

**State of Hawaii
Department of Health
Alcohol and Drug Abuse Division
Community and Consultative Services Branch**

Request for Proposals (RFP)

**RFP Title: Injection Drug Use Continuum
RFP No. HTH 440-09-4**

Date Issued: November 19, 2009

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, you may download the [RFP Interest form](#), complete and e-mail or mail to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

SUBSTANCE ABUSE TREATMENT SERVICES RFP No. 440-09-4

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

I. FUNDING:	<u>Total Amount</u>	<u>Fiscal Year</u>
	\$473,144	July 1, 2010 to June 30, 2011
	\$473,144	July 1, 2011 to June 30, 2012
	\$473,144	July 1, 2012 to June 30, 2013

II. CONTRACT TERM:

The contract term will be from July 1, 2010 through June 30, 2013. Multiple contracts may be awarded under this RFP.

III. APPLICATION DEADLINE:

Proposals shall be mailed, postmarked by the United States Postal Service (USPS) on or before January 21, 2010, and received no later than 10 days from the submittal deadline. Hand delivered proposals shall be received no later than 4:00 p.m., Hawaii Standard Time (HST), on January 21, 2010, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet.

Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

IV. APPLICANT ORIENTATION TO RFP:

Date: Thursday, December 10, 2009
Time: 9:00 a.m. to 11:00 a.m. HST
Location: Alcohol and Drug Abuse Division (ADAD)
601 Kamokila Blvd., Room 317
Kapolei, Hawaii 96707

All prospective applicants are strongly encouraged to attend the orientation.

V. QUESTIONS:

Written questions shall be submitted via email or fax to the contact person below. Written question must be submitted before midnight, HST, December 17, 2009. All written questions will receive a written response from the State on December 28, 2009.

VI. CONTACT PERSON FOR INQUIRIES:

Margaret Tom
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707
Phone: (808) 692-7522 Fax:(808) 692-7521
Email:margaret.tom@doh.hawaii.gov.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

NUMBER OF COPIES TO BE SUBMITTED: 4 + 1 Original

ALL MAIL-INS SHALL BE POSTMARKED BY THE UNITED STATES POSTAL SERVICE (USPS) NO LATER THAN **January 21, 2010** and received by the state purchasing agency no later than **10 days from the submittal deadline.**

All Mail-ins

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

DOH RFP COORDINATOR

Margaret Tom
Telephone: (808) 692-7522
Fax: (808) 692-7521
margaret.tom@doh.hawaii.gov

ALL HAND DELIVERIES SHALL BE ACCEPTED AT THE FOLLOWING SITES UNTIL **4:00 P.M., Hawaii Standard Time (HST), January 21, 2010.** Deliveries by private mail services such as Federal Express (FEDEX) and United Parcel Service (UPS) shall be considered hand deliveries. Hand deliveries shall not be accepted if received after 4:30 p.m. (HST), **January 21, 2010.**

Drop-off Sites

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

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Division/Center: ADAD

RFP NO.: 440-09-4

DATE: 11/19/09

Section 1

Administrative Overview

Section 1

Administrative Overview

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

I. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing Request for Proposals (RFP)	<u>Nov 19, 2009</u>
Distribution of RFP	<u>Nov 19, 2009</u>
RFP orientation session	<u>Dec 10, 2009</u>
Closing date for submission of written questions for written responses	<u>Dec 17, 2009</u>
State purchasing agency's response to applicants' written questions	<u>Dec 28, 2009</u>
Discussions with applicant prior to proposal submittal deadline (optional)	<u>Dec, 2009 - Jan, 2010</u>
Proposal submittal deadline	<u>January 21, 2010</u>
Discussions with applicant after proposal submittal deadline (optional)	<u>Jan-Feb, 2010</u>
Final revised proposals (optional)	<u>Jan-Feb, 2010</u>
Proposal evaluation period	<u>Feb 2010</u>
Provider selection	<u>Feb-Mar, 2010</u>
Notice of statement of findings and decision	<u>Feb-Mar, 2010</u>
Contract start date	<u>July 1, 2011</u>

II. Website Reference

The State Procurement Office (SPO) website is <http://hawaii.gov/spo/>

	For	Click
1	Procurement of Health and Human Services	"Health and Human Services, Chapter 103F, HRS..."
2	RFP website	"Health and Human Services, Ch. 103F..." and "The RFP Website" (located under Quicklinks)
3	Hawaii Administrative Rules (HAR) for Procurement of Health and Human Services	"Statutes and Rules" and "Procurement of Health and Human Services"
4	Forms	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Forms"
5	Cost Principles	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Cost Principles"
6	Standard Contract -General Conditions	"Health and Human Services, Ch. 103F..." "For Private Providers" and "Contract Template – General Conditions"
7	Protest Forms/Procedures	"Health and Human Services, Ch. 103F..." and "For Private Providers" and "Protests"

Non-SPO websites

(Please note: website addresses may change from time to time. If a link is not active, try the State of Hawaii website at <http://hawaii.gov>)

	For	Go to
8	Tax Clearance Forms (Department of Taxation Website)	http://www.hawaii.gov/tax/ click "Forms"
9	Wages and Labor Law Compliance, Section 103-055, HRS, (Hawaii State Legislature website)	http://capitovl.hawaii.gov/ click "Bill Status and Documents" and "Browse the HRS Sections."
10	Department of Commerce and Consumer Affairs, Business Registration	http://hawaii.gov/dcca click "Business Registration"
11	Campaign Spending Commission	http://hawaii.gov/campaign
12	Hawaii Compliance Express	http://www.spo.hawaii.gov/ SPO (located under Quicklinks)

III. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS) Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

IV. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview: Provides applicants with an overview of the procurement process.

Section 2, Service Specifications: Provides applicants with a general description of the tasks to be performed, delineates provider responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions: Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation: Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments: Provides applicants with information and forms necessary to complete the application.

V. Contracting Office

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

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

VI. Orientation

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

Date: December 10, 2009 Time: 9:00am-11:00am (HST)

**Location: Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 317
Kapolei, Hawaii 96707**

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

VII. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: December 17, 2009 **Time:** Written questions shall be submitted via email or fax before midnight (HST)

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

Date: December 28, 2009

Verbal questions receiving a verbal response may be directed to the Contact Persons identified in Section 2 of this RFP up until the submittal deadline.

VIII. Submission of Proposals

A. **Forms/Formats** – Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency.

Forms, with the exception of program specific requirements, may be found on the State Procurement Office website referred to in II. Website Reference. Refer to the Proposal Application Checklist for the location of program specific forms. Proposals must contain the following components:

1. **Proposal Application Identification (Form SPO-H-200).**
Provides applicant proposal identification.

2. **Proposal Application Checklist.** Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
 3. **Table of Contents.** A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
 4. **Proposal Application (Form SPO-H-200A).** Applicant shall submit comprehensive narratives that address all of the proposal requirements contained in Section 3 of this RFP, including a cost proposal/budget if required.
- B. **Program Specific Requirements.** Program specific requirements are included in Sections 2, Service Specifications and Section 3, Proposal Application Instructions, as applicable. If required, Federal and/or State certifications are listed on the Proposal Application Checklist located in Section 5.
- C. **Multiple or Alternate Proposals.** Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- For those applicants applying for more than one sub-category or geographic area, a separate proposal per sub-category or geographic area shall be submitted.
- D. **Tax Clearance.** Pursuant to HRS Section 103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. Tax clearance applications may be obtained from the Department of Taxation website (Refer to this section's part II. Website Reference).
- E. **Wages and Labor Law Compliance.** If applicable, by submitting a proposal, the applicant certifies that the applicant is in compliance with HRS Section 103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to HRS Section

103-55, at the Hawaii State Legislature website (See part II, Website Reference).

- **Compliance with all Applicable State Business and Employment Laws.** All providers shall comply with all laws governing entities doing business in the State. Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs (DCCA), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website (See part II, Website Reference).
- F. **Hawaii Compliance Express (HCE).** Providers may register with HCE for online proof of DOTAX and IRS tax clearance Department of Labor and Industrial Relations (DLIR) labor law compliance, and DCCA good standing compliance. There is a nominal annual fee for the service. The “Certificate of Vendor Compliance” issued online through HCE provides the registered provider’s current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to this section’s part II. Website Reference for HCE’s website address.
- G. **Campaign Contributions by State and County Contractors.** Contractors are hereby notified of the applicability of HRS Section 11-205.5, which states that campaign contributions are prohibited from specified State or county government contractors during the term of the contract if the contractors are paid with funds appropriated by a legislative body. For more information, Frequently Asked Questions (FAQs) are available at the Campaign Spending Commission webpage (See part II, Website Reference).
- H. **Confidential Information.** If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.
- Note that price is not considered confidential and will not be withheld.*
- I. **Proposal Submittal.** All mail-ins shall be postmarked by the United States Postal Service (USPS) and received by the State purchasing

agency no later than the submittal deadline indicated on the attached Proposal Mail-in and Delivery Information Sheet. All hand deliveries shall be received by the State purchasing agency by the date and time designated on the Proposal Mail-In and Delivery Information Sheet. Proposals shall be rejected when:

- Postmarked after the designated date; or
- Postmarked by the designated date but not received within 10 days from the submittal deadline; or
- If hand delivered, received after the designated date and time.

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

IX. Discussions with Applicants

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

X. Opening of Proposals

Upon receipt of a proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XI. Additional Materials and Documentation

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

XII. RFP Amendments

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

XIII. Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the applicant's best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIV. Cancellation of Request for Proposal

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

XV. Costs for Proposal Preparation

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

XVI. Provider Participation in Planning

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

XVII. Rejection of Proposals

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

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

- (1) Rejection for failure to cooperate or deal in good faith. (HAR Section 3-141-201)
- (2) Rejection for inadequate accounting system. (HAR Section 3-141-202)
- (3) Late proposals (HAR Section 3-143-603)
- (4) Inadequate response to request for proposals (HAR Section 3-143-609)
- (5) Proposal not responsive (HAR Section 3-143-610(a)(1))
- (6) Applicant not responsible (HAR Section 3-143-610(a)(2))

XVIII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XIX. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (See paragraph II, Website Reference). Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision

sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Keith Yamamoto
Title: Director of Health	Title: Chief, Alcohol and Drug Abuse Division
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: 601 Kamokila Boulevard, Room 360 Kapolei, Hawaii 96707

XX. Availability of Funds

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

XXI. Monitoring and Evaluation

Criteria by Which the Performance of the Contract Will be Monitored and Evaluated are:

- (1) Performance/Outcome Measures
For example, did the contractor satisfactorily meet its short-term outcomes and/or performance objectives as indicated by the quarterly/annual report and effectiveness of client treatment received as measured by variance data in the Year End Report?
- (2) Output Measures
For example, did the contractor satisfactorily meet its output measures, i.e., did the contractor fully utilize the contract amount?
- (3) Quality of Care/Quality of Services
For example, did the contractor meet established standards for quality of care of delivery or services as delineated in the Scope of Services and as evaluated through the contract monitoring report and their Corrective Action Plan (CAP)?
- (4) Financial Management
For example, did the contractor expend funds in accordance with the Generally Accepted Accounting Principles (GAAP) and have an adequate internal control system? Did the contractor submit the

required fiscal reports and responses to any Corrective Action Plan (CAP) in a timely manner?

(5) Administrative Requirements

For example, does the contractor have sound administrative policies and procedures as evaluated by the Policy and Procedure section of the contract monitoring report?

XXII. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website (See paragraph II, Website Reference). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

The Alcohol and Drug Abuse Division may also be required to make small or major modifications to individual contracts that it is unable to anticipate now. Reasons for such modifications may include, but not be limited to, Federal Health Insurance Portability and Accountability Act (HIPAA) regulations, Substance Abuse Prevention and Treatment (SAPT) Federal Block Grant requirements, and best practices for substance abuse treatment.

XXIII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under HRS Chapter 103F, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201, which is available on the SPO website (See paragraph II, Website Reference). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

The Alcohol and Drug Abuse Division may change all or part of the pricing and compensation structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a unit rate.

SECTION 2:

Injection Drug Use Continuum

Service Specifications

Section 2

Service Specifications

Injection Drug Use Continuum

I. Introduction

A. Overview, Purpose and Need

The mission of the Alcohol and Drug Abuse Division is to provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii. The Division will plan, coordinate, provide technical assistance, and establish mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

Substance abuse services are mandated by **Chapter 321, HRS** which charges the Department of Health with the responsibility of coordinating all substance abuse programs including rehabilitation, treatment, education, research and prevention activities and **Chapter 334, HRS** which requires that the State provide a “comprehensive mental health system utilizing public and private resources to reduce the incidence of mental or emotional disorders and substance abuse...”

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

ADAD is also the designated single state authority to apply for and expend federal substance abuse funds administered under **P.L. 102-321** as amended by **P.L. 106-310**, the federal **Substance Abuse Prevention and Treatment Block Grant**.

To estimate the need for substance abuse services an analysis was done of the following: 1) U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) data; 2) The Hawaii 2004 Adult Household Survey.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has reported statistics of concern regarding Hawaii. In its 2005-2006 National Surveys on Drug Use and Health, past year nonmedical use of pain relievers averaged 3.64% of persons aged eighteen and older. When youth involvement is taken into account,

SAMHSA (2006) estimated that 40,000 individuals ages twelve and older in Hawaii use prescription pain relievers nonmedically. In 2006, heroin accounted for 2.5% of treatment admissions in Hawaii, while other opiates accounted for 2.1%. Asian, Native Hawaiian and Other Pacific Islanders accounted for 23.1% of admissions for heroin use and 26.7% for other opiates.

The Alcohol and Drug Abuse Division conducted a household survey of adults across the State in 2004 (in press). This survey incorporated criteria for abuse and dependence from the **Diagnostic and Statistical Manual version IV (DSM-IV) of the American Psychiatric Association (APA, 2000)** into the survey instrument as a means of arriving at how many adults might need substance abuse treatment. The findings reported by county are as follows:

Estimate of Dependence and Abuse (Needing Treatment) – 2004					
	Total	County			
		Hawaii	Honolulu	Kauai	Maui
Population (18 Years and Over)	877,090	102,849	628,853	47,346	98,042
Percent Needing Treatment for Alcohol Only	9.28%	6.90%	9.10%	17.15%	9.11%
Population Needing Treatment for Alcohol Only	81,378	7,094	57,228	8,121	8,935
Percent Needing Treatment for Drugs Only	1.73%	1.52%	1.60%	3.32%	2.02%
Population Needing Treatment for Drugs Only	15,186	1,562	10,070	1,573	1,981
Percent Needing Treatment for Both Alcohol and Drugs	1.26%	0.45%	1.25%	3.32%	1.24%
Population Needing Treatment for Both Alcohol and Drugs	11,095	466	7,839	1,573	1,217
Percent Needing Treatment for Alcohol and/or Drugs	9.74%	7.96%	9.46%	17.15%	9.89%
Population Needing Treatment for Alcohol and/or Drugs	85,468	8,189	59,459	8,121	9,699

* Numbers may not sum due to rounding.

