15206

PROGRAM CONTACT

Contact: Martha Smith

Telephone: Intake: 412-661-1239

Toll Free: 877-661-9623

Fax: 412-661-8020

Web: www.ppi-online.org

Outpatient pastoral therapy for individuals, families, and couples. Training programs and community education for clergy, congregations, and mental health professionals. Psychological testing, career assessment, and vocational testing are offered.

Holy Family Institute Pathways to Success

Medical Center East
211 N. Whitfield St., Ste. 780
Pittsburgh, PA 15206

PROGRAM CONTACT

Contact: Diane Giovanazzi

Telephone: 412-361-2570

Dollar Energy Fund: 412-361-2583

Duquesne Light Universal Services: 412-361-2583

Fax: 412-361-2599

Email: fulgenzi.georgia@hfi-Pittsburgh.org

Web: <http://www.hfi-Pittsburgh.org>

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

Nutrition Education

Kingsley Association

6435 Frankstown Avenue
Pittsburgh, PA 15206

PROGRAM CONTACT

Contact: Denise Hill
Telephone: 412-661-8751 x161
Fax: 412-661-1063
Email: dhill@kingsleyassociation.org

Drop-in programs which provide children and families with the social services and medical attention they need to lead healthy and productive lives. Services include parenting groups, individual counseling, nutrition classes, drug and alcohol counseling, child development, and respite time.

Home visits are also provided by the family development specialist.

East Liberty Family Health Care Center

6023 Harvard Street
Pittsburgh, PA 15206

PROGRAM CONTACT

Contact: Lynne Medley-Long
Telephone: Medical Appointment: 412-661-2802
Fax: 412-661-8020
Web: <http://www.elfhcc.com>

A Christian Ministry of Whole Person Health Care.
General family practice, well-women and gynecological care, well-child and pediatric care, adolescent health care, pastoral care, regular monitoring of the chronically ill, home health care, health screening, health education programs, patient advocacy, and fee counseling.

Pittsburgh AIDS Task Force

5913 Penn Avenue, Second Floor
Pittsburgh, PA 15206

PROGRAM CONTACT

Contact: Darrell Phillips
Telephone: 412-345-7456
TOLL FREE: 888-204-8821
Fax: 412-345-7457
Email: dphillips@patf.org
Web: <http://www.patf.org>

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

Outreach

Perinatal Addiction Center

3501 Forbes Avenue
Pittsburgh, PA 15213

PROGRAM CONTACT
Telephone: 412-605-1539

Provides comprehensive and coordinated treatment services to pregnant and post-partum women who use tobacco, alcohol, and/or other drugs. Services include on-site counseling, methadone treatment, outreach services, individual and group therapy, and therapeutic daycare for children.



AC Health Department Family Health Clinics

3333 Forbes Ave.
Pittsburgh, PA 15213

PROGRAM CONTACT
Telephone: 412-687-2243
Fax: 412-578-8325
Web: <http://www.achd.net>

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

Pittsburgh AIDS Task Force

5913 Penn Avenue, Second Floor
Pittsburgh, PA 15206

PROGRAM CONTACT
Contact: Darrell Phillips
Telephone: 412-345-7456
TOLL FREE: 888-204-8821
Fax: 412-345-7457
Email: dphillips@patf.org
Web: <http://www.patf.org>

