

Planning Steps

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

Narrative Question:

Provide an overview of the state's M/SUD prevention, early identification, treatment, and recovery support systems, including the statutory criteria that must be addressed in the state's Application. Describe how the public M/SUD system is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of M/SUD services. States should also include a description of regional, county, tribal, and local entities that provide M/SUD services or contribute resources that assist in providing the services. The description should also include how these systems address the needs of diverse racial, ethnic, and sexual and gender minorities, as well as American Indian/Alaskan Native populations in the states.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

CAPACITY MONITORING REPORT

Agency: _____

For the month of: _____ **OR** for the week of: _____

Prepared by: _____ Approved by: _____

CAPACITY

1. Did you reach 90% or more of capacity in any of the services that you provide? (Check next to the applicable service levels)

I ___ ID ___ II.1 ___ IID ___ II.5 ___ III.1 ___ III.2D ___ III.5 ___ III.7 ___ III.7A ___ III.7D ___

2. Did you have a waiting list for any of the following services (indicate number of clients next to the applicable levels of service)

I ___ ID ___ II.1 ___ IID ___ II.5 ___ III.1 ___ III.2D ___ III.5 ___ III.7 ___ III.7A ___ III.7D ___

PRIORITY POPULATIONS

1. Intravenous Drug Abusers (IVDU)

Question	Yes	No
Were the services provided within 14-120 days after initial contact?		
Was the level(s) of care in which IVDU was placed at 90% or more capacity?		

2. Pregnant women

Question	Yes	No
Was each pregnant women given priority admission?		
If the immediate previous answer is "no," was each such client either referred to DAODAS or to another facility?		
If the immediate previous answer is "no," was such a client provided with appropriate interim services?		
Was each pregnant client referred for pre-natal care?		

Email or fax form to Lachelle Frederick, 803-896-5558 or lfrederick@daodas.sc.gov

Please see instructions on next page

Instructions

Frequency of Submission

Submit form monthly. However, submit the form weekly if

- Under Capacity, 90% or more of capacity is reached.
- Under Priority Populations-- IVDU
 - The answer to the first question is “No,”
OR
 - The answer to the second question is “Yes.”
- Under Priority Populations—Pregnant Women, the answer to any of the questions is “No.”

Special Reports/Actions

In addition to Capacity Reporting, the Substance Abuse Prevention and Treatment Block Grant requires grantees and subgrantees to comply with a number of requirements for Priority Populations. If these requirements are not complied with, action must be taken to get back into compliance. Therefore, the DAODAS Block Grant Subgrantees must be diligent in identifying, reporting and correcting any non-compliance with the requirements applicable to Priority Populations.

- Identification and reporting will be made via this Capacity Monitoring Form submitted within 24 hours after the problem is identified and submitted weekly thereafter, and
- A Corrective Action Plan will be submitted to DAODAS for approval within three working days the identification of non-compliance.

The SAPT BG requirements for Priority Populations are:

Pregnant Women. There are four separate and distinct requirements:

“Goal 9. An agreement to ensure that (1) **each pregnant woman be given preference in admission to treatment facilities**; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will (2) **refer the woman to a facility that does have capacity to admit the woman**, or if no such facility has the capacity to admit the woman, will make available (3) **interim services within 48 hours**, including a (4) **referral for prenatal care.**”

Intravenous Drug Abusers (IVDU).

42 U.S.C. §300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment within 14-120 days.

FY20 FUNDING AND COMPLIANCE CONTRACT
BETWEEN
SOUTH CAROLINA DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES
AND
COUNTY ALCOHOL AND DRUG ABUSE AUTHORITY
FOR THE PURCHASE OF PREVENTION, INTERVENTION, TREATMENT,
AND RECOVERY SERVICES

This Contract is entered into as of the first day of July 2019 by and between the South Carolina Department of Alcohol and Other Drug Abuse Services (hereinafter referred to as “DAODAS”) and a County Alcohol and Drug Abuse Authority (hereinafter referred to as “Subgrantee”).

RECITALS

WHEREAS, DAODAS is the designated Single State Agency (SSA) responsible for administering the Federal Substance Abuse Prevention and Treatment Block Grant (SABG), State funding, and other such funding sources, including but not limited to State funding under Chapter 12 of Title 61 of the S.C. Code of Laws as amended, and Medicaid Quality Assurance and Auditing through the South Carolina Department of Health and Human Services (SCDHHS).

WHEREAS, Subgrantee is a single existing county agency or organization, either public or private, designated as the sole agency in the county for alcohol and other drug abuse services, as defined by S.C. Code Section 61-12-10(a).

WHEREAS, Subgrantee represents and warrants that it meets applicable standards to receive such funds for providing prevention, intervention, treatment, and recovery services as outlined in this Contract.

WHEREAS, Subgrantee desires to provide such services as outlined in this Contract.

NOW THEREFORE, the parties to this Contract, in consideration of the mutual promises, covenants, guidelines, and stipulations set forth herein, agree as follows:

ARTICLE I - CONTRACT PERIOD

This Contract shall take effect on July 1, 2019, and shall, unless sooner terminated in accordance with its termination clauses *infra*, continue in full force and effect through June 30, 2020.

ARTICLE II - COMPLIANCE

1. Accessibility of Services

Extended hours or flexible schedules are to be implemented in order to accommodate the needs of the Subgrantee catchment area to ensure that services are accessible to all citizens of South Carolina.

Providers of Withdrawal Management (Detoxification) and Residential services must be open for services 24 hours a day, seven days a week, and 365 days a year. In addition, anytime during the 24/7 period of operation, when beds are vacant and a prospective patient presents for services and is appropriate for admission, the individual must be admitted.

2. Patient Non-Discrimination

Subgrantee shall ensure that all patients/clients and prospective patients/clients are treated without regard to race, color, religion, sex, age, national origin, disability, or ability to pay. Subgrantee shall not deny services to minors due to the inability or refusal of the minors' parents or legal guardians to pay for services. However, when providing services to minors, Subgrantee shall comply with S.C. Code Section 63-5-340 and 63-5-350. In 2008, Act No. 361 enacted Title 63, SC Children's Code, and repealed Title 20, Chapter 7.

3. DHEC Licensure

Subgrantee shall be licensed by the South Carolina Department of Health and Environmental Control (DHEC) to deliver treatment services (i.e., outpatient, withdrawal management, or residential) and to be reimbursed through any funding from DAODAS. Subgrantee shall send a copy of DHEC report and related correspondence to DAODAS as a deliverable within thirty (30) days after a DHEC audit report is received by Subgrantee.

4. National Accreditation (45 CFR § 96.136)

Subgrantee shall obtain and maintain national accreditation by either The Joint Commission or CARF International in the specific program areas that are covered by this Contract. Subgrantee must send copies of accreditation reports to DAODAS as a deliverable within thirty (30) days after accreditation report is received by Subgrantee.

5. Staff

Subgrantee shall secure all staff required in performing the services under the terms of this Contract. All of the services specified in this Contract and all personnel engaged in the work shall be fully qualified and authorized under state law to perform such services.

Subgrantee shall further have in existence personnel standards and a personnel compensation and classification system.

Subgrantee shall make reasonable efforts to ensure that employees working in any program component funded wholly or in part by SABG funds be afforded opportunities for continuing education per 45 CFR § 96.132 (b). These opportunities should be designed to meet the staff certification and licensing requirements to provide services under any grant. Records of such continuing education shall be maintained by Subgrantee.

In the event that Subgrantee discontinues a program or will not be able to provide services for an extended period, Subgrantee must notify DAODAS immediately.

a. Privileging and Certification

All personnel providing services funded by DAODAS shall be privileged by Subgrantee to provide each service and shall meet the applicable standards enumerated in this contract. Privileging documentation shall be maintained in a separate file or a separate section of the personnel file.

6. Fees/Financial Assessment

- a. Subgrantee shall provide its current established fee schedule to DAODAS. Fees charged shall be based on uniform financial assessment procedures as outlined in “**ATTACHMENT A**” to this Contract to determine patients’ ability to pay. The financial assessment must include proper verification of income in all cases where the patient’s indigence status is being determined. Subgrantee must adhere to the DAODAS Policy on Indigence and Financial Screening and Assessment. Subgrantee shall verify and maintain supporting documentation of patients’ insurance coverage(s). All fees collected shall be reported via the monthly financial report in accordance with the procedures promulgated by DAODAS. If such fees collected by programs funded in whole or in part by DAODAS exceed budgetary requirements of said program, excess funds may be used to defray program costs and in other related programs/services as provided under this agreement, and Subgrantee is accountable for such income. Program income earned during the project period must be retained by the recipient and, in accordance with federal regulations, added to funds committed to the project by the federal awarding agency and DAODAS and used to further project or other related program objectives.
- b. No person shall be required to pay any fee before receiving a clinical assessment and a financial assessment (*as described in 6.a.*).
- c. The Centers for Medicare & Medicaid Services (CMS) prohibits billing Medicaid beneficiaries for broken, missed, or cancelled appointments. Medicaid programs are state-designated and administered with federal policy established by CMS. Federal requirements mandate that providers participating in the Medicaid program must accept the agency’s payment as payment in full. Providers cannot bill for scheduling appointments or holding appointment blocks. According to CMS Program Issuance Transmittal Notice MCD-43-94, broken or missed appointments are considered part of the overall cost of doing business.

7. Payment of Last Resort (45 CFR § 96.137)

Subgrantee shall consider DAODAS to be the payor of last resort.

Subgrantee shall make every reasonable effort, including the establishment of systems for benefit eligibility determination, billing, and collection to:

- a. Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any state compensation program, any other public assistance program for medical expenses, any contract or grant, any private health insurance, or any other benefit program; and
- b. Secure from patients/clients payment for services in accordance with their ability to pay.

Medicaid will be billed for all eligible patients and for all Medicaid services provided. Subgrantee shall assess whether each uninsured patient is Medicaid eligible.

8. Intravenous Substance Users (45 CFR § 96.126)

Subgrantee shall ensure that services funded by DAODAS are provided to persons identified as intravenous users of illicit drugs. Subgrantee further agrees to:

- a. Provide DAODAS with a statement of capacity for each service or level of care funded in part with federal block grant funds;

- b. Notify DAODAS within seven days of having reached 90 percent of its capacity to admit individuals to a particular service or level of care (refer to Capacity Monitoring Report Form);
- c. Maintain a formal waiting list that shall include a unique patient identifier for each intravenous drug user seeking treatment;
- d. Notify DAODAS when any intravenous drug user is placed on a waiting list (refer to Capacity Monitoring Report Form);
- e. Provide interim services to those persons who cannot be admitted to treatment within 14 days of making a request. Interim services shall be made available not more than 48 hours after the request for treatment and shall include at a minimum:
 - i. Counseling and education about HIV and tuberculosis;
 - ii. Counseling and education about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and tuberculosis transmission does not occur;
 - iii. Referral for HIV or tuberculosis treatment services if necessary; and
- f. Conduct outreach efforts to encourage individuals in need of treatment services for intravenous drug use to undergo such treatment. Subgrantee shall actively publicize the availability of such services and the priority status of intravenous drug users through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies. Subgrantee shall develop collaborative relationships with opioid treatment programs for the purpose of coordination of treatment services to intravenous drug users.

Subgrantee shall ensure that no funds provided by DAODAS are used to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug pursuant to federal restrictions in 45 CFR § 96.135 (a) (6) and in S.C. Code of Laws Section 44-53-391.

9. Women (45 CFR § 96.131)

Subgrantee shall ensure that services awarded by DAODAS are made available to pregnant women.

