

**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**

FY 2018-2019

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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 forms or procedures that the CONTRACTOR 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, CONTRACTOR is required to comply with the Terms and Conditions of additional contract specifications manuals, including but not limited to:

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

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

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

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

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 CONTRACTOR with the contract. If the CONTRACTOR does not agree with the content of the Work statement, the CONTRACTOR shall notify the SCA, in writing prior, to signing the agreement and shall work with the SCA to reach a mutual understanding of the services to be rendered.

PROVIDER PROFILE FORM AND INSTRUCTIONS:

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

OBH has created a **Provider Profile Form** which is included as **Appendix M** 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 & Alcohol Administrator, Maisha Howze at Maisha.Howze@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 Drug and Alcohol Program Representative if you have questions about the Provider Profile Form.

CHAPTER 2: CONTRACTOR CONDITIONS

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

- A. Definitions:** The following definitions shall apply throughout this manual.
- “Act” refers, as applicable, to the “Pennsylvania Drug and Alcohol Abuse Act”.
 - “Regulations” refers, as applicable, to Regulations promulgated under the Act by the Department of Health, Department of Drug and Alcohol Programs (DDAP), and Allegheny County’s Department of Human Services.
 - “Patient,” “Resident,” “Client,” “Consumer”, “Individual”, and “Subject”, refers to persons counseled, treated or rehabilitated, including all persons formerly counseled, treated or rehabilitated.
- B. Compliance Requirements**
- During the period of the AGREEMENT, which incorporates this manual, the following conditions shall prevail:
- CONTRACTOR shall comply with and fulfill, in a timely and proper manner, its obligations under the AGREEMENT in accordance with the provisions of all federal, state and local laws, as amended, and all regulations promulgated thereunder, which are hereby incorporated into this AGREEMENT by reference. CONTRACTOR does hereby agree to provide promptly on the execution of this AGREEMENT a full and complete copy of the by-laws of the Provider Corporation, certified to be true and correct, by the Secretary or Assistant Secretary. CONTRACTOR further agrees to promptly provide a certified copy of any changes in the by-laws, which may be adopted by the Corporation during the term of this agreement.
 - CONTRACTOR shall supply COUNTY and DDAP with such consumer and service information as shall be duly required by COUNTY for the purpose of management, accountability, and compliance with State and Federal reporting mandates; provided that COUNTY’S requests are in conformity with applicable laws on consumer confidentiality and include appropriate technical specifications as to the manner(s) and mode(s) in which information will be accepted. CONTRACTOR may utilize outside consultants and vendors in designing and operating its management information system, but SERVICE PROVIDER’S obligation to COUNTY is not transferable to any other party. Significant and/or persistent failure to supply requested information shall result in financial penalties or other sanctions unless waived by the Director.

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:

- 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.
- Make cash payments to intended recipients of health services;
- Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling if provided for in the line item budget of this agreement) any building or other facility, or purchase major medical equipment. (No minor equipment may be purchased unless the line item budget specifically provides for such purchase);
- Satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of Federal funds;
- Provide financial assistance to any entity other than a public or non-profit private entity; or
- Provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines in writing that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS. (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

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

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

In accordance with Federal Regulation 45 C.F.R. 96.131(a), CONTRACTORS who serve women and who receive SAPT Block Grant funds

shall provide preference to pregnant women. A CONTRACTOR who serves an injecting drug abuse population and who receives SAPT Block Grant funds shall give preference to treatment as follows:

1. Pregnant injecting drug users;
2. Pregnant substance abusers;
3. Injecting drug users;
4. Overdose survivors; and
5. Veterans

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

- CONTRACTOR shall notify COUNTY if it has insufficient capacity to provide treatment services to any pregnant women who seeks services.
- CONTRACTOR assures that it shall adhere to the following service and funding principles during the term of this AGREEMENT for Primary Prevention and Intervention/Treatment services financed with SAPT Block Grant funds:

1. CONTRACTOR shall not reallocate Federal SAPT Block Grant funds between Primary Prevention and Treatment.
 2. If CONTRACTOR receives Federal SAPT Block Grant funds, it shall make available continuing education in such services to employees.
- All CONTRACTORS 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 (Maisha.Howze@alleghenycounty.us) that they are at 90% capacity and what level of care is affected by Friday noon of each week. Subsequently, when your capacity becomes fewer than 90% capacity you should notify the SCA by Friday noon of each week.

Pregnant Women

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

- Screen for emergent care needs. If emergent care needs are identified, a referral must be made to the appropriate service. If no emergent, care needs are identified and an assessment is necessary then;
- Conduct a level of care assessment to determine the need for treatment. If treatment is indicated then;
- Refer the woman to a treatment provider that has the capacity to provide treatment services to the woman 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.
- CONTRACTORS will report to the SCA on a monthly basis the number of Interim Referrals they have received and other pertinent data requested by the SCA.
- Quality Assurance Coordinator or his / her designee will review the tracking data and Resource Management Report on a monthly basis to track the number of clients on the waiting list and status of clients offered Interim Services.

Women with Children

- In accordance with Federal regulation 45 C.F.R. 96.124(e) COUNTY shall ensure that, at a minimum, treatment programs receiving Federal 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.

Overdose Survivor

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. Specific examples may be seen in the ICD-10 diagnosis codes for substance overdose or poisoning.

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

1. Develop and maintain a current provider listing of contact information pertaining to provider location (s) doing drug and alcohol screening, assessment, and treatment.
2. Distribute the provider listing to all emergency rooms, urgent care facilities, and other primary referral sources within the agency's geographic area.
3. Document annually that the contact listing has been reviewed and revised as needed.
4. Redistribute the listing to the aforementioned referral sources as any revisions are made.

In addition, CONTRACTORS must develop procedures to:

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

VETERANS

REQUIREMENTS

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

1. Provide the full continuum of treatment services to veterans;
2. Conduct screening and assessment services;
3. Utilize the PCPC to determine the appropriate level of care;
4. Make a referral to treatment; and
5. Provide additional case management services as appropriate.

REFERRALS TO VA FACILITY

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

E. Pro-Children Act of 1994

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

F. Tuberculosis Services

CONTRACTOR receives federal block grant funds shall:

- 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.
- Refer individuals in need of such treatment who are turned away due to lack of capacity to another provider of TB services and report the lack of capacity to COUNTY;

- Implement infection control procedures that are designed to prevent the transmission of tuberculosis. Such procedures shall include, at a minimum, the following:
 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.
- Provide for or refer individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment;
- Provide Directly Observed Preventive Therapy (DOPT), if called upon by the local Health Authority to do so. DOPT involves observing the self-administration of medication by a designee of the local Health Authority to the non-infectious patient. The intent of DOPT is to ease the patient's burden of pill taking while insuring its administration; and conduct activities to ensure that individuals receive such services.
- It is the policy of the SCA that all subcontracted Treatment providers upon assessing any client will ask DDAP's 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.
- The Treatment provider will offer a referral to the client to Allegheny County Health Department for testing. The treatment provider will get the appropriate release for follow-up purpose. See Appendix I for form.
- CONTRACTOR shall ensure for the provision of:
 1. Coordinating the testing of clients from federally funded facilities with the Department of Health's nurses or providers;
 2. Monitoring and reporting the delivery of testing through the Department's Client Information System (CIS);
 3. Identifying compliance problems and corrective actions to be taken to address those problems; and
 4. Assuring that programs that lack capacity are referring individuals to another provider.
 5. 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.

G. Pennsylvania Client Placement Criteria (PCPC)

- CONTRACTOR 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-PPII)

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. CONTRACTOR staffs, 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 CONTRACTOR staff have been trained, by a DDAP approved trainer, in the use of the PCPC or ASAM-PPC II.

- CONTRACTOR shall use the PCPC Summary Sheet to record and exchange client information necessary for the utilization of the criteria in making placement determinations. CONTRACTOR 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.
- CONTRACTOR shall implement and use the PCPC Summary Sheet for the exchange of client information necessary to obtain authorization and to conduct continuing stay reviews.

H. Confidentiality

CONTRACTOR agrees that persons diagnosed, counseled, treated and rehabilitated, including all persons formerly diagnosed, counseled, treated and rehabilitated for drug and alcohol abuse and dependence, shall be protected from disclosure of their names, identities, patient records and the information contained therein, except as disclosure is permitted by law. To assure confidentiality of client information, CONTRACTOR shall make adequate provision for system security and protection of individual privacy which includes the establishment of policies and procedures as required by the SCA Contract Specifications Manual and any subsequent revision. CONTRACTOR and others subject to the confidentiality requirements of 71 P.S. Section 1690.108, 42 U.S.C. Section 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 CONTRACTOR shall stipulate that all appropriate treatment staff receives six hours of DDAP approved confidentiality training within 365 days of hire. Appropriate staff is to include project directors, facility directors, clinical supervisors, counselors and counselor assistants. COUNTY shall monitor the training requirements of all SERVICE PROVIDER'S no less than once each state fiscal year.