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

Travelers Aid

<p>Mobile Moms Program <u>Travelers Aid Society of Pittsburgh</u> 103 Smithfield Street Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Melissa Katich Telephone: 412-284-5474 Fax: 412-281-5049 Email: 1921@travelersaidpittsburgh.org Web: http://www.travelersaidpittsburgh.org</p> <p>Transportation assistance for low-income women who need to get prescribed prenatal checkups, testing appointments, and postnatal checkups. Bus tickets and transfers are the normal form of assistance; Yellow Cab may be used for women with high-risk pregnancies.</p> <p>Participating agencies/facilities: Magee Women's Hospital & Outreach Sites, Mercy Health Center - Women's Health Unit, UPMC Shadyside Family Health Center, Allegheny General Hospital, East End Community Health Center, Alma Illery Medical Center, Lawrenceville Family Health Center, The Western Pennsylvania Hospital, Latterman Family Health Center, McKeesport Hospital Family Birth Center</p>	<p>Trips for Tots <u>Travelers Aid Society of Pittsburgh</u> 103 Smithfield Street Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Melissa Katich Telephone: 412-281-5466 Fax: 412-281-5049 Email: 1921@travelersaidpittsburgh.org</p> <p>Trips for Tots is for newborn babies (up to age 18 months) of women who completed the Mobile Moms program, as well as their brothers/sisters who are still under 18 months. The program provides Port Authority bus tickets for 10 immunization visits, two taxi trips for unscheduled sick visits to a doctor/clinic as well as transportation for additional escorts, if needed.</p>	<p><u>Travelers Aid Society of Pittsburgh</u> 103 Smithfield Street Pittsburgh, PA 15222</p> <p>PROGRAM CONTACT Contact: Robert H. Lindner Telephone: 412-281-5474 Fax: 412-281-5049 Web: http://www.travelersaidpittsburgh.org</p> <p>Note: all help for stranded travelers is available ONLY at the Greyhound Bus Terminal. There is a separate listing for this location. Traveler's Aid provides assistance for those who have transportation problems, including financial assistance, food, and information and direction services. (Assistance is not provided for funeral trips or hospital visits.) Transportation assistance is provided for women in abuse shelters and those needing to go to substance abuse programs, and for unemployed persons who have a newly acquired position.</p> <p>Participating facilities: Magee Women's Hospital & Outreach Sites, Mercy Health Center - Women's Health Unit, UPMC Shadyside Family Health Center, Allegheny General Hospital, East End Community Health Center, Alma Illery Medical Center, Lawrenceville Family Health Center, The Western Pennsylvania Hospital, Latterman Family Health Center, McKeesport Hospital Family Birth Center</p>
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Case Management

East End Cooperative Ministry, Inc.

**319 North Beatty St.
Pittsburgh, PA 15206**

PROGRAM CONTACT

Contact: Pam Smith

General Information: 412-361-5013

Administrative: 412-361-5549

Fax: 412-361-0151

Email: eecm@eecm.org

Web: <http://www.eecm.org>

INTAKE CONTACT

Contact: Pamela Smith

Telephone: 412-361-5013

Fax: 412-361-0517

Email: businesseecm@eecm.org

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



For more provider and program information
please go to www.humanservices.net .

2/21/07

Counseling on the Effects of Drug & Alcohol on the Fetus

Alma Illery Medical Center
7227 HAMILTON AVENUE
PITTSBURGH, PA 15208
Telephone: 412 24 4-4700

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

.BIG BLUE MOBILE VAN
7227 HAMILTON AVE
PITTSBURGH, PA 15208
Telephone: 412-244-4700

Magee-Womens Hospital of UPMC Health System
300 Halket St
Pittsburgh, PA 15213

PROGRAM CONTACT
Contact: Connie Feiler
Telephone: Intake: 412-802-8299
Fax: 412-641-1151
Web: <http://www.magee.edu>

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

Perinatal Addiction Center
3501 Forbes Avenue
Pittsburgh, PA 15213

PROGRAM CONTACT
Telephone: 412-605-1539

Provides comprehensive and coordinated treatment services to pregnant and post-partum women who use tobacco, alcohol, and/or other drugs. Services include on-site counseling, methadone treatment, outreach services, individual and group therapy, and therapeutic daycare for children.





WHEN SHOULD YOU FILE A COMPLAINT?

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

The completed forms and any supporting documentation should be mailed to the address below or you may file your complaint online at www.attorneygeneral.gov/complaints.aspx?id=458.