- a. Pregnant women will be given priority for admission to all program components funded wholly or in part by federal block grant funds.
- b. Subgrantee shall actively publicize the availability of such services and the priority status of pregnant women through such means as ongoing public service announcements, regular advertisements in local/regional print media, posters placed in targeted areas, and communications to other community-based organizations, healthcare providers, and social service agencies.
- c. Subgrantee shall notify DAODAS when it is unable to admit a pregnant woman to treatment because of insufficient treatment capacity.
- d. Subgrantee shall make available interim services to any pregnant woman who cannot be admitted to treatment within 48 hours of having applied. Interim services are those defined in the Intravenous Substance Users section under subparagraph (e.)
- e. For pregnant women, interim services shall also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

10. Trauma-Informed Care

- a. Subgrantee will implement the Creating Cultures of Trauma Informed Care (CCTIC) model. Subgrantee will annually use the CCTIC Program Fidelity Scale to gauge the extent to which Subgrantee has developed and maintained a culture of trauma-informed care. Subgrantee will complete a fidelity scale and submit it to DAODAS by August 31 of each year. Based on the agreed-upon fidelity scale, Subgrantee will have two months to develop a trauma-informed care (TIC) plan. The plan will be submitted to DAODAS by October 31 of each year.
- b. Subgrantee is encouraged to implement trauma-specific, evidence-based intervention program(s) – such as Seeking Safety, Trauma Recovery and Empowerment Model (TREM), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – that generally recognize the following: the need for survivors of trauma to be respected, informed, connected, and hopeful regarding their own recovery; the interrelation between trauma and symptoms of trauma such as substance use, eating disorders, depression, and anxiety; and the need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.
- c. Once trained: Subgrantee will implement TIC, to include a written policy, a standing TIC Committee, and steps to ensure that each member of the agency’s staff:
 - i. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
 - ii. *Recognizes* the signs and symptoms of trauma in patients, families, staff, and others involved with the system;
 - iii. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - iv. Seeks to actively resist *re-traumatization*.
- d. Subgrantee shall ensure its agency has an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- e. Subgrantee’s trauma-informed approach shall reflect adherence to the following principles:
 - i. Safety: Ensuring physical and emotional safety;
 - ii. Trustworthiness: Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries;
 - iii. Choice: Prioritizing consumer choice and control;
 - iv. Collaboration: Maximizing collaboration and sharing of power with consumers; and
 - v. Empowerment: Prioritizing consumer empowerment and skill building.
- f. It is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA’s definition of recovery, services and supports that are trauma-informed build on the best evidence available and include consumer and family engagement, empowerment, and collaboration.

11. Human Immunodeficiency Virus (HIV) (45 CFR § 96.128)

Subgrantee shall have available for inspection by DAODAS a written policy for service delivery to persons with HIV disease. Any revisions to policies shall be submitted to DAODAS upon adoption by Subgrantee’s governing body.

12. Tuberculosis (TB) Services (45 CFR § 96.127)

Subgrantee shall routinely make available, directly or through arrangements with other public or non-profit entities, tuberculosis services to each individual receiving treatment for alcohol and other drug use after being found to be at high risk by the assessment. “Tuberculosis services” include:

- a. Counseling individuals with respect to tuberculosis;
- b. Making available necessary testing to determine whether individuals have been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for each individual; and
- c. Providing for or referring individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.

In the case of an individual in need of such treatment who is denied admission to the program based on lack of the capacity of the program to admit the individual, Subgrantee will refer the individual to another provider of tuberculosis services.

Subgrantee will implement infection control procedures established by DAODAS, in cooperation with DHEC's Tuberculosis Control Officer, that are designed to prevent the transmission of tuberculosis, including the following:

- a. Screening of patients;
- b. Identification of those individuals who are at high risk of becoming infected;
- c. Conduction of case management activities to ensure those individuals receive such services; and
- d. Reporting of all individuals identified with active tuberculosis by the testing organization to the appropriate state officials.

Subgrantee shall comply with reporting instructions promulgated by DAODAS to ensure that all recipients of tuberculosis services are appropriately identified and all services documented.

13. Collaboration With Other State or Federal Agencies During Disease Outbreak and/or Public Health Crises

DAODAS and Subgrantee recognize that as a community-based health service organization, Subgrantee is uniquely positioned to assist other state and federal agencies in times of disease outbreak and/or public health crises. Therefore, Subgrantee agrees and accepts the following:

- a. That the designation of "disease outbreak" and "public health crisis" under this subsection is solely within the authority and discretion of the Director of DAODAS.
- b. That disease outbreaks and/or public health crises may differ from one another in Subgrantee's level of cooperation with other state or federal agencies and the type and scope of requested services.
- c. That the type and scope of requested services per designation of a disease outbreak and/or public health crisis by the Director of DAODAS shall be listed in an official memorandum by the Director of DAODAS ("Disease Outbreak Memorandum" or "Public Health Crisis Memorandum").
- d. That upon execution and signature by the Director of DAODAS, such memoranda shall be incorporated herein and become part of this Contract.
- e. That any Disease Outbreak Memorandum and/or Public Health Crisis Memorandum shall not exceed the duration of this Contract. However, nothing in this provision shall prohibit the Director of DAODAS from re-issuing such memoranda under a new funding contract.
- f. That failure to comply with a DAODAS Disease Outbreak Memorandum and/or Public Health Crisis Memorandum may be considered by DAODAS as a breach of this Contract by the Subgrantee in whole or in part.

14. Commercial Driver's License Act

The South Carolina Commercial Driver's License (CDL) Drug Testing Act (Act No. 232), as enacted by the South Carolina General Assembly on May 21, 2008, requires individuals to be disqualified from driving a commercial vehicle when the South Carolina Department of Motor Vehicles (DMV) receives from a motor vehicle carrier a verified positive drug test or positive alcohol-confirmation test, or verification of a driver's refusal to take an alcohol or other drug test.

DAODAS is required to certify Substance Abuse Professionals (SAPs) who meet the requirements of 49 C.F.R. 40. SAPs must report to DAODAS whether a person has successfully completed an alcohol or other drug treatment or education program as recommended by the SAP (Section 56-1-2110 {G}). This information is further reported by DAODAS to the DMV.

15. Ignition Interlock Device Program

Pursuant to The Prevention of Underage Drinking and Access to Alcohol Act of 2007, as amended by Act 158 ("Emma's Law of 2014"), the South Carolina Ignition Interlock Device Program (IIDP) was enacted to mandate the use of ignition interlock devices for certain first, and all second and subsequent DUI offenses.

Subgrantee shall develop individualized treatment plans and provide services for offenders participating in the IIDP who are in need of assessment and treatment, as necessary.

16. National Motor Voter Registration Act

Subgrantee shall comply with the requirements of The National Voter Registration Act of 1993 (NVRA or "Motor Voter Act") designating "voter registration agencies" in accordance with the NVRA and SC Code Ann. § 7-5-310, et seq., as amended.

Subgrantee will offer voter registration services in accordance with procedures developed by DAODAS and will report totals of completed registration forms and declinations, plus the number of individuals who have previously registered to vote and the number of individuals who are provided mail-in registration forms.

Totals will be reported to DAODAS and are due by the date listed on the Deliverables list.

17. Quality Assurance and Mandatory Training

Subgrantee shall:

- a. Maintain and use a current Quality Assurance plan addressing effectiveness (i.e., outcomes), efficiency, and patient satisfaction.
- b. Conduct internal Quality Assurance activities in a manner consistent with the most current accreditation standards manual of either The Joint Commission or CARF.
- c. Ensure that all staff complete mandatory trainings offered by DAODAS that are stipulated by funding and compliance contracts as applicable to their job functions. Documentation of completed trainings shall be retained in the employee's personnel file and shall be available for review during DAODAS compliance review visits.

18. Notification of Federal Funds Used to Supplement Program Operations

Subgrantee shall comply with P.L. 101-517 § 511, as amended, that requires the federal funding source be clearly identified on any brochure, flyer, poster, press release, public service announcement, or other form of information dissemination, events (i.e., planning, production, or presentation of conferences, workshops, or trainings), publications, or any other document describing

projects or programs funded in whole or in part with federal funds. Funding provided by DAODAS will be identified by the funding source and CFDA number if applicable.

Subgrantee agrees by signing this Contract that it will include, without modification, the clause titled **“Notification of Federal Dollars Used to Supplement Program Operations”** in all lower-tier covered transactions (i.e., transactions with its subgrantees and/or subcontractors) and in all solicitations for lower-tier covered transactions in accordance with 45 CFR Part 76.

19. Allowable Costs

Allowable costs incurred under any DAODAS funded grant or contract shall be determined in accordance with the general principles and standards for selected cost items as set forth in the applicable OMB Circulars referenced under “Audit Standards” and “Applicable Laws and Regulations.”

20. Non-Supplantation of Existing Programs

Subgrantee agrees that funds made available by DAODAS will be used by Subgrantee to implement or increase the level of funding in the specified services only. Funds received through a DAODAS-funded grant shall not supplant any other federally funded projects.

21. Procurement Policy

Subgrantee shall have a board-approved written procurement policy in force. Subgrantee is encouraged to utilize qualified minority firms where cost and performance of major grant work will not conflict with funding or time schedules.

22. Equipment

Unless otherwise specified by DAODAS, equipment under this Contract is defined as an article of tangible property that has a useful life of more than one year and an acquisition cost of five thousand dollars (\$5,000) or more. Single items priced \$5,000 or more must have prior written approval of DAODAS for DAODAS-reimbursable class codes. Title to all equipment purchased with funds provided by DAODAS shall rest with Subgrantee as long as the equipment is used for the program for which it was purchased. When the equipment is no longer required for the program for which it was purchased, DAODAS shall be notified, and then instructions will be issued by DAODAS pertaining to the disposition of the property.

23. Travel

Subgrantee shall adhere to the travel policies and procedures of the State of South Carolina in all program areas that are funded partially or in full by DAODAS, except in instances where Subgrantee is operating under the policies and procedures of county government or when policies and procedures approved by the governing board of Subgrantee do not exceed the provisions of the State of South Carolina.

24. Records Retention

- a.** Records with respect to all matters covered by funding through DAODAS shall be made available to DAODAS or its duly appointed representatives for audit inspection or monitoring. All pertinent information, including financial records, supporting documents, statistical records, and patient records, shall be retained for a minimum of three years after the final expenditure report. However, if any litigation, claim, or audit is started before the

expiration of the three-year period, then records must be retained for three years after the litigation, claim, or audit is resolved. Subgrantee shall adhere to DHEC regulations for storage of outpatient and residential patient records.

- b. The HIPAA Privacy Rule and federal regulations under 42 C.F.R. Part II require certain documentation to be available for a specified number of years (retention period) after it has been received or created. Other laws, usually State laws and regulations, govern the retention period for Protected Health Information (PHI). Also, documents relating to Subgrantee's policies and procedures, uses and disclosures, authorization forms, Business Associate contracts, Qualified Service Organization Agreements (QSOAs), Notices of Privacy Practices, responses to a patient/client who wants to amend or correct their information, the patient/client's statement of disagreement, complaint record, or any other written communication required by HIPAA or 42 C.F.R. Part II must be maintained for a period of six years from the later of the creation date or when it was last in effect. Records must also be retained for two years after a patient/client's death.
- c. All paper records containing PHI that are no longer relevant must be shredded. If shredding is performed by an outside service, a certificate of destruction must be secured.

25. Compliance Reviews

DAODAS reserves the right to perform on-site reviews of all programmatic/financial documentation to ensure compliance with Subgrantee monitoring guidelines as published in 2CFR 200 – Uniform Guidance, Healthy Connections Provider Manual for Rehabilitative Behavioral Health Services, CARE, ASAM, and other standards that DAODAS may deem appropriate. DAODAS will notify Subgrantee of Coordinated County Review standards with as much advance notice as possible. At a minimum, this will include compliance, clinical quality assurance, and prevention activities.

26. Confidentiality of Specific Work Products

Any DAODAS reports, information, data, etc., given to, prepared by, or assembled by Subgrantee under a DAODAS-funded grant or contract that DAODAS represents as confidential per the Freedom of Information Act (SC Code Ann. § 30-4-10, et seq., as amended) shall not be made available to any individual or organization by DAODAS or Subgrantee without the prior written approval of DAODAS.

Subgrantee shall ensure that employees are educated about specific confidentiality requirements and informed that disciplinary action may be taken upon inappropriate disclosures of confidential information.

27. Copyrights

If any copyrightable material is developed under funding through this Contract, DAODAS shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, disclose, distribute, and otherwise use, in whole or in part, the material for DAODAS purposes.

28. Political Activity

None of the funds, materials, property, or services provided directly or indirectly by DAODAS shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office, or otherwise to be in violation of the provisions of the Hatch Political Activity Act (5 U.S.C. § 7324).

29. Critical Incident Reporting

Following DAODAS' protocol for incident reports and in accordance with CARF and corporate compliance standards, Subgrantee shall report in confidence directly to DAODAS any:

- a. *Fraudulent Activity*: If, at any time during the term of this Contract, Subgrantee becomes aware of or has reason to believe by whatever means that, under this or any other program administered by DAODAS, an applicant for services, an employee of Subgrantee, or any of their subcontractors have improperly or fraudulently applied for or received benefits, monies, or services pursuant to any contract or grant from DAODAS;
- b. *Patient/Client Death*; and
- c. *Critical Incident*: Any sudden or unexpected event that is a deviation from normal or safe operations that may have a significant impact on patients, staff, or the organization.