I. Environmental Impact

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

J. Adherence to Special Conditions

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

K. Collection of Liability and Other Revenue

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

1. COUNTY and CONTRACTOR shall ensure that funds received under this AGREEMENT are not utilized to pay for any item or service to the extent that payment has been made or can reasonably expect to be made with respect to that item or service through third party income. Third party income resulting from the provision of services under this AGREEMENT shall be applied against the approved cost or charge of such services rendered during that same period in order to reduce the amount of reimbursement due from DDAP or the COUNTY. Such application shall be reported to the COUNTY with the provider monthly billing. Examples of such third party income include, but are not limited to, medical assistance reimbursements, client fees, insurance reimbursements, training fees, and food stamp redemptions. Records of receipt and disposition of fees shall be maintained in accordance with this AGREEMENT.
2. CONTRACTOR 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. CONTRACTOR 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 CONTRACTOR and may be performed in accordance with the 4305 Consumer Liability Community Services Regulations. The abatement of consumer liability shall be initiated by SERVICE PROVIDER; provided that the final resolution of the abatement of consumer liability shall be the responsibility of the Director of the Department of Human Services.

L. Personnel Action Plan

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

M. Grievance and Appeal

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

N. Citizen Participation

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

O. Monitoring

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

1. CONTRACTOR shall be bound to comply with such reviews of all aspects of their respective programs and services as are required by all appropriate Federal, State and County authorities. These reviews include, but are not limited to, the annual monitoring required by DDAP.
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 CONTRACTOR and any guidelines issued by the Department of Health, DDAP addressing monitoring requirements. All information requested on forms contained within the subcontractor contracts must be complete. Work statements and work statement appendix must contain detailed financial and programmatic information.

P. 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.

Q. Changes to the Services

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

R. Consumer Satisfaction

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

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

S. Generic Drugs

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

T. 3.07 FIXED ASSET MANAGEMENT GUIDELINES

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

General Provisions

1. 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.

2. The SCA or subcontractor shall obtain prior written approval from the DDAP or the SCA for all fixed assets purchased with funding under an Agreement with the DDAP or the SCA when the total cost per SFY of such property exceeds \$40,000 or two percent (2%) of the SCA or subcontractor's total annual budget of state and federal funds (for the SCA budget-reference Page 1, Column 7 of Appendix C of the SCA Agreement) whichever is less. The SCA or subcontractor must also obtain prior written approval for all vehicle purchases, and capital improvements and purchases. The cost of such assets shall be allowable only when included within an approved agreement budget document.
3. 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.

4. 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.

5. 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.
6. 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.
7. 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.
8. 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.

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

Provisions Specific to the SCA

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

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

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

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

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

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

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

COMMONWEALTH TRAVEL AND 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.

Other Federal Funds

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

Covenant Against Contingent Fees

CONTRACTOR warrants that no person or selling agency has been employed or retained to solicit or secure this AGREEMENT upon an agreement or understanding for a commission, percentage, brokerage or contingent fee (excepting bona fide employees or bona fide established commercial selling agencies maintained by CONTRACTOR for the purpose of securing business). For breach or violation of this warrant, the Commonwealth shall have the right to annul this AGREEMENT without liability or, in its discretion, to deduct from the consideration otherwise due under this AGREEMENT, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

Data, Copyrights and Disclosure

- Definition: the term “data” as used herein, includes, but is not necessarily limited to written reports and analyses, diagrams, maps, system designs, computer programs, flow charts, punched card decks, magnetic tapes, diskettes, drawings, studies, manuals, brochures, advertisements and work of any similar nature which is required to be performed under this

AGREEMENT. It does not include CONTRACTOR'S financial reports or other information incidental to AGREEMENT administration.

- Rights in Data: Data submitted to and accepted by DDAP under this AGREEMENT shall be the property of DDAP, and it shall have full right to use such data for any official purpose in whatever manner deemed desirable and appropriate. Such use shall be without any additional payment to or approval by the CONTRACTOR.
- Data Collection: All data collected under this AGREEMENT (computer tapes, programs and other software developed, and other documentation) shall become the property of DDAP at the close of the contract period.
- Forms Approval: All forms, questionnaires, survey instruments, etc., developed under this AGREEMENT shall be subject to prior written approval by DDAP.
- Data Processing: All computer programs, tapes, and software developed under this AGREEMENT, and any data or information provided to DDAP by diskette or electronic means, shall be compatible with DDAP computer systems. Specifications, if not included elsewhere in the AGREEMENT, may be obtained from the COUNTY.

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

- Defense of Infringement Claim: CONTRACTOR shall defend any suit or proceedings brought against the Commonwealth, including DDAP, or their officials or employees, on account of any alleged infringement of any copyright arising out of the performance of this AGREEMENT, including any suit or proceeding relating to all work, services, materials, reports, studies and computer programs provided by the CONTRACTOR; PROVIDED, nevertheless, that the Commonwealth shall provide prompt notification in writing of such suit or proceedings, together with full right, authorization and opportunity to conduct the defense thereof, and full information and all reasonable cooperation for the defense of the same. If principles of governmental or public law are involved, the Commonwealth may participate in the defense of any such action. CONTRACTOR shall pay all damages and costs awarded therein against the Commonwealth. If information and assistance are furnished by the Commonwealth at CONTRACTOR'S written request, it shall be at CONTRACTOR'S expense, but the responsibility for such expense shall be only that within CONTRACTOR'S written request. If any of the data, materials, reports, studies or computer programs provided by the CONTRACTOR are held to constitute infringement, and the use of publication thereof is enjoined in such suit or proceeding, CONTRACTOR shall, at its own expense and at its option, either procure the right to publish or continue use of such infringing data, materials, reports, studies or

computer programs, replace them with non-infringing items, or so modify them so that they are no longer infringing. If after a reasonable time and good faith effort, CONTRACTOR is unable to comply with the requirements of the immediately preceding sentence, CONTRACTOR shall return to DDAP that portion of contract funds expended by CONTRACTOR in relation to the infringing item. The obligations of CONTRACTOR under this paragraph continue without time limit.

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

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

Equal Employment Opportunity

- Contractor shall not discriminate against any employee, applicant for employment, independent contractor or any other person because of race, color, religious creed, ancestry, national origin, age, or sex. Contractor shall take affirmative action to 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.

- Contractor shall, in advertisements or requests for employment placed by it or on its behalf, state that all qualified applicants will receive consideration for employment without regard to race, color, religious creed, ancestry, national origin, age, or sex.
Contractor shall send each labor union or workers' representative with which it has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or workers' representative of its commitment to this nondiscrimination clause. Similar notice shall be sent to every other source of recruitment regularly utilized by Contractor.
- It shall be no defense to a finding of noncompliance with this nondiscrimination clause that Contractor had delegated some of its employment practices to any union, training program, or other source of recruitment, which prevents it from meeting its obligations. However, if the evidence indicates that the Contractor was not on notice of the third-party discrimination or made a good faith effort to correct it, such factor shall be considered in mitigation in determining appropriate sanction.
- Where the practices of a union or training program or other source of recruitment will result in the exclusion of minority group persons, so that Contractor will be unable to meet its obligations under this nondiscrimination clause, Contractor shall then employ and fill vacancies through other nondiscriminatory employment procedures.
- Contractor shall comply with all State and Federal laws prohibiting discrimination in hiring or employment opportunities. In the event of Contractor's noncompliance with the nondiscrimination clause of this Agreement or with any such laws, this Agreement may be terminated or suspended, in whole or in part, and Contractor may be declared temporarily ineligible for further Commonwealth contracts, and other sanctions may be imposed and remedies invoked.
- Contractor shall furnish all necessary employment documents and records to, and permit access to its books, records, and accounts by, the Department and the Office of Administration, Bureau of Affirmative Action, for purposes of investigation to ascertain compliance with the provisions of this clause. If Contractor does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the Department or the Bureau of Affirmative Action.
- Contractor shall actively recruit minority sub-contractors or sub-contractors with substantial minority representation among their employees.
- Contractor obligations under this clause are limited to the Contractor's facilities within Pennsylvania, or where the contract is for purchase of goods manufactured outside of Pennsylvania, the facilities at which such goods are actually produced.
- In addition to the stipulation to comply with all DDAP manuals as cited in the introduction of this manual, CONTRACTOR specifically stipulates they shall comply with the following quoted provisions of the DDAP Fiscal Manual:

- **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.

- 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.
- 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.

PART NINE: AUDITS

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.

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

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

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.

9.04 SUBMISSION OF AUDIT INFORMATION

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

FEDERAL MANDATED AUDIT

The audit report package should include the following:

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

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

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

DEPARTMENT MANDATED AUDIT

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

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

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

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****.

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

SCA Responsibilities

SCA Audit

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

Procedure for SCA Audit

The SCA (or the assigned county agency) is responsible for obtaining the necessary audit. A federally mandated audit is required if the SCA expended \$500,000 or more in federal funds. A Department mandated audit is required if the SCA expended less than \$500,000 in federal funds but expended \$300,000 or more in state funds.

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

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

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.

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.

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.

9.06 GENERAL AUDIT PROVISIONS

Auditor Selection

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

Questioned Costs

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

Additional Audits

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

Records Retention

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

This information is applicable to the SCA only.