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

HOW CAN YOU EXPEDITE THE PROCESSING OF YOUR COMPLAINT?

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

WHAT SHOULD YOU EXPECT AFTER YOU FILE A COMPLAINT?

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

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

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

Appendix H Drug and Alcohol Fee Schedule

DESCRIPTION	Code	Unit Definition	Proposed Rate	Auth Rule	Administrative Rules
Inpatient Detox Day	126	Per Day	Negotiated	Auth Required	
Inpatient Rehab Day	128	Per Day	Negotiated	Auth Required	
D&A Level of Care Assessment	H0001	15 minutes	\$ 20.75	Auth Required	
Breathalyzer (ALDA only)	H0001 - UA	Per Test	\$ 2.00	No Auth Required	ALDA is primary
Urine Dipstick (ALDA only)	H0001 - UB	Per Test	\$ 3.00	No Auth Required	ALDA is primary
Urinalysis Kit (ALDA only)	H0001 - SC	Per Test	\$ 10.00	No Auth Required	ALDA is primary
3/4 way House (ALDA only)	*H0010	Per Day	Negotiated	Auth Required	
Non-Hospital Detox	*H0013	Per Day	Negotiated	Auth Required	
Non-Hosp Rehab	*H2036 (3B)	Per Day	Negotiated	Auth Required	
	*T2048 (3C)	Per Day	Negotiated	Auth Required	
Halfway House	*H2034	Per Day	Negotiated	Auth Required	
Methadone Partial Program	H0020	15 minutes	\$ 3.82	Auth Required	APPLIES TO D&A PARTIAL ONLY Minimum of 1 hour is billable. MUST be seen at least 3 days in a week and for a minimum of 10 hours per week. This service will be audited for compliance.
D&A Partial Program	H2035	1 hour	\$ 15.00	Auth Required - Zero Payment Claim	APPLIES TO D & A PARTIAL ONLY Minimum of 1 hour is billable. MUST be seen at least 3 days in a week and for a minimum of 10 hours per week. This service will be audited for compliance.

Acute D&A Partial Program	H2035 - TF	1 hour	\$ 30.00	Auth Required	APPLIES TO D & A PARTIAL ONLY Minimum of 1 hour is billable. MUST be seen at least 3 days in a week and for a minimum of 10 hours per week. This service will be audited for compliance.
Methadone Maintenance - Single Visit	H0020 - UB	Per Service	\$ 7.50	Auth Required	Single dose of methadone.
Methadone Maintenance - Take Home	H0020-HG	Per Service	\$ 7.50	Auth Required	Providers may bill the individual service units in situations where the member does not qualify for a full week of services within the billable week. May not be billed for a member who is receiving a comprehensive weekly service. Only one unit per day can billed and may not be billed on the same day as a Methadone Maintenance Clinic Visit. This service should be billed for the day in which the member is to use the take home dose and may be billed on days in which the clinic is closed. Provider must bill in accordance with applicable regulations. Member must be registered thru the Outpatient Registration process.
D&A Group Therapy	90853 - HF	15 minutes	\$ 8.90	Auth Required	Minimum session - 1 hour - 4 units
D&A Group Therapy (School Based)	90853 - TR	15 minutes	\$ 8.90	Auth Required	Minimum session - 1 hour - 4 units Must be rendered at the school.
D&A Family Therapy	90847 - HF	15 minutes	\$ 17.00	Auth Required	
D&A Family Therapy (School Based)	90847 - TR	15 minutes	\$ 17.00	Auth Required	Must be rendered at the school.
D&A Psychiatric Evaluation	90801 - HF	Per Service	\$ 275.00	Auth Required	
D&A Psychiatric Evaluation	90792 - HF	Per Service	\$ 275.00	Auth Required	
CRNP Evaluation	90801 - TE	Per Service	\$ 120.00	Auth Required	
CRNP Evaluation	90791 - TE	Per Service	\$ 120.00	Auth Required	