These data indicate that the need for substance abuse treatment exists throughout the four counties of the State. Although the largest number of persons needing substance abuse treatment live in the City and County of Honolulu, other, smaller counties, require core treatment services. These data further suggest that alcohol

remains the primary substance of abuse. However, substantial numbers of persons exhibit addiction to both alcohol and other drugs.

The 2004 Kauai County data presents a unique pattern of use, abuse and dependence that makes the data difficult to analyze and compare to other counties within the state. The results of the Kauai County data needs to be further investigated in order to reconfirm the accuracy of the information. Other statewide studies may also provide information on the county drug/alcohol problem. One data source, the Department of Health's 2007 Behavior Risk Factor Surveillance System (BRFSS) data, provides county data on alcohol which are comparable.

B. Planning activities conducted in preparation for this RFP

Planning activities related to this Request For Proposal (RFP) included a Request for Information (RFI) meeting held on June 2, 2009 on Oahu. The summary of the RFI is in Attachment E-5.

C. Description of the goals of the service

The goal of the requested service is to reduce the severity and disabling effects related to injection drug use by making treatment options available to best meet the needs of opioid users. The continuum of service modalities available under this RFP for these individuals includes Opioid Therapy Outpatient Treatment, Intensive Outpatient, Recovery Support Services, and Interim and Outreach services for intravenous drug users (IDU) of opioids.

D. Description of the target population to be served

The target population includes injection drug using adults who meet the current version of the **Diagnostic and Statistical Manual of Mental Disorders (DSM)** of the American Psychiatric Association criteria for an Opioid-Related Disorder. All clients in any level of treatment shall meet the most current version of the **American Society for Addiction Medicine Patient Placement Criteria (ASAM PPC)** for admission, continuance, and discharge. Clients funded by ADAD must meet financial eligibility requirements. The income of clients eligible for treatment cannot exceed three hundred percent (300%) of the poverty level for Hawaii as defined by current Federal Poverty Level Standards that can be found at: http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf

E. Geographic coverage of service

Service areas for this RFP consist of the islands of Oahu and Hawaii. The APPLICANT shall demonstrate actual capacity to provide the required services in these service areas.

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

Total Funding: *FY 2011: \$473,144 consisting of
 General Funds \$433,144
 Federal Funds \$ 40,000

 *FY 2012: \$473,144 consisting of
 General Funds \$433,144
 Federal Funds \$ 40,000

 *FY 2013: \$473,144 consisting of
 General Funds \$433,144
 Federal Funds \$ 40,000

*The anticipated funding amounts stated in this RFP (by service modalities, geographic areas, school districts and other defined service areas) are estimated based on current resource allocations. It is important to note that funding amounts when executing actual contract awards may be significantly different from the stated anticipated funding amounts due to evolving budgetary circumstances. ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations and pending availability of General and Federal funds. The source of Federal funds is the **Substance Abuse Prevention and Treatment Block Grant**.

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

The APPLICANT shall spend one percent (1%) of the total contracted amount for tobacco cessation activities, and shall document such expenditures.

Per contract year, the suggested funding amounts and Federal set-aside requirements (if applicable) for each service area are as follows:

Oahu: Suggested amount of \$204,602 consisting of General funds
 \$ 20,000 consisting of Federal Funds

Hawaii: Suggested amount of \$228,542 consisting of General funds
 \$ 20,000 consisting of Federal Funds

NOTE:

1. It is permitted to count the Federal dollar more than once.
2. ADAD reserves the right to reallocate the above amounts to other ADAD-contracted agencies if, at any time after three (3) months into each fiscal year, there is either a monthly pattern of poor or low performance or underutilization of funds such that it appears the agency will not be able to expend all allocated

funds by the end of each fiscal year. Funds may also be reallocated across geographical areas, if necessary. The criteria used for the reallocation shall be determined by ADAD to ensure the best configuration of services to meet the needs of the State.

3. Start-up costs for new programs will be allowed subject to approval by ADAD. Start-up cost will need to be clearly stated in the request for proposal. Start-up cost reimbursement will be by actual expenditure.
4. If an APPLICANT materially fails to comply with the terms and conditions of the contract, ADAD may, as appropriate under the circumstances:
 - a. Temporarily withhold payments pending correction of a deficiency or a non-submission of a report by the contractor.
 - b. Disallow all or part of the cost.
 - c. Suspend or terminate the contract.
5. The APPLICANT can submit to ADAD proposals for contract amendments or any changes affecting the scope of services, target population, time of performance, and total funds, but this must be approved in writing before changes can be made. Proposals shall be submitted no later than four (4) months prior to the end of the contract year, unless prior approval is given by ADAD.
6. ADAD reserves the right to make modifications to any section of the service contract, including but not limited to, the scope of services, target population, time of performance, geographic service areas and total award amounts that it is unable to anticipate currently. There may be unique circumstances which may require these modifications be made in order to continue programs, improve services, as well as adjust to evolving budgetary circumstances. Additionally, ADAD reserves the right to increase or decrease funds at its discretion in order to best meet the needs of the state as well as operate within budgetary limitations.

II. General Requirements

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

APPLICANTS that do not receive any federal funds shall not be required to meet the federally required qualifications or requirements stated under the General Requirements section. Please note that as budgetary circumstances changes,

ADAD reserves the right to change the anticipated source of funds to support needed programs and services.

1. The APPLICANT shall have licenses and certificates, as applicable, in accordance with federal, state and county regulations, and comply with all applicable **Hawaii Administrative Rules (HAR)**.
 - a. Clean and Sober Houses must meet applicable state and county codes, standards and zoning requirements.
 - b. All APPLICANTS shall comply with **Title 11, Chapter 175, Mental Health and Substance Abuse System, HAR**.
 - c. All APPLICANTS shall complete and submit the Federal certifications in **Section 5, Attachment D**.
2. If the APPLICANT is awarded a contract, the APPLICANT will be required to arrange for a financial and compliance audit to be done and submitted to the DEPARTMENT as directed in accordance with **Government OMB Circular A-133** if the applicant expends \$500,000 or more in Federal funds in a year.
3. The APPLICANT shall comply with the Chapter 103F, HRS, **Cost Principles on Purchases of Health and Human Services** identified in SPO-H-201 (Effective 10/1/98), which can be found on the SPO Website (see Section 5, POS Proposal Checklist, for the website address).
4. Pursuant to **45 Code of Federal Regulations (45CFR), Part 96, Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule, Section 96.135, Restrictions on expenditure of grant**, the following restrictions on the expenditure of the grant apply:
 - a. The APPLICANT shall institute a policy that funds cannot be used to support the distribution of sterile needles for the hypodermic injection of any illegal drug or the distribution of bleach for the purpose of cleansing needles for such hypodermic injections.
 - b. The APPLICANT shall not use funds to provide inpatient hospital services.
 - c. The APPLICANT shall not use funds to make cash payments to intended recipients of health services.
 - d. The APPLICANT shall not use funds to purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

- e. The APPLICANT shall not use funds to provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. The APPLICANT shall not expend funds for the purpose of providing treatment services in penal or correctional institutions of the State as prescribed by section **1931(a)(3) of the Public Health Service Act**.
5. The APPLICANT receiving advanced payment for services shall reconcile the amount of the advance by November 1st of the first year of the contract.
 6. Pursuant to **Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)** the APPLICANT, your employees, sub-recipients under this award, and sub-recipients' employees may not—
 - a. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - b. Procure a commercial sex act during the period of time that the award is in effect; or
 - c. Use forced labor in the performance of the award or sub-awards under the award.

An assurance of compliance with SAMHSA's **Trafficking Victims Protection Act of 2000**, in Attachment E-8, shall be completed.
 7. Whenever requested, the applicant shall submit a copy of its operating policies and procedures to the ADAD. The copy is to be provided at the applicant's expense with revisions and updates as appropriate.
 8. The APPLICANT shall assign staff to attend provider meetings as scheduled by the ADAD.
 9. All substance abuse records shall be kept confidential pursuant to the **Health Insurance Portability and Accountability Act (HIPAA)** and **42 Code of Federal Regulations (42CFR), Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records** and, if necessary, the APPLICANT shall resist in judicial proceedings any efforts to obtain access to patient records except as permitted by such regulations, and **Sec. 334-5, HRS, Confidentiality of Records**.
 10. The APPLICANT shall comply with **Title 11, Chapter 113, HAR, Substance Abuse Testing by Laboratories**, to ensure that appropriate and uniform alcohol and drug testing procedures are employed, to protect the privacy rights of persons tested, and to achieve reliable and accurate results.

11. The APPLICANT shall adopt and implement a policy regarding Acquired Immune Deficiency Syndrome (AIDS) which states that it:
 - a. Does not discriminate against any client who has tested positive for antibodies against Human Immunodeficiency Virus (HIV) at admission or throughout participation.
 - b. Assures staff education on HIV and AIDS at least once per year.
 - c. Provides for AIDS education to all clients.
 - d. Maintains the confidentiality of any results of HIV antibody testing pursuant to **Sec. 325-101, HRS.**
 - e. Assures that any pre-test and post-test counseling shall be done only in accordance with the DEPARTMENT'S **HIV Counseling and Testing Guidelines.**
 - f. Administers an AIDS Risk Assessment as part of the treatment psycho/social evaluation and encourages high risk clients to have a blood test for HIV antibodies.
12. The APPLICANT shall adopt a policy regarding tuberculosis (TB) which states that it provides for TB education as appropriate.
13. The APPLICANT shall develop and maintain fiscal, statistical, and administrative records pertaining to services as specified by the DEPARTMENT.
14. The APPLICANT shall make an acknowledgment of the DEPARTMENT and ADAD as the APPLICANT'S program sponsor. This acknowledgment shall appear on all printed materials.
15. The APPLICANT shall incorporate best practices/evidence-based practices in any substance abuse service. Best practices/evidence-based practices are defined as a body of contemporaneous empirical research findings that produce the most efficacious outcomes for persons with substance abuse problems, has literature to support the practices, is supported by national consensus, has a system for implementing and maintaining program integrity, and conformance to professional standards. For best practices in specific areas of substance abuse, the APPLICANT is encouraged to consult the the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA's) **Treatment Improvement Protocol Series (TIPS), Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (TIP 43)**, the National Institute on Drug Abuse's (NIDA) **Principles of Drug Addiction Treatment**,

and/or access website resources listed in **Attachment E-7, “Important Website Addresses.”**

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

“It is agreed that the State of Hawaii, its officers, employees and agents are named as additional insured, but only with respect to operation arising out of the operation performed by the named insured.”

If the insurer is not licensed by the State of Hawaii, the following statement must be displayed on the insurance certificate:

“This insurance contract is issued by an insurer which is not licensed by the State of Hawaii and is not subject to its regulation or examination. If the insurer is found insolvent, claims under this contract are not covered by any guaranty fund of the State of Hawaii.”

In addition, automobile (auto) insurance shall be no less than **ONE MILLION DOLLARS (\$1,000,000) PER ACCIDENT.**

B. Secondary purchaser participation

(Refer to HAR Section 3-143-608)

1. ADAD does not plan to have any Secondary Purchasers in conjunction with this RFP.

2. After-the-fact Secondary Purchases will be allowed.

C. Multiple or alternate proposals

(Refer to HAR Section 3-143-605)

Allowed Unallowed

D. Single or multiple contracts to be awarded

(Refer to HAR Section 3-143-206)

Single Multiple Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to HAR Section 3-149-302)

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

Contract terms:

1. The contract will be for one or two years depending on such factors as the fiscal soundness of the APPLICANT and/or the APPLICANT's history with the Alcohol and Drug Abuse Division in providing services as specified in this RFP or similar services.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider(s). Written questions should be submitted to the RFP contact person and received by the day and time specified in Section 1, paragraph I (Procurement Timetable) of this RFP.

Contact Person: Jared Yurow, Psy.D. at (808) 692-7509
jared.yurow@doh.hawaii.gov

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

1. The Opioid Addiction Substance Abuse Program means the provision of methadone by an alcohol and/or other drug program licensed by the State and in compliance with the **Center for Substance Abuse Treatment** (Substance Abuse and Mental Health Services Administration) certification and treatment requirements and the **U.S. Drug Enforcement Administration** requirements. For this RFP, the program includes Opioid Outpatient, Intensive Outpatient,

Recovery Services, Interim, Outreach and Medical Director Services as defined below. Refer to Section 5, Attachment E-1, **Substance Abuse Treatment Guidelines**, for the definitions of specific treatment activities and further clarification of the treatment standards. Refer to Section 5, Attachment E-4 for the **IDU Outreach Services Policy and Procedures**.

Unit of Performance Services:

- a. An **Outpatient Program** provides non-residential comprehensive specialized services on a scheduled basis for individuals with substance abuse problems. Professionally directed evaluation, treatment, case management, and recovery services are provided to clients with less problematic substance abuse related behavior than would be found in a residential or day treatment program. An Outpatient Program regularly provides between one **(1) and eight (8) hours per client per week of face-to-face treatment and one (1) hour of scheduled and documented individual counseling per client per month**. The scheduling of one **(1) hour per client per week of individual counseling** is recommended when clinically indicated. The Outpatient Program consists of:
 - 1) **Individual Counseling**, which provides the utilization of special skills by a clinician to assist individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
 - 2) **Group Counseling**, which provides the utilization of special skills by a clinician to assist two or more individuals and/or their families/significant others in achieving treatment objectives through the exploration of alcohol and other drug problems and/or addiction and their ramifications, including an examination of attitudes and feelings, consideration of alternative solutions and decision making, and/or discussing didactic materials with regard to alcohol and other drug related problems.
 - 3) **Family/Couple Counseling**, which provides counseling for alcohol and/or drug treatment with a client's family members or significant others, typically delivered as a scheduled hourly event. In some instances, the client may not be present during these sessions.
 - 4) **Skills Development**, which provides activities to develop a range of skills to help maximize client community integration and independent living. Services may be provided in individual or group settings. They need not

be scheduled events, but may be applied in the context of other normal activities, such as education or employment.