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

Public Health and Human Services Comptroller
Facility Payments and Vendor Resolution
Second Floor, West Wing
Health and Welfare Building
Harrisburg, PA 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
Human Services Building
One Smithfield Street
Pittsburgh Pa. 15222**

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

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

GRIEVANCE AND APPEAL REPORTING FORM

SCA: _____

Level: _____

Issue: _____

Date: _____

Client ID #: _____

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

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

Grievance Resolved: Yes () No ()

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

Appendix D

EMERGENT CARE SCREENING POLICY

- 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 Resolve Crisis Network at **1-888-7-YOU CAN**
 - For clients with emergent prenatal or perinatal needs contact Magee Women's Hospital referral services office at **1-866-My Magee** or
 - 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 within 24hours.
- If the client is not in need of emergent care, a LOC assessment must be completed within seven days from the date of initial contact. If this time frame is not met, the reason must be documented.
- The Program Representatives will incorporate this vital area of concern into their monitoring site visits to ensure compliance.

Appendix E

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

(Revised March 2016)

Type of screening: Telephone Face to face Screener Name: _____ Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

DOB: _____ SS#: _____ Funding: _____

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

Do you have Veteran Benefits? Y N

Referral Source: _____

Date of Initial Appointment (LOC): _____

If initial appointment is beyond 7 days please document reason:

D & A:

- What are you currently using? _____
- Date of last use? _____
- Have you ever injected drugs? Y N If yes, when? _____
- Are you having symptoms of withdrawal? Y N
Are you experiencing any of the following?
 Uncontrollable shaking Hallucinations Seizures Nausea/Vomiting Severe cramps
 Other: (specify): _____
- Have you recently been treated by medical personnel for an overdose? Y N
If so, When? _____

Psychiatric Care:

- Do you have a psychiatric diagnosis? Y N (If so what is the diagnosis: _____)
- Are you having current thoughts of harming yourself or others? Y N (If yes, follow up is required)
- Have you ever received mental health services? Y N
If yes, most recent? _____
 Inpatient Outpatient
Are you currently prescribed any medications? _____

(IF MALE SKIP THIS BOX (PLEASE CHECK HERE ____))

Prenatal/Perinatal Care:

- Are you pregnant? ____Y ____N ____Unknown
- Are you receiving prenatal care? ____Y ____N

- Have you given birth in the last 28 days? ____Y ____N
- Are you experiencing any complications that you may feel may require emergency Care? ____Y ____N

Is there a need for a referral for emergent care services? ____Y ____N

If so please provide details: _____

Emergent care referral location: _____

Was direct contact with emergency referral made? ____Y ____N If so please explain:

Appendix F

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

<p style="text-align: center;">Hill District Center for Nurturing Families 1801 Centre Ave., Ste. #200 Pittsburgh, PA 15219-4010</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Doreen Glover Telephone: 412-683-7517 Email: JJordonefamilyresourcesofpa.org</p> <p>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.</p>	<p style="text-align: center;"><u>YWCA of Greater Pittsburgh</u> 305 Wood Street Pittsburgh, PA 15222</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Karen Wapkins Telephone: 412-391-5100 Fax: 412-391-5109 Web:http://www.ywcapgh.org</p> <p>Offers individual and crisis counseling and support, information and referral, employment readiness, training, placement and follow up, legal counseling and legal resources, personal development programs, career programs, health education, health and wellness, aquatics, ENCORE, children's fitness and swim classes, and leadership training.</p>	<p style="text-align: center;"><u>Focus on Renewal/Neighborhood Corporation</u> 420 Chartiers Ave. McKees Rocks, PA 15136</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Cindy Haines Telephone: 412-331-1685 Fax: 412-771-4150 Email: info@forstorox.org</p> <p>Goals include the reduction of environmentally caused delays in Sto-Rox preschools and to promote nonviolence in the lives of all children and their families. Program offers preschool, play groups, parent groups, summer day camp, recreation and social activities, community celebrations, counseling, outreach and service linkages.</p>
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Lydia's Place (an affiliate of Renewal, Inc.)

700 Fifth Avenue, 4th Floor
Pittsburgh, PA 15219

Program Contact: Ngina Thompson

Telephone: 412-246-2784

Fax: 412-697-1238

Web: www.renewalinc.com

Lydia's Place is a non-profit agency that helps male and female offenders and their children in Allegheny County, PA rebuild their lives. Lydia's Place works to: help incarcerated and recently released men and women in Allegheny County address their addictions and become stable, productive members of society, help children and their caregivers cope with the traumatic separation from a parent, strengthen relationships between incarcerated fathers and mothers and their children, assist parents as they make permanency decisions for their children, promote policy changes that better address the needs of incarcerated men and women and the children of prisoners.

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: wfsc1994@gmail.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-Women's Hospital of UPMC**Health System**

300 Halket St
Pittsburgh, PA 15213

1-866-MyMagee(696-2433)

Main Hospital Operator: 412-641-1000

To find a physician or schedule an appointment: 1-866-MyMagee

Fax: 412-641-1151

Web: <http://www.upmc.com/magee>

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



**Allegheny County Health Department
HIV/STD Clinic
1908 Wylie Ave, 1st Floor
Pittsburgh, PA 15219**

PROGRAM CONTACT

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

Fax: 412-578-8300 (immunization clinic)

Fax: 412-578-8300

<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-Women's Hospital of UPMC Health
System
1630 Arlington Avenue
Pittsburgh, PA 15210**

PROGRAM CONTACT

Contact: Melissa Young

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

Fax: 412-488-3890

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;">American Respiratory Alliance of W. Pa 201 Smith Dr. Ste. E Cranberry Twp., PA 16066 Telephone: 724-772-1750 Fax: 724-772-1180</p> <p>Email: mdrevna@breathePA.org Web: http://www.breathePA.org</p> <p>Provides services for the prevention, education and control of lung diseases including asthma, tuberculosis, influenza and pneumonia. Among the programs and services are: Childhood asthma camps (Camp Breathe E-Z and Camp Huff and Puff) and other programs, such as, self-help and clinic smoking cessation programs including the 21-Day Personal Reduction Program & 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.</p>	<p style="text-align: center;">Primary Care Health Services 7227 Hamilton Avenue Pittsburgh, PA 15208 Telephone: 412-244-4700 Dollar Energy Screening Fax: 412-244-7797 Fax: 412-244-4992</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing, education and counseling, adult medicine, physical exams and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education. TB/HIV testing and education to community groups. Provides pre-natal care and referral.</p>	<p style="text-align: center;">Alma Illery Medical Center 7227 Hamilton Avenue Pittsburgh, PA 15208 Telephone: 412-244-4700</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB/HIV testing and education to community groups. Provides prenatal care and referral. Acts as a screening agency for</p> <p style="text-align: center;">Dollar Energy Fund BIG BLUE MOBILE VAN</p>
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Women Choice Network
4615 Fifth Ave.
Pittsburgh, PA 15213

PROGRAM CONTACT

Contact: Gloria Hale
 Telephone: 412-687-7767
 Administrative: 724-935-0130
 Fax: 412-687-1889
 Email: pccoak@nauticom.net
 Web: <http://www.imissedmyperiod.com>

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

Pittsburgh Women's Care Clinic
101 Drake Road, Ste. A
Pittsburgh, PA 15241

PROGRAM CONTACT

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

<p>Primary Care Health Services, Inc ALMA ILLERY MEDICAL CENTER 7227 Hamilton Ave Pittsburgh, PA 15208 Telephone: 412-244-4700</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, minor surgery, complete X-rays, EKGs, laboratory services, TB/HIV testing and counseling, adult medicine, physical exams, and pediatric services, including early screening and immunizations, complete dental services, mental health services, including psychiatric and psychological services, pharmacy, social services, health education, and transportation in selected cases. Teen Pregnancy Prevention Program provides sexuality education, TB / HIV testing and education to community groups. Provides pre-natal care and referral. Acts as a screening agency for Dollar Energy Fund.</p>	<p>Primary Care Health Services, Inc BRADDOCK HEALTH CENTER 404 Braddock Ave. Braddock, PA 15104-1804 Telephone: 412-351-6300</p> <p>Pregnancy testing, family planning, and referral obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, social services, and mental health services.</p>	<p>Primary Care Health Services, Inc MCKEESPORT FAMILY HEALTH CENTER 627 Lysle Blvd. McKeesport, PA 15132 Medical & Dental Telephone: 412-664-4112</p> <p>Pregnancy testing, family planning, and referral obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, social services, and mental health services.</p>
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Primary Care Health Services, Inc
BRADDOCK FAMILY HEALTH CENTER
 404 Braddock Ave.
 Pittsburgh, PA 15104
 412-351-6400

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

Primary Care Health Services, Inc
EAST END COMMUNITY HEALTH
CTR.
 117 N Negley Ave
 Pittsburgh, PA 15206-1515
 Telephone: 412-404-4000

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

Primary Care Health Services, Inc
HAZELWOOD HEALTH CENTER
 4918 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.