Physical Examination (ALDA Only)	99204 - UB	45 minute Session	\$ 60.00	Auth Required	1 session per 365 days without an auth/per member. Subsequent occurrences must be authorized. ALDA is primary
D&A Case Management	T1017 - HF	15 minutes	\$ 12.00	Auth Required	Maximum of 16 units (4 hrs.) per month. Can be rendered from IOP, OP or Partial D&A levels of care.
D&A Intensive Outpatient	H0015	15 minutes	\$ 8.90	Auth Required	
Bundled Methadone Maintenance	T1015 - HG	Per Week	\$ 100.00	Auth Required	This is a full week of services associated with methadone treatment for a member. Includes counseling.
D&A Individual Therapy	90804 - HF	20-30 minutes	\$ 32.00	Auth Required	Only one service unit can be billed per session.
	90806 - HF	45-50 minutes	\$ 68.00	Auth Required	Only one service unit can be billed per session.
	90808 - HF	75-80 minutes	\$ 96.00	Auth Required	Only one service unit can be billed per session.
D&A Individual Therapy	90832 - HF	20-39 minutes	\$ 32.00	Auth Required	Only one service unit can be billed per session.
	90834 - HF	40-49 minutes	\$ 48.00	Auth Required	Only one service unit can be billed per session.
	90837 - HF	50-69 minutes	\$ 68.00	Auth Required	Only one service unit can be billed per session.
D&A Individual Therapy (School Based)	90804 - TR	20-30 minute session	\$ 32.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.
	90806 - TR	45-50 minute session	\$ 68.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.
	90808 - TR	75-80 minute session	\$ 96.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.

D&A Individual Therapy (School Based)	90832 - TR	20-39 minute session	\$ 32.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.
	90834 - TR	40-49 minute session	\$ 68.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.
	90837 - TR	50-69 minute session	\$ 96.00	Auth Required	Must be rendered at the school. Only one service unit can be billed per session.
Medication Mgmt. without administration - MD Service	90862 - HP	Per Service	\$ 80.00	Auth Required	
Medication Mgmt. without administration - MD Service	M0064 - HP	Per Service	\$ 80.00	Auth Required	
Office/OP visit for E&M of new patient; MD service	99203 - HP	Per Service	\$ 80.00	Auth Required	Office Visit codes have been added and may be used, en lieu of the M0064 HP for medication management. Providers must comply with the CPT code definition and chart requirements of these services. Office Visit codes may not be billed in combination with any other service.
Office/OP visit for E&M of established patient; MD service	99213 - HP	Per Service	\$ 80.00	Auth Required	Office Visit codes have been added and may be used, en lieu of the M0064 HP for medication management. Providers must comply with the CPT code definition and chart requirements of these services. Office Visit codes may not be billed in combination with any other service.
CRNP Medication Check	90862 - TD	Per Service	\$ 54.50	Auth Required	
CRNP Medication Check	M0064 - TD	Per Service	\$ 54.50	Auth Required	
Office/OP visit for E&M of new patient; CRNP service	99203 - TD	Per Service	\$ 54.50	Auth Required	Office Visit codes have been added and may be used, en lieu of the M0064 TD for CRNP medication check. Providers must comply with the CPT code definition and chart requirements of these services. Office Visit codes may not be billed in combination with any other service.

Office/OP visit for E&M of established patient; CRNP service	99213 - TD	Per Service	\$ 54.50	Auth Required	Office Visit codes have been added and may be used, en lieu of the M0064 TD for CRNP medication check. Providers must comply with the CPT code definition and chart requirements of these services. Office Visit codes may not be billed in combination with any other service.
Buprenorphine (Suboxone) Induction	90801 - BU	Per Service	Negotiated	Auth Required	
Buprenorphine (Suboxone) Induction	90792 - BU	Per Service	Negotiated	Auth Required	
Buprenorphine (Suboxone) Maintenance	90862 - BU	Per Service	Negotiated	Auth Required	
Buprenorphine (Suboxone) Maintenance	M0064 - BU	Per Service	Negotiated	Auth Required	