- 5) **Urinalyses (UA)** must include testing for all common drugs of abuse, including marijuana. All positive UAs must result in an update of the treatment plan as well as progress notes which indicate that the continued substance use is being effectively addressed in an increase in type or frequency of counseling or other services.
 - 6) **Case Management**, which provides services to assist and support clients in developing their skills to gain access to needed medical, social, educational and other services essential to meeting basic human services; linkages and training for the client served in the use of basic community resources; and monitoring of overall service delivery. This service is generally provided by staff whose primary function is case management.
- b. An **Intensive Outpatient Program** provides an outpatient alcohol and/or other drug treatment service which usually operates for **at least three (3) or more hours per day for three (3) or more days per week**, in which the client participates in accordance with an approved Individualized Treatment Plan. Intensive Outpatient Programs shall include the following face-to-face activities: assessment, initial and updated treatment planning, crisis intervention, individual and group counseling and substance abuse education.

Intensive outpatient programming may also include, but is not limited to: skill building groups, recreational therapy, family/couple counseling, substance abuse testing and case management. The scheduling of a one **(1) hour session per client per week of individual counseling is required** and shall be documented.

c. **Recovery Support Services**

- 1) **Continuing Care Services provide services for the purpose of** maintaining gains established in treatment and in support of the recovery process.

Continuing Care Services consist of individual, group counseling and skill building for the purpose of relapse prevention. Up to **two (2) hours (in any combination) of individual or group activities may be scheduled with each client weekly.**

- 2) **Clean and Sober Housing** provides housing to unrelated adults who are without appropriate living alternatives and who are participating in an

ADAD-contracted substance abuse treatment agency's continuum of care or have been discharged within the past twelve months from an ADAD-contracted treatment program. The focus of this service is to provide the necessary support and encouragement for the client to adjust to a chemically abstinent lifestyle and manage activities of daily living in order to move toward independent housing and life management.

Clean and Sober Housing differs from a Therapeutic Living Program in that residents do not require twenty-four hour supervision, rehabilitation, therapeutic services or home care. Rather, it provides adults in recovery an environment that is free from alcohol and non-medically prescribed medications or illegal substances. Adults share household expenses.

Clean and Sober Homes shall comply with the **General Requirements** listed under Section II of this RFP. In its proposal, the APPLICANT shall include its policies and procedures regarding the provision of Clean and Sober Housing. At a minimum, the policies and procedures must specify that **residents may not possess or consume alcohol, illegal drugs or non-medically prescribed medication on or off the premises.** APPLICANTS proposing to provide Clean & Sober Housing must also provide another level of ADAD-funded treatment.

- 3) The APPLICANT awarded funding under this RFP shall be designated as the specialized program for opioid recovery services and shall provide **Interim Services** to any individual in opioid recovery, including pregnant women with an opioid addiction who have been wait-listed by any substance abuse treatment agency. A preference shall be given to individuals who are IDUs. In the provision of Interim Services, the APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures**, as specified in Section 5, Attachment E-2. Specifically, APPLICANTS should note that:
 - a) Interim services must be provided within forty-eight (**48**) hours of the request for admission of individuals with an opioid addiction, with preference given to IDUs, who have been denied admission to a substance abuse treatment program on the basis of the lack of capacity of the program to admit the individual.
 - b) The individual client may remain in the Interim Opioid Recovery Program for a period of up to one hundred twenty (**120**) days, during which time admission to substance abuse treatment shall be secured.
- 4) The APPLICANT must also provide an **Outreach Program**, which is defined as a program designed to bring services and information in a planned approach to reach a target population within their environment, and to prevent and/or address issues and problems as they relate to the

use/abuse of alcohol or other drugs. The purpose of these services is to encourage IDUs to utilize the APPLICANT'S Opioid Outpatient Recovery Program and to accept referral and linkage to appropriate resources in the community. In the provision of IDU Outreach Services, the APPLICANT shall comply with ADAD's **IDU Outreach Services Policy and Procedures** as specified in Section 5, Attachment E-4.

5) **Medical Director Requirements:**

The Opioid Therapy Outpatient Recovery Program shall have on its staff a Medical Director in accordance with **21 C.F.R., Section 291.505(a)(3)**, who is "a physician, licensed to practice medicine in the jurisdiction in which the program is located, who assumes responsibility for the administration of all medical services performed by the narcotic treatment program including ensuring that the program is in compliance with all Federal, State, and local laws and regulations regarding the medical treatment of narcotic addiction with a narcotic drug."

The Program's Medical Director may serve in an administrative capacity by supervising appropriate medical staff or may provide direct services. Per **42 C.F.R. Part 8, Subpart A, Section 8.2**, a "Medical director means a physician, licensed to practice medicine in the jurisdiction in which the opioid treatment program is located, who assumes responsibility for administering all medical services performed by the program, either by performing them directly or by delegating specific responsibility to authorized program physicians and healthcare professionals functioning under the medical director's direct supervision."

The APPLICANT shall submit its monthly requests for reimbursement for the services below in a manner to be determined by **ADAD**. Reimbursable services shall include the following:

- a) Supervision of nursing staff, to include personnel issues such as recruiting, interviewing, recommendations for hiring, firing, disciplinary actions, personnel evaluations, and training,
- b) Consultation to staff regarding medical complications, case review and discussion; consultation with other physicians for coordination of therapies and provision of information regarding patient condition, treatment plan review and interdisciplinary meetings.
- c) Ordering, storage, and maintenance of medications; overseeing Inventory control; conducting physical and lot inventories; reporting to the Drug Enforcement Agency and Food and Drug Administration as legally indicated; assuring current State of Hawaii, Department of

Public Safety Narcotics Enforcement Division and United States Department of Justice Drug Enforcement Administration licensing of the APPLICANT to operate its Opioid Maintenance Therapy Outpatient Treatment Program; investigation of discrepancies of narcotics and other medications.

- d) Inputting medical orders and data into a Management Information System; communication with federal and state authorities regarding protocols and policies; developing, updating, and reviewing of the APPLICANT's standard operational procedures and keeping medical manuals current.
2. Clients in any level of treatment shall meet the most current version of the American Society for Addiction Medicine Patient Placement Criteria (**ASAM PPC**) for admission, continuance, and discharge. The APPLICANT shall document in writing in the client's chart that ASAM criteria have been met.
3. Each part of the continuum shall include, as appropriate, the face-to-face activities which are defined in ADAD's **Substance Abuse Treatment Guidelines** found in Section 5, Attachment E-1.
4. The APPLICANT shall develop and implement an appropriate induction plan and later a maintenance plan for each client. For clients on medically supervised dosage reduction or withdrawal, the APPLICANT shall develop and implement an appropriate plan. For each client in the final phase of treatment prior to discharge, the APPLICANT shall develop an appropriate discharge plan. Each plan shall address recovery issues and relapse prevention and where appropriate, transition issues.
5. The Opioid Recovery Services Program shall ensure that clients have access to pre-vocational and vocational programs per **Title 11, Chapter 175-62, HAR** and shall provide written documentation to ADAD regarding how the vocational needs of clients shall be addressed.
6. All clients appropriate for transfer to a less restrictive level of service shall be referred for transfer as established in **Sec. 334-104, HRS**, Least Restrictive Level of Service.
7. The Opioid Recovery Services Program shall administer the **Addiction Severity Index (ASI)** as part of the initial assessment and upon discharge to all clients admitted for services. The ASI shall be administered at least yearly as part of an annual biopsychosocial assessment. Results of the **ASI** must be included in ADAD's Management Information System Admission form and submitted as part of the Hawaii Web Infrastructure for Treatment System (**WITS**).

8. The APPLICANT shall comply with ADAD's **Wait List Management and Interim Services Policy and Procedures** as specified in **Section 5, Attachment E-2**.
9. The APPLICANT shall adopt and implement a policy on alcohol and other drug use (including psychotropic, mood stabilizing medication, methadone and other medications) while clients are in treatment. **Clients cannot be excluded solely on the basis of use of medically prescribed medication.**
10. The APPLICANT shall comply with **Sec. 1924(a) of Public Law (P.L.) 102-321**, which states that the program shall routinely make available tuberculosis (TB) services to all clients either directly or through arrangements with public or nonprofit agencies. If the program is unable to accept a person requesting services, the program shall refer the person to a provider of TB services. TB services shall include, but not be limited to, counseling; testing to determine whether the individual has contracted the disease and to determine the appropriate form of treatment; and treatment.
11. The program shall comply with the following sections of **P.L. 102-321** regarding treatment services for pregnant women and women with dependent children:
 - a. Pursuant to **Sec. 1922(c)(3)**, make available, either directly or through arrangements with other public or nonprofit agencies, prenatal care to women receiving services, and childcare while the women are receiving the services.
 - b. Pursuant to **Sec. 1927**, comply with the following requirements:
 - 1) Give preference for admission to treatment to pregnant women who seek or are referred for and would benefit from treatment; and
 - 2) Advertise that pregnant women shall receive preference for treatment on any brochures or materials published by the agency.
12. The APPLICANT shall maintain a current base of information and referral sources on alcohol, tobacco and other drug, substance abuse and related problem behaviors and treatment resources. Such information shall be made easily accessible to staff and program recipients.
13. APPLICANTS providing opioid therapy outpatient recovery services shall comply with ADAD's **IDU Outreach Services Policy and Procedures** found in the RFP packet Section 5, Attachment E-4.

B. Management Requirements (Minimum and/or mandatory requirements)**1. Personnel**

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

- Clinical supervision

CSACs and individuals who hold an advanced degree in behavioral health sciences preferably shall perform the following functions; however, non-CSACs or non-Masters level providers may be utilized as long as they are directly supervised* by a CSAC or Masters level counselor and are working toward certification:

- Clinical evaluation
- Treatment planning
- Individual, group, and family counseling

*Direct supervision means a minimum of one hour of supervision for every seven hours of performance. This involves teaching the supervisee about each core function of a substance abuse counselor, demonstrating how each core function is accomplished, the supervisee sitting in while the supervisor performs the function, the supervisee performing the function with the supervisor present, and, finally, the supervisee performing the function independently but with review and feedback from the supervisor. In addition, supervisees shall be required to attend ADAD-approved CSAC preparatory training when available.

- c. The APPLICANT shall employ staff who have verifiable experience providing any specialized therapeutic activities, such as psychotherapy or family therapy, and/or experience in working with relevant specialized populations such as women, minorities, or adolescents.

- d. Staffing shall reflect a multi-disciplinary team effort to the greatest extent possible.
- e. The APPLICANT shall have on the premises at least one person currently certified for First Aid and CPR.
- f. The APPLICANT shall maintain documentation for each employee of an initial and annual tuberculosis (TB) skin test or chest X-ray.
- g. The APPLICANT shall assure at least 12 hours of relevant clinical training per year for each staff person providing clinical services per **11-175-14(e)(1)-(4), HAR**, which shall include:
 - 1) Staff education on HIV and AIDS.
 - 2) Staff education on the risks of TB for those abusing substances.
- h. The APPLICANT shall ensure that staff receive appropriate supervision including clinical supervision, and administrative direction.

2. Administrative

- a. Pregnant women shall receive preference for treatment. To ensure that pregnant women and referring programs are aware of this preference, any brochures or materials published by the APPLICANT shall advertise that pregnant women shall receive preference for treatment.
- b. The APPLICANT shall not use the Department of Health's funding to make payment for any service which has been, or can reasonably be expected to be, made under another State compensation program, or under any insurance policy, or under any Federal or State health benefits program (including the program established in Title XVIII of the Social Security Act and the program established in Title XIX of such Act), or by any entity that provides health services on a prepaid basis. ADAD funds may be used to supplement **QUEST-Net**, and other applicable medical programs' substance abuse services, after the benefits have been exhausted and up to the limit of **QUEST or QUEST Expanded Access (QExA)** substance abuse benefits.
- c. ADAD will allow the APPLICANT to supplement **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program benefits for substance abuse treatment for clients with a primary diagnosis of methamphetamine dependency, who have appealed and exhausted their insurance coverage, up to the limits of ADAD coverage.

- d. The APPLICANT shall maximize reimbursement of benefits through **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical programs.
- e. The APPLICANT shall comply with the Department of Human Service's **QUEST, QUEST-Net, QUEST Expanded Access (QExA)** and other applicable medical program policies.
- f. The APPLICANT shall refund to the DEPARTMENT any funds unexpended or expended inappropriately.
- g. The APPLICANT under the actual expenditure method of reimbursement shall assure that all equipment and unused supplies and materials purchased with DEPARTMENT funds paid to it shall become the property of the DEPARTMENT upon completion or termination of the contract.
- h. The APPLICANT under the actual performance method of reimbursement shall assure that program income and/or surplus earned during the contract period shall be used to further the program objectives; otherwise the DEPARTMENT will deduct the surplus from the total contract amount in determining the net allowable cost on which the state's share of cost is based.

3. Quality assurance and evaluation specifications

- a. The APPLICANT shall have a quality assurance plan which identifies the mission of the organization, what services will be provided, how they are delivered, who is qualified to deliver them, who is eligible to receive the services, and what standards are used to assess or evaluate the quality and utilization of services
- b. The quality assurance plan shall serve as procedural guidelines for staff, and will confer designated individuals and committees with the authority to fulfill their responsibilities in the areas of quality assurance.
- c. The quality assurance process shall serve as a source of information for parties interested in knowing how the program monitors and improves the quality of its services. Findings shall be integrated and reviewed by the quality assurance committee, and information shall be conveyed to the program administrator and the organization's executive officer and governing body at least semi-annually.
- d. The quality assurance system shall identify strengths and deficiencies, indicate corrective actions to be taken, validate corrections, and recognize

and implement innovative, efficient, or effective methods for the purpose of overall program improvement.

- e. Program evaluation should reflect the documentation of the achievement of the stated goals of the program using tools and measures consistent with the professional standards of the disciplines involved in the delivery of services.