**Primary Care Health Services, Inc
HILL HOUSE HEALTH CENTER**
1835 Centre Ave.

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

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



**March of Dimes, Birth Defects
Foundation**

**300 Cedar Ridge Drive
Pittsburgh, PA 15205**

Telephone: 412-505-2200
Fax: 412-505-2209

Email: askus@marchofdimes.org
Web: <http://www.marchofdimes.org>

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

**Primary Care Health Services, Inc
WILKINSBURG FAMILY HEALTH CENTER**
807 Wallace Avenue
Pittsburgh, PA 15221-2312
Telephone: 247-5216

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

<p>Primary Care Health Services, Inc STEEL VALLEY HEALTH CENTER 1800 West Street, Ste. 110 Homestead, PA 15120-2578 Telephone: 412-461-3863</p> <p>Pregnancy testing, obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, mental health services, pharmacy, and social services</p>	<p><u>Children's Hospital of Pittsburgh</u> <u>Child Development Unit</u> 4401 Penn Ave Pittsburgh, PA 15224</p> <p>Telephone: 412-692-5560 Appointments: 412-692-5589 Fax: 412-692-5679</p> <p>Offers diagnostic, consultative, and select therapeutic services to infants, preschoolers, and children with developmental and/or behavioral problems and their families. Programs evaluate the impact of medical disorders on a child's development including: autism, fragile X syndrome, fetal alcohol syndrome, chronic illness pre-maturity, prenatal drug exposure, seizure disorder, and various genetic conditions. The CDU also provides assessment of children with school related problems. Select developmental assessments are offered at Children's Hospital of Pittsburgh. North, South, and East satellites</p>	<p>Primary Care Health Services, Inc WEST END HEALTH CENTER 415 Neptune Street Pittsburgh, PA 15220-5541 Telephone: 412-921-7200</p> <p>Pregnancy testing, family planning, obstetrics, podiatry, EKGs, laboratory services, adult medicine, physical exams, pediatrics, including early screening and immunizations, complete dental services, mental health services, pharmacy, and social services.</p>
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Gender Specific Treatment

<p style="text-align: center;">POWER Connection 7501 Penn Ave, Ste. 8 Pittsburgh, PA 15208-2560</p> <p style="text-align: center;">PROGRAM CONTACT: Lori Abbot, Program Manager Telephone: 412-243-7535 Fax: 412-243-8711 Email: connection@power-recovery.com Website: www.power-recovery.com</p> <p>Assists women who are willing to look at how their use of alcohol and other drugs is affecting their lives and their children. Strives to help women become free from chemical dependency, establish natural support systems to maintain a clean and sober lifestyle and preserve the integrity of their families. Provides comprehensive assessment, intervention & referral to treatment, mentoring, relapse prevention, collaboration with other providers, resource coordination, follow up and consultation.</p>	<p style="text-align: center;">Sojourner House, Inc. 5460 Penn Ave Pittsburgh, PA 15206-3455</p> <p style="text-align: center;">PROGRAM CONTACT Telephone: 412-441-7783 Fax: 412-441-3409 Web: http://www.sojournerhousepa.org Email: soho@sojournerhousepa.org</p> <p>An interdenominational faith-based licensed "women with children" residential rehabilitation program for addicted mothers. Offers: 24-hour staff, individual counseling, group therapy, life skills education, spirituality groups and parenting classes. The capacity of the program is 14 women and their children (up to three children under age 12, per mother). On-site child-care center for infants. Elementary school age children receive after school tutoring, recreation and drug/alcohol prevention activities.</p>	<p style="text-align: center;">POWER New Day 7501 Penn Ave, Ste. 8 Pittsburgh, PA 15208</p> <p style="text-align: center;">Telephone: 412-243-8755 Fax: 412-243-8758 Email: info@power-recovery.com Website: www.power-recovery.com</p> <p>A woman may participate in weekly individual outpatient addiction treatment or intensive day treatment. Day treatment is four-five day/week participation and includes individual and group therapy, life skills and parenting education, personal violence support groups, music therapy, and relapse prevention. Child care is provided for participants in the day program.</p>
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Center for Family Excellence, Inc.
409 Dinwiddie Street
Pittsburgh, PA 15219-3367

PROGRAM CONTACT
 Contact: Dr. Lenall Thomas
 Telephone: 412-232-0322
 Fax: 412-232-0331
 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 and females every other week. At least twice a year, the Male Coalition runs a ten-week anger management class for adult males.



Salvation Army, Pittsburgh
865 West North Ave.
Pittsburgh, PA 15233

PROGRAM CONTACT
 Contact: Scott Lewis
 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 style="text-align: center;">Center for Victims of Violence and Crime 3433 E. Carson St., Ste. 300 Pittsburgh PA 15203</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Stephanie Walsh Telephone: 24-hour Hotline: 412-392-8582 Administration: 412-482-3240 Fax: 412-482-3241 Email: information@centerforvictims.org Web: http://www.centerforvictims.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 style="text-align: center;">Children's Hospital of Pittsburgh 4401 Penn Avenue Pittsburgh, PA 15224</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Jamie Mesar Telephone: Child Advocacy Center: 412-692-8664 Intake: 412-692-8747 Arch Clinic: 412-692-8662 Fax 412-692-8399</p> <p style="text-align: center;">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 style="text-align: center;">Pittsburgh Action Against Rape 81 S 19th St Pittsburgh, PA 15203-1852</p> <p style="text-align: center;">PROGRAM CONTACT Contact: Julie Evans 412-431-5665 x 153 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 style="text-align: center;">Crisis intervention and counseling to adult and child victims of sexual assault through a hotline and 24-hour advocacy system including emergency medical (hospital) and legal accompaniment. Counsels individuals, families, and groups, including art therapy and play therapy for children. Provides educational and training programs to schools, community, and professionals. Offers films, literature, publications, speakers, and training/consultation.</p>
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Family Therapy

<p>Gateway Rehabilitation Center 1215 Seventh Avenue Suite 213, 2nd floor Beaver Falls, PA 15122</p> <p>PROGRAM CONTACT Contact: John D. Massella, Ph.D. Phone: 724-846-6145 Fax: 724-846-4351</p> <p>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.</p>	<p>Pittsburgh Pastoral Institute 6324 Marchand Street Pittsburgh, PA 15206</p> <p>PROGRAM CONTACT Contact: Rachel Becker Telephone: Intake: 412-661-1239 x 216 Toll Free: 877-661-9623 Fax: 412-661-1304 Web: www.ppi-online.org or www.ppicounseling.org</p> <p>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.</p>	<p>Holy Family Institute Family Focus Program 1789 S. Braddock Ave., Ste. 570 Pittsburgh, PA 15218</p> <p>PROGRAM CONTACT Contact: Ne'cole Olson Telephone: 412-361-2570 Dollar Energy Fund: 412-361-2583 Duquesne Light Universal Services: 412-361-2583 Fax: 412-361-2599 Email: olson.necole@hfi-Pittsburgh.org Web: http://www.hfi-pgh.org</p> <p>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.</p>
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Nutrition Education

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



**Allegheny County Health Department
FAMILY HEALTH CLINIC
3333 Forbes Ave.
Pittsburgh, PA 15213**

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.

**Allies for Health and Wellbeing
5913 Penn Avenue, Second Floor
Pittsburgh, PA 15206**

Telephone: 412-345-7456

Fax: 412-345-7457

Email: info@alliespgh.org

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

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

Travelers Aid

<p style="text-align: center;">Mobile Moms Program Travelers Aid Society of Pittsburgh 103 Smithfield Street Pittsburgh, PA 15222</p> <p style="text-align: center;">PROGRAM CONTACT: Ryan Capra Telephone: 412-281-5474 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. 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 style="text-align: center;">Trips for Tots Travelers Aid Society of Pittsburgh 103 Smithfield Street Pittsburgh, PA 15222</p> <p style="text-align: center;">PROGRAM CONTACT: Ryan Capra 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> <div style="text-align: center;">  </div>	<p style="text-align: center;">Travelers Aid Society of Pittsburgh 103 Smithfield Street Pittsburgh, PA 15222</p> <p style="text-align: center;">PROGRAM CONTACT Ryan Capra 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. 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
Telephone: 412-361-5549
Fax: 412-361-0151
Email: eecm@eecm.org
Web: <http://www.eecm.org>

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



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

2/21/07

Counseling on the Effects of Drug & Alcohol on the Fetus

Primary Care Health Services, Inc
ALMA ILLERY MEDICAL CENTER
 7227 Hamilton Ave
 Pittsburgh, PA 15208
 Telephone: 412-244-4700

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



Magee-Women's Hospital of UPMC Health System
 300 Halket St
 Pittsburgh, PA 15213
 1-866-MyMagee (696-2433)

Healthy Connection Outreach/Education Program:
 Ebony Hughes: 412-641-1047
 Diana Cheaverini: 412-641-4482
 Fax: 412-641-1151
 Web: <http://www.upmc.com/magee>

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

APPENDIX G

PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL



HEALTH CARE COMPLAINT FORM

TOM CORBETT
ATTORNEY GENERAL

www.attorneygeneral.gov

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.