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

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

Base Fee Schedule Rates

- Community Care manages the base fee schedule with input from Allegheny County's DHS, Office of Behavioral Health. The goal of Community Care and the County is to establish consistent rates for Allegheny County Drug and Alcohol Services (ALDA) and HealthChoices to the extent possible.
- Community Care routinely reviews the base fee schedule to assess the appropriateness of fees and to comply with all DPW requirements, as detailed in the Healthchoices Behavioral Health Services Reporting Classification Chart.
- To initiate the rate change process, Community Care completes a fiscal impact analysis and shares it with the County to guide decision-making. The fiscal impact analysis includes assessing the annual budgetary impact of the proposed rate change with consideration given to utilization trends. The overall impact of the proposed rate change on service volume and demand for Allegheny County funded consumers is also taken into consideration. This complete analysis is reviewed by Community Care, the Deputy Director of the Office of Behavioral Health, and the SCA Administrator
- It is only when the County and Community Care reach consensus to move forward with a rate change that the process to change the base fee schedule is initiated.

SCA/Community Care Negotiated Rate Setting Process

- Rates for residential programs and other specialty programs are typically negotiated between the provider, the SCA Administrator, and Community Care. Community Care and the SCA Administrator ask that providers utilize the XYZ rate setting package to request a change in a residential rate. Providers are to submit completed XYZ packages to the SCA Quality Assurance Coordinator, Allegheny County Drug and Alcohol Services and the Director of Network Management for Allegheny County, Community Care.
- For negotiated rates, providers are advised to submit completed XYZ packages prior to March 31st when requesting a rate change for implementation in the upcoming county fiscal year. This timeframe allows for all steps in the process to be completed prior to the effective date and for the rates to be posted on the PACDAA website (www.pacdaa.org.) for all counties in a timely manner.
- Within two weeks of receiving the completed XYZ packages, the SCA Administrator and Community Care will review the request internally and will communicate with each other about rate recommendations. The SCA Administrator and Community Care will review the fiscal impact analysis, consider the impact on service volume given demand, and consider the rate request relative to the range of current rates for network providers of the same service.
- Jointly, the SCA Administrator and Community Care will render one of three possible decisions: 1) approve the rate as requested by the provider; 2) request additional information from the provider to clarify issues identified through the review of the XYZ packet; or 3) deny the rate requested and enter into a rate negotiation process with the provider. It is the goal of the SCA Administrator and Community Care to complete the entire negotiated rate setting process within 30 calendar days of receipt of the XYZ packet.
- Upon reaching consensus regarding the rate request, the SCA Administrator and Community Care will notify the provider in writing of their joint decision regarding the rate request. The written notification will confirm the rate and effective date of the rate change. The Provider should submit revised Fee for Service Worksheets from the County website (www.county.allegheny.pa.us/dhs/provider/providerinfo.html) to the Program Office to the attention of the Quality Assurance Coordinator. After review of the Fee for Service Worksheet it will be forwarded to the Contracts Department and Community Care will also send a contract amendment to the provider for HealthChoices and ALDA.

Appendix I

SCREENING FOR TUBERCULOSIS

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

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

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

- (1) Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high tuberculosis incidence areas (Asia, Africa, South American, Central America)?
- (2) Are you a recent immigrant (within the past 5 years) from a high tuberculosis risk foreign country (includes countries in Asia, Africa, South American, and Central America)?
- (3) Have you resided in any of these facilities in the past year? (*jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers*) * If residents of any of these facilities were tested in the last 3 months they don't need to be retested.
- (4) Have you had any close contact with someone diagnosed with tuberculosis?
- (5) Have you been homeless within the past year?
- (6) Have you ever been an injection drug user?
- (7) Do you or anyone in your household currently have the following symptoms such as a sustained cough for 2 or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?