4. Output and performance/outcome measurements

- a. Performance measures shall be summarized and analyzed on a yearly basis as specified in ADAD's Year-End Program Report and shall be based on the data specified below, which is, with the exception of #1, taken from the **Web-Based Infrastructure for Treatment System (WITS) Follow-Up Report** form. The WITS Follow-Up data is required to be administered to all admitted clients. The APPLICANT shall set a threshold percentage of achievement for each of the following WITS data items:
 - 1) Number of clients completing treatment.
 - 2) Employment status at follow-up.
 - 3) Living arrangements at follow-up.
 - 4) Number of clients receiving substance abuse treatment since discharge.
 - 5) Number of clients currently in substance abuse treatment.
 - 6) In the past thirty (30) days, number of clients experiencing significant periods of psychological distress.
 - 7) In the past thirty (30) days, number of days of work/school missed because of drinking/drug use.
 - 8) Number of arrests since discharge.
 - 9) Number of emergency room visits since discharge.
 - 10) Number of times client has been hospitalized for medical problems since discharge.
 - 11) Frequency of use thirty (30) days prior to follow-up.
 - 12) Usual route of administration.
- b. The APPLICANT shall collect **WITS Follow-Up Data** for all clients admitted to the program six (6) months after termination, regardless of the reason for discharge. Sufficient staff time shall be allocated for follow-up to ensure at least three (3) attempts to contact clients using at least two (2) different methods (e.g., mail out, telephone, face-to-face) are made, and to assure that unless the client has died or left no forwarding address they will be contacted.
- c. APPLICANTS who contracted with ADAD during the contracting period immediately preceding this RFP are expected to report performance data on a continuous basis, e.g., follow-up data from clients served during the

previous contract period should be included in the following contract year, as applicable.

5. Experience

The APPLICANT shall have a minimum of one (1) year experience in the provision of substance abuse treatment services in addition to meeting the CSAT requirements for an opioid outpatient therapy program.

6. Coordination of services

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

7. Reporting requirements for program and fiscal data

- a. Required Program Reports:

The APPLICANT shall submit, in the format specified by ADAD, **Quarterly Program Reports** summarizing client output data and **Year-end Program Reports** summarizing and analyzing required performance data (see 4.a. above). Quarterly reports are due **30 days** after the end of the quarter. Year-end Reports are due **45 days** after the end of each fiscal year.

For contracts beginning July 1:

Quarter 1:	July 1 - September 30.	Report due October 31.
Quarter 2:	October 1 - December 31.	Report due January 31.
Quarter 3:	January 1 - March 31.	Report due April 30.
Quarter 4:	April 1 - June 30.	Report due July 31.
Year End:	July 1 - June 30.	Report due August 15.

- b. Required Fiscal Reports:

- 1) For **Unit of Performance** contracts, the APPLICANT must have sufficient computer capacity (a high speed internet connection and

Internet Explorer VI at a minimum) to utilize ADAD's computerized **WITS system** and shall submit claims for reimbursement.

The APPLICANT will be required to submit the **Admission, Discharge and Follow-up data for all substance abuse clients regardless of payment source** directly into the WITS system.

- 2) The APPLICANT shall collect and report data regarding each client's participation in **social support groups** at both the time of admission and discharge. Reporting of this information has been included in the WITS system.
- 3) The APPLICANT receiving federal funds or a combination of general and federal funds shall submit final invoices no later than **45 days** after the end of each contract year, or by **August 15**, whichever comes first. Lapsing of funds will occur if final invoices are not received in a timely manner.
- 4) Within **45** calendar days after the expiration of each contract year, the APPLICANT shall submit to ADAD the **Statement of Revenue and Expenditures** summarizing the actual expenditures for the fiscal year and the **Year-end Program Report** which includes client services data describing total number of units of service provided by contract, site and modality, client performance data and other contract close-out documentation as specified by ADAD.

Note: The State will perform an audit of the APPLICANT to assure services billed have been provided and documented. The audit shall, at a minimum, include evaluating the client's financial eligibility, the financial statement, and receipts, confirming billed service with service documentation in the client chart, and other documents as requested by the State.

C. Facilities

APPLICANTS shall provide a description of the facility(s) and sites(s) it proposes to use for the requested services, including the items below:

1. Physical address
2. Narrative description
3. Detailed description of how the facility meets or plans to meet the American with Disabilities Act (**ADA**) requirements.
4. Description of the facility's accessibility to clients.

Facilities shall meet federal standards as set forth under **42 CFR Part 8** and SAMHSA's "**Guidelines for the Accreditation of Opioid Treatment Programs.**"

Facilities shall also meet applicable state and county regulations regarding the provision of opioid treatment services. Facilities shall meet applicable state and county regulations regarding the provision of substance abuse treatment services.

IV. COMPENSATION AND METHOD OF PAYMENT

ADAD has the option to adjust unit rates on contracts covered under this RFP. ADAD may change all or part of the pricing structure from a fixed unit rate to cost reimbursement or from cost reimbursement to a fixed unit rate.

The AWARDEE will be required to submit client encounter data into the ADAD data management information systems. An instructional session will be provided by the ADAD after contract execution.

Monthly invoices must be submitted by the APPLICANT within thirty (30) calendar days after the last day of each calendar month. All corrections to submitted invoices must be received by ADAD no later than ninety (90) days after the last day of the billing month. Invoices may not be accepted after the ninety (90) day period. If the APPLICANT is unable to submit an invoice within the ninety (90) day period, the APPLICANT must provide justification as to the reasons for the delay and the anticipated submission date. If a formal request for an extension is not received prior to the end of the ninety (90) day period, ADAD may deny the request for extension and will not be held liable for payment of the invoice. All APPLICANTS must submit data in the manner and format specified by ADAD.

Units of service and unit rate

When fixed-rate pricing is used reimbursement will be by Units of Performance at the fixed rates listed below. Reimbursement by Costs may also be used either alone or in combination with Units of Performance reimbursement.

A. Outpatient Substance Abuse Treatment:

1. The unit of performance is sixty (**60**) minutes. For case management, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of thirty (30) minutes.
2. The rates shall be:
 - a. EIGHTY-EIGHT DOLLARS (**\$88**) for sixty (**60**) minutes of treatment planning or modification, individual counseling, or family counseling.
 - b. FORTY-EIGHT DOLLARS (**\$48**) for a sixty (**60**) minute process group or skill building group activity per client.

- c. FORTY-FOUR DOLLARS (\$44) for a sixty (60) minute cultural group activity per client.
 - d. SIXTEEN DOLLARS (\$16) for sixty (60) minutes of face-to-face case management with a client or face-to-face with a community resource.
 - e. TWELVE DOLLARS (\$12) for sixty (60) minutes of case management through live telephone contact (no voicemail).
3. Reimbursable activities shall consist of face-to-face individual sessions including screening, assessment, treatment planning, and counseling; and group sessions including process, task, education, skill building, and recreation groups; and family counseling. The APPLICANT can bill only for screenings that result in a client's admittance into the Outpatient Program.
 4. The maximum hours of service shall be ninety-six (96) hours per client per year.

B. Intensive Outpatient Substance Abuse Treatment:

1. The unit of performance shall be a **per diem**. The APPLICANT may bill by quarter hour (15 minute) increments in excess of one (1) hour.
2. The rate shall be ONE HUNDRED TWENTY DOLLARS (\$120) per day for face-to-face individual, group, and/or family sessions.
3. The maximum reimbursement shall be SIX HUNDRED DOLLARS (\$600) per week, preferably in blocks of three (3) hours of treatment per day.
4. The maximum length of stay shall be forty (40) days per client per year.

C. Medication Administration and Health/Status Monitoring:

1. The unit of performance for each service is specified below.
2. The APPLICANT may bill ADAD for dosing at the daily rate under 3. a. and 3. b. if the client has no insurance or insurance benefit that covers dosing. Additionally, the client must attend a minimum of **one (1) hour** of the face-to-face activities listed as follows: screening, assessment, treatment planning, individual counseling, group counseling, family/couple counseling and case management (face-to-face, client to case manager).
3. The rates shall be:
 - a. **Daily Methadone Dosing:** The unit of performance and maximum allowable shall be **one (1) dispensed unit per day**. The APPLICANT may bill at the daily rate of SIX DOLLARS (\$6) for methadone

provided the client attends a minimum of **one (1)** of the face-to-face activities listed above. Note: ADAD may only be billed for this service if client has no insurance or insurance does not cover this benefit.

- b. **Take-Home Methadone Dosing:** The unit of performance and maximum allowable shall be **one (1) distribution unit per day**. The APPLICANT may bill at the daily rate of SIX DOLLARS (\$6) for methadone provided the client attends a minimum of **one (1)** of the face-to-face activities listed above. Note: ADAD may only be billed for this service if client has no insurance or insurance does not cover this benefit.

For unsupervised or take-home use:

- 1) Any client in comprehensive maintenance treatment may receive a single take-home dose for a day that the clinic is closed for business, including Sundays and State and Federal holidays.
- 2) Treatment program decisions on dispensing opioid treatment medications to clients for unsupervised use shall be determined by the medical director. The medical director shall consider the following take-home criteria in determining whether a client is responsible in handling opioid drugs for unsupervised use.
 - a) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol;
 - b) Regularity of clinic attendance;
 - c) Absence of serious behavioral problems at the clinic;
 - d) Absence of known recent criminal activity;
 - e) Stability of the client's home environment and social relationships;
 - f) Length of time in comprehensive maintenance treatment;
 - g) Assurance that take-home medication can be safely stored within the client's home; and
 - h) Whether the frequency of clinic attendance outweighs the potential risks of diversion.
- 3) Such determination and the basis for such determination shall be documented in the client's medical record.
- 4) If it is determined that a patient is responsible in handling opioid drugs, the following restrictions apply:
 - a) During the first ninety (90) days (3 months) of treatment, the take-home supply is limited to a single dose each week and the client shall ingest all other doses under appropriate supervision. The client shall attend a minimum of one (1) of the face-to-face activities listed above each week.
 - b) In the second ninety (90) days (6 months) of treatment, the take home supply is two (2) doses per week. The

client shall attend a minimum of one (1) of the face-to-face activities listed above each week.

- c) In the third ninety (90) days (9 months) of treatment, the take-home supply is three (3) doses per week. The client shall attend a minimum of one (1) of the face-to-face activities listed above each week.
- d) After a year of continuous treatment, a client may be given a maximum of 2-week supply of take-home medication. The client shall attend a minimum of one (1) of the face-to-face activities listed above every other week.

c. **Health/Status Monitoring:** The unit of performance shall be **one (1) unit per specified time as indicated below**. The APPLICANT may bill at the following rates for any of the following activities:

- 1) Physician office visit per client—**FIFTY-SIX DOLLARS (\$56)**
- 2) Monthly toxicology screening per client or as clinically indicated—**TWELVE DOLLARS (\$12)**
- 3) Annual Physical exam per client—**FIFTY-SIX DOLLARS (\$56)**

Note: ADAD may only be billed for a service if client has no insurance or insurance does not cover this benefit.

d. **Urinalyses (UA):** The unit of performance shall be **one (1) unit per week**. The APPLICANT may bill at the weekly rate of **TWELVE DOLLARS (\$12)** for a screen/non-confirmatory test and **THIRTY DOLLARS (\$30)** for laboratory analysis for confirmatory testing. All positive UAs must result in an update of the treatment plan as well as progress notes which indicate that the continued substance use is being effectively addressed in an increase in type or frequency of counseling or other services.

D. Interim and Outreach Services

- 1. The unit of performance is sixty (**60**) **minutes**. For case management and outreach services, the APPLICANT may bill by quarter hour (15 minute) increments. For all other services, the APPLICANT may bill by quarter hour (15 minute) increments in excess of thirty (30) minutes.
- 2. The rates shall be:
 - a. Interim services:
 - 1) **EIGHTY-EIGHT DOLLARS (\$88)** for sixty (**60**) minutes of individual counseling

- 2) TWENTY-FOUR DOLLARS (**\$24**) for a sixty (**60**) minute education group
- 3) SIXTEEN DOLLARS (**\$16**) for sixty (**60**) minutes of face-to-face case management with a client or face-to-face with a community resource.
- 4) TWELVE DOLLARS (**\$12**) for sixty (**60**) minutes of case management through live telephone contact (no voicemail).

b. Outreach services:

TWENTY-FOUR DOLLARS (**\$24**) for sixty (**60**) minutes of outreach activities.

Note: Documentation must be made on Attachment E-4b.

E. Continuing Care Services:

1. The unit of performance is sixty (**60**) minutes.
2. The APPLICANT may bill by quarter hour (15 minute) increments in excess of thirty (30) minutes. The rate shall be of TWENTY-FOUR DOLLARS (**\$24**) for continuing care, which may be either individual or group counseling.

SECTION 3:

**POS PROPOSAL
APPLICATION
INSTRUCTIONS**

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. See sample table of contents in Section 5.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items in the required section will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (see Section 1, paragraph II, Website Reference). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

APPLICANT shall give a brief overview to orient evaluators as to the program/services being offered. Include an Organization-wide organizational chart that shows where the proposed program fits within the APPLICANT agency. See sample in Section 5 – Attachment C-5.

II. Experience and Capability (10 page maximum for Sections A-D)

A. Necessary Skills (2 pages)

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

B. Experience (2 pages)

The APPLICANT shall provide a description of projects/contracts of verifiable experience pertinent to the proposed services within the most recent 5 years. APPLICANT shall include points of contact, addresses, e-mail/phone numbers. The State reserves the right to contact references to verify experience.

Respond to Section 2, Subsection III B. 5 “Experience” of the RFP regarding experience requirements in the provision of substance abuse treatment.

C. Quality Assurance and Evaluation (4 pages)

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

Respond to Section 2, Subsections III.B.3, “Quality assurance and evaluation specifications” and III.B.4, “Output and performance/outcome measurements” of the RFP. Present a plan for collecting, analyzing, and reporting the information required to document that the APPLICANT’S goals and objectives have been reached. Document the appropriateness of the proposed outcome measures for the target population. Describe how adherence/fidelity to implementation of the proposal model will be achieved, and how results will be assessed. Set a threshold percentage for each Outcome Objective specified in this subsection and provide the rationale for not setting a lower or higher percentage.

D. Coordination of Services (1 page)

The APPLICANT shall demonstrate the capability to coordinate services with other agencies and resources in the community. Specify the intermediaries, e.g., school personnel, judiciary, mental health centers, QUEST plans, etc., whose involvement is critical in order for the program to succeed. Include a description of coordination efforts that will occur with other agencies in the community. Indicate how these intermediaries will cooperate. Respond to Section 2, Subsection III, B. 6 “Coordination of Services” of the RFP.

E. Facilities (*1 page*)

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

Respond to Section 2, Subsection III, C. "Facilities" requirements of the RFP as appropriate.

Respond to Section 2, Subsection II. A. license requirements of the RFP as appropriate.

III. Project Organization and Staffing (*6 page maximum + Organizational Chart*)

A. Staffing

1. Proposed Staffing (*2 pages*)

The APPLICANT shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.) Indicate the Staff-To-Client Ratio for each modality as described in the **Service Delivery Tables** in Section 5, Attachment C-4.

Discuss staffing, including level of effort with justification for key personnel. Include position descriptions for all significant staff budgeted to this program directly or through subcontracts. For direct service staff, reflect any minimum qualifications, including experience, as specified in Section 2, Subsection III.B.1., a-i of the RFP.