Level of Care	County MPER String	Code	Modifier	Unit Type	Unit Rate
Case/Care Management	Treatment Related Case/Care Management Case Management Services	T1017	HF	15 minutes	\$12.00
Case/Care Management	Treatment Related Case/Care Management Level of Care Assessment	H0001		Service Unit	\$22.83
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Low to Moderate Established Patient 15 minutes	99213	HF	Service Unit	\$109.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Low to Moderate New Patient 20 minutes	99202	HF	Service Unit	\$109.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Minimal Established Patient 5 minutes	99211	HF	Service Unit	\$55.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Minor Established Patient 10 minutes	99212	HF	Service Unit	\$80.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Minor New Patient 10 minutes	99201	HF	Service Unit	\$78.50
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Moderate to High Established Patient 25 minutes	99214	HF	Service Unit	\$157.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Moderate to High Established Patient 40 minutes	99215	HF	Service Unit	\$209.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Moderate to High New Patient 45 minutes	99204	HF	Service Unit	\$209.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Moderate to High New Patient 60 minutes	99206	HF	Service Unit	\$262.00
Intensive Outpatient	Treatment Intensive Outpatient Evaluation and Management-Moderate New Patient 30 minutes	99203	HF	Service Unit	\$157.00
Intensive Outpatient	Treatment Intensive Outpatient Family Therapy	90847	HF	15 minutes	\$24.00
Intensive Outpatient	Treatment Intensive Outpatient Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Intensive Outpatient	Treatment Intensive Outpatient Group Therapy	90853	HF	15 minutes	\$10.00

Intensive Outpatient	Treatment Intensive Outpatient Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy 16-37 minutes	90832	HF	Service Unit	\$45.00
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy 38-52 minutes	90834	HF	Service Unit	\$75.00
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy 53-74 minutes	90837	HF	Service Unit	\$106.15
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy 75+ minutes	90837	AF	Service Unit	\$118.80
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy-School Based 16-37 minutes	90832	TR	Service Unit	\$45.00
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy-School Based 38-52 minutes	90834	TR	Service Unit	\$75.00
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy-School Based 53-74 minutes	90837	TR	Service Unit	\$106.15
Intensive Outpatient	Treatment Intensive Outpatient Individual Psychotherapy-School Based 75+ minutes	90837	TA	Service Unit	\$118.80
Intensive Outpatient	Treatment Intensive Outpatient Intensive Outpatient	H0015		15 minutes	\$10.00
Intensive Outpatient	Treatment Intensive Outpatient Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Intensive Outpatient	Treatment Intensive Outpatient Physical Exam	99204	UB	Service Unit	\$60.00
Intensive Outpatient	Treatment Intensive Outpatient Psychiatric Evaluation	90792	HF	Service Unit	\$275.00
Outpatient	Treatment Outpatient Evaluation and Management-Low to Moderate Established Patient 15 minutes	99213	HF	Service Unit	\$109.00
Outpatient	Treatment Outpatient Evaluation and Management-Low to Moderate New Patient 20 minutes	99202	HF	Service Unit	\$109.00

Outpatient	Treatment Outpatient Evaluation and Management-Minimal Established Patient 5 minutes	99211	HF	Service Unit	\$55.00
Outpatient	Treatment Outpatient Evaluation and Management-Minor Established Patient 10 minutes	99212	HF	Service Unit	\$80.00
Outpatient	Treatment Outpatient Evaluation and Management-Minor New Patient 10 minutes	99201	HF	Service Unit	\$78.50
Outpatient	Treatment Outpatient Evaluation and Management-Moderate to High Established Patient 25 minutes	99214	HF	Service Unit	\$157.00
Outpatient	Treatment Outpatient Evaluation and Management-Moderate to High Established Patient 40 minutes	99215	HF	Service Unit	\$209.00
Outpatient	Treatment Outpatient Evaluation and Management-Moderate to High New Patient 45 minutes	99204	HF	Service Unit	\$209.00
Outpatient	Treatment Outpatient Evaluation and Management-Moderate to High New Patient 60 minutes	99205	HF	Service Unit	\$262.00
Outpatient	Treatment Outpatient Evaluation and Management-Moderate New Patient 30 minutes	99203	HF	Service Unit	\$157.00
Outpatient	Treatment Outpatient Family Therapy	90847	HF	15 minutes	\$24.00
Outpatient	Treatment Outpatient Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Outpatient	Treatment Outpatient Group Therapy	90853	HF	15 minutes	\$10.00
Outpatient	Treatment Outpatient Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Outpatient	Treatment Outpatient Individual Psychotherapy 16-37 minutes	90832	HF	Service Unit	\$45.00
Outpatient	Treatment Outpatient Individual Psychotherapy 38-52 minutes	90834	HF	Service Unit	\$75.00

Outpatient	Treatment Outpatient Individual Psychotherapy 53-74 minutes	90837	HF	Service Unit	\$106.15
Outpatient	Treatment Outpatient Individual Psychotherapy 75+ minutes	90837	AF	Service Unit	\$118.80
Outpatient	Treatment Outpatient Individual Psychotherapy-School Based 16-37 minutes	90832	TR	Service Unit	\$45.00
Outpatient	Treatment Outpatient Individual Psychotherapy-School Based 38-52 minutes	90834	TR	Service Unit	\$75.00
Outpatient	Treatment Outpatient Individual Psychotherapy-School Based 53-74 minutes	90837	TR	Service Unit	\$106.15
Outpatient	Treatment Outpatient Individual Psychotherapy-School Based 75+ minutes	90837	TA	Service Unit	\$118.80
Outpatient	Treatment Outpatient Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Outpatient	Treatment Outpatient Physical Exam	99204	UB	Service Unit	\$60.00
Outpatient	Treatment Outpatient Psychiatric Evaluation	90792	HF	Service Unit	\$275.00
Outpatient	Treatment Outpatient Methadone Maintenance Clinic Visit	H0020	UB	Service Unit	\$7.50
Outpatient	Treatment Outpatient Methadone Maintenance Comprehensive Services	T1015	HG	Weekly Service Unit	\$100.00
Outpatient	Treatment Outpatient Methadone Maintenance Take Home	H0020	HG	Service Unit	\$7.50
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Low to Moderate Established Patient 15 minutes	99213	HF	Service Unit	\$109.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Low to Moderate New Patient 20 minutes	99202	HF	Service Unit	\$109.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Minimal Established Patient 5 minutes	99211	HF	Service Unit	\$55.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Minor Established Patient 10 minutes	99212	HF	Service Unit	\$80.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Minor New Patient 10 minutes	99201	HF	Service Unit	\$78.50

Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Moderate to High Established Patient 25 minutes	99214	HF	Service Unit	\$157.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Moderate to High Established Patient 40 minutes	99215	HF	Service Unit	\$209.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Moderate to High New Patient 45 minutes	99204	HF	Service Unit	\$209.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Moderate to High New Patient 60 minutes	99206	HF	Service Unit	\$262.00
Partial Hospitalization	Treatment Partial Hospitalization Evaluation and Management-Moderate New Patient 30 minutes	99203	HF	Service Unit	\$157.00
Partial Hospitalization	Treatment Partial Hospitalization Family Therapy	90847	HF	15 minutes	\$24.00
Partial Hospitalization	Treatment Partial Hospitalization Family Therapy- School Based	90847	TR	15 minutes	\$24.00
Partial Hospitalization	Treatment Partial Hospitalization Group Therapy	90853	HF	15 minutes	\$10.00
Partial Hospitalization	Treatment Partial Hospitalization Group Therapy-School Based	90853	TR	15 minutes	\$10.00
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy 16-37 minutes	90832	HF	Service Unit	\$45.00
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy 38-52 minutes	90834	HF	Service Unit	\$75.00
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy 53-74 minutes	90837	HF	Service Unit	\$106.15
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy 75+ minutes	90837	AF	Service Unit	\$118.80
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy-School Based 16-37 minutes	90832	TR	Service Unit	\$45.00
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy-School Based 38-52 minutes	90834	TR	Service Unit	\$75.00

Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy-School Based 53-74 minutes	90837	TR	Service Unit	\$106.15
Partial Hospitalization	Treatment Partial Hospitalization Individual Psychotherapy-School Based 75+ minutes	90837	TA	Service Unit	\$118.80
Partial Hospitalization	Treatment Partial Hospitalization Nurse and PA Clinical Evaluation	90791	TE	Service Unit	\$120.00
Partial Hospitalization	Treatment Partial Hospitalization Partial Hospitalization	H2035		1 Hour	\$15.00
Partial Hospitalization	Treatment Partial Hospitalization Physical Exam	99204	UB	Service Unit	\$60.00
Partial Hospitalization	Treatment Partial Hospitalization Psychiatric Evaluation	90792	HF	Service Unit	\$275.00

Appendix H: Fee Schedule



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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">Monday – 9:00 am to 4:00 pm Return on Thursday - 9:00 am to 4:00 pm</p> <p style="text-align: center;">Tuesday – 9:00 am to 4:00 pm Return on Friday - 9:00 am to 4:00 pm</p> <p style="text-align: center;">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

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

- 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.



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 CONTRACTORS 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.