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



TUBERCULOSIS SCREENING TOOL

It is the policy of the SCA that all subcontracted Treatment providers upon assessing any client will ask DDAP's 7 screening questions for Tuberculosis. Upon receiving any positive response to any of the questions the client will be informed that he is high risk for TB. The Treatment provider will offer a referral to the client to Allegheny County Health Department for testing.

YES	NO	SEVEN QUESTIONS
		Have you traveled extensively (more than 4 weeks) outside the U.S in the last five years to high tuberculosis incidence areas (Asia, Africa, South America- Central American).
		Are you a recent immigrant (within the past 5 years) from a high tuberculosis risk foreign country, (including countries in Asia, Africa, South America, and Central America)?
		Have you resided in any of these facilities in the past year? (<i>jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers</i>) * If resident of any of these facilities and was tested with the past 3 months they don't need to be retested.
		Have you had any close contact with someone diagnosed with tuberculosis?
		Have you been homeless within the past year?
		Have you ever been an injection drug user?
		Do you or anyone in your household, currently have the following symptoms, such as a sustained cough for two or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?"

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

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

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

Client Signature: _____ Date: _____

Witness signature: _____ Date: _____

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

Appendix J

CHARITABLE CHOICE

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

- A. All religious organizations under contract and providing drug and alcohol treatment will provide written notice to all clientele regarding their right to be referred to alternative treatment services;
- B. All religious organizations under contract and providing drug and alcohol treatment will make reasonable steps to make referrals to alternative treatment services when requested by their clientele;
- C. The client will be referred to a service in which he has no religious objection, (it need not be a secular organization, but merely one to which the client has no religious objection).
- D. Religious organization under contract shall provide notification of the referral to comparable or alternate service because of client's religious objection to the COUNTY within seven working days of the referral.

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

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

CHARITABLE CHOICE REFERRAL NOTIFICATION FORM

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

MARC CHERNA, DIRECTOR
DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH
BUREAU OF DRUG AND ALCOHOL SERVICES

HUMAN SERVICES BUILDING • ONE SMITHFIELD STREET • THIRD FLOOR • PITTSBURGH, PA 15222
PHONE (412) 350-3328 • TDD (412) 473-2017 • FAX (412) 350-3336

APPENDIX K

ADMISSION AND UTILIZATION

- SCA will ensure that all consumers seeking treatment are seen for an assessment within 7 days of the initial request for services. A LOC assessment and (PCPC) must be completed in its entirety to refer the client to the appropriate level of care. The only exception is when the client is in need of detox. Where the client must be admitted to detox within 24hours, the reason a client wasn't admitted must be documented. In the event that a client cannot be scheduled for an Assessment within the seven days due to client choice, it must be documented in the client's chart the reason an assessment was not performed and a new scheduled date for the assessment. In the event that a provider cannot schedule an assessment within the seven days the provider is required to find another provider able to perform the assessment within the seven day period. This must be noted in the clients chart. In the event the client is placed on a waiting list he/she will be contacted by provider staff where the initial request occurred once a week until an assessment has been completed by a provider. Documentation for each contact will be filed with the provider. SCA monitoring staff will perform random reviews to ensure compliance with this requirement. An Assessment will be valid for a six month period.
- To evaluate the clients' Non-Treatment Needs throughout the course of treatment, utilization of the Level of Case Management Determination Form or a comparable tool with the 12 Domains is required. Upon completion of the Level of Case Management Determination form and the assessor identifies need in six or more of the ISS domains, the client must be offered a referral to Diversified Care Management. However, if a client has needs in less than six domains but would still benefit from Case management, he or she may still be referred for Service Coordination services. If a client refuses referral to services all of the appropriate domains must be marked along with the reason client refused. This must be indicated in the section provided on the Level of Case Management Determination form. The provider will also indicate in the designated area on the LOCD form, when a client refuses, how the identified needs of the client will be appropriately addressed during treatment. It will be documented in the client chart that the client has been informed that he/she can request ICM services at any time regardless of their initial refusal. Upon requesting ICM services a new Level of Case Management Determination form will be completed and faxed to the ICM provider and the original kept in the clients chart at the provider. All documentation will have appropriate signatures and dates and placed in the client's record.
- To support promising approaches for addressing non- treatment needs the SCA requires all contracted treatment service providers review all non-treatments needs throughout the course of a client's treatment. This must be done during client clinical treatment plan reviews, discharge reviews and periodically until discharge and especially when client has demonstrated sufficient coping strategies towards a self-directed sustained recovery program. Each non-treatment need addressed must be documented in the client's clinical chart. Non-Treatment needs include: over all Physical Health, Mental Health, Living