2. Staff Qualifications (*2 pages*)

The APPLICANT shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable). Complete the **Staffing Position Chart** in Section 5, Attachment C-1. Incumbent Qualifications column needs to be completed with actual qualifications, not with a reference to the job descriptions or resumes.

Describe the extent to which the staff's qualification/competency is responsive to the needs of the target population. Refer to the RFP Section 2, Subsection III, B. 1. c.-d.

B. Project Organization

1. Supervision and Training (2 pages)

The APPLICANT shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services. Refer to the RFP Section 2, Subsection III.B.1. b. and h. for requirements regarding supervising and training direct service staff, and to Subsection c.- g. as appropriate, for additional staff qualifications and requirements.

2. Organization Chart (no page limit)

The APPLICANT shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the Proposal Application. The "Organization-Wide" organizational chart is addressed under Section 3, Subsection I "Program Overview."

IV. Service Delivery (20 page maximum)

The APPLICANT shall include a detailed discussion of their approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules. A separate weekly schedule, showing all hours of operation for all seven days, showing the activities to be provided to ADAD clients shall be submitted. See a sample in Section 5- Attachment C-6. Work Plan Forms are found in Attachment C.

Describe the treatment component to be created or expanded and document that it demonstrates best practices based on research and clinical literature or successful outcomes based on local outcome data, and follows the **NIDA Principles of Effective Treatment** found in Section 5, Attachment E-3. For treatment components that will be expanded, include data on current capacity, average length of treatment, retention rates, and outcomes. Address how services will be provided to each targeted population to be served by this proposal.

Provide annual quantitative goals and objectives for the treatment component in terms of the numbers of individuals to be served, types and numbers of Services to be provided, and outcomes to be achieved. Describe how the targeted population will be recruited into treatment and retained in treatment. Include a description of available

resources (e.g., facilities, equipment) and discharge planning process to the community.

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

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

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

Respond to the following Subsections of Section 2 of the RFP:

- I.C. "Description of the goals of the service;"
- I.D. "Description of the target population to be served;"
- I.E. "Geographic coverage of service;"
- II.A. 2-17 "Specific Requirements" and
- III.A.1. a-c and 2-13 "Service Activities."

V. Financial (1 page maximum for Section A)

A. Pricing Structure

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

1. Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

- a. Form SPO-H 205 Budget
- b. Form SPO-H 205B Organization-Wide Budget by Programs
- c. Form SPO-H 206A Personnel – Salaries & Wages
- d. Form SPO-H 206B Personnel – Payroll Taxes, Assessments and Fringe
- e. Form SPO-H 206C Travel – Inter-island
- f. Form SPO-H 206E Contractual Services –

- | | | |
|----|-----------------|-------------------------------------|
| | | Administrative |
| g. | Form SPO-H 206F | Contractual Services – Subcontracts |
| h. | Form SPO-H 206H | Program Activities |
| i. | Form SPO-H 206I | Equipment Purchases |
| j. | Form SPO-H 206J | Motor Vehicle |

All budget forms, instructions and samples are located on the SPO Website (see Section I. paragraph II. Website Reference). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

- | | | |
|----|----------------|-----------------------------------|
| k. | Attachment C-1 | Staffing Position Chart |
| l. | Attachment C-2 | Organization-wide RFP Information |

2. Pricing Structure Based on Negotiated Unit of Service Rate

NOT APPLICABLE TO THIS RFP

3. Pricing Structure Based on Unit of Service Rate

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

Only the following budget form(s), which are contained on the SPO Website, shall be submitted with the POS Proposal Application:

- | | | |
|----|-----------------|---------------------------------------------------|
| a. | Form SPO-H 205 | Budget |
| b. | Form SPO-H 205B | Organization-Wide Budget by Programs |
| c. | Form SPO-H 206A | Personnel – Salaries & Wages |
| d. | Form SPO-H 206B | Personnel – Payroll Taxes, Assessments and Fringe |
| e. | Form SPO-H 206C | Travel – Inter-island |
| f. | Form SPO-H 206E | Contractual Services – Administrative |
| g. | Form SPO-H 206F | Contractual Services – Subcontracts |
| h. | Form SPO-H 206H | Program Activities |
| i. | Form SPO-H 206I | Equipment Purchases |
| j. | Form SPO-H 206J | Motor Vehicle |

All budget forms, instructions and samples are located on the SPO Website (see Section 1., paragraph II, Website Reference). The following additional documents from Attachment C, Work Plan Form, shall also be completed and submitted with the proposal:

- k. Attachment C-1 Staffing Position Chart
- l. Attachment C-2 Organization-wide RFP Information
- m. Attachment C-3 Performance Based Budget

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

4. Pricing Structure Based on Fixed Price

NOT APPLICABLE TO THIS RFP

B. Other Financial Related Materials (*Page limitation not applicable*)

1. Accounting System

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

- a. The latest Single Audit Report, Financial Audit (no earlier than June 30, 2007), or financial statement.
- b. Cost Allocation plan which provides an explanation of how costs are allocated to various sources of funding.

Respond to Section 2, Subsection II.A.2-19, "General Requirements."

For the APPLICANT'S organization, list all current sources of support and any pending applications for support that relate to the proposed program. If there are none, state "none." For all active and pending support listed, provide the following information:

- 1. Source of support (including identifying number and title.
- 2. Dates of entire project period.
- 3. Annual direct costs supported/requested.
- 4. Whether project overlaps, duplicates, or is being supplemented by the present application, with delineation and justification of the nature and extent of any programmatic and/or budgetary overlaps.
- 5. Probable funding amounts, source, and period of availability, *Pending availability of General funds. Funding may only be available for one year, as described in Section 2, I.F.

2. Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted **upon notification of award**. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

VI. Other (*Page limitation not applicable*)

A. Litigation

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

B. Assurance

The APPLICANT shall complete the following:

- 1) Assurance Regarding Drug-Free Workplace found in Section 5, Attachment E-9.
- 2) Assurance Regarding Charitable Choice Statutes found in Section 5, Attachment E-7.
- 3) Assurance Regarding Trafficking Victims Protection Act of 2000 found in Section 5, Attachment E-8.

SECTION 4:

PROPOSAL

EVALUATION

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

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

The evaluation will be conducted in three phases as follows:

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

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>	<u>Possible Points</u>
<i>Administrative Requirements</i>	(Not Rated)
<i>Proposal Application</i>	
Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

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

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Proposal Application Checklist
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)
- Litigation Disclosure (for review and determination)
- Administrative Assurances

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

The Technical Review Committee will use the scale in the table below to rate each section from Not Addressed to Excellent. The percentage for the rate level will be multiplied by the maximum number of points for that item. For example, if an item is worth 6 points and the reviewer rated it as Satisfactory response, the score for that item would equal 60% (.60) X 6 = 3.6.

0	20% (.20)	40% (.40)	60% (.60)	80% (.80)	100% (1.00)
Not Addressed	Unsatisfactory	Somewhat Satisfactory	Satisfactory	Very Satisfactory	Excellent

Rating scale definitions:

Not Addressed – The required information was not present in the APPLICANT’S proposal.

Unsatisfactory – A major item was not addressed or was addressed incorrectly, or was addressed in the wrong category.

Satisfactory – All major items were addressed. APPLICANT appears to have just restated the requirements in the RFP.

Excellent – The majority of items were addressed in an exceptionally clear, concise, or original manner.

Program Overview: No points are assigned to Program Overview. The intent is to give the APPLICANT an opportunity to orient evaluators as to the service(s) being offered.

C. Criteria for Multiple Proposals

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

- Interest of the State to have a variety of treatment providers in order to provide choices for clients.
- Interest of the State to have geographic accessibility.
- Readiness to initiate or resume services.
- Ability to maximize QUEST funding, if possible.
- Proposed budget in relation to the proposed total number of service recipients.
- If funded in the past by ADAD, ability of APPLICANT to fully utilize funding.
- Previous ADAD contract compliance status (e.g. timely submittal of reports and corrective action plans).
- Accreditation status.
- APPLICANT'S past fiscal performance based on ADAD's fiscal monitoring.
- APPLICANT'S past program performance, based on ADAD's program monitoring.

1. Experience and Capability (20 Points Total)

The State will evaluate the APPLICANT's experience and capability relevant to the proposal which shall include:

A. Necessary Skills

- Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services. Described what services will be provided, how they will be provided and who is qualified to deliver them.

6

B. Experience

- Provided a description of verifiable experience with projects/contracts for the most recent 5 years pertinent to the proposed services. Demonstrated satisfactory performance in the delivery of the same modality of service to the same population.

5

C. Quality Assurance and Evaluation

- The quality assurance and evaluation plan identifies the mission of the organization, the methodology used to identify strengths and deficiencies of the services, indicates corrective actions to be taken, and validates corrections.

1

- The quality assurance standards are used to assess or evaluate the quality and utilization of services. A threshold percentage for each outcome specified in the RFP was established; and the selected levels are sufficiently justified.

2

- The quality assurance process serves as a source of information to improve the quality of services. Findings are integrated and reviewed by the quality assurance committee, and information is conveyed to the program administrator and the organization's executive officer and governing body (e.g. Board of Directors) at least semi-annually.

2

D. Coordination of Services

- Demonstrated capability to coordinate services with other agencies and resources in the community to reduce fragmentation and/or duplication of services.

1

- Specified appropriate intermediaries who are critical for the program to succeed and indicated how these intermediaries will cooperate.

1

E. Facilities

- Described the facilities, and clearly demonstrated their adequacy in relation to the proposed services. Described realistic plans to secure one if none is presently available. Described the facilities accessibility to clients.

1

- Described how the facilities meet or will meet ADA requirements, as applicable and the availability of any special equipment that may be required for the services. Described a viable alternate plan to meet ADA requirements if facilities do not meet ADA requirements.

1

2. Project Organization and Staffing (15 Points Total)

The State will evaluate the APPLICANT’s overall staffing approach of the proposed service through an evaluation of the following documents:

- Completed **Staffing Position Chart** (Blank form can be found in Section 5, Attachments, form C-1)
- Completed **Service Delivery Tables** (Blank form can be found in Section 5, Attachments, form C-4)
- **Program Organization Chart** – To be completed by APPLICANT.
- **Resumes** - To be completed by APPLICANT.

A. Staffing

- The approach and rationale for the organizational structure, functions, and staffing, as detailed in the Organization Chart for the proposed service activities and tasks, appears sufficient to cover the program during staff illness, to allow for holidays and staff vacation time. 4

- The rationale to determine how many hours are needed to perform the activities for all positions and for which part time positions are responsible is clearly presented. Position descriptions for all staff budgeted to the program, directly or through subcontracts, are clearly presented. 4

- The proposed staffing pattern is consistent with the personnel requirements in the Service Specifications. 2

B. Project Organization

- Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services. 3

- Approach and rationale of the structure, functions, and staffing of the organization in relation to the proposed for the overall service activities and tasks. 2

3. Service Delivery (55 Points)

Evaluation criteria for this section will assess the APPLICANT’s approach to the service activities and management requirements outlines in the Proposal Application. The criteria also includes an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

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

A. Service Activities and tasks

- The modalities of service that the APPLICANT intends to provide are clearly specified and includes an estimation of the number of clients that the APPLICANT plans to serve. The

proposed modalities of services and the estimated number of clients served should be consistent with information and projections proposed in Section 2, Subsection III. Scope of Work, specified in the RFP, the Service Delivery Table, and Program-wide Organization chart, and other relevant program narrative sections.	<u>3</u>
• The activities/methods the APPLICANT intends to provide demonstrates best practices for the population.	<u>3</u>
• The APPLICANT demonstrates the capability to recruit and retain the population.	<u>3</u>
• The APPLICANT addresses demographic and cultural issues as appropriate for the target population.	<u>3</u>
• The activities/methods that the APPLICANT intends to use for each type of service and an estimation of the Average Length of Stay (ALOS) for each type of service are clearly specified. The proposed activities/methods and the estimated ALOS are consistent with information and projections proposed in the Definitions of Treatment Activities Subsection III. Scope of Work, the Definitions of Treatment Activities, Performance Based Budgets and other relevant program narrative sections.	<u>5</u>
• How the program will address transition and recovery issues and relapse prevention is clearly described and is sufficient to suggest a high degree of likelihood of successful transition.	<u>5</u>
B. Related work assignments/responsibilities	
• The work assignments and responsibilities to carry out the activities are clearly presented and are sufficient to support the proposed activities.	<u>5</u>
C. Timelines/Schedules	
• The length of the program in days or in hours, as appropriate, is clearly indicated in the Service Delivery Tables and is consistent with Section 2, Subsection III. Scope of Work.	<u>3</u>
• A projected annual timeline of service objectives with start and end dates, as applicable (or open-ended services are specified) and hours of operation is provided and is realistic and practical.	<u>3</u>

- A weekly schedule of activities for each modality is provided and is practical, meets the minimum hours per week of required service. A legend that corresponds to ADAD required activities has been provided indicating which activities are individual counseling or group activities and type. 4

D. Assessment of the Logic of the Work Plan

- The goals of the service are clearly described and are realistic and achievable. 5
- A clear rationale is given for the estimated number of ADAD clients that the APPLICANT intends to serve. 3
- A clear rationale is provided for why the activities/methods that the APPLICANT will use are appropriate for the target population and are most likely to achieve the objectives requested. 5
- The work plan for the major service activities and tasks to be completed is logically related to the stated goals and objectives, and is sufficient to suggest a high degree of likelihood that services will be delivered to the clients in an appropriate, timely, and effective manner. 5

4. Financial (10 Points)

A. Pricing Structure

- For pricing structure based on cost reimbursement; personnel costs are reasonable and comparable to positions in the community. Non-personnel cost are reasonable and adequately justified. The budget fully supports the scope of service and requirements of the Request for Proposal 3
- For pricing structure based on fixed unit of service rate; APPLICANT's proposal budget is reasonable, given program resources and operational capacity. 3
- Budget forms are complete, accurate and support the narrative description in the proposal. The supporting documentation and justification have been provided. 3

B. Adequacy of accounting system

- The Single Audit Report or Financial Audit indicates minimal or no material deficiencies. 2

- The Cost Allocation Plan provides a fiscally sound explanation of how costs are allocated to various sources of funding.

C. Phase 3 - Recommendation for Award

Based on the results of the technical review of all of the proposals submitted for consideration under this RFP, the Technical Review Committee will recommend those proposals to be considered for award. A Statement of Findings and Decision will be sent to each applicant that will contain information regarding the award or non-award of the contract.