AGENCY NAME:			
Facility/License Number:		Capacity:	
ADDRESS:			
CITY, STATE & ZIP:			
PHONE:		FAX:	
CONTACT NAME:		OPERATING HOURS:	
EIN #:		National Provider Index #:	
Please check the box next to the services provided at the facility location listed above.			
	CHECK Licensed Activity	ACTIVITY NAME	BUDGET
	<input type="checkbox"/>	5100 Administration	0
	<input type="checkbox"/>	5200 Reserved	0
	<input type="checkbox"/>	5300 Evaluation and Research	0
	<input type="checkbox"/>	5400 Special Projects-DDAP Approved	0
	<input type="checkbox"/>	6100 Information Dissemination	0
	<input type="checkbox"/>	6200 Education	0
	<input type="checkbox"/>	6300 Alternative Activities	0
	<input type="checkbox"/>	6400 Prob. Ident. & Referral	0
	<input type="checkbox"/>	6500 Community-Based Process	0
	<input type="checkbox"/>	6600 Environmental	0
		6700 Other Prevention	
		7100 Reserved	
	<input type="checkbox"/>	7200 Intervention-Group	0
	<input type="checkbox"/>	7200 Intevtion- Hotline	0
	<input type="checkbox"/>	7200 Intervention-Outreach	0
	<input type="checkbox"/>	7200 Early Intervention	0
	<input type="checkbox"/>	823A Inpatient Non-Hospital Detoxification	0
	<input type="checkbox"/>	823B Inpatient Non-Hospital Short Term Residential	0
	<input type="checkbox"/>	823C Medically Monitored Long Term Residential	0
	<input type="checkbox"/>	852B Inpatient Non-Hospital Halfway House	0
	<input type="checkbox"/>	834A Medically Managed Inpatient Hospital Detoxificatio	0
	<input type="checkbox"/>	834B Medically Managed Inpatient Hospital Residential	0
	<input type="checkbox"/>	852A Partial Hospitalization	0
	<input type="checkbox"/>	861A Outpatient	0
	<input type="checkbox"/>	861A Methadone Maintenance	0
	<input type="checkbox"/>	8900 Physician and Pharmacy	0
	<input type="checkbox"/>	861B Intensive Outpatient	0
	<input type="checkbox"/>	920E Emergency Housing	0
	<input type="checkbox"/>	920R Recovery Housing	0
	<input type="checkbox"/>	920D DDAP Approved-Other Housing	0
	<input type="checkbox"/>	9100 Case Management	0
	<input type="checkbox"/>	9100 Care Management	0
	<input type="checkbox"/>	930R Recovery Support	0
	<input type="checkbox"/>	930D DDAP Approved-Other Recovery Sup.	0
		TOTAL	0

Appendix N

Allegheny County Contracted SAP/Prevention Provider Implementation Plan Fiscal Year 2018/2019

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 CONTRACTORS **must** complete and submit this form via email to Kathryn Gadd at Kathryn.Gadd@alleghenycounty.us.

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

Questions regarding the form should be directed to OBH Drug and Alcohol Program Representative Supervisor, Kathryn Gadd, at 412-350-6392.

**Allegheny County Contracted
Drug and Alcohol Prevention Provider
Implementation Plan
Fiscal Year 2018/2019**

1.

PROVIDER NAME			
TARGET COMMUNITY	<input type="checkbox"/> Non-Targeted	<input type="checkbox"/> McKees Rocks	<input type="checkbox"/> McKeesport
	<input type="checkbox"/> Wilkinsburg	<input type="checkbox"/> Woodland Hills	<input type="checkbox"/> Other:
PROGRAM NAME (From the revised 3/5/2018 DDAP Prevention Program Listing)			
FACILITY NAME	<input type="checkbox"/> ATOD Prevention <input type="checkbox"/> Gambling <input type="checkbox"/> Intervention <input type="checkbox"/> Non-SCA Funded		
PROGRAM CATEGORY	<input type="checkbox"/> Evidence Based Program <input type="checkbox"/> Evidence Informed Program <input type="checkbox"/> Supplemental Program		
OUTCOMES RELATED INFORMATION. Examples: PRE/POST Tests, Participant Surveys, Stakeholder Surveys, Staff Observations or Scoring			
IOM POPULATION	<input type="checkbox"/> UNIVERSAL	<input type="checkbox"/> SELECTIVE	<input type="checkbox"/> INDICATED
POPULATION CODES TO BE USED:			
SERVICE CODES - SERVICE TYPES - NUMBER OF SERVICES AND PARTICIPANTS			
Codes	<u>One-Time</u> -Number of times single service will be delivered	<u>Session-Based</u> - Number of groups and number of sessions per group EX: 5 Groups/classrooms, 6 sessions each group/classroom. Total 5x6=30 sessions	<u>Session-Based</u> - Number of participants projected <u>One-Time</u> - Information as directed for this service in Prevention Coding Guide (# attendees, # print materials)

Appendix O

Drug and Alcohol Intervention Provider

Implementation Plan

Fiscal Year 2018/2019

General Instructions

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

All contracted Drug and Alcohol **Intervention CONTRACTORS must complete and submit this form** via email to Kathryn Gadd at Kathryn.Gadd@alleghenycounty.us .

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

Questions regarding the form should be directed to the OBH Drug and Alcohol Program Monitor, Kathryn Gadd at 412-350-6392.

**Allegheny County Contracted
Drug and Alcohol Intervention Provider
Implementation Plan
Fiscal Year 2018/19**

General Instructions

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

All contracted Drug and Alcohol Service Providers must complete and submit an implementation plan, via email, to your OBH Drug and Alcohol Program Monitor.

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

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

Form Specific Instructions

Review your contract documents and based on your service inventory, work statement, and detailed allocation statement develop your Intervention Implementation Plan. Please include target populations and targeted community locations (which could include the entire county or specific communities or regions). Goals and objectives must be measurable and all activities must be described and listed as a single (one-time event) or recurring (on-going) service. Please note the type of intervention service (group, hotline, SAP, and outreach), projected number of people served, and number of times a service is to be offered must be included in your plan.

Goals Definition	Objectives Definition
A broad statement about the long-term expectation of what should happen as a result of your program (the desired result). Serves as the foundation for developing your program objectives.	Statements describing the results to be achieved, and the manner in which they will be achieved. You usually need multiple objectives to address a single goal.

DATE OF PROVIDER SUBMISSION TO SCA	DATE APPROVED BY SCA	DATE SENT BACK TO PROVIDER BY SCA FOR CORRECTIONS (IF APPLICABLE OR N/A)
DATE OF PROVIDER RE-SUBMISSION TO SCA (IF APPLICABLE OR N/A)	DATE FINAL PLAN APPROVED BY SCA	FINAL PLAN APPROVED BY SCA (STAFF NAME)

**Allegheny County
Drug and Alcohol Intervention Provider
Implementation Plan
Fiscal Year 2018/19**

PROVIDER NAME			
TARGET POPULATION/LOCATION			
<u>PROGRAM OBJECTIVES:</u>		<u>PROGRAM GOALS:</u>	
<i>Please select the contracted Drug & Alcohol services your organization is approved to administer.</i>			
INTERVENTION SERVICE TYPES			ALLOCATION
<input type="checkbox"/>	INTERVENTION (7200) GROUP	The provision of group intervention services to substance users/abusers or affected significant others. The goal of these services is to get persons to critically evaluate their substance use and the negative effects their behavior is having on their personal, family and societal development. Also, includes DUI, underage drinking, teen pregnancy, and drop-in center support activities.	
<input type="checkbox"/>	INTERVENTION (7200) HOTLINE	The provision of referral, advice, and crisis intervention through a telephone service.	
<input type="checkbox"/>	INTERVENTION (7200) OUTREACH	Identifying those individuals who are at high risk of becoming substance abusing individuals and encouraging those individuals who are substance abusers to access treatment. Outreach also includes promoting awareness about substance abuse and its relationship to contracting communicable diseases. Staff persons conducting outreach provide these groups with information about accessing intervention and treatment services. In addition to outreach services to the injection drug users population, as required by the Substance Abuse Prevention and Treatment Block Grant, other examples are programs for persons who may be exposed to HIV Testing or Hepatitis C Testing, as well as programs that reach out to the Latino community.	
<input type="checkbox"/>	INTERVENTION (7200) SAP	This activity is for the provision of intervention services after a level of care assessment has been completed. This would include group and individual follow up intervention services within Student Assistance Programs. This would be programs for individuals within an organization whose personal, academic, work or other performance has deteriorated as a result of their drug and alcohol use.	
OTHER SERVICE TYPES			ALLOCATION
<input type="checkbox"/>	RECOVERY SUPPORT(930R)		
<input type="checkbox"/>	TELEPHONIC SUPPORTS (RECOVERY SUPPORT 930R)		
<input type="checkbox"/>	RECOVERY HOUSING (920R)		
<input type="checkbox"/>	CASE / CARE MANAGEMENT (9100)		

INTERVENTION SERVICES

Single Services/Activities

Timeframe for Completion	Number of people projected	Number of times the service is to be delivered	Service Type (Group, Hotline, Outreach, SAP) Brief Description of Activity	

Recurring Services/Activities

Timeframe for Completion	Number of people projected	Number of times the service is to be delivered	Service Type (Group, Hotline, Outreach, SAP) Brief Description of Activity	

OTHER SERVICE TYPES

Single Services/Activities

Timeframe for Completion	Number of people projected	Number of times the service is to be delivered	Service Type (Group, Hotline, Outreach, SAP) Brief Description of Activity	

Recurring Services/Activities

Timeframe for Completion	Number of people projected	Number of times the service is to be delivered	Service Type (Group, Hotline, Outreach, SAP) Brief Description of Activity	

**Pennsylvania Department of Drug and Alcohol Programs
STUDENT ASSISTANCE PROGRAM
Best Practice Guidelines for Single County Authorities and Liaison Services**

Introduction

The Commonwealth's Student Assistance Program (SAP) utilizes a systematic team process, composed of professionals from various disciplines within the school, and liaisons from community agencies. This work is carried out in conjunction with the Single County Authority (SCA) and other contracted professionals who are trained to identify a student's barriers to learning; and, in collaboration with families, to strategize and/or refer identified students for assistance to enhance their school success. As representatives of the county drug and alcohol service system, professionally trained liaisons provide consultation to teams and families regarding the need for referral to community-based and school-based assessments for drug and alcohol related problems. These guidelines are applicable to SCA direct service staff and to SCA contracted SAP agencies/providers for effective delivery of SAP liaison services to student assistance teams in a county/joinder. These guidelines represent best practice for the operation of a successful SAP program. While this document outlines best practice, SCAs should reference the DDAP Prevention Manual for the minimum requirements applicable to the provision of SAP liaison services.