Arrangement, Basic Needs, Transportation, Employment, Education, Family and Social issues, Legal Status, Life Skills, and Child care.

The SCA will monitor this area of concern utilizing the current monthly Resource Management Report that is submitted by each provider conducting assessments. This report, which records the number of consumers not seen within 7 business days, on a waiting list and will help identify trends.

- The SCA will contact providers in writing to determine the reason(s) for delayed assessments and where warranted will request written corrective action plan(s) to resolve this area of concern within 10 business days of the written notice from the SCA.
- It is the policy of the SCA that all In-County providers are required to have a mechanism in place that allows for screening to occur 24 hours a day 365 days a year.
- During annual and random on-site reviews of providers, D/A Program Representatives will be reviewing client charts to verify that non-treatment needs are being addressed satisfactorily.

APPENDIX L

CLIENT ACCESS AND ELIGIBILITY

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

Appendix M

PROVIDER PROFILE FORM

AGENCY NAME:			
Facility/License Number:		Capacity:	
ADDRESS:			
CITY, STATE & ZIP:			
PHONE:		FAX:	
CONTACT NAME:		OPERATING HOURS:	

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

CHECK Licensed Activity	ACTIVITY NAME	BUDGET
	51 Administration	
	52 Reserved	
	53 Evaluation and Research	
<input type="checkbox"/>	54 Special Projects-BDAP App	0
<input type="checkbox"/>	61 Information Dissemination	0
<input type="checkbox"/>	62 Education	0
<input type="checkbox"/>	63 Alternative Activities	0
<input type="checkbox"/>	64 Prob. Ident. & Referral	0
<input type="checkbox"/>	65 Community-Based Process	0
<input type="checkbox"/>	66 Environmental	0
	67 Other Prevention	
	71 Reserved	
<input type="checkbox"/>	Intervention-Group	0
	Intervention- Hotline	
	Intervention-Outreach	
<input type="checkbox"/>	82 A. Inpatient Non-Hospital Detoxification	0
<input type="checkbox"/>	82 B. Inpatient Non-Hospital Treatment & Rehab	0
<input type="checkbox"/>	82 C. Inpatient Non-Hospital Halfway House	0
<input type="checkbox"/>	83 A. Inpatient Hospital Detoxification	0
<input type="checkbox"/>	83 B. Inpatient Hospital Treatment & Rehab	0
<input type="checkbox"/>	85 Partial Hosp	0
<input type="checkbox"/>	86 A1. Outpatient-Drug Free	0
<input type="checkbox"/>	86 A2. Pharmacotherapy	0
<input type="checkbox"/>	86 B. Intensive Outpatient	0
<input type="checkbox"/>	87 A. Emergency Housing	0
<input type="checkbox"/>	87 B. Recovery Housing	0
<input type="checkbox"/>	87 C. Other-BDAP Approved	0
<input type="checkbox"/>	88 A. Case Management	0
<input type="checkbox"/>	88 B. Care Management	0
<input type="checkbox"/>	88 C. Recovery Support	0
<input type="checkbox"/>	88 D. Other-BDAP Approved	0
	TOTAL	0

Appendix N

Allegheny County Contracted Drug and Alcohol Prevention Provider Implementation Plan

Fiscal Year 2013/20114

General Instructions

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

All Contracted Drug and Alcohol Prevention Service Providers **must** complete and submit this form via email to your contract Supervisor.