SECTION 5:

ATTACHMENTS

SECTION 5

ATTACHMENTS

<u>Attachment</u>	<u>Document</u>
A.	Competitive POS Application Checklist
B.	Sample Table of Contents for the POS Proposal Application
C.	Workplan Forms
	C-1 Staffing Position Chart
	C-2 Organization-Wide Request For Information
	C-3 Performance-Based Budget
	C-4 Service Delivery Table
	C-5 Program Organization Chart
	C-6 Weekly Schedule Format
D.	Certifications
	D-1 Debarment and Suspension
	D-2 Lobbying
	D-3 Environmental Tobacco Smoke
E.	Program Specific Requirements
	E-1 Substance Abuse Treatment Guidelines
	E-2 Wait List Management and Interim Services Policy and Procedures
	E-3 NIDA Principles of Effective Treatment
	E-4 IDU Outreach Services Policy and Procedures
	E-5 Request for Information Summary
	E-6 Important Website Addresses
	E-7 Charitable Choice Policy & Assurance
	E-8 Trafficking Victims Policy & Assurance
	E-9 Assurance Regarding Drug Free Workplace

SECTION 5

ATTACHMENT A:

COMPETITIVE POS

APPLICATION CHECKLIST

Competitive POS Application Checklist

Applicant: _____

No.: HTH 440-09-4

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the SPO website. See Section 1, paragraph II, Website Reference.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<i>General:</i>				
Proposal Application Identification (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Section 5, Attachment A (This document.)	X	
Table of Contents	Section 5, RFP	Section 5, Attachment B	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO)*	(Required ONLY upon notification of an award)	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*	X	
SPO-H-205B	Section 3, RFP	SPO Website* Special instructions are in Section 5	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	Not Allowed	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>	Section 5, RFP			
Debarment & Suspension	Section 5, RFP	Section 5, Attachment D	X	
Drug Free Workplace	Section 5, RFP	Section 5, Attachment E	X	
Lobbying	Section 5, RFP	Section 5, Attachment D	X	
Environmental Tobacco Smoke	Section 5, RFP	Section 5, Attachment D	X	
Charitable Choice Assurance	Section 5, RFP	Section 5, Attachment E	X	
Trafficking Victims Assurance	Section 5, RFP	Section 5, Attachment E	X	
<i>Program Specific Requirements:</i>				
Audit	Section 2, RFP	Section 2, RFP	X	
Attachments C-1 to C-6	Section 2, RFP	Section 5, Attachment C	X	
Resumes	Section 3, RFP		X	
Position Descriptions	Section 3, RFP		X	

 Authorized Signature

 Date

SECTION 5

ATTACHMENT B:

**SAMPLE TABLE OF
CONTENTS FOR THE
POS PROPOSAL
APPLICATION**

SAMPLE

**Proposal Application
Table of Contents**

I. Program Overview.....1

II. Experience and Capability1

A. Necessary Skills2

B. Experience.....4

C. Quality Assurance and Evaluation.....5

D. Coordination of Services.....6

E. Facilities.....6

III. Project Organization and Staffing7

A. Staffing.....7

1. Proposed Staffing.....7

2. Staff Qualifications9

B. Project Organization10

1. Supervision and Training.....10

2. Organization Chart (Program & Organization-wide)
(See Attachments for Organization Charts)

IV. Service Delivery.....12

V. Financial.....20
See Attachments for Cost Proposal

VI. Litigation.....20

VII. Attachments

A. Cost Proposal
SPO-H-205 Proposal Budget
SPO-H-206A Budget Justification - Personnel: Salaries & Wages
SPO-H-206B Budget Justification - Personnel: Payroll Taxes and
Assessments, and Fringe Benefits
SPO-H-206C Budget Justification - Travel: Interisland
SPO-H-206E Budget Justification - Contractual Services –
Administrative

B. Other Financial Related Materials
Financial Audit for fiscal year ended June 30, 1996

C. Organization Chart
Program
Organization-wide

D. Performance and Output Measurement Tables
Table A
Table B
Table C

E. Program Specific Requirement

SECTION 5

ATTACHMENT C:

WORKPLAN FORMS

Submit the following with Attachment C:

- C-1 Staffing Position Chart**
- C-2 Organization-Wide Request for Proposal
Information**
- C-3 Performance-Based Budget**
- C-4 Service Delivery Table**
- C-5 Program Organization Chart Example**
- C-6 Weekly Schedule Example**

STAFFING POSITION CHART

Position/Title Incumbent Name	Position Qualifications	Incumbent Qualifications	% Time To Agency	% Time To This Project	Activities Responsible For	Supervisor Position Title/Incumbent Name

Instructions for Completing Form C-2 ORGANIZATION-WIDE RFP INFORMATION

<p>Instructions: This form is to be used to report all organizational funds that support the program that will be providing services under this RFP. For HTH 440-09-4, the services/modalities listed should match those listed in Attachment C-3, Performance Based Budget and Attachment C-4, Service Delivery Tables, of the RFP.</p>
<p>Page ____ of ____: Indicate the correct page number for this page and total number of pages.</p>
<p>Applicant/Awardee: Enter your organization name.</p>
<p>Period: Enter the Period of Availability from the 440-X* Sub-category, Section 2,I.F.</p>
<p>RFP NO.: Enter the number (RFP No.: HTH 440-X-XX*) from the upper right-hand corner of the RFP Sub-category you are responding to. The final digit(s) represent the specific RFP Sub-category specified in Section 2.</p>
<p>Funding Sources: Show all sources of support (anticipated or applied for) for this program by service/modality. Examples: DOH/ADAD, DHS, City & County, Federal, Private Insurance, QUEST, Client fees, fund raising, food stamps, etc.</p>
<p>Services: List the specific service/modality the funding source targets.</p>
<p>RFP # ID #: Enter the appropriate RFP or other Identification number of the Funding Source, as applicable.</p>
<p>Actual FY: List all actual funds received (or anticipated to be received) for this service/modality during the current fiscal year.</p>
<p>Amount Requested: Enter the amount of funds that you are requesting from each funding source Where ADAD is the funding source, do not enter an amount greater than the Probable Funding Amount listed in Section 2, I.F. of the RFP Sub-category, for the geographic area/target population you are applying for. Submit information for SFY 2009, at a minimum. Submit figures for SFYs 2010, 2011, 2012 and 2013 should the anticipated funding sources and/or amounts differ from SFY 2009. (Note: ADAD funds will remain the same.)</p>
<p>TOTAL: Provide summary Totals for the Actual FY and Amount Requested columns (by FY).</p>
<p>Prepared by:/Title/Phone No./Date: Type or print name of the person who prepared this form, their title and phone number and the date of preparation. If there are any questions, this person will be contacted for further information and clarification.</p>

*For 440-X, "X" should be replaced with the appropriate RFP number: 440-1 or 440-3 for Treatment RFPs and 440-2 or 440-4 for Prevention RFPs. For 440-X-XX, "XX" should be replaced with the appropriate sub-category number, as listed in each individual RFP.

ORGANIZATION-WIDE RFP INFORMATION

Attachment C

Page ____ of ____

Applicant/Awardee _____ Period _____ RFP No: HTH 440-09-4

FUNDING SOURCES	SERVICE	RFP #/ ID #	Actual 2009	AMOUNT REQUESTED*			
				2010	2011	2012	2013
TOTAL							

Prepared by: _____

Phone No.: _____

Title: _____

Date: _____

* Submit information for 2010, at a minimum. Submit figures for 2011, 2012, and 2013 should the anticipated funding sources and/or amounts differ from SFY 2010. (Note: ADAD funds will remain the same.). Base your budget on a 12 month period.

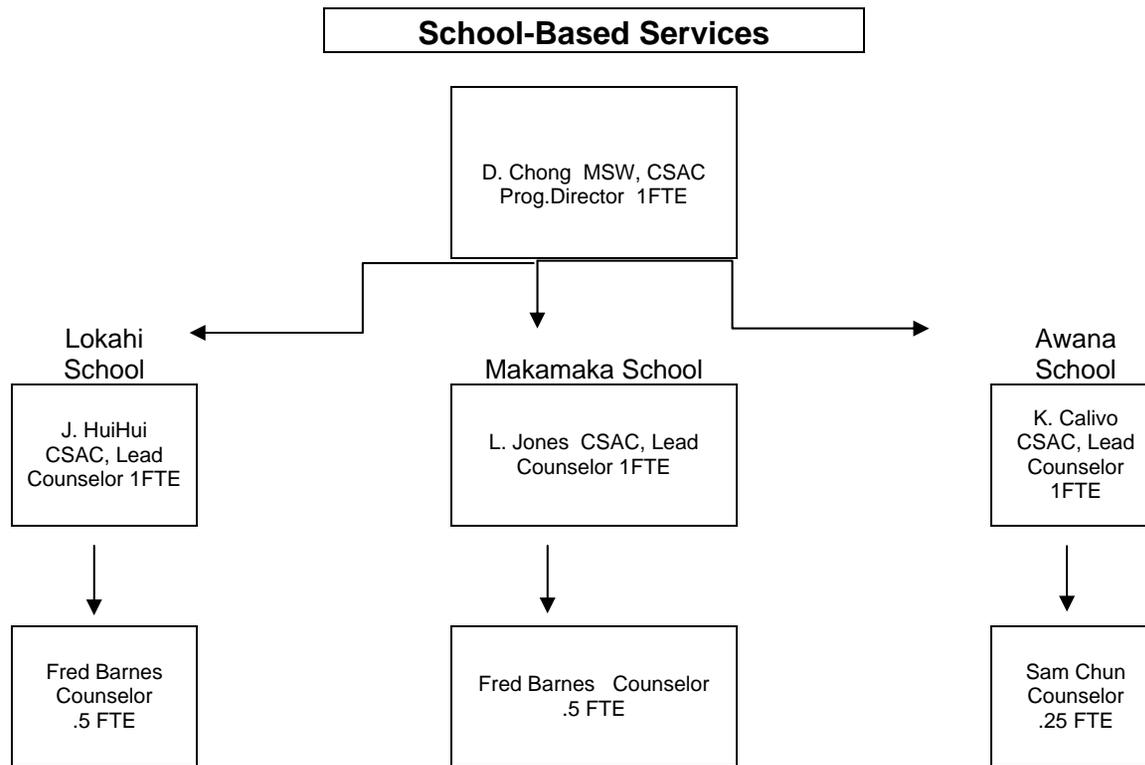
SERVICE DELIVERY TABLES

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

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

EXAMPLE

Program Organization Chart



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

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

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

Legend for ADAD Activities:

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

SECTION 5

ATTACHMENT D:

CERTIFICATIONS

D-1 Debarment and Suspension

D-2 Lobbying

D-3 Environmental Tobacco Smoke

**Instructions for Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—
Lower Tier Covered Transactions**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the Department of Health, Alcohol and Drug Abuse Division (ADAD) if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ADAD for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

This certification is pursuant to 45 CFR Part 76:

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

Organization Name

Name of Authorized Representative

Title

Signature

Date

CERTIFICATION REGARDING LOBBYING

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

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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.
- (2) If any funds other than Federally 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, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (Please submit Standard Form-LLL "Disclosure of Lobbying Activities," to the Department of Health, Alcohol and Drug Abuse Division ONLY if it is applicable to your organization as described herein. If needed, Standard Form-LLL and its instructions follow this certification form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients 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 by Section 1352, 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 each such failure.

Organization Name

Name of Authorized Representative

Title

Signature

Date

**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO
SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through the State or local governments, by Federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

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

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

Organization Name

Name of Authorized Representative

Title

Signature

Date

SECTION 5

ATTACHMENT E:

PROGRAM SPECIFIC

REQUIREMENTS

- E-1 Substance Abuse Treatment Guidelines**
- E-2 Wait List Management and Interim Services Policy and Procedures**
- E-3 NIDA Principles of Effective Treatment**
- E-4 IDU Outreach Services Policy and Procedures**
- E-5 Request for Information Summary**
- E-6 Important Website Addresses**
- E-7 Charitable Choice Policy & Assurance**
- E-8 Trafficking Victims Policy & Assurance**
- E-9 Assurance Regarding Drug-Free Workplace**

Substance Abuse Treatment Guidelines

BEST PRACTICES/EVIDENCE-BASED PRACTICES

The following sources provide resources and links to Internet web sites referencing evidenced-based best practices, such as a cognitive-behavioral approaches, motivational interviewing techniques, and screening and assessment tools that are required to be incorporated into substance abuse treatment programs funded by ADAD.

- National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide. 16 September 2008
<<http://www.nida.nih.gov/podat/PODATIndex.html>>
(An excerpt from this Guide, The NIDA Principles, is also included in Attachment E-3.)
- Center for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series. Rockville, MD: U.S. Department of Health and Human Services, 1995 to present.
- National Institute of Corrections Home Page. 16 September 2008 <<http://nicic.org>>
- Gornik, Mark, Brian Bilodeau, and Jacqueline Rizzuto. Cognitive Reflective Communications: Advanced Communication Intervention and Offender Management Strategies, Participant Manual and Training Guide. February, 2001. U.S. Department of Justice, National Institute of Corrections.
- Gornik, Mark. Critical Knowledge About 12-Step Programs for Criminal Justice Professionals. [Videoconference held August 29, 2001]. U.S. Department of Justice, National Institute of Corrections Academy. 16 September 2008
< <http://nationalinstituteofcorrections.gov/Library/017384>>
- Motivational Interviewing: An Introduction [Lesson Plan and Participant's Manual]. National Institute of Corrections. 16 September 2008
<<http://www.nicic.org/Library/021093>>

[Note: ADAD is developing a Clinical Standards Manual, which incorporates definitions for treatment activities. The definitions below are subject to revision.]

DEFINITIONS OF TREATMENT ACTIVITIES

Reimbursable Activities:

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

The Healthcare Common Procedure Coding System (HCPCS) has been included at the

beginning of each definition.

Individual Sessions May Include the Following:

A. *SCREENING*

HCPCS

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

ADAD

- The process by which the client is determined appropriate and eligible for admission to a particular alcohol and/or drug treatment program. The determination of a particular client's appropriateness for a program requires the counselor's judgement and skill and is influenced by the program's environment and modality, as well as the use of established patient placement criteria.
- Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functions of the client, outside support, previous treatment, motivation, and program philosophy.
- Eligibility is determined by evaluation of demographic characteristics, income level and referral source, as well as other guidelines reflected in the RFP.
- **NOTE:** Programs will only be reimbursed for screenings that result in a client's admittance into the program.

B. *ASSESSMENT*

HCPCS

- H0001-Alcohol and/or drug assessment.