Guidelines for Single County Authorities (SCAs) In the Implementation of Student Assistance Program Services

1. Provide access to SAP liaison services for each student assistance team within the county/joinder area served by the SCA.
2. Be knowledgeable about the Commonwealth's Student Assistance Program (SAP) best practices.
3. Ensure letters of Agreement pertaining to the provision of SAP services are executed and in effect. These Letters of Agreement (LOA) should be negotiated annually, and need to be signed by the agency/provider, school district representative, and when applicable the SCA. A copy of this letter should be on file with the SCA.

The letter of agreement should include the following:

- a designated contact person for the school and agency
- the frequency of attendance for liaisons at SAP core team meetings
- the role of the liaisons in the school SAP process
- referral procedures
- school and agency responsibilities and expectations
- a list of services to be provided and their accompanying cost, if any, to the school
- record-keeping requirements
- a procedure for conflict resolution
- Drug and Alcohol confidentiality requirements

4. Monitor compliance/performance of CONTRACTORS and SAP liaisons relative to uniform policies, regulations, contractual obligations, and goals/objectives as it relates to SAP.
5. Provide key contacts to liaisons and providers for students that are in need of “special programs” to meet the needs of assessed students.
6. Provide an annual program activity report that includes information such as a summary of the SAP liaison services provided, the number and demographics of students served, aggregate data on the primary issues identified via screenings conducted, etc. This report can be shared with schools and other key stakeholders to assist in evaluating the services provided and planning future services.
7. Monitor services provided annually for adherence to best practices.
8. Establish a system of regular communication with stakeholders who participate in SAP that encourages an interagency approach to meeting students’ and families’ needs.
9. Collaborate with The Pennsylvania Department of Education’s (PDE) commonwealth-approved training providers for all SAP training that occurs for schools in the county/joiner area.
10. Utilize state, county, SAP, and other relevant data available for annual planning and program improvement purposes.
11. Participate in the local conflict resolution process for SAP.
12. Submit all required reports to the appropriate agencies in a timely manner.

**Guidelines for SAP Liaison Services
From the Drug and Alcohol Service System to SAP Core Teams**

1. The agency/provider shall have qualified staff identified to serve as system liaison(s) to student assistance core teams and should have appropriate supervision by staff knowledgeable about SAP in schools and the local system-wide services/access. When one person functions as liaison for both the drug and alcohol and mental health service systems, that person should have knowledge, skills, and appropriate supervision in each discipline.
2. Liaisons will receive and maintain SAP certification through training provided by a Commonwealth Approved Trainer. When schools develop new or additional teams, the liaisons assigned to the new or additional SAP team(s) are encouraged to attend training with the school personnel as determined by the Commonwealth Approved Trainer.
3. Liaisons should have knowledge of:
 - local child-serving systems
 - relevant Federal and State laws, regulations and policies, including confidentiality provisions
 - procedures for accessing local resources for students and families
 - school policies and procedures for the teams to which they are assigned
 - up-to-date information on PDE Commonwealth school-based SAP, policies, procedures and related issues

- school crisis intervention and support procedures
- suicide prevention, intervention, support, and postvention assistance procedures
- screening and assessment procedures
- group dynamics and the facilitation of educational groups
- continuum of care planning
- addictions and addictions services
- evidence-based prevention programs
- ethics
- SAP standards and competencies
- School-safety issues (e.g., bullying, hazing, harassment, discrimination, violence, morals offenses, etc.)
- typical/atypical adolescent development and behavior
- cultural competency
- current drug trends
- drugs and the drugs' pharmacological effects on the human body
- intervention techniques and strategies

4. Liaisons should have skills in:

- team facilitation
- family intervention
- resource acquisition
- conflict resolution and problem solving
- oral and written communication
- working with school personnel
- consulting with parents in "crisis" situations
- providing screenings to identify a student's potential intervention and treatment needs
- suicide prevention awareness and intervention techniques
- working with the various cultures & customs of the student populations and families they serve

5. Liaison's responsibilities may include the following:

- attending core team meetings
- providing consultation services as requested (e.g., attends meetings with parents and school official)
- participating in the planning of county coordination/district council meetings and/or facilitating core team maintenance trainings, which provide a forum for student assistance professionals and their stakeholders to network, share resources, and to receive an ongoing education.
- participating in program evaluation activities with core team members
- facilitating and supporting the school-based aftercare plans for students who are returning to school from treatment
- facilitating or co-facilitating school-based support groups
- maintaining data for required reporting as determined by the SCA
- providing relevant training to students, parents, faculty and staff, including the marketing of SAP and SAP services
- assisting the school with stakeholder in-service (i.e., school board, parents, school

- staff, community members, etc.)
- collaborating with other agency providers
- providing student screenings and conducting level of care assessments when appropriately credentialed and trained to perform the task
- assisting students and their parents in the referral to and access of appropriate services

Allegheny County
Department of Human Services
Office of Behavioral Health
Student Assistance Program Guidelines

A. SAP Liaison Role and Responsibilities

Consulting with the School District and SAP Core Team

The SAP Liaison acts as a consultant (in the areas of both drug and alcohol and mental health) with the school district, particularly during the meetings of the SAP Core Team. The SAP Liaison is expected to attend SAP Core Team meetings at least twice per month. The SAP Core Team receives referrals and gathers objective information about a student's school performance from all school personnel who have contact with the student and from the parent. The SAP Core Team meets with a student's parents to discuss the data collected and meets with student. Through these meetings with the SAP Core Team, parent and student, the SAP Liaison guides the development of a Student Plan that provides interventions and strategies to remove learning barriers and promote student academic and personal success. The Student Plan may include school and/or community based services and supports.

Beyond consultation at SAP Core Team meetings, the SAP Liaison supports the school by offering refresher courses in the goals of SAP, providing education about SAP to school staff and parents, and providing updates on emerging SAP issues. SAP Liaisons must be flexible and responsive to the needs of the school and students. When necessary, SAP Liaisons co-facilitate SAP Groups for students (with school staff or the school-based mental health treatment provider) to discuss behavioral health issues and/or provide technical assistance to schools around policy development related to mental health and drug and alcohol issues.

Screening

If the SAP Core Team, with input from the SAP Liaison, determines that a student needs a behavioral health screening, the SAP Liaison will administer the SAP Child and Adolescent Needs and Strengths (CANS), a multi-purpose screening tool used to support decision-making and, for purposes of the SAP Liaison, identify unaddressed behavioral needs. If recommended by the SAP Core Team, the SAP Liaison should complete the SAP CANS as soon as possible, but no later than 30 days from the date of receiving parent consent to screen (see more about obtaining consent below). The completed SAP CANS will help inform the Student Plan.

Implementing Student Plans

The SAP Liaison helps students put their Student Plan in action by linking students to in-school and/or community based services and supports as well as referring to (and conducting, where appropriate) any mental health and/or drug and alcohol screenings identified by the SAP CANS and/or during the development of the Student Plan. Contracted Providers must give families knowledge of and choice of support services and providers. A Contracted Provider is not required to provide school-based mental health and drug and alcohol treatment services.

The Contracted Provider must work cooperatively and collaboratively with mental health and drug and alcohol providers already in the school. For treatment and supportive services outside of the school, Contracted Providers must collaborate with the existing network of human CONTRACTORS in Allegheny County. DHS recognizes that some Contracted Providers also may offer treatment or supportive services within their own organization. Contracted Providers must consider the student's and family's unique needs (e.g., best fit, insurance status, geographic location, preference) when developing the Student Plan for treatment or other supportive services, and may not give undue preference to services offered by their own organization. Contracted Providers' only priority in making referrals must be the best interest of the student and family.

The SAP Liaison must support the student/family in following through with their Student Plan by checking-in with the student/parents and by mentoring/motivating the student. Further, the SAP Liaison may facilitate a school-based plan for students who are returning to school from treatment.

Providing Postvention Services

In the event of an incident that could adversely affect the behavioral health of students and the school community (e.g., the death of a student or teacher, a violent event in the community, a natural disaster), the SAP Liaison will facilitate, as requested by the school district, Postvention school-based crisis counseling. The SAP Liaison also will determine which students require services beyond Postvention crisis counseling and will connect students to those services. Schools may require Postvention services in the summer.

Obtaining Consents

The school is responsible for obtaining consent before the SAP Core Team may discuss a student in a formal SAP Core Team meeting. Contracted Providers must obtain completed consent forms from parents any time they have individual contact with a student. Also see appendix P-3, SAP and Substance Abuse Confidentiality Regulations Guidance Document.