30. Conflict of Interest

No official or employee of Subgrantee shall participate personally through decision, approval, disapproval, recommendation, the rendering of advice, investigation, or otherwise in any proceeding, application, request for a ruling or other determination, contract, grant, cooperative agreement, claim, controversy, or other particular matter in which these funds are used, where to his knowledge he or his immediate family, partners, organization other than a public agency in which he is serving as officer, director, trustee, partner, or employee or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, has a financial interest.

In the use of these funds, officials or employees of Subgrantee shall avoid any action that might result in, or create the appearance of:

- a. Using his or her official position for private gain;
- b. Giving preferential treatment to any person;
- c. Losing complete independence or impartiality;
- d. Making an official decision outside official channels; or
- e. Affecting adversely the confidence of the public in the integrity of the government or the program.

31. County Assistance Plan

DAODAS will monitor certain key performance indicators of Subgrantee and, when necessary, may direct Subgrantee to improve through the County Assistance Plan (CAP). This plan will be designed by DAODAS to assist Subgrantee in the early detection and resolution of problems related to performance. When staff interventions fail to correct the identified problem(s), Subgrantee will be placed under the Managed Improvement Plan (MIP) and will be expected to make progress in resolving the problem(s) in order to remain eligible for funding or other financial support from DAODAS.

32. Reporting Systems and Deliverables

- a. Subgrantee must collaborate to implement database and electronic health record changes required by DAODAS. DAODAS, in collaboration with Behavioral Health Services Association of South Carolina Inc., will give Subgrantee as much advance notice as possible for software and hardware changes.
- b. All data must be submitted on time in accordance with defined schedules.
- c. Subgrantee must install and maintain updated virus protection on all personal computers, laptops, and file servers. Upon the first incident of virus detection, Subgrantee will be

immediately notified via telephone by DAODAS of virus infection. Chronic (to be defined by DAODAS) virus-infected submissions will result in non-acceptance of all incoming data until Subgrantee can certify that the data is virus free.

- d. Subgrantee shall take all precautions to protect and secure data, including using HIPAA-compliant passwords, encrypting all electronic transmissions of PHI, and performing and testing regular backups of data systems. Transmission of non-encrypted PHI to DAODAS will result in notification of the offense to Subgrantee's Privacy Officer, who will notify each patient/client whose PHI was breached according to American Recovery and Reinvestment Act requirements.
- e. Subgrantee shall submit all deliverables by the due dates and in the appropriate format. Requests for extensions to deliverables must be submitted on form "Request for Deliverables Extension" to the appropriate DAODAS program manager for review.
- f. Subgrantee will report all financial data, allocate administrative costs in accordance with guidelines supplied by DAODAS, and comply with all other budget, expenditure, and revenue reporting guidelines as enumerated in ARTICLE V of this Contract.

33. Applicable Laws and Regulations

Subgrantee agrees to comply with all applicable federal and state laws and regulations, including but not limited to:

- a. Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance).
- b. All applicable standards, orders, or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. § 7401, et seq.).
- c. The Civil Rights Act of 1964 (42 U.S.C. § 2000, et seq., and regulations issued pursuant thereto, 45 CFR Part 80).
- d. Section 504 of the Rehabilitation Act of 1973, as amended, (29 U.S.C. § 791, et seq.), which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from federal financial assistance, and regulations issued pursuant thereto (45 CFR Part 84).
- e. The Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101, et seq.), which prohibits discrimination based on age in programs or activities receiving or benefiting from federal financial assistance.
- f. The Omnibus Budget Reconciliation Act of 1981, P.E. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
- g. The Confidentiality of Alcohol and Drug Abuse Patient Records regulations, 42 CFR Part 2, which implements the federal statutory provision applicable to substance abuse patient records (42 U.S.C. § 290 dd-2) (45 CFR § 96.132 (e)).
- h. The Americans with Disabilities Act (42 U.S.C. § 12101, et seq., and regulations issued pursuant thereto, 42 CFR Parts 35 and 36).
- i. The Drug Free Workplace Acts, SC Code § 44-107-10, et seq., as amended, and the Federal Drug Free Workplace Act of 1988, Public Law 100-690 and regulations issued pursuant thereto, 45 CFR Part 76, Subpart F.
- j. Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, imposes restrictions on smoking where federally funded children's services are provided.

- k. All restrictions on lobbying found in 31 U.S.C. § 1352.
- l. Occupational Safety and Health Administration regulations governing occupational exposure to bloodborne pathogens (29 CFR Part 1910.1030).
- m. Requirement to actively publicize the availability of services to pregnant women and give priority admission to this population for services funded wholly or in part by federal block grant funds (45 CFR Part 96.131(b)).
- n. 42 U.S.C. 300x-26 – State law regarding sale of tobacco products to underage individuals.
- o. 42 U.S.C. 300x-56 – Prohibitions regarding receipt of funds.
- p. 42 U.S.C. 300x-66 – Services for individuals with co-occurring disorders.

34. Non-Waiver of Breach

The failure of DAODAS at any time to require Subgrantee's performance of any provision of this Contract or other DAODAS-funded grants/contracts or the continued payment of Subgrantee by DAODAS in the event of such failure shall in no way affect the right of DAODAS to enforce any provision of this Contract or other DAODAS-funded grants/contracts; nor shall the waiver by DAODAS of any breach of any provision hereof be taken or held to be a waiver of any succeeding breach of such provision or as a waiver of the provision itself.

35. Severability

Any provision of this Contract prohibited by the laws of the State of South Carolina shall be ineffective to the extent of such prohibition without invalidating the remaining provisions of this Contract.

36. Arbitration

If at any time the parties to this Contract in their rightful capacity cannot reach a decision based on the guidelines and stipulations within this operating agreement, a disinterested independent person shall be appointed to resolve the issue in accordance with the Uniform Arbitration Act (SC Code Ann. § 15-48-10, as amended).

37. Appeals Procedures

Administrative appeals shall be performed in accordance with the South Carolina Administrative Procedures Act (SC Code Ann. § 1-23-310, et seq., as amended.) If any dispute shall arise subsequent to inconclusive arbitration, either party shall have the right to appeal within thirty (30) days of receiving written notice of arbitration conclusion that forms the basis of the appeal.

38. Venue of Actions

Any and all suits or actions for the enforcement of the obligations of this Contract and for any and every breach thereof, or for the review of a DAODAS final agency decision with respect to this Contract or audit disallowances, and any judicial review sought thereon and brought pursuant to the SC Code § 1-23-380, as amended, shall be instituted and maintained in any court of competent jurisdiction in the County of Richland, State of South Carolina.

39. Suspension of Work and/or Modification of Funding

- a. DAODAS will inform Subgrantee of pending suspension of work and/or modification of funding in whole or in part for failure of Subcontractor to comply with any of the requirements of this Contract.

- b. Upon written notice, DAODAS may order suspension of the work and/or modification of funding in whole or in part for such time as it deems necessary because of failure of Subcontractor to comply with any of the requirements of this Contract. The Contract's completion date shall not be extended on account of any such suspension of work and/or modification of funding.
- c. When DAODAS orders a suspension of the work under this section, Subgrantee shall not be entitled to any payment for work with respect to the period during which such work is suspended and shall not be entitled to any costs or damages resulting from such suspension.

40. Termination of Contract

- a. Termination for Breach of Contract – Either party may terminate this Contract at any time within the Contract period whenever it is determined by such party that the other party has materially breached or otherwise materially failed to comply with its obligations. The terminating party must give the other party thirty (30) days written notice explaining the nature of the alleged breach. The party receiving notification shall have the 30-day period, running from the date of notification, or any further period in which the parties may agree to cure the alleged breach. This Contract will automatically terminate upon expiration of the cure period if the notifying party is not satisfied that the alleged breach has been remedied, which shall be deemed a default.
 - i. In the event of an automatic termination, Subgrantee shall not be entitled to any costs or damages resulting from a termination under this Section.
 - ii. Subgrantee and its sureties shall be liable for any damage to DAODAS resulting from Subgrantee's default. Any wrongful termination for default shall be deemed by the parties as a termination for convenience.
- b. Termination for Convenience – DAODAS, with thirty (30) days advance written notice, may terminate this Contract when it is in the best interests of the South Carolina Department of Alcohol and Other Drug Abuse Services. If this Contract is so terminated, Subgrantee shall be compensated for all necessary and reasonable costs of performing the work actually accomplished. Subgrantee will not be compensated for any other costs in connection with a termination for convenience. Subgrantee will not be entitled to recover any damages in connection with a termination for convenience.
- c. Termination for Lack of Available Funds – The parties hereto covenant and agree that their liabilities and responsibilities, one to another, shall be contingent upon the availability of federal, state, and local funds for the funding of services and that this Contract may be reduced or terminated immediately if such funding ceases to be available. DAODAS will determine the availability of such funds and notify Subgrantee in writing if this Contract must be terminated under this provision.
- d. Unilateral Termination – Either party may terminate this Contract without cause by giving the other party ninety (90) days written notice.

41. Notice

Notice to either party will be sent by certified mail, return receipt required, and postage prepaid to the address stated in the introductory paragraph of this Contract.

42. Independent Contractor

Subgrantee shall not be deemed as the agent or employee of DAODAS for any purpose whatsoever. Neither Subgrantee nor any of its members, employees, or agents shall identify themselves as an

employee of DAODAS. Subgrantee shall have no power or authority to bind or obligate DAODAS in any manner, except that DAODAS shall make payments to Subgrantee for the work provided under this Contract. Subgrantee shall obtain and maintain all licenses and permits required by law for performance of any DAODAS-funded Contract by themselves or their employees, contractors, agents, and servants. Subgrantee shall be liable for and pay all taxes required by local, state, or federal governments, including but not limited to Social Security, Workers' Compensation, Employment Security, and any other taxes and licenses or insurance premiums required by law unless specified in the Contract.

43. Indemnification

Subgrantee shall be solely responsible, to the extent permitted by South Carolina law, for the payment of any and all claims for loss, personal injury, death, property damage, or otherwise arising out of any act or omission of its employees or agents acting within the scope of their employment in connection with the performance of work under any DAODAS-funded grants or contracts.

44. Force Majeure

Both parties will not be liable for any loss or delay resulting from causes, including but not limited to acts of God, vandalism, burglary, defective hardware, personal injury of either party or their agents, civil commotion, or any other causes beyond either party's control.

45. Assignment

Subgrantee shall not assign this Contract or any other DAODAS-funded grants or contracts without the prior written consent of DAODAS.

ARTICLE III - TREATMENT AND INTERVENTION

1. Staff Requirements for Clinical Patient Services

- a. Minimum Qualifications: To provide treatment services for substance use disorders as an employee of a county alcohol and drug abuse authority, staff must (at a minimum):
 - i. have a bachelor's degree in a health or human service-related field from an accredited college or university; and
 - ii. be certified by the SCAADAC Certification Commission as an Alcohol and Drug Counselor (ADC, formerly a Certified Addictions Counselor I); Advanced Alcohol and Drug Counselor (AADC, formerly a Certified Addictions Counselor II); or a Clinical Supervisor (CS, formerly a Certified Clinical Supervisor).
- b. Licensure:
 - i. Staff who are independently licensed by a professional licensing board will not be required to be certified or credentialed by the SCAADAC Certification Commission.
 - ii. Licensed individuals will be required to maintain core competencies and substance use disorder experience by maintaining a written training plan that includes trainings approved by the SCAADAC Certification Commission. This plan will be included in the privileging file of the counselor and approved by Subgrantee's executive director.
 - iii. In-process licensed professionals must be in active and ongoing supervision for licensure, or may apply for certification through SCAADAC.
 - iv. Licensed professionals with no experience in substance use disorder services will be required to pursue certification through SCAADAC.

- c. Certification: Staff may be certified:
- i. by the SCAADAC Certification Commission as an Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), or Clinical Supervisor; or
 - ii. by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) as a Certified Addiction Counselor, Level II (NCAC II) and hold a current South Carolina state certificate from any other DAODAS-approved certification/accreditation commission; or
 - iii. by NAADAC as a Master Addiction Counselor (MAC) and hold a current South Carolina state certificate from any other DAODAS-approved certification/accreditation commission. A professional licensed in other states still has to be certified by SCAADAC.

If a counselor is not certified within three years, the in-process counselor cannot provide billable clinical services in an agency (Subgrantee), or one that contracts with DAODAS, until certified by the SCAADAC Certification Commission. If the in-process counselor did not complete the certification process and have been out of the field for at least a year, the in-process counselor may be employed by a Subgrantee and will have 1 year to complete the certification process.