ADAD

- The evaluation following admission by a clinician to determine the nature and extent of an individual's abuse, misuse and/or addiction to drugs, including all services related to identifying the detailed nature and extent of the person's condition with the goal of treating the client in the most appropriate environment and formulating a plan for services (if such services are offered.)

- The process by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan. Although assessment is a continuing process, it is generally emphasized early in treatment.
- The counselor evaluates major life areas (e.g., physical health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The result of this assessment should suggest the focus of treatment.

C. *TREATMENT PLANNING*

HCPCS

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

ADAD

- Alcohol and/or Other Drug (also known as Chemical Dependency or Substance Abuse) (service) Plan Development and/or Modification means design or modification of the treatment or service plan for alcohol and/or other drug abuse. This may be the initial plan for a client already engaged.
- Treatment planning is also the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.
- The language of the problem, goal, and strategy statements should be specific, intelligible to the client and expressed in behavioral terms.
- The plan describes the services, who shall perform them, when they shall be provided, and at what frequency.

D. *INDIVIDUAL COUNSELING*

HCPCS

- H0004-Behavioral health counseling and therapy

ADAD

- Individual counseling is the utilization of special skills by a clinician, to

assist individuals and/or their families/significant others in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making.

- Various counseling approaches such as motivational interviewing, reality therapy, client-centered therapy, cognitive, behavioral, etc., may be used.

Group Sessions May Include the Following:

A. *PROCESS GROUPS*

HCPCS

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

ADAD

- These involve the utilization of special skills to assist groups in achieving objectives through the exploration of a problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions, and decision-making. The maximum number of total clients (ADAD-funded plus others) per process group should generally not exceed 15. Groups held that exceed 15 clients need to be clinically justifiable and documented appropriately in order to be reimbursed.

B. *EDUCATION GROUPS*

HCPCS

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

ADAD

- These groups have as their primary objective the provision of information by the counselor concerning alcohol and other drugs and available services and resources. These groups tend to be didactic with a specified curriculum as the foundation for the session. Education involves two-way communication with the group for purpose of affecting attitude, behavior, social skills, life skills, decision-making, refusal skills and judgment.
- Video and reading material may be used to supplement the group but the counselor must be actively involved in leading the session.

C. *SKILL BUILDING GROUPS*

HCPCS

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

ADAD

- Skill Building Groups means activities to develop a range of skills to help maximize client community integration and independent living. The essential aspect of these groups is that the client is taught via demonstrations and practice how to do something that requires a skill.
- The skills taught can be divided into daily living skills (e.g., managing money, food preparation, accessing information directories, looking for a place to live), inter-personal skills (e.g., appropriate assertiveness, stress management, ability to give positive reinforcement) or job-related skills (interviewing for a job, managing work).

D. *RECREATIONAL GROUPS*

HCPCS

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

ADAD

- These groups involve the client in learning leisure-time activities.
- In order to be reimbursable as a treatment session:
 1. The goals for the activity must be specified in the treatment plan,
 2. A counselor must be actively involved in facilitating the group, and
 3. The participants must have an opportunity to discuss their participation in the activity.

E. *CULTURAL ACTIVITY GROUPS*

HCPCS

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

ADAD

- These groups involve the client in learning cultural knowledge.

- In order to be reimbursable as a treatment activity:
 1. The goals for the activity must be specified in the treatment plan.
 2. A cultural specialist must be actively involved in facilitating the activity.

F. *MOTIVATIONAL ENHANCEMENT*

HCPCS

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

ADAD

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

G. *CONTINUING CARE*

HCPCS

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

ADAD

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

Family Sessions May Include the Following:

FAMILY COUNSELING

HCPCS

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

ADAD

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

Case Management Includes the Following:

HCPCS

- H0006CI-Alcohol and/or substance abuse services; case management—face-to-face with client
- H0006CC-Alcohol and/or substance abuse services, case management—face-to-face with community resource
- H0006CT-Alcohol and/or substance abuse services, case management—direct telephone contact with client or community resource (no voicemail)
- H0006CB-Alcohol and/or substance abuse services, case management—buprenorphine support services: face-to-face with client or community resource

ADAD

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

Residential Treatment Program Description and Reimbursable Activities:

A. *Residential Treatment*

HCPCS

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

ADAD

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

Standards

1. For an organization to be reimbursed for residential treatment, a client shall receive a minimum of twenty-five (25) hours per week of a combination of the following services:
 - a. Therapeutic activities such as individual and group counseling.
 - b. Educational activities.
 - c. Training activities. Such training may address:
 - (1) Community integration goals and activities.
 - (2) Identification of target symptoms.
 - (3) Behavior management and interview practices.
 - (4) Factors impacting the persons served, such as:
 - Communication skills.
 - Degree of support and supervision required.
 - Guardianship issues.
 - Special needs.
 - Medications.
 - General health considerations.
 - Religious beliefs.
 - Literacy.
 - (5) Functional skills.
 - (6) Housekeeping/maintenance skills.
 - (7) Human sexuality.
 - (8) Incident reporting.
 - (9) Menu planning and meal preparations.
 - (10) Cultural competency and relevance.
 - (11) Sanitation and infection control.
 - (12) Safety procedures.
 - (13) Scheduling of:
 - Menu planning and meal preparation.
 - Cleaning and maintenance of appliances.
 - Daily routines.

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

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

B. *Non-Medical Residential Detoxification*

HCPCS

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

ADAD

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

C. *Pregnant and Parenting Women With Children*

HCPCS

- H0019PP-Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), per diem (Pregnant and Parenting Women with Children)

ADAD

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

HCPCS

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

ADAD

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

Intensive Outpatient Treatment Services Include the Following:

HCPCS

- H0015-Alcohol and/or drug services; intensive outpatient treatment (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan) including assessment, counseling, crisis intervention, and activity therapies or education

ADAD

- An intensive and structured individual and group alcohol and/or other drug treatment services and activities that are provided at least 3 hours a day and at least 3 days a week according to an individualized treatment plan that may include any of the range of discrete outpatient treatment services and other ancillary alcohol and/or other drug services. Services include, are not limit to assessment, counseling, crisis intervention, and activity therapies or education.

Therapeutic Living Program and Clean and Sober Housing Services Include the Following:

A. *Therapeutic Living Programs*

HCPCS

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

ADAD

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

HCPCS

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

ADAD

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

B. Clean and Sober Housing

HCPCS

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

ADAD

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

Intravenous Drug Users (IDU) Addiction Recovery Services Include the Following:

HCPCS

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

ADAD

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

HCPCS

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

ADAD

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

HCPCS

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

ADAD

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

HCPCS

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

ADAD

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

HCPCS

- H0020TH-Alcohol and/or drug services; methadone administration and/or

service (provisions of the drug by a licensed program) (take-home dosages of methadone)

ADAD

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

IDU Outreach Services Include the Following:

HCPCS

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

ADAD

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

Guidelines for Programs Serving the Criminal Justice Population

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

- Assessment of offenders, to include risk of re-offending, substance abuse treatment needs, and criminogenic needs is essential.
- Match level of services to level of risk as much as possible.
- Match treatment with appropriate levels of care that meet individual needs based on assessment of offender characteristics, such as learning style, and responsivity, when feasible.
- Treatment models should be research based and include social learning and cognitive behavioral techniques.

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

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

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

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

1. Operational Principles :

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

2. Target Population:

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

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

3. Service Requirements

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

Wait List Management and Interim Services Policy and Procedures

I. Wait List Policy and Procedures

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

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

- C. Each program funded by ADAD shall develop and implement a Wait List Management Policy and Procedures that includes the requirements listed below:
1. The screening process used to determine an individual's eligibility for inclusion on the wait list, including procedures and a form for documenting initial screening, admissions, and referrals.
 2. Instructions for what individuals must do to remain on a wait list and be eligible for services, as well as criteria for the removal of a person from the wait list.
 3. Review criteria and procedures to ensure the accuracy of the wait list, which shall include:
 - a. Who reviews the list;
 - b. How frequently the list is reviewed;
 - c. Disposition data specifying whether the individual continues to be eligible or is dropped from the wait list because he/she is no longer interested, has found other treatment, cannot be contacted or did not maintain contact with the program at specified intervals, and how and where removed names are recorded for statistical purposes; and
 - d. Specification that individuals who are removed from the list will not be barred from reapplying for services. Pregnant women and injection drug users (IDU) will be given preference at the time of reapplication (as specified in item number 8, below).

4. Procedures shall be developed for maintaining contact with individuals on the wait list.

Contact:

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

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

5. Procedures shall be implemented for the use of a Wait List Log, which shall document the following information:
 - a. Date of the initial request for services, screening date, date of and reason for removal from wait list (e.g., began treatment, could not locate, etc.);
 - b. Name and position of staff person completing the information, location where the screening is performed, and the medium used to conduct the screening (face-to-face, by telephone, etc.);
 - c. Client's name, ID number, and indication if the client is a pregnant woman or injection drug user;
 - d. Disposition of the client (referred to treatment at another facility, placed on the wait list, or admitted into treatment). The disposition for wait list placements should indicate that the individual is (1) potentially eligible for treatment admission and (2) consents to be placed on the list because he/she either cannot be referred or does not wish to accept a referral.
6. Copies of the original screening forms for each client placed on the wait list shall be kept in a file together with the Wait List Log.
7. An individual file shall be created for each client placed on the wait list. This file shall hold additional information necessary for contact, referral and admission, such as:
 - a. Demographics: age, residence, ability to pay or payment source, mailing address, telephone number and similar information about alternative contacts (referral source or relative, name, permanent address, etc.);
 - b. Assessment: current status of substance abuse and associated problems;
 - c. Contact: dates, types and outcomes of subsequent contacts;
 - d. Referral: when the client was referred to another program, the program recommended, how the referral was made (e.g., by phone, letter or in person);

- e. Follow-up: subsequent contacts with the referral program to determine the outcome of the referral.

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

- 8. All treatment programs serving an injection drug abuse population shall have a policy for and shall provide preference in admission to treatment for pregnant women and injection drug users in the following order:
 - a. Pregnant injecting drug users,
 - b. Pregnant substance abusers,
 - c. Injecting drug users, and
 - d. All others.
- 9. In addition to wait-list policies and procedures required for the general population, IDUs and pregnant women shall be responded to in the following manner:
 - a. Pregnant Women:
 - 1) If a treatment program does not have the capacity to immediately admit a pregnant woman to treatment, or if placement in the program is not appropriate, it must refer the woman to another program that can admit her to treatment.
 - 2) If no other program has the capacity to admit the pregnant woman to treatment, then the program must:
 - (a) Provide interim services (see part II of this attachment) within 48 hours; or
 - (b) Refer the pregnant women to the ADAD-designated women's agency for interim services, which in turn must provide interim services within 48 hours.
 - b. Injection Drug Users:
 - 1) If a treatment program does not have the capacity to admit an IDU to treatment within 14 days of the initial request, it must refer the applicant to another program that can admit the wait-listed client to treatment within 14 days.
 - 2) If no program has the capacity to admit the IDU to treatment within 14 days, then the program must:
 - (a) Provide interim services within 48 hours; or
 - (b) Refer the IDU to the ADAD-designated Opioid Therapy Outpatient Treatment Program for interim services.
 - 3) IDU clients in interim services must be admitted to treatment within 120 days of the initial request.

- c. Each ADAD-funded substance abuse treatment program shall inform ADAD of every request for services that it receives from a pregnant woman or IDU, and of the status of the client who made the request. The program shall do this by using the WITS waitlist function.

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

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

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

Principles of Effective Treatment

National Institute on Drug Abuse (NIDA)

- 1. No single treatment is appropriate for all individuals.**

Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.
- 2. Treatment needs to be readily available.**

Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.
- 3. Effective treatment attends to multiple needs of the individual, not just his or her drug use.**

To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.
- 4. An individual's treatment and services plan must be assessed continually and modified periodically to ensure that the plan meets the person's changing needs.**

A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.
- 5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.**

The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvements is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.
- 6. Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.**

In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.
- 7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.**

Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a

nicotine replacement product (such as patches or gum) or an oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments behavioral treatments and medications can be critically important.

8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.

Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.

Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. Treatment does not need to be voluntary to be effective.

Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. Possible drug use during treatment must be monitored continuously.

Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, and counseling to help individuals modify or change behaviors that place themselves or others at risk of infection.

Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

From: Principles of Drug Addiction Treatment; A Research-Based Guide, National Institute on Drug Abuse, National Institutes of Health, October 1999.

Alcohol and Drug Abuse Division IDU Outreach Services Policy and Procedures

- I. Injection Drug Use (IDU) Outreach shall be defined as the effort to bring services and information about availability of services to injection drug users (IDUs) in their environment. The purpose of IDU Outreach is to encourage IDUs to utilize the program designated as the specialized opioid therapy outpatient treatment program for IDUs and to accept referral and linkage to appropriate resources in the community.

- II. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall develop and implement an **outreach component** that includes but is not limited to the following elements:
 - A. A **self-monitoring mechanism** shall be used to assure that the services for which reimbursement is requested are being provided.

 - B. The program shall submit separate **quarterly and year end reports** for outreach services on quarterly and year end forms to be provided by the Alcohol and Drug Abuse Division (ADAD).

 - C. An **ADAD - IDU Outreach Direct Service Log** at the end of this Attachment shall be completed for each week that outreach services are provided.

 - D. An **ADAD - IDU Outreach Screening Information** form provided at the end of this Attachment shall be completed for each individual who is contacted and shows a willingness to discuss his or her problems and to be referred to appropriate community resources or to the opioid therapy outpatient treatment program.

 - E. Program shall develop and maintain a **separate record for each person** who has been screened. The record shall include but not be limited to the following information:
 1. The name or other identifier of the person contacted and the site of contact; where available, the address and phone number of the person contacted, and the name of another contact who could reach the individual; and

 2. The individual's screening form; and

 3. For each contact made, the signatures of the staff making the contact; and

 4. Subsequent to screening, the date and place of each contact; and

5. Description of goals to be attained; and
 6. Description of plan of action; and
 7. A brief description on a **progress-note form** (to be developed by agency) of each interaction with the IDU including, but not limited to, progress made on the plan of action, any current problems indicated by the IDU, recommendations made to the IDU, any plans for follow-up meetings, any help that the agency said it would provide the IDU.
- F. There shall be a **final summary** of all interactions referred to in II.E.7. above developed for each individual who has been screened with whom outreach contacts have been terminated either because outreach contacts are no longer feasible or because the client has been successfully referred to appropriate community resources. The final summary shall include but not be limited to the following information:
1. Name of the individual who is no longer receiving services; and
 2. Where available, current address and phone number of individual, and/or name of a person or agency who could contact the individual; and
 3. Problem areas at time of last contact; and
 4. Severity of problem indicated on a scale numbered from 0-9, where zero (0) means no problem and nine (9) means a severe problem; and
 5. Reasons why contact with the individual ceased. Reasons could include, but need not be limited to, client's loss of interest, unresponsiveness, withdrawal, relocation, successful referral and linkage to community resources or opioid therapy outpatient treatment, etc.
- III. The program designated as the specialized opioid therapy outpatient treatment program for IDUs shall comply with the following requirements for personnel:
- A. Staff responsible for implementing the outreach program shall have the following:
1. Experience in working with IDUs,
 2. Knowledge of the relationship between injecting drug abuse and communicable diseases including but not limited to HIV,
 3. Knowledge of prevention practices that can be recommended to IDUs to ensure that HIV transmission does not occur,
 4. The ability to communicate with an IDU population that has been unable

or unwilling to access traditional IDU services.