Involving Parents in SAP

Contracted Providers should operate under the knowledge that it is the parent's right to be involved in the SAP process and to have access to all school records under applicable state and federal laws and regulations. Involvement of parents in the SAP process underscores the parents' role and responsibility in the decision-making process affecting their child's education and is key to the successful resolution of problems. Contracted Providers will assist parents in accessing the appropriate services and provide follow-up with parents regarding screening and treatment. Contracted Providers must consult with schools in regard to strategies for engaging parents in the SAP process.

Building a Relationship with School Districts

Key to successfully implementing SAP and acting as an effective SAP Liaison is building trust with the school district and facilitating productive communication with school staff, students, parents and mental health/drug and alcohol providers. If selected by a school district, Contracted Providers, together with the school district, will compose a letter of agreement that outlines the specific expectations of the school district. Contracted Providers and school districts will negotiate and sign letters of agreement annually.

Further, DHS expects school districts and Contracted Providers to adhere to DHS's established conflict resolution process in the event that issues should arise between the selected Contracted Provider and the school district. The conflict resolution process includes the following steps:

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

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

Collecting and Reporting Data

DHS will reimburse Contracted Providers for their services on a fee-for-service basis. Contracted Providers are responsible for tracking what services they perform and how long they perform each service, and entering this information into DHS's Client Information and Payment System (CIPS). Billable services include:

- Attending SAP Core Team meetings
- Conducting SAP Groups
- Following up with a student or parent after a referral
- Meeting with a parent or teacher
- Conducting a screening
- Consulting with school staff in regard to SAP-related issues
- Providing Postvention services
- Presenting information/providing training about SAP to staff, parents or the community

Information that Contracted Providers must enter into CIPS includes, but is not limited to:

- Name and demographic information of the student, where applicable (this may not apply to all services listed above)

- School district
- School
- SAP Liaison name
- Service
- Date of service
- Start and end time of service
- SAP Group name

Beyond collecting the data necessary for reporting into CIPS, Contracted Providers must collect evidence of their activities (e.g., SAP Group sign-in sheets).

Contracted Providers also will enter similar data in the state-required databases: Performance Based Prevention System (PBPS) and Joint Quarterly State Reports (JQSR).

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

B. SAP Liaison Qualifications

Contracted Providers should provide appropriate supervision of SAP Liaisons by staff knowledgeable about SAP in schools and the local behavioral health system. **The SAP Liaison is required to consult on all behavioral health issues, which include both mental health and drug and alcohol issues.** Staff should have at least one year of experience as an SAP Liaison or in the behavioral health field and a bachelor's degree in a field related to mental health, drug and alcohol addiction, or education. Prior to providing services, Contracted Providers should ensure that SAP Liaisons, as well as their supervisors, receive training on the following:

- SAP Core Team Training (facilitated by a state approved trainer)
- DHS New Hire Service Coordination Training
- CANS Screening Tool Training
- Department Drug and Alcohol Programs (DDAP) Confidentiality
- DDAP Addiction 101
- 12 hours of approved supplemental training each year

Revised 8/23/16

Student Assistance Program (SAP) and Substance Abuse Confidentiality Regulations Guidance Document

Federal Law 42 CFR Part 2

The federal law that guides how substance abuse professionals should manage confidential information is 42 CFR Part 2, also known as the *Substance Abuse Confidentiality Regulations*.

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

Defining Confidential Information

According to 42 CFR Part 2, confidential information is any information...

- ...about a program participant's substance use behavior, or
- ...that identifies someone as a participant in a program for individuals who have engaged in substance use behavior.

Per this definition, 42 CFR Part 2 would apply to Drug & Alcohol Level of Care Assessments, substance use disorder treatment services, and screenings that ask questions about substance use behavior. In regard to the Student Assistance Program, any screenings or assessments that are conducted that contain information about a student's substance use behavior are subject to 42 CFR Part 2 (42 CFR Part 2, Subpart B, §2.12).

According to 42 CFR Part 2, the general rule is that professionals may not disclose, directly or indirectly, confidential information about program participants' substance use behavior. 42 CFR Part 2, Subpart B, § 2.13 (b) – Unconditional compliance required. The restrictions on disclosure and use in these regulations apply whether the holder of the information believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other official, has obtained a subpoena, or asserts any other justification for a disclosure or use which is not permitted by these regulations. Revised 8/23/16

Releasing Confidential Information with Consent

SAP professionals must protect confidential participant information from disclosure unless a participant signs a legally valid consent form to release the information to another individual, program, or agency.

The following elements are required by law in a consent form to release confidential information (42 CFR Part 2, Subpart C, §§ 2.31 and 2.32 and 28 Pa. Code § 709.28(c)):

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

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

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

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

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

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

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

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

Decision Support Tool

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

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

Appendix Q: Incident Reporting Standards

Allegheny County Office of Behavioral Health

Incident Report Process: Each CONTRACTOR is responsible for reporting an incident as outlined by the following standards:

1. Incident reports are to be submitted to the Office of Behavioral Health. Verbal reports are to be called into 412-350-4282 within 24 hours. Written reports are to be faxed to OBH/D&A at 412-350-3336 within 48 hours. Written reports are also to be faxed to Allegheny Community Care 1-888-251-0087 within 48 hours of incident and to Department of Drug and Alcohol Program, 1-717-787-3188.
2. Reportable incidents include but are not limited to death, suicide, suicide attempt, significant medication error, missing person, physical/sexual abuse and arrest. Incidents are to be reported concerning any client participating in services in a licensed facility through DDAP and monitored by OBH/D&A. Incidents should be reported if a client has engaged in services at least 3 times in a 6-month period of incident.
3. If applicable, the county point person will distribute incident reports to the Community Integration Team or the Children/Adolescent Bureau for their review and follow-up.
4. The county point person for each unit reviews incident reports to assure they have been properly completed and follows up with the person making the report to assure that thorough investigation has been conducted by the provider and assure follow-up actions have been taken by the provider to protect the consumer and prevent reoccurrence of any incident.
5. Each week the incidents are reviewed and analyzed by OBH and Community Care. If an incident is a sentinel event. A Root Cause analysis (RCA) is recommended. A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof, unrelated to the natural course of an individual's illness or underlying condition.
6. For this process, the sentinel event will involve one or more persons who receive or have received drug and alcohol services from a contracted provider of the Allegheny County Department of Human Services or Community Care, or an event that impacts in a significant manner on the entire mental health system. OBH will work in collaboration with Community Care Behavioral Health (Community Care) to coordinate the completion of these RCAs by CONTRACTORS.
7. A review process takes place weekly with the county

The basic concept of a RCA is to conduct a detailed investigation of the circumstances of an event until the specific cause(s) and the relevant system cause(s) are identified. If at any time during the investigation, critical issues that require immediate intervention are discovered, such issues must be addressed as quickly as possible. Ultimately, the goal of the RCA is to reduce risk and promote safety, and to arrive at recommendations on how to best prevent sentinel events from happening again

ALLEGHENY COUNTY OFFICE OF BEHAVIORAL HEALTH INCIDENT REPORT

Client Name: _____

Birthdate: _____ SS#: _____

Location of Incident (Where was the consumer at time of incident): _____

Date of incident: _____

Type of Housing:

<input type="checkbox"/> Independent <input type="checkbox"/> Family <input type="checkbox"/> Short Term Residential <input type="checkbox"/> Long Term Residential <input type="checkbox"/> Halfway House <input type="checkbox"/> Detox Unit <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> DAS/Respite (Adult) <input type="checkbox"/> Homeless <input type="checkbox"/> Other: _____

Consumer Involvement:

Please check all that apply: <input type="checkbox"/> D&A <input type="checkbox"/> MH <input type="checkbox"/> Community Care/Health Choices <input type="checkbox"/> Diversified Care Management ICM (DCM) <input type="checkbox"/> Children Youth and Families (CY&F) <input type="checkbox"/> Justice Related Services (JRS)

Type of Incident:

<input type="checkbox"/> Death <input type="checkbox"/> Non-fatal overdose <input type="checkbox"/> Fire <input type="checkbox"/> Suicide <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Arrest (Person active in treatment arrested for any reason) <input type="checkbox"/> Abuse- Physical/Sexual <input type="checkbox"/> Apparent Homicide <input type="checkbox"/> Serious physical assault by the client <input type="checkbox"/> Duty to warn/other mandated requirement(s) <input type="checkbox"/> Food poisoning among residents <input type="checkbox"/> Client injury due to accident or intentional action (by self or another) requiring more than first aid <input type="checkbox"/> A condition (except snow or ice) that results in closure of the facility for more than one scheduled day of operation <input type="checkbox"/> Medical Treatment errors (including medication error requiring additional medical treatment) <input type="checkbox"/> Misuse of consumer funds <input type="checkbox"/> Outbreak of contagious disease <input type="checkbox"/> Police/Fire Department response (when called to a county funded residential program) <input type="checkbox"/> Serious Nature/Other (i.e., bed bugs, lice, etc.): _____

Please describe the details regarding the incident: who was involved, what happen to cause the incident, when did it occur, if known, why the incident occurred (include the extent of injuries to all parties). Were others notified: police, fire? If arrested, describe activities leading up to and including details of the arrest.

Follow-Up Information: Describe what has happened since the incident occurred. What was done to stabilize the situation? If arrested, what are the final charges/hearing dates? Describe additional follow- up steps that need to be taken.

Reporting Staff Signature/Date

Phone

Title

Agency

Reporting Staff's Supervisor Signature/Date

Phone