- d. In Process: Staff may be privileged to provide clinical patient services while in the process of earning certification. The “in-process” person:
- i. must be in the process of becoming certified as an addictions counselor and must be under active and ongoing clinical supervision (see “Clinical Supervision” section below);
 - ii. shall not be privileged to provide any type of direct service until application for certification is submitted (Evidence of certification application shall be available in either the person’s privileging file or personnel file.);
 - iii. shall have a plan to obtain certification within three years of application, and must achieve certification by the end of this three-year period. Subgrantee may request a waiver under limited extenuating circumstances.

- e. Students/Interns: Students/interns in the process of obtaining a minimum of a master’s degree in human services from an accredited program may offer direct patient services only under active and ongoing clinical supervision. There must be a designated clinical supervisor and a clinical supervision plan that outlines the clinical objectives of the internship/field placement. All clinical documentation for students/interns must be co-signed by the designated supervisor (see “Clinical Supervision” section below).

- f. Clinical Supervision: “In-process” staff and students/interns (see above):
- i. must be under clinical supervision by a person who holds a Master’s degree, is SCAADAC certified, and is licensed or is a CAC II who is certified after April 1, 2016, CCS, NCACII, or MAC (a clinical supervisor must receive 10 hours of clinical supervision training every two years); and
 - ii. shall have all assessments, clinical assessment summaries, treatment plans, and discharge summaries co-signed by a designated clinical supervisor (The clinical supervision plan must include the frequency and quantity of review for clinical service notes. The plan must also address the frequency and type of clinical supervision.)

- g.** *Paraprofessional Patient Services:* Paraprofessional positions include: Child Service Professional, Substance Abuse Specialist and Peer Support Specialist. They must meet minimum qualifications in the South Carolina Department of Health and Human Services Medicaid Provider Manual to provide these services. The Substance Abuse Specialist must complete a minimum of 20 hours of continuing education every two years; the Peer Support Specialist must complete a minimum of 20 hours of continuing education training annually of which at least 12 hours must be face-to-face training.

Paraprofessional staff shall have a supervision plan and receive at a minimum monthly supervision. If Substance Abuse Specialist staff are hired with 3 years of experience, experience must be documented in their privileging file.

2. Statewide Base Treatment Services

Subgrantee shall provide the following statewide base services:

- a.** *Traditional Outpatient, Adolescent, Group, Individual, Family Counseling, Outpatient Services (Outpatient-Tx) (Level I), Class code/Class Code 3001-30xx*

- i.** *Definition:* Organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provide professionally directed evaluation, treatment, and recovery services to persons with substance-use disorders or persons “at risk” for developing substance-use disorders. Services should be designed to treat the individual’s level of illness severity and to achieve permanent changes in an individual’s alcohol or other drug-using behavior.

- ii.** *Special Conditions:* Subgrantee shall adhere to the following conditions:

- 1.** Subgrantee shall comply with DAODAS reporting requirements to ensure that all pregnant/parenting women are identified at intake/admission and that all subsequent services delivered are appropriately documented.
 - 2.** In addition to the direct service codes applicable to any person receiving service through the Traditional Outpatient component, Subgrantee shall also provide pregnant/parenting women, as appropriate, additional services to include appropriate referral and assistance in accessing prenatal care and child care.
 - 3.** Services to Adolescents - Adolescents who use alcohol and other drugs differ from adults in significant ways. Adolescence affords a unique opportunity to modify risk factors that are still active and not yet complete in their influence on development. Adolescents must be approached differently from adults because of differences in their stages of emotional, cognitive, physical, social and moral development. At every level of care, program services for adolescents should be designed to meet their developmental and other special needs. Strategies to engage adolescents, channel their energy, and hold their attention are especially critical. Treatment must address the nuances of adolescent experience, including cognitive, emotional, physical, social and moral development, in addition to involvement with alcohol and other drugs. To this end, Subgrantee shall:

 - a.** Provide family centered substance use disorder and co-occurring services.

- b. Use ASAM adolescent admission, continued stay and discharge criteria. All patient cases should be staffed on a regular basis to determine patients' status in services. The DSM-5 or latest implemented edition will be used for diagnosing patients.
- c. Services should be individualized and culturally competent to meet the needs of diverse populations.
- d. Treatment services should be evidence based and proven effective with adolescents. To ensure highest quality services to adolescents it is highly recommended that staff working with this population pursue the Adolescent Workforce Development trainings offered by DAODAS. It is also recommended that each agency designate at least one staff person as the adolescent counselor for the agency.
- e. Clinical supervision should be provided to adolescent treatment staff per the agency's policies and procedures. DAODAS contracts with a private provider to meet this need also and providers may seek that consultation as needed.
- f. Subgrantee will use the common screening tool as identified by DAODAS for adolescent services.
- g. DAODAS will conduct periodic reviews to ensure quality of care is being provided appropriately to adolescents.
- h. Collaborate across agencies to meet the needs of the whole patient and their family.
- i. Ongoing recovery support services should be provided as needed.

b. Alcohol and Drug Safety Action Program (INT-ADSAP) / Class Code 4001

- i. *Definition:* The South Carolina ADSAP provides assessment, education, intervention, and treatment services as mandated pursuant to § 56-5-2990 of the Code of Laws of South Carolina. In addition, certified ADSAP providers will adhere to the revised DUI laws specific to the ADSAP program that are defined in state law and require mandated treatment for all DUI offenders.
- ii. All ADSAP client enrollment and termination information will be submitted to the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS). All completions of ADSAP clients determined to be financially able to bear the cost of services will be submitted to DAODAS once services are completed and fees are paid as agreed to by the client and the provider. Financial Assessment is an ongoing process, and for those individuals who express an inability to pay at any time during the process, the provider shall adhere to the financial assessment guidelines and offer community services to eligible clients in lieu of payment. Therefore, DAODAS directs that community service options shall be made available for individuals found unable to pay. As the statute does not require the completion of community services for the completion of the ADSAP program, DAODAS recommends that providers use discretion and consider completion with any reasonable effort of an individual to engage in community service.
- iii. All ADSAP programs must be certified by the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) and re-certified every two years thereafter.
- iv. Special Conditions: Subgrantee shall adhere to the following conditions:

1. Ensure compliance with all operational standards outlined in the ADSAP Standards Manual (incorporated by reference).
 2. Use only the ADSAP curriculum designated by DAODAS that will be delivered in accordance with accompanying training and instructions. In addition, each program shall comply with the following requirements:
 - a. Course delivery, content, and sequence shall be in accordance with the ADSAP designated group leader's manual with no deletions or additions of outside materials.
 - b. No portion of the material contained in the curriculum shall be copied without written permission of the Prevention Research Institute.
 - c. Each participant shall be issued a student handbook at the beginning of the group.
 - d. Group size shall not exceed 25 participants.
 - e. All participants shall be required to attend group sessions for the entire 16-hour duration.
 - f. Use only certified group leaders to deliver the curriculum.
 - g. Ensure that all certified group leaders comply with ADSAP curriculum delivery requirements.
 3. All programs will use only the common objective assessment instrument designated by DAODAS that will be delivered in accordance with accompanying training and instructions.
 4. Subgrantee will adhere to General Terms and Conditions paragraph 106. (Fees/Financial Assessment).
 5. Per 56-5-2990 (C) of the South Carolina Code of Laws, 1976, as amended, all certified ADSAP programs will maintain a record of the number of community service hours performed and the amount of fee offset. This information will be submitted in writing to DAODAS at the end of each year (see deliverables list for specific date). All ADSAP programs shall comply with state law and shall provide clients, who pursuant to a financial assessment were deemed unable to pay for services, an option for substituting payment with community service. All ADSAP programs shall maintain an updated list of qualified community-service organizations in their jurisdiction. ADSAP providers found to be out of compliance with this state law will be immediately notified of noncompliance, and be required to submit an action-plan. Further failure to comply with this state law may result in decertification of the ADSAP program.
 6. Ensure the attendance of an ADSAP representative or designee at a minimum of three (3) scheduled statewide ADSAP meetings.
 7. Ensure timely handling of consumer complaints at the local level.
- c. Interstate ADSAP Management – **Dorchester only** / Class Code 4002
- i. *Definition:* The South Carolina Interstate Alcohol and Drug Safety Action Program (IADSAP) Office provides administrative processing of out-of-state DUI offenders who wish to clear their driver record in South Carolina by meeting the ADSAP requirements.
 - ii. *Service Activity:* Subgrantee shall adhere to the following conditions:

1. Provide and manage sufficient appropriate staff to provide administrative case management services for out-of-state DUI offenders who wish to clear their driver record in South Carolina by meeting their ADSAP requirement. Access to IADSAP staff via telephone must be available to clients during the operating hours of Subgrantee.
 2. Provide and manage all telephone, postage, office, and clerical services necessary to support the provision of administrative case management service to out-of-state DUI offenders.
 3. Collect the sum of no more than one hundred and fifty dollars (\$150) from each out-of-state DUI client using the code number "47" in the "County Enrolled" block on the form promulgated by DAODAS, client service center of "I-AD-IN-OP-N-N-A" and activity code number "198."
 4. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS an annual report of relevant financial transactions and client flow data, and a narrative discussion of program progress, problems, and plans.
- iii. *Special Conditions:* Subgrantee shall adhere to the following conditions:
1. Inform all collaborating entities, both in state and out-of-state, of the DCCADA's address and telephone number for managing out-of-state clients. Maintain a South Carolina IADSAP website.
 2. Provide telephone and in-person technical assistance to the DCCADA in case management of out-of-state DUI offenders.
 3. Collect and analyze client flow and program management data to determine program effectiveness and efficiency.
 4. Coordinate with the ADSAP Program coordinator and ADSAP Information Coordinator at DAODAS revisions in interstate procedures and policies, resolution of issues, and develop problem solutions.
 5. Participation by the IADSAP coordinator and other appropriate staff in state, regional and national educational conferences on Driving Under the Influence, Interstate Issues, Laws and Treatment Services.
- d. *Youth and Adolescent Services (YAS), Intervention Class code/Class Code 5501*
- i. *Definition:* Youth and Adolescent Services (YAS) is defined as a program to provide intervention services for high-risk youth which may include grades kindergarten through 12 who are identified through the school system, human service providers, parents or self-referrals who are experiencing a wide range of personal or behavioral problems. Through YAS, students and families are provided with the opportunity to learn new ways of coping with their problems in order to avoid the development of more serious problems in the future.
 1. Subgrantee will comply with all DAODAS Standards pertinent to this level of care.
- e. *Alcohol Intervention Program*
- i. *Definition:* The Alcohol Intervention Program (AIP) is required by Act 103, The Prevention of Underage Drinking and Access to Alcohol Act of 2007. The law requires an individual who violates the provision of this section to successfully

complete a DAODAS-approved alcohol prevention education or intervention program.

- ii. *Services Activity:* Subgrantee shall provide AIP services to individuals, ages 17 to 20, referred to Subgrantee pursuant to state law.
 - 1. Clients will be screened and placed in services using Motivational Enhancement Therapy – Cognitive Behavioral Therapy-5 (MET-CBT 5) as the intervention.
 - 2. Services should be a minimum of eight hours and cost no more than \$150.00.
 - 3. An exit conference will be conducted with all clients. Parents should be included, with client’s permission, if at all possible.

f. *Gambling Services, Class code/Class Code 3701*

- i. *Definition:* An approved therapeutic service designed to address the problems related to problem gambling. Services for clients who need additional services concurrently or following the gambling-specific therapeutic service will be determined in accordance with the existing fee schedule.
- ii. *Special Conditions:*
 - 1. Subgrantee will provide an approved therapeutic service for identified problem or pathological gamblers and related services for family members. Treatment includes bundled services and additional discrete services as indicated on the individual’s treatment plan.
 - 2. All persons age 13 or older will be administered the EHR screen questions pertinent to gambling. Evidence of compliance with this core service requirement will be monitored during the annual oversight visit. If found not in compliance, Subgrantee must submit a corrective action plan to DAODAS for approval. If the individual indicates they have engaged in gambling activities, they will be given a full gambling assessment. The gambling screen will be placed in the clinical file with the assessment. If the assessment indicates the individual meets the criteria for a Pathological Gambling diagnosis, they will be entered into the appropriate treatment.
- iii. *Utilization Review (UR) is required for all gambling services:*
 - 1. Upon completion of the assessment, Subgrantee shall contact DAODAS’ Utilization Review Case Manager to obtain prior authorization of services to be billed, and a prior authorization number. The prior authorization number should accompany any services billed in the appropriate block of the billing form. Failure to obtain the prior authorization shall result in non-payment of services. The following procedures will be for utilization review:
 - a. Clinicians will perform periodic reviews with DAODAS’ Utilization Review Case Manager as scheduled to report progress and receive authorization for continuation of services. Upon completion of services, the clinician will call DAODAS’ Utilization Review Case Manager and move the patient into case management status. If the patient requires additional treatment services during the case management period, DAODAS’ Utilization Review Case Manager must be contacted to authorize the services.

2. Clinicians will call DAODAS' Utilization Review (UR) Case Manager to report completion of all services and discharge. Failure to perform all UR activities shall result in non-reimbursement of services.
 3. Additional gambling assessment is required for all patients receiving gambling services at time of discharge and at 90-days post-discharge.
- iv. *Physical Treatment Components:*** The basic approach to treatment will be to use all available and clinically appropriate services that apply to any given patient. Thus, any person who presents for treatment will be provided with a complete biopsychosocial assessment to ascertain all probable diagnoses, to include Pathological Gambling as defined in the DSM-5. The possible alternatives and corresponding actions at this stage will be:
1. Patient does not meet the full criteria for Pathological Gambling but may still be experiencing problems.
 - a. Problems are linked to gambling. Action: Subgrantee may choose to provide treatment services on a private-pay basis or refer the patient to another provider.
 - b. Problems are related to a substance use disorder. Action: Subgrantee will provide appropriate substance use disorder services in accordance with current SABG, Medicaid, and DAODAS policies and procedures.
 2. Patient meets the full criteria for Pathological Gambling.
 - a. Patient is appropriate for bundled services. Action: Subgrantee will complete the Individualized Treatment Plan (ITP) and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide the approved therapeutic service; complete the continuing care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case management services during the continuing care phase and administer the outcomes survey during the final case management session at 90 days following the treatment phase. Subgrantee may provide individual and/or family counseling sessions as necessitated by client needs and documented in the ITP.
 - b. Patient is appropriate for gambling services but Subgrantee does not have a sufficient number of patients for group counseling. (The clinically appropriate group size is a minimum of two and a maximum of 25.) Action: Subgrantee will complete the Individualized Treatment Plan (ITP) and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide the approved therapeutic service, which may include the family unit as appropriate; complete the continuing-care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case management services during the continuing-care phase and administer the outcomes survey at the final case-management session at 90 days following the treatment phase. Subgrantee may provide additional individual and/or family

counseling sessions as necessitated by client needs and documented in the ITP.

- c. Patient is not appropriate for gambling services. Action: Subgrantee will complete the Individualized Treatment Plan (ITP) and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide individual counseling that may include the family unit as appropriate; complete the continuing-care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case-management services during the continuing-care phase and administer the outcomes survey at the final case management session at 90 days following the treatment phase. Subgrantee may provide additional individual and/or family counseling sessions as necessitated by client needs and documented in the ITP.
3. For consistent and equitable application, Subgrantee will use rates as outlined on Form "Gambling Contract Service Rates," the DAODAS Policy on Indigence and Fee Assessment, and the DAODAS Financial Assessment Form.
- v. *Gambling Registry*: Each county alcohol and drug abuse authority must have at least one staff member who is authorized to provide an approved therapeutic service for problem or pathological gambling. The DAODAS Utilization Review Case Manager will implement and maintain a registry of qualified gambling addictions counselors. Qualified counselors from county alcohol and drug authorities will maintain this information in their privileging file locally.

3. Extended Services

Subgrantee shall provide the following extended services:

- a. *Medically Monitored Inpatient Withdrawal Management / Level 3.7 WM / Class Code 1001*
 - i. *Definition*: An organized service delivered by medical, nursing, and clinical professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care but not severe enough to warrant placement in an acute general hospital. All patients should be seen by a counselor to assess level of care needs and facilitate patient engagement in treatment services. The case manager or counselor should make referrals as needed.
 - ii. *Special Conditions*:
 1. All new programs must be approved by DAODAS.
 2. Subgrantee will comply with all CARF and/or Joint Commission Quality Assurance standards pertinent to this level of care.
 3. Existing programs must review and update internal agency policies and procedures manual annually and submit any changes to DAODAS for review.

4. Services under this program require prior authorization for reimbursement. Request for prior authorization of withdrawal management services will be performed by the withdrawal management provider upon admission of the patient by contacting DAODAS Utilization Review Section 1-800-374-1390, or (803) 896-5988 for the Columbia area). Patients must meet ASAM PPC-2 criteria for admission to this level of care. The DAODAS reimbursement rate will reflect the Medicaid reimbursement rate.
 5. Withdrawal Management facilities will continue to perform utilization review of indigent Withdrawal Management Level 3.7 WM services after depletion of funds for the remainder of the fiscal year. Withdrawal Management facilities will continue to provide indigent withdrawal management services after depletion of the funds. Indigency is determined using the DAODAS approved Policy on Indigency and Fee Assessment.
 6. Reimbursement for Level 3.7 services may be denied for patients who have a primary diagnosis of Opioid Use Disorder unless they are offered the choice of receiving stabilizing agonist or partial agonist medications, such as methadone or buprenorphine, during inpatient services.
- iii. *Access:* There must be 24-hour access to emergency medical services.
- b. *Clinically Managed Residential Withdrawal Management / Level 3.2 WM / Class Code 1101*
- i. *Definition:* An organized service that may be delivered by appropriately trained staff who provide 24-hour supervision, observation and support for patients who are intoxicated or experiencing withdrawal. Clinically managed residential withdrawal management is characterized by its emphasis on peer and social support. This level provides care for patients whose intoxication/withdrawal signs and symptoms and/or functional deficits are sufficiently severe to require 24-hour structure and support. However, the full resources of a medically monitored inpatient withdrawal management service are not necessary. Some clinically managed residential inpatient withdrawal management programs are staffed to supervise self-administered medications for the management of withdrawal. All programs at this level shall rely on established clinical protocols to identify patients who are in need of medical services beyond the capacity of the facility and to transfer such patients to more appropriate levels of care.
 - ii. *Special Conditions:*
 1. New programs must be approved by DAODAS.
 2. Existing programs must review and update the policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.
 3. Social setting inpatient withdrawal management services (Level 3.2 WM) must be prior authorized through DAODAS' Utilization Review for all Medicaid and indigent patients prior to rendering the service. Request for prior authorization of inpatient withdrawal management services will be performed by the inpatient provider upon admission of the patient by contacting DAODAS Utilization Review Section 1-800-374-1390, or (803) 896-5988 for the Columbia area). The DAODAS reimbursement rate for this service will reflect the Medicaid reimbursement rate.

4. Withdrawal Management facilities will continue to perform utilization review of indigent withdrawal management Level 3.2 WM services after depletion of funds for the remainder of the fiscal year. Indigency is determined using the DAODAS approved Policy on Indigency and Fee Assessment.
 5. Reimbursement for Level 3.2 services may be denied for patients who have a primary diagnosis of Opioid Use Disorder unless they are offered the choice of receiving stabilizing agonist or partial agonist medications, such as methadone or buprenorphine, during inpatient services.
- iii. *Access:* There must be 24-hour access to emergency medical services.
- c. *Outpatient Withdrawal Management Ambulatory Withdrawal Management with Extended on-site Monitoring / Level 2 WM / Class Code 3602*
- i. *Definition:* An organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a pre-determined schedule. Such services are provided in regularly scheduled sessions. They should be delivered under a defined set of policies and procedures or medical protocols. Outpatient services should be designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient's transition into ongoing treatment and recovery.
 - ii. *Special Conditions:*
 1. All new programs must be approved by DAODAS.
 2. Subgrantee will comply with all CARF and/or Joint commission Quality Assurance standards pertinent to this level of care.
 3. Existing programs must review and update internal agency policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.
 4. Essential to this level of care is the availability of appropriately credentialed and licensed nurses (RN, LPN) for monitoring of patients over a period of several hours each day of service. There must be 24-hour access to emergency medical services. Service providers should be able to provide or assist in accessing transportation services for patients who are unable to drive safely for legal or medical reasons, or who otherwise lack transportation.
- d. *Clinically Managed High Intensity Residential / Level 3.5 / Class Code 1501*
- i. *Definition:* High-intensity residential programs are designed to address significant social and psychological problems. Level 3.5 care is characterized by the intensity of the addiction treatment services and the highly structured program activity rather than by the intensity of medical services provided. Daily scheduled professional addiction treatment services are designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of a social network supportive of recovery. Level 3.5 programs rely on the treatment community as a therapeutic agent that introduces and enforces the appropriate social values and behaviors, and by a focus on reintegration into the greater community. Refer to the

ASAM criteria for additional information for this level of care. However, mandatory program requirements are listed below:

1. Physician monitoring and nursing care and observation are available as needed, based on clinical judgment.
2. Professional staff (e.g., professional addictions counselor, registered nurse, physician, physician assistant, certified nurse practitioner, or clinical nurse specialist who is authorized by the South Carolina Board of Nursing to function in the extended role with prescriptive authority and child care specialist who meet the criteria for Therapeutic Child Care lead clinical staff) shall provide forty (40) hours of clinical services per week. These hours consist of six hours a day, Monday through Friday and five (5) hours a day, Saturday and Sunday. Residential staff provides coverage and services during the rest of each day.
3. Provide priority admission to pregnant women.

ii. *Special Conditions:*

1. All new programs must be approved by DAODAS.
2. Existing programs must review and update the policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.

e. *Medically Monitored Intensive Inpatient Treatment / Level 3.7 / Class Code 1505*

- i. *Definition:* Level 3.7 care is delivered by an interdisciplinary staff to patients whose sub-acute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient treatment. Twenty-four hour observation, monitoring and treatment are available. The treatment delivered at Level 3.7 is specific to the substance-related disorder, but the interdisciplinary team and the availability of support services also accommodate withdrawal management and/or intensive inpatient treatment of addiction and/or conjoint treatment of coexisting sub-acute biomedical and/or emotional/behavioral conditions that could jeopardize recovery. Refer to the ASAM criteria for additional information for this level of care. However, mandatory program requirements are listed in the following:

1. A physician or nurse practitioner, or CSNRA, working with the stipulations of a practice agreement with a physician, will assess the patient face-to-face within 24 hours of admission and provide face-to-face evaluations at least once a week. Patients must be discharged from 3.7 level of care by the physician or reviewed by the physician before patient is transferred to a lesser level of care within the same treatment system.
2. Have an alcohol/drug-focused nursing assessment conducted by a registered nurse at the time of admission; an LPN may assist in the collection of patient health data used for the assessment, and
3. Have a registered nurse responsible for overseeing the monitoring of the patient's progress and medication administration.

ii. *Special Conditions:*

1. Subgrantee will comply with all DAODAS pertinent to this level of care.
2. All new programs must be approved by DAODAS.

f. Women's Residential Medically Monitored/Clinically Managed (WRTC) / Level 3.7 with step-down to Level 3.5 / Class Code 1601

- i. *Definition:* WRTCs provide a long-term structured regimen of 24-hour evaluation, care, and treatment for chemical abusing, chemically dependent pregnant and/or parenting women. These programs utilize multidisciplinary staff and clinical practices for patients who require out-of-home care. The programming usually includes, but is not limited to: medical supervision, individual counseling, group counseling, family counseling, family involvement, and multidimensional therapies to teach the appropriate use of leisure time, enhance self-esteem, and provide structured achievement experiences. A minimum of 10 beds is required to meet the statewide need for services.
- ii. *Service Activity* - Subgrantee shall adhere to the following conditions:
 1. Provide a residential treatment center for pregnant and postpartum women, infants, and children. Provide Medically Monitored Women's Treatment (MMWT), a comprehensive array of gender-specific services that are designed to increase a woman's likelihood of recovery, decrease the risk of relapse and facilitate successful reentry into the community. MMWT is a 24-hour/7-day per week service. The professional staff (i.e. professional addictions clinicians, registered nurse, physician, and childcare specialist) shall provide at least six (6) hours of clinical services Monday through Friday and five (5) hours on weekends.
 2. Provide priority admission to pregnant women.
 3. Provide or facilitate access to other services, including vocational training, medical care, literacy and GED classes, relationship and communication skills, homemaking skills, and Medicaid eligibility, based on each resident's assessed needs. HIV/AIDS education and prevention will be provided to every program participant.
 4. Ensure that all pregnant residents receive regular, appropriate prenatal care. Provide transportation to prenatal appointments and coordinate case management with prenatal care providers.
 5. A best practice trauma curriculum shall be a part of the weekly menu of services provided on this level of care.
 6. Provide child care and child development services for the children of residents.
 7. Document all services in the Electronic Health Records (EHR).
 8. Review and update the WRTC policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.
 9. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports will also contain information on:
 - a. Number of women served
 - b. Number of pregnant women served
 - c. Number of children served
 - d. Diagnosis or presenting problem
 - e. Number of assessments/admissions/discharges/re-admissions

- f. Referral services
 - g. Number of Medicaid-eligible patients
 - h. Payment source: Medicaid, self-pay, other insurance, indigent, etc.
 - i. Reports of the quarterly Advisory Committee meeting
 - j. Number of no shows and any follow-up
 - k. Number of child abuse cases reported to DSS
 - l. Number of pregnant women reported to DSS for child abuse because of their drug use.
10. Utilize an Advisory Committee, the composition of which is consistent with the patient population to be served (gender and ethnicity). Consumer representatives will participate on the Advisory Committee.
 11. Collect NOMS data at admission, discharge and 90-day post discharge as described in Special Conditions III.
 12. Recovery support services should be provided as needed.
- iii. *Special Conditions:*
1. All new programs must be approved by DAODAS.
 2. Existing programs must review and update the policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.
- g. Adolescent Residential Medically Monitored/Clinically Managed / Level 3.7 with step-down to Level 3.5 / Class Code 1701
- i. Subgrantee will provide the following services:
 1. A total of at least nine (9) or more beds shall be maintained at all times. The treatment regimen shall include a comprehensive array of age-specific services that are designed to increase an adolescent’s likelihood of recovery, decrease the risk of relapse, and facilitate successful reentry into the home, school, and community. Weekday programming shall contain no less than six (6) hours of therapeutic programming per day; weekend programming, no less than five (5) hours per day.
 2. Shall ensure that at least three (3) beds are maintained for medically indigent patients. “Medically indigent” is defined as lacking adequate resources for self-pay and not qualifying for either public or private third party coverage.
 3. Shall admit, subject of availability of beds, residents of any county in the state.
 4. Shall provide or facilitate access to other services, including homebound educational instruction, medical care, and relationship and communication skills, based on each patient’s assessed needs. HIV/AIDS education and prevention will be provided to every patient.
 5. On due date specified on the Contract Deliverable list and using report shall submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports shall also contain information on:
 - a. Number of adolescents served
 - b. Diagnosis of presenting problem
 - c. Number of assessments/admissions/discharges (indicate successful/unsuccessful) and re- admissions

- d. Referral services
 - e. Number of Medicaid-eligible, self-pay, other insurance, and indigent patients
 - f. Average length of stay.
 - 6. Shall accept admissions 24 hours a day/seven days a week.
 - 7. Collect NOMS data at admission, discharge and 90-day post discharge as described in Special Conditions III.
 - ii. *Special Conditions:*
 - 1. All new programs must be approved by DAODAS.
 - 2. Existing programs must review and update the policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverable list.
- h. *Intensive Outpatient Treatment Program (9 - 19 hours/week) / (IOP – General) Level 2.1 / Class Code 2501*
 - i. *Definition:* IOP is a structured treatment program that is provided to individuals who are in need of more than traditional outpatient treatment services or as an alternative to inpatient treatment. Intensive services on an outpatient basis provide comprehensive biopsychosocial assessments and individualized treatment, and allow for a valid assessment of environmental, cognitive, and emotional antecedents to substance use and dependency. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient’s natural environment.
 - ii. *Service Activity:* Subgrantee shall provide intensive outpatient services to individuals who are in need of more than traditional outpatient care. IOP services consist of the following major treatment components:
 - 1. Group counseling and therapy
 - 2. Skill development
 - 3. Family counseling (focused on the recovery environment) or therapy
 - 4. Self-help group orientation
 - iii. *Special Conditions:* Subgrantee shall adhere to the following conditions:
 - 1. Approval Process for New Programs: Newly established intensive outpatient treatment programs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - a. Program outline
 - b. Weekly schedule
 - c. Description of program components
 - d. Admission, continued stay, and discharge criteria
 - e. Written notice of approval shall be provided by DAODAS within forty-five (45) days of receipt of the required items, or a written notice of reason for non-approval shall be provided.
 - f. Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45

days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) intensive outpatient treatment programs.

2. Re-approval Process for Existing Programs - All programs shall submit their programs for re-approval every other year by the date specified on the Contract Deliverable list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in Item #3.a above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.
 3. Standard Regimen - The standard regimen of the Intensive Outpatient Treatment Program shall be a minimum of nine hours per week. Length of stay and level of attendance per week should be based on individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program. An Intensive Outpatient Treatment Program consists of a minimum of nine hours per week of clinical services.
 4. Involuntary Commitment Act of 1986 - Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the Intensive Outpatient Treatment Program.
 5. Consultation with Local Mental Health Center - Subgrantee shall participate as needed in patient services consultation with the appropriate local mental health center for all patients referred by the Department of Mental Health.
 6. Recovery support services should be provided as needed.
 7. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports will also contain information on:
 - a. Referral services
 - b. Number of Medicaid eligible patients
 - c. Payment source: Medicaid, self-pay, private insurance, etc.
- i. Women's Intensive Outpatient Treatment Program (9 – 19 hours/week) / (IOP-W) Level 2.1 / Class Code 2601
- i. *Definition:* WIOP is designed to provide intensive outpatient services to women who are in need of more intense services than the traditional outpatient treatment as an alternative to inpatient treatment. This allows for a valid assessment of environmental cognitive and emotional antecedents to substance use or dependency. It also allows the patient an opportunity to test new coping strategies while still within a supportive relationship.
 - ii. *Service Activity:* Subgrantee shall adhere to the following conditions:
 1. WIOP services consist of the following major treatment components:
 - a. Group counseling or therapy
 - b. Family counseling (focused on the recovery environment) or therapy
 - c. Skill development
 - d. Multi family therapy
 - e. Self-help group orientation
 - f. Best practices trauma curriculum

2. Approval Process for New Programs - Newly established women's intensive outpatient treatment programs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - a. Program outline
 - b. Weekly schedule to include trauma curriculum
 - c. Description for four program components
 - d. Admission, continued stay and discharge criteria
 - e. Written notice of approval shall be provided by DAODAS within 45 days of receipt of the required items, or a written notice of reason for non-approval shall be provided.
 - f. Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45 days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) a women's intensive outpatient treatment program.
3. Re-Approval Process for Existing Programs - All programs shall submit their programs for re-approval every other year by the date specified on the Contract Deliverable list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in subsection 2 above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.
4. Provide a specialized intensive treatment and prevention program for alcohol and other drug (AOD) dependent women and children. A minimum of 50 women and their children will be served during the Contract year.
5. Provide comprehensive, women-specific AOD treatment services that increase a woman's likelihood of recovery and decrease the risk of relapse. Length of stay and level of attendance per week should be based on individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program. A Women's Intensive Outpatient Treatment Program consist of a minimum of nine hours per week.
6. Provide or facilitate access to other services including vocational training, medical care, literacy/GED assessment and intervention, and Medicaid eligibility based on each patient's assessed need.
7. Provide continuing care services according to the individual patient's need after completion of the intensive phase of the program.
8. Provide priority admission to services for pregnant women. Ensure that all pregnant patients receive regular, appropriate prenatal care by facilitating transportation for patients to prenatal appointments and assisting in the scheduling of prenatal visits.
9. Provide a specialized children's program that enhances the healthy development and meets the physical, psychological, social, and educational

needs of each child. This program includes childcare and specifically designed services based on the developmental needs of each child, provided by prevention and/or clinical staff that promote resiliency skills in children and parent/child bonding. A minimum of three (3) hours per week of structured intervention with each child enrolled in the program will occur. The children's program curriculum will be evaluated annually and changes will be sent to DAODAS for approval by the date identified on the Contract Deliverable list. If Subgrantee cannot provide this service onsite, it should work with the patient to locate daycare services.

10. Provide for school age children, on a monthly basis, therapeutic sessions that include interaction between parent and child
 11. Provide access to medical assessments of each patient enrolled in the program and access to identified medical services. Ensure that each child in the program has had proper immunizations and has access to medical services when needed.
 12. Ensure transportation is provided to the program, childcare site, and other agencies for each patient and child enrolled in the program.
 13. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports will also contain information on:
 - a. Number of pregnant women served
 - b. Number of women admitted into services
 - c. Number and ages of children served
 - d. Referral services
 - e. Number of Medicaid eligible patients
 - f. Payment source: Medicaid, self-pay, private insurance, etc.
 - g. Reports of the quarterly Advisory Committee meeting (this can be a copy of the minutes of the meeting).
 - h. Number of child abuse cases reported to DSS.
 - i. Number of pregnant women reported to DSS for child abuse because of their drug use.
 14. Document all services in the Electronic Health Records (EHR)
 15. Participate in an on-site program review by DAODAS staff. Provide clinical records and other program information, as requested, for review.
 16. Develop an Advisory Committee for the purpose of community networking, referral source, and advocacy for women. Representation on the committee will include agencies submitting letters of support for the proposal, the Solicitor's office, and consumer participation.
 17. Provide outcome evaluation of the program as part of the semi-annual narrative report. Due date is listed on the Contract Deliverable list.
 18. Provide recovery support services as needed.
- j. Adolescent Intensive Outpatient Treatment (6 – 19) hour/week / (IOP-A) Level 2.1 / Class Code 2701
- i. *Definition:* Intensive outpatient services are provided to adolescents who are in need of more than traditional outpatient treatment services or as an alternative to inpatient

treatment. Intensive services on an outpatient basis provide comprehensive biopsychosocial assessments and individualized treatment and allow for a valid assessment of environmental, cognitive, and emotional antecedents to substance use or dependency. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient's natural environment.

- ii. *Service Activity*: Subgrantee shall provide adolescent intensive outpatient treatment services to adolescents who are in need of more than traditional outpatient care. AIOP services consist of the following major treatment components:
 1. Group counseling (using an evidence-based practice) or therapy
 2. Skill development
 3. Family counseling (focused on the recovery environment) or therapy
 4. Self-help group orientation
- iii. *Special Conditions*: Subgrantee shall adhere to the following conditions:
 1. Approval Process for New Programs - Newly established adolescent intensive outpatient treatment programs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - a. Program outline
 - b. Weekly schedule
 - c. Description for four program components
 - d. Admission, continued stay and discharge criteria
 - e. Written notice of approval shall be provided by DAODAS within 45 days of receipt of the required items, or a written notice of reason for non-approval shall be provided
 - f. Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45 days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) an adolescent intensive outpatient treatment program.
 2. Re-Approval Process for Existing Programs - All programs shall submit their programs for re-approval every other year by the date specified on the Contract Deliverable list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in Item #3.a above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.
 3. Standard Regimen - The standard regimen of the AIOOP shall be a minimum of six hours per week. Length of stay and level of attendance per week should be based on individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program.

4. Involuntary Commitment Act of 1986 - Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the AIOP.
 5. Consultation with Local Mental Health Center - Subgrantee shall participate as needed in patient services consultation with the appropriate local mental health center for all patients referred by the Department of Mental Health.
 6. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports will also contain information on:
 - a. Referral services
 - b. Number of Medicaid eligible patients
 - c. Payment source: Medicaid, self-pay, private insurance, etc.
- k. Day Treatment/Partial Hospitalization Treatment Program – (20+ hours/week) / Level 2.5 / Class Code 2801
- i. *Definition:* Day Treatment/Partial Hospitalization is a structured treatment program that is provided to individuals who are in need of more than traditional intensive outpatient treatment services or as an alternative to inpatient treatment. Day treatment/Partial Hospitalization generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs shall have ready access to psychiatric, medical and laboratory services. Intensive services at this level of care provide comprehensive biopsychosocial assessments and individualized treatment, and allow for a valid assessment of dependency. This level of care also provides for frequent monitoring/management of the patient’s medical and emotional concerns in order to avoid hospitalization. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient’s natural environment.
 - ii. *Service Activity:* Subgrantee shall provide day treatment/partial hospitalization services to individuals who are in need of more than traditional intensive outpatient care. Day Treatment/Partial Hospitalization services consist of the following major treatment components:
 1. Group counseling or therapy
 2. Skill development
 3. Family counseling (focused on the recovery environment) or therapy
 4. Self-help group orientation
 5. Psychiatric/Medical/Laboratory support
 - iii. *Special Conditions:* Subgrantee shall adhere to the same process for approval of new programs and re-approval of existing programs as the IOP approval process.
 1. Involuntary Commitment Act of 1986 - Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the Day Treatment/Partial Hospitalization Treatment Program.
 2. Consultation with Local Mental Health Center - Subgrantee shall participate as needed in patient services consultation with the appropriate local mental health center for all patients referred by the Department of Mental Health.

I. The Bridge (Adolescent Services) / Class Code 3404

i. *Definition:* The Bridge is a comprehensive, individualized, family-centered service primarily designed for adolescents who are preparing to leave an alcohol and other drug inpatient program; a juvenile justice facility; or other residential setting. Because the move from an institutional setting represents a difficult time for both the adolescent and the family, The Bridge offers a gradual “step-down” transition into the community by providing a comprehensive array of specialized services, including family-based counseling, intensive case management and continuing care, as well as general attention to primary healthcare needs. In addition, in an attempt to meet the needs of a broader community of adolescents, the program also accepts referrals of young people at risk for incarceration from local juvenile justice offices, schools and other community organizations. Following an intensive assessment to determine individual strengths and needs, a comprehensive plan is tailored to meet the needs of the adolescent and family.

ii. *Special Conditions:*

- 1.** Subgrantee shall maintain and comply with the project’s policies and procedures, including but not limited to:
 - a.** Provision of case management contact, urine drug screening and home visits at specified frequencies;
 - b.** Provision of alcohol and other drug treatment as appropriate to individual patient need; and
 - c.** Arrangements for and monitoring provision of contractual wrap-around services.
- 2.** Subgrantee shall assign a Site Supervisor to the program who will coordinate the program for Subgrantee. Primary responsibilities include staff hiring, training and supervision (especially weekly clinical supervision); establishing subcontracts or other arrangements with local providers of specialized contractual services; building relationships with key local agencies; and managing patient flow, including treatment team decisions regarding patients’ movement from phase to phase in the program.
- 3.** Subgrantee must have at least one credentialed counselor assigned to The Bridge at all times.
- 4.** Subgrantee must establish a system for encouraging parental contributions of volunteer time to the program, with documentation of at least 20 hours of volunteer services (per site) provided per quarter.
- 5.** Subgrantee must meet and maintain the following expected outcomes:
 - a.** Ninety percent (90%) of Bridge staff time must be dedicated to The Bridge program.
 - b.** Each counselor/case manager is expected to maintain a caseload of no fewer than eighteen (18) patients or eighty percent (80%) of his/her capacity (minimum). Optimal caseload is twenty-two (22) patients. Each counselor/case manager will be expected to spend at least sixty percent (60%) of his/her time in direct patient service activities.

- c. Each counselor/case manager will be expected to initiate the majority of ICM and CC contact in community-based settings (not office-based).
- d. The graduation rate for each counselor/case manager will be at least fifty percent (50%) (minimum) and should be seventy-five percent (75%) (optimal).
- e. Overall patient re-incarceration rates for each site will not exceed the following:

<u>Minimum</u>	<u>Optimal</u>	
15.0%	10.0%	Six (6) months after discharge
20.0%	15.0%	Twelve (12) months after discharge
25.0%	20.0%	Two (2) years after discharge

- f. At least seventy-five percent (75%) (minimum) of each counselor/case manager's graduates will be abstinent at the time of graduation and ninety percent (90%) (optimal) should be.
 - g. For patients 16 and younger, at least seventy-five percent (75%) (minimum) of each counselor/case manager's graduates will have completed high school, obtained a GED or remained actively involved in education, and ninety percent (90%) (optimal) should have. For patients 17 years and older, at least fifty percent (50%) (minimum) will have completed high school, obtained a GED or remained actively involved in education, and seventy percent (70%) (optimal) should be.
 - h. At least seventy-five percent (75%) (minimum) of each counselor/case manager's graduates will be employed (excluding those patients who are too young to work), and ninety percent (90%) (optimal) should be.
 - i. At least fifty percent (50%) (minimum) of the families served by each counselor/case manager will demonstrate improved functioning, as indicated by record review, by the time of their child's graduation, and sixty-five percent (65%) (optimal) should be.
6. The Program Director will monitor individual counselor/case manager performance on a regular basis, normally every eight (8) weeks.
 7. Subgrantee shall participate in the evaluation design as directed by the Program Director and Subgrantee. These activities include but are not limited to patient-specific data collection needs and periodic auditing of patient records by the DAODAS Program Director.
 8. Subgrantee shall document all services in CareLogic.
 9. On due date specified on the Contract Deliverable list and using report shell submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles.
 10. The Program Director, at his/her discretion, may issue a waiver of any of the requirements of these standards upon the good-cause-shown request of a site. Requests must demonstrate that the waiver will not in any substantial or material manner have a deleterious effect on the essential quality of services to the patient. Waivers issued by DAODAS will be in writing and will specify the maximum duration of the waiver's effect. In addition, any waiver

issued by DAODAS may be rescinded at any time at the discretion of the Program Director and will be rescinded if deleterious effect on the essential quality of patient services is evidenced.

11. All staff must produce DSS CPS registry checks, SLED background checks and three (3)-year driving records. This information must be on file at all times at the host site and available for review as part of the record reviews that are conducted by DAODAS.

m. Hispanic Services (INT – Hispanic Services) / Class Code 9001

- i. *Definition:* Interpretative and translation services shall be provided to Spanish-speaking consumers who access the county alcohol and drug abuse authority's catchment area for both voluntary and involuntary services during the standard work week. The agency shall provide a 1-800 number to ensure regional access for these services. Bilingual interpretative and translation services shall be provided to DAODAS on a limited basis.
- ii. *Service Activity:*
 1. Update resource list for the region that includes other limited English proficient services that are available to the region's counties.
 2. Maintain log of all requests by counties in the region that includes type of service needs requested, number of requests, start date of service request (interpretation, translation, etc.), and completion date of service request (interpretation, translation, etc.). In addition, submit log with cover letter containing brief summary of log entries and the number of patients who entered treatment on a quarterly basis.
 3. Provide an orientation, on a needed basis, that overviews service available to each county authority.
 4. Report to Treatment Services at DAODAS (in writing within 48 hours) all patient complaints regarding interpretive and/or translation and other services.
 5. Submit annual summary report that addresses at a minimum:
 - a. Description and dates of interpretations, translations, and other services provided
 - b. Agency to whom services were provided
 - c. Total number of patients served
 - d. Total number of patients who entered treatment services
 - e. Total number of complaints
 - f. Lessons learned, to include: how was addiction perceived by the Hispanic/Latino community; did they receive services in a specified timeframe; did the alcohol and drug abuse authorities provide adequate follow-up; did the alcohol and drug abuse authorities provide services in a culturally sensitive manner; and recommendations for improvement.

- iii. *Qualifications:* Staff or contractual worker hired to provide interpretive and translation services shall be state certified and shall maintain all certifications/qualifications appropriate to provide these services. The staff member or contractual worker should be in process of becoming state certified/qualified if these credentials are not already in place. The privileging folder should contain documentation that demonstrates that the staff member or contractual worker has the qualifications to perform this job.

ARTICLE IV - PREVENTION

1. Staff Requirements for Prevention Services

In each county, agencies shall provide staff dedicated to the provision of primary prevention services as it relates to funding provided through the Substance Abuse Prevention and Treatment Block Grant in each county as delineated in 402.e. (Primary Prevention/Education Program).

a. *Minimum Qualifications:*

To provide or coordinate prevention services as an employee of a county alcohol and drug abuse authority, staff who were hired by a county authority after July 1, 2006, must hold a minimum of a bachelor's degree from an accredited college or university, be certified or in the process of becoming certified, and be under active and ongoing prevention mentoring.

- b. *New Hires/Position Changes:* Subgrantee must inform the DAODAS prevention manager in writing within thirty (30) days of a new position hire/change in block grant or other DAODAS-funded prevention staff positions. Agencies should submit the following information: name, position, e-mail address, and telephone number. Changes and or updates must also be made into IMPACT as soon as the change/hire takes effect.

c. *Certification:*

i. Staff shall be certified:

1. by the South Carolina Association of Prevention Professionals and Advocates (SCAPPA) Certification Commission as a Certified Prevention Specialist (CPS); or
2. by the SCAPPA Certification Commission as a Certified Senior Prevention Specialist (CSPS).

- ii. Certified prevention staff must have a written training plan, updated annually, pertinent to maintaining SCAPPA certification.

d. *In Process:*

Staff may be privileged to provide prevention services while in the process of earning certification. The "in-process" person:

- i. Must apply for certification by SCAPPA as a CPS or CSPS within six (6) months of hire. (Evidence of the employee's application for SCAPPA certification must be placed in his/her privileging or personnel file.)
- ii. Must have a detailed written training plan to obtain certification within thirty-six (36) months of his or her application for certification, and must achieve certification by the end of this three (3)-year period. The certification timeframe does not restart if the employee leaves the agency and joins a different agency. The application is transferable to another agency where the person is employed during the thirty-six (36)-month time period. (A copy of the written plan, signed by the staff member and

his/her manager, must be retained in his/her privileging or personnel file and updated on an annual basis.)

- iii. Must be under active and ongoing prevention supervision.
- iv. Must be engaged in an active and ongoing prevention supervision process. Supervision must be provided by an individual approved by SCAPPA. A written plan that addresses information on the supervision progress shall be placed in the employee's privileging or personnel file. Both the staff member and his/her manager must sign this plan and update it on an annual basis. Documentation that SCAPPA has approved the prevention supervisor must be attached.

2. Primary Prevention/Education Program (PREV-CG), Class Code 8001

- a. Definition: Primary Prevention includes all services that reduce the risk of developing any and all substance use disorders, or services that enhance factors that protect individuals and groups from developing substance use disorders. Programs, services, and prevention strategies are directed at individuals who have been determined not to require treatment for substance use. Strategies may include diverse outcome work plans in the universal, selected, and indicated prevention interventions. Strategies may also focus on strengthening the host or individual who may develop these problems, reducing the availability of the agent (alcohol, tobacco, and other drugs), or modifying the environment in which these problems occur.

The primary focus of prevention strategies is on individuals, targeted high-risk groups, environmental policies and norms, and influencing behavior of persons within the community who are not patients with diagnoses. The Substance Abuse Prevention and Treatment Block Grant (SABG) requires the state to spend not less than twenty percent (20%) of SABG funds on a broad array of primary prevention strategies.

Comprehensive primary prevention services should include, but are not be limited to, the six (6) CSAP strategies and the use of the IOM models of universal, selective, and indicated to target populations with different levels of risk and should be provided in a variety of settings for both the general population, and targeted sub-groups.

- b. Outcomes-Focused Primary Prevention Service Activities:

To assist the State in fulfilling federal expectations and mandates, Subgrantee should demonstrate how implemented prevention service *outcome-focused* work plans incorporate activities that fall under each of the strategies designated by the Center for Substance Abuse Prevention (CSAP) and as indicated by local needs assessment. These outcome service activities shall be developed using the Strategic Prevention Framework (SPF), which DAODAS has adopted as its planning model. Prevention services should follow the model for all services provided and be reflected and documented in the IMPACT reporting database.

If Subgrantee is not utilizing all six (6) CSAP strategy areas, Subgrantee is asked to notify DAODAS regarding which strategy will not be utilized in its service area by completing and uploading the CSAP Strategy Checklist into BOX Enterprise by July 31. It is the responsibility of Subgrantee to upload a revised checklist and to notify DAODAS if any plans change throughout the fiscal year. The notification should state which CSAP strategy area(s) are affected; a clear example of how the strategy is being met by another partner/organization; and/or documentation of the lack of need for the strategy to be

conducted in the county based on relevant needs assessment data. Subgrantee is asked to work closely with its Regional Coach before submission of the form. The uploaded form will serve as documentation for DAODAS to incorporate in required federal reporting of the utilization of the SABG in South Carolina.

The six (6) CSAP strategies are as follows:

- i. *Information Dissemination* – This strategy provides knowledge and increases awareness of the nature and extent of alcohol and other drug use, substance use disorder, as well as their effects on individuals, families, and communities. It also provides knowledge and increases awareness of available prevention and treatment programs and services. It is characterized by one-way communication from the source to the audience, with limited contact between the two.
 - ii. *Education* – This strategy builds skills through structured learning processes. Critical life and social skills include decision making, peer resistance, coping with stress, problem solving, interpersonal communication, and systematic and judgmental abilities. There is more interaction between facilitators and participants than in the information strategy. If indicated, prevention providers should implement at least one multi-educational evidence-based educational program in each county.
 - iii. *Alternatives* – This strategy provides participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities, and to discourage the use of alcohol and other drugs through these activities.
 - iv. *Problem Identification and Referral* – This strategy aims to identify those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess whether their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.
 - v. *Community-Based Process* – This strategy provides ongoing networking activities and technical assistance to community groups or agencies. It encompasses neighborhood-based, grassroots empowerment models using action planning and collaborative systems planning.
 - vi. *Environmental* – This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing alcohol and other drug use by the general population.
- c. Target Priority Areas:
Through the utilization of the Strategic Prevention Framework (SPF) model, South Carolina has identified the following priority areas being addressed throughout the state utilizing the SABG Primary Prevention funding:
- i. Reducing underage alcohol use and the consequences of use;
 - ii. Reducing alcohol-related car crashes (including youth crashes);
 - iii. Reducing youth tobacco use (including smokeless tobacco use);
 - iv. Preventing substance misuse and substance use disorder and improving the well-being of youth and families in South Carolina.

d. State Priority Areas:

The following goals with associated outcomes have been established by the state as priorities for use of the SABG Primary Prevention funding. The priorities were selected based on a comprehensive needs assessment process and should be considered at the local level in order for the state to achieve outcomes for South Carolina:

i. Priority Substance: **Alcohol (Required)**

1. Goal 1: To reduce underage alcohol use in South Carolina.

a. Objectives:

i. Decrease past-month alcohol use (30-day use) among South Carolina high school students to 30% or less.

ii. Reduce the underage alcohol buy rate for the state of South Carolina to twelve percent (12%) or less.

2. Goal 2: To reduce alcohol-related car crashes in South Carolina.

a. Objective:

i. Decrease the percentage of motor vehicle fatalities in which one or more driver had a BAC of 0.08% or higher to forty percent (40%) or less.

3. Outcomes: In order for South Carolina to work toward achieving these goals, Subgrantee should have a work plan targeting alcohol if indicated by the agency's needs assessment. The work plan should address the state goals outlined above to include local outcomes related to reducing underage alcohol use and alcohol-related crashes. County needs assessment data should be utilized along with the information above to develop goals, objectives, and indicators at the local level that will link to the state targets outlined above. Subgrantee should implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention. At a minimum, outcome plans should include the following evidence-based environmental prevention strategy to address youth access from retail sources: alcohol compliance checks (to include information dissemination and merchant education). These plans will be coordinated in collaboration with the circuit Alcohol Enforcement Team Coordinator for the county. Subgrantee is encouraged to work with its Regional Coach in identifying strategies that achieve the goal's associated outcomes. DAODAS reserves the right to ask for an alcohol work plan if one is not submitted and if state needs assessment data so indicate. Alcohol outcome plans that are submitted must be completed in total. Technical assistance will be provided upon request by DAODAS in association with the Regional Coach.

ii. Priority Substance: **Tobacco (Required)**

1. Goal: To reduce tobacco use among youth in South Carolina.

a. Objectives:

i. Reduce the state Retailer Violation Rate (RVR) to ten percent (10%) or less.

ii. Reduce past-month tobacco use (30-day use) among South Carolina high school students to fifteen percent (15%) or less.

2. Outcomes: In order for South Carolina to work toward achieving these goals, Subgrantee shall have an outcome work plan targeting tobacco. This outcome work plan must be incorporated into the annual county plan. At a minimum, the plan should address the state goals outlined above to include local outcomes related to reducing underage tobacco use. County needs assessment data should be utilized along with the information above to develop goals, objectives, and indicators at the county level that will link to the state targets outlined above. Subgrantee should implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention. The tobacco plan should also address the Synar regulation of the SABG funding that must be implemented at the state and local levels as outlined by the Center for Substance Abuse Prevention. The Synar requirements are as follows:
 - a. Enact laws prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual younger than age 18 (State).
 - b. Enforce these state laws (State and Local).
 - c. Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors (Synar Study) (State and Local).
 - d. Maintain a noncompliance rate of no more than twenty percent (20%) (State and Local).
 - e. Submit an annual report detailing activities to enforce the law (State).

Subgrantee is encouraged to work with Regional Coaches in developing plans, including those other than meeting the Synar requirement, to address tobacco (i.e., merchant education).

Using the SPF planning model, the outcome-focused plans must include prevention strategies to address the local contributing factors related to underage tobacco use and access to tobacco. At a minimum, outcome plans should include the following evidence-based environmental prevention strategy to address youth access from retail sources: tobacco compliance checks (to include information dissemination and merchant education).

The representative of the agency conducting the study shall attend the required training and carry out the study following the guidelines provided by DAODAS. Subgrantee must follow the guidelines provided by DAODAS to ensure fidelity of the study. Subgrantee shall report to DAODAS the results of the Youth Access to Tobacco Study by the published deadline in order to be reimbursed for the cost incurred by Subgrantee in completing the annual study. Subgrantee may also submit tobacco plans outside the Synar-required tobacco outcome plan as needs assessment indicates.

- iii. Priority Substance: **Marijuana, Prescription Drugs, Heroin, Cocaine, Synthetic Drugs**
 1. Goal: To provide primary prevention programs and practices to prevent substance misuse and substance use disorder and improve the well-being of youth and families in South Carolina.

- a. Objectives:
 - i. To ensure that ninety-five percent (95%) or more of the participants served in primary prevention educational programs will be served using evidence-based universal, selected, and indicated programs.
 - ii. To reduce the percentage of South Carolina high school students reporting the use of any substance in the past thirty (30) days to forty-five percent (45%) or less.
- 2. Outcomes: In order for South Carolina to work toward achieving these goals, Subgrantee may have work plan(s) targeting other substances as outlined above, and as indicated by the local needs assessment. The work plan(s) should address the state goals outlined above, or other local goals, and include local outcomes related to reduced number of high school students reporting the use of any other substance. County needs assessment data should be utilized along with the information above to develop goals, objectives, and indicators at the county level that will link to the state targets outlined above. Subgrantee is encouraged to work with its Regional Coach in developing plans to address other substances as identified. Subgrantee should implement evidence-based prevention programs, policies, and/or practices that reflect the utilization of the CSAP strategy areas for primary prevention.

3. Alcohol Enforcement Team (AET) / Class Code 8016

- a. *Definition:* The AET Coordinators shall collaborate with the prevention coordinators and law enforcement partners in each county located in the circuit to implement evidence-based environmental strategies to reduce underage alcohol use and its harmful consequences, coupled with an active public education and prevention strategy. These teams impact the goal established by South Carolina of reducing underage alcohol use on the state and local levels.
- b. *Special Conditions:* One (1) county alcohol and drug abuse authority will receive the funds and oversee coordination of an AET's efforts throughout the judicial circuit. The county authorities in each circuit will support the agency that takes the lead, although every county will be served by this effort. The lead agency will be expected to maintain the AET Coordinator's position. The lead agency only will enter into agreements with law enforcement agencies in the circuit. While the lead agency only employs or contracts with an AET Coordinator, the Coordinator should be viewed as serving the entire circuit equally. Lead agencies that are the fiscal agents for this funding are expected to coordinate work with efforts in their partner county/counties that participate in the AET initiative. For that purpose, all county authorities in the circuit shall sign the Agency Commitment Form. The lead agency and other county authorities will follow guidelines for allowable/unallowable cost as outlined on Form "AET Allowable-Unallowable Cost."
- c. *Reporting Requirements:*
 - i. DAODAS has developed a cloud-based environmental reporting system that is utilized for reporting all prevention strategies implemented by the AETs at the local, county, and circuit levels. The AET Coordinator will work to ensure all prevention strategies are reported for the circuit through the environmental strategies reporting system. Subgrantee is required to use the online reporting system for any prevention

strategies implemented by the AETs in all counties throughout the circuit for the previous month. Monthly data shall be submitted electronically to the cloud-based IMPACT system on the eighth working day of the following month.

- ii.** The AET Coordinator shall submit all service activity information to IMPACT for prevention strategies completed by the AETs in each county throughout the circuit in accordance with the guidelines of the MOSAIX IMPACT system. The AET Coordinator should collaborate with the prevention coordinator for each county authority served through the circuit to either obtain a log-in for IMPACT to enter data directly or ensure that all data is provided to the local prevention coordinators for county data entry into IMPACT. The lead agency shall supply adequate computers and Internet access to allow staff to submit data to IMPACT in a timely manner. Minimal standards for timeliness are monthly entry of all data, with reporting completed by the eighth working day of the following month. If there is a need for an extension for data entry, a request shall be made by the agency to the state prevention manager at least five (5) business days in advance of the deadline.
- iii.** Correct percentage of time for the AET Coordinator should be reflected in each county's IMPACT system, and the Coordinator should report service hours to reflect that percentage each month in IMPACT.
- iv.** DAODAS prevention staff will provide quarterly feedback for any data entry. If there is a requirement to re-submit or edit information for the circuit, the county authority shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place counties on County Assistance Plans until issues are resolved.
- v.** Minimum standards for accuracy of monthly data entered into the IMPACT system are as follows:
 - 1.** Accurate use of prevention service codes provided by DAODAS;
 - 2.** Correct application of service codes and categories (direct vs. indirect, single vs. recurring services, service hours vs. administrative hours, etc.);
 - 3.** Required monthly documentation in IMPACT of service hours for any organizational member that is providing prevention services.
 - a.** Six-month benchmarks shall be entered into the MOSAIX IMPACT system for all process objectives no later than the eighth working day of January.
 - b.** Year-end benchmarks shall be entered into the MOSAIX IMPACT system for all process and outcome objectives no later than the eighth working day of July.
 - 4.** Subgrantee shall appropriately document funding and report to ensure compliance.
- d.** It is the responsibility of the AET Coordinator to work with each county authority's prevention coordinator in their circuit on the development of outcome work plans for each county that reflect strategies around the target substance of alcohol. The AET Coordinator will assist county authorities in documenting the coordinated outcome work plans in the IMPACT system.
- e.** Prevention forms, templates, etc., can be accessed at <http://ncweb.pirpppe.org/scdocuments>.

4. Prevention Reporting Requirements

Primary Prevention services will submit all service activity information to the cloud-based IMPACT system in accordance with the guidelines of MOSAIX IMPACT. IMPACT will be used by DAODAS as a grants management system to collect the required prevention information to meet the reporting requirements for the Substance Abuse Prevention and Treatment Block Grant (SABG). These reporting requirements are established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are used to accomplish its vision across the United States.

- a.** Subgrantee shall supply adequate computers and Internet access to allow all prevention staff to submit data to IMPACT in a timely manner.
- b.** Any employee partially or fully funded through the SABG Primary Prevention set-aside is to be entered as a staff person with their funding allocations correctly reported in the IMPACT system.
- c.** All prevention personnel funded through the SABG Primary Prevention set-aside (regardless of percentage of salary funded) are required to enter direct/indirect and administrative service hours into IMPACT each month. The majority, fifty percent (50%) or more, of staff time entered is expected to be direct/indirect service time in order to accomplish the agencies' goals/objectives that have been set for primary prevention. Each agency is required to complete the Prevention Staffing Capacity Plan and upload into BOX Enterprise by July 31. It is the responsibility of the agency to upload a revised Prevention Staffing Capacity Plan and notify DAODAS if there are any personnel changes, staff funding changes, etc., that occur throughout the fiscal year. Quarterly IMPACT reviews will be based on the Prevention Staffing Capacity Plan submitted by the agency and approved by DAODAS. If staff funded through the SABG Primary Prevention set-aside are not reporting into IMPACT based on the approved plan, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place the county authority on a County Assistance Plan until the issues are resolved.
- d.** Each prevention staff member funded under the SABG Primary Prevention set-aside should enter data by the end of each week. However, minimal standards for timeliness are that all data must be entered monthly, with reporting complete by the eighth working day of the following month. If there is a need for an extension for data entry, a request shall be made by the agency to the DAODAS Manager of Prevention and Intervention Services at least five (5) business days in advance of the deadline.
- e.** DAODAS prevention staff will provide quarterly feedback on any data entry. If there is a requirement to re-submit or edit information for the county, the county authority shall comply with the deadline. If requirements are not met, DAODAS maintains the authority to withhold reimbursement, require technical assistance, and/or place the county authority on a County Assistance Plan until the issues are resolved.
- f.** Minimum standards for accuracy of monthly data entered into the IMPACT system are as follows
 - i.** Accurate use of prevention service codes provided by DAODAS;
 - ii.** Correct application of service codes and categories (direct vs. indirect, single vs. recurring services, service hours vs. administrative hours, etc.); and
 - iii.** Monthly documentation in IMPACT of service hours for any organizational member who is providing prevention services.
- g.** Six (6)-month benchmarks should be entered into the MOSAIX IMPACT system for all process objectives no later than the eighth working day of January.

- h. Year-end benchmarks should be entered into the MOSAIX IMPACT system for all process and outcome objectives no later than the eighth working day of July.
- i. Subgrantee shall appropriately document funding and report to ensure compliance.

5. Evaluation

Prevention providers are required to use the DAODAS Standard Survey (*provided separately*) as an evaluation tool for any multi-session education program aimed at youth ages 10 to 20. This applies to research-based and non-research-based programs. Program exceptions for the use of the DAODAS