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

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

ALCOHOL AND DRUG ABUSE DIVISION

LISTING OF SERVICES

THIS FORM MAYBE SUBJECT TO CHANGE IN ORDER TO MEET REQUIREMENTS

SVC. CODE	ACTIVITY
01	Outreach Activities
A1	Street face-to-face (FTF) contact
A2	FTF contact in any facility ¹
A3	FTF with client network ²
A4	Other, such as telephone calls
02	Guidance/Education
B1	IDU and communicable disease
B2	HIV prevention practices
B3	Entry into Substance Abuse (SA) treatment
B4	Linkage to community resources
B5	Other
03	Case Management
C1	Transportation
C2	QUEST Enrollment
C3	Pre/Post HIV tests counseling
C4	TB/Hepatitis B/Hepatitis C testing
C5	Links to community resources
C6	Admittance to IDU OP Treatment
C7	Other

¹ - Facilities: Shelters, soup kitchens, doctor's office, police station, courts, etc.

² - Client's network includes, but is not limited to, client's acquaintances, friends, significant others, case workers, etc.

**STATE OF HAWAII
Department of Health
Alcohol and Drug Abuse Division**

**Request for Information (RFI)
RFP 440-09-4
Substance Abuse Treatment Services**

Summary of RFI

As part of its planning process, the Alcohol and Drug Abuse Division (ADAD) scheduled one (1) public request for information forum to gather information for the proposed sub-category of the Injection Drug Use continuum.

The RFI forum was held on Oahu on June 2, 2009 at the Kapolei Hale Conference Room B&C from 1:30 pm to 3:30 pm. In conjunction, there was a telephone conference connection for providers that could not attend in person. Two agencies participated; three participants from one agency attended in person and one via telephone conference.

Participants were also informed that they could still e-mail any additional comments to ADAD until June 16 2009

In lieu of listing all of the comments and details from the various RFI forums, interested parties may request this information through ADAD's Community and Consultative Services Branch (CCSB).

Important Website Addresses

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

I. ADAD-Related Regulations.

Code of Federal Regulations (CFR):

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

- **42 CFR Part 2** – Confidentiality of Alcohol and Drug Abuse Patient Records
http://www.access.gpo.gov/nara/cfr/waisidx_02/42cfr2_02.html
- **45 CFR Part 96** – Substance Abuse Prevention and Treatment Block Grants; Interim Final Rule
http://www.access.gpo.gov/nara/cfr/waisidx_01/45cfr96_01.html
- **45 CFR Parts 160 and 164** – Health Insurance Portability and Accountability Act (HIPAA)
http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr160_02.html
http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr164_02.html

Public Law (P.L.):

<http://www.gpoaccess.gov/plaws/index.html>

- **P. L. 102-321 – Subpart II** Block Grants for Prevention and Treatment of Substance Abuse
<http://tie.samhsa.gov/legis/PLAW102.html>

Hawaii Revised Statutes (HRS):

www.capitol.hawaii.gov/site1/docs/docs.asp?press1=docs

- **Chapter 321, Title 19, HRS** – Department of Health (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321_0344/HRS0321/HRS_0321-.htm
- **325-101 HRS** -- Confidentiality of HIV Records
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321_0344/HRS0325/HRS_0325-0101.htm
- **328J HRS** – Smoking (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0328J/HRS-0328J-.htm
- **Chapter 334 HRS** – Mental Health, Mental Illness, Drug Addiction, and Alcoholism (Index)
http://www.capitol.hawaii.gov/hrscurrent/Vol06_Ch0321-0344/HRS0334/HRS_0334-.htm

- **577 HRS** -- Adolescents and Confidentiality
http://www.capitol.hawaii.gov/hrscurrent/Vol12_Ch0501-0588/HRS0577/HRS_0577-0026.htm

Hawaii Administrative Rules (HAR), Department of Health

<http://gen.doh.hawaii.gov/sites/har/admrules/default.aspx>

- **Title 11, Chapter 98 HAR** – Special Treatment Facility License
<http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-98.pdf>
- **Title 11, Chapter 175 HAR** – Mental Health and Substance Abuse System
<http://gen.doh.hawaii.gov/sites/har/AdmRules1/11-175.pdf>
- Title 11, Chapter 92 – Therapeutic Living Programs (in progress)

II. Government Resources

Hawaii

- **Alcohol and Drug Abuse Division (ADAD)**, Department of Health
http://hawaii.gov/health/about/admin/health/substance-abuse/index_html
- **Department of Commerce and Consumer Affairs**
<http://hawaii.gov/dcca>

National

- **Center for Substance Abuse Prevention (CSAP)**, SAMHSA
<http://www.samhsa.gov/centers/csap/csap.html>
- **Center for Substance Abuse Treatment (CSAT)**, SAMHSA
<http://www.samhsa.gov/centers/csat/csat.html>
- **Drug-Free Workplace Program** -- SAMHSA's model program and resource
<http://ncadistore.samhsa.gov/catalog/productDetails.aspx?ProductID=17808>
- **National Clearinghouse for Alcohol and Drug Information (NCADI)**, SAMHSA
<http://www.health.org/>
- **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
<http://www.niaaa.nih.gov/>
- **National Institute on Drug Abuse (NIDA)**
<http://www.nida.nih.gov/>
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**,
U.S. Dept. of Health and Human Services
<http://www.samhsa.gov/>

ADAD POLICY AND PROCEDURES FOR CHARITABLE CHOICE

Purpose: Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Services (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] ensures that religious organizations are able to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services.

1. Religious organization is defined as a non-profit religious organization (42 CFR Parts 54 and 54a).
 - A. Working definitions of faith-based organization (FBO)—an organization that has a connection to an organized faith community. (Source: Nelson A. Rockefeller Institute of Government Webpage: www.rockinst.org).
 - B. Congregation-based FBO is a house of worship that provides treatment or prevention services, e.g. church, synagogue, mosque.
 - C. Religiously-affiliated non-profit agency is a service provider that has 501(c) (3) status and a connection to a religious community at the local (individual congregation), regional (e.g. western states of the U.S.) or national level.
 - D. Faith-based coalition is a coalition of several organizations, some or all of which are faith-based.
 - E. Faith-based intermediary is an organization that provides administrative, fiscal, operational, technical or training assistance to an FBO.
2. Program beneficiary is an individual who receives substance abuse services under a program funded in whole or in part by applicable programs.
3. Program participant is a public or private entity that has received funding under an applicable program
4. Religious organizations may participate in applicable programs as long as they meet the same eligibility requirements applied to any other non-profit private organization and provide services in a manner consistent with the First Amendment of the U.S. Constitution (Establishment and Free Exercise Clauses).

5. No Federal, State or local government agency that receives applicable SAMHSA funds shall discriminate against an organization that is or applies to be a program participant on the basis of its religious character or affiliation.
6. A program participant that receives funds directly from SAMHSA or from State or local governments under applicable programs may not spend such funds on inherently religious activities such as worship, religious instruction or proselytization. Inherently religious activities must be offered separately in time or location from its SAMHSA-funded substance abuse treatment or prevention services. Participation in religious activities must be voluntary for the program beneficiary.
7. A program participant will retain its independence from Federal, State and local governments, including control over the practice and expression of its religious beliefs and internal governance. A program participant may provide substance abuse services in its facilities without having to remove religious art, icons, scriptures or other religious symbols.
8. Religious nondiscrimination requirements of 42 U.S.C. 300x-57(a)(2) and 42 U.S.C. 290cc-33(a)(2) that relate to employment practices do not apply to a program participant if it is a religious corporation, association, educational institution, or society and can demonstrate that its religious exercise would be substantially burdened by application of the religious nondiscrimination requirements to its employment practices. To make this demonstration, a religious program participant must be able to certify that it sincerely believes that employing individuals of a particular religion is important to the definition and maintenance of its religious identity, autonomy, and/or communal religious exercise; it makes employment decisions on a religious basis in analogous programs; the SAMHSA funds would materially affect its ability to provide the type of substance abuse services in question; and that providing the services in question is expressive of its values or mission. Documentation to support these determinations must be maintained and available to SAMHSA upon request.
9. The program participant who identifies themselves as a religious organization is required to provide a Notice of Charitable Choice Rights to all existing and potential program beneficiaries.
 - A. In the provision of substance abuse treatment and/or prevention services and outreach activities, a religious program participant shall not discriminate against any prospective or actual program beneficiary on the basis of:

1. Religion
 2. a religious belief
 3. a refusal to hold a religious belief
 4. a refusal to actively participate in a religious practice
- B. If a program beneficiary or prospective beneficiary objects to the religious character of a program participant, such individual is entitled to a referral to another provider of substance abuse services to which that individual has no religious objection.
10. Religious program participant's responsibilities to provide Referral for alternative services
- A. Each religious program participant receiving SAPT Block Grant funds through the Alcohol and Drug Abuse Division (ADAD) shall e-mail the following information to the ADAD monitor within seven working days from date of the request for a referral:
1. Data on every program beneficiary for whom a Charitable Choice referral was made. The program participant shall completely fill out a form, noting the date of the request for alternative services, the date and type of contact made with the alternative program, and the status of admission into the alternative program.
 2. Such individual shall be **referred** to an alternative provider of services within **two working days** after the date of the objection and shall be provided with the alternative services within a two week period of time.
 3. A monthly report consisting of the number of Notice of Charitable Choice Rights distributed and the number of referrals made shall be reported to the ADAD monitor via e-mail, by the last working day of the month.
- B. The alternative provider must be located on the same island as the referring program participant and have the capacity to provide comparable services that have a value that is not less than the value of services of the program to which the individual had objected.
- C. In making such referral, the program participant may refer to the ADAD-designated alternate service provider or consider any list that the State (ADAD) makes available to entities in the geographic area that provides program services.

- D. Make all such referrals in accordance with all applicable Federal and State confidentiality laws, including, but not limited to, 42 CFR Part 2 (“Confidentiality of Alcohol and Drug Abuse Patient Records”).
 - E. Ensure that the referred program beneficiary makes contact with alternate service provider.
11. A CCSB Program Specialist will be designated as the Charitable Choice Monitor and will collect incoming data, monitor compliance, contact program participants not in compliance and notify the Branch Chief of any irregularities. The Branch Chief will notify the Division Chief of all instances of referral irregularities. The Charitable Choice Monitor has the following responsibilities:
- A. Establish a list of program participants required to report on Charitable Choice referrals and check monthly that each program participant has sent in Charitable Choice Referral Reports within seven days of receiving a request.
 - B. Issue a written warning to agencies not responding on time, and notify the Branch Chief. The Branch Chief will then notify the Division Chief.
 - C. Keep a running log of data on each program participant which includes the following information:
 - 1. Number of Notices provided to all potential beneficiaries.
 - 2. Number of referrals made by religious objection.
 - 3. Number of referrals made within 2 working days.
 - 4. Number of referrals made in excess of 2 days.

ADAD POLICY AND PROCEDURES FOR TRAFFICKING IN PERSONS

Trafficking In Persons

- a. **Provisions applicable to a recipient that is a private entity.**
1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not—
 - i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - ii. Procure a commercial sex act during the period of time that the award is in effect; or
 - iii. Use forced labor in the performance of the award or subawards under the award.
 2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
 - i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
 - ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either—
 - A. Associated with performance under this award; or
 - B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR part 376.
- b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity—
1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
 2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either—
 - i. Associated with performance under this award; or
 - ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 2 CFR part 376

- c. **Provisions applicable to any recipient.**
1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
 2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
 - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
 3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.
- d. **Definitions.** For purposes of this award term:
1. “Employee” means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
 2. “Forced labor” means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
 3. “Private entity”:
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
 4. “Severe forms of trafficking in persons,” “commercial sex act,” and “coercion” have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

ASSURANCE REGARDING DRUG-FREE WORKPLACE

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

Although national, State, and local efforts have begun to show encouraging results, the problem of alcohol and other drug abuse remains a serious issue. In addition to helping to reduce alcohol and other drug abuse, employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale (source: National Clearinghouse for Alcohol and Drug Information). Because of the overwhelming positive effects of Drug-free Workplace Policies, ADAD requires its prospective contractors to comply with the following:

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the Department of Health, Alcohol and Drug Abuse Division (ADAD) in writing within ten working days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to ADAD on whose contract activity the convicted employee was working. Notice shall include the Department of Health, Administrative Services Office (ASO) contract log number of each affected contract;

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, ADAD has designated the following central point for receipt of such notices:

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

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) *Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and*
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

Failure to comply with this policy may be considered a violation of the contract and may result in suspension of payments or termination of the contract. Please refer to ADAD’s written policy regarding Drug-free Workplace Policy Requirements Affecting Contracted Providers for more information.

In addition to the above requirements, ADAD recommends that the Drug-free Policy be written to include the following, based on The National Clearinghouse for Alcohol and Drug Information (NCADI) recommendations:

- (1) **Rationale**, including the reason for the policy, what the policy is designed to do, and how it was developed;
- (2) **Expectations and Prohibitions**, including the employee behaviors that are expected, and exactly what substances and behaviors are prohibited;
- (3) **Consequences and Appeals**, including precisely what will happen if an employee violates the policy, procedures for determining if an employee has violated the policy, and how appeals will be handled; and
- (4) **Benefits and Assurances**, including efforts to help employees comply with the policy, how requests for help will be handled, how employee confidentiality will be protected and how fairness and consistency will be maintained.

If further assistance is required to develop a suitable Drug-free Workplace Policy, please contact the Center for Substance Abuse Prevention’s (CSAP) Workplace Hotline at 1-800-WORKPLACE.

Organization Name

Name of Authorized Representative

Title

Signature

Date