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

Questions regarding the form should be directed to your OBH Drug and Alcohol Contract Monitor.

Form Specific Instructions

Review the community-level key issues identified in your Prevention Needs Assessment. Based on the influencing risk and protective factors, magnitude, changeability and capacity, choose the issues that will be addressed in your Community Implementation Plan as Community Targeted Goals. Community Targeted Goals should be finite at addressing attitudes, perceptions, and behaviors.

Establish Community Targeted Goals (Targeted Goals identify the specific, planned level of change/result to be achieved [e.g. defines who or what and where you expect to change as a result of your efforts]).

Community Targeted Goals utilize local data sources that will be used to establish a measurement.

Please provide the program and strategy implementation plans you will be using to impact your Community Targeted Goal. Please complete the chart attached to develop the implementation plans.

**Allegheny County Contracted
Drug and Alcohol Prevention Provider
Implementation Plan**

Fiscal Year 2013/2014

PROVIDER NAME			
TARGETED GOAL			
COUNTY WIDE TARGET			
TARGETED COMMUNITY NAME			
PERFORMANCE TARGET			
EVIDENCED BASE	STATE APPROVED EFFECTIVE	STATE APPROVED STRATEGIES	
LIST FEDERAL STRATEGIES (used for	LIST THE FUNDING SOURCE (ex. DDAP, SAMHSA)	LIST PRE/POST/FOLLOW-UP INSTRUMENT	
IOM POPULATION (Check ALL that Apply)	<input type="checkbox"/> UNIVERSAL	<input type="checkbox"/> SELECTIVE	<input type="checkbox"/> INDICATED
POPULATION CODES TO BE USED:			
SERVICE CODES			
SINGLE SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected
RECURRING SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected

**Drug and Alcohol Prevention Provider
Implementation Plan**

Fiscal Year 2013/2014

PROVIDER NAME			
TARGETED GOAL			
COUNTY WIDE TARGET			
TARGETED COMMUNITY NAME			
PERFORMANCE TARGET			
EVIDENCED BASE	STATE APPROVED EFFECTIVE	STATE APPROVED STRATEGIES	
LIST FEDERAL STRATEGIES (used for	LIST THE FUNDING SOURCE (ex. DDAP, SAMHSA)	LIST PRE/POST/FOLLOW-UP INSTRUMENT	
IOM POPULATION (Check ALL that Apply)	<input type="checkbox"/> UNIVERSAL	<input type="checkbox"/> SELECTIVE	<input type="checkbox"/> INDICATED
POPULATION CODES TO BE USED:			
SERVICE CODES			
SINGLE SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected
RECURRING SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected

**Allegheny County Contracted
Drug and Alcohol Prevention Provider
Implementation Plan**

Fiscal Year 2013/2014

PROVIDER NAME			
TARGETED GOAL			
COUNTY WIDE TARGET			
TARGETED COMMUNITY NAME			
PERFORMANCE TARGET			
EVIDENCED BASE	STATE APPROVED EFFECTIVE	STATE APPROVED STRATEGIES	
LIST FEDERAL STRATEGIES (used for	LIST THE FUNDING SOURCE (ex. DDAP, SAMHSA)	LIST PRE/POST/FOLLOW-UP INSTRUMENT	
IOM POPULATION (Check ALL that Apply)	<input type="checkbox"/> UNIVERSAL	<input type="checkbox"/> SELECTIVE	<input type="checkbox"/> INDICATED
POPULATION CODES TO BE USED:			
SERVICE CODES			
SINGLE SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected
RECURRING SERVICES			
Codes	Number of times the service is to be delivered	Number of people projected	Number of things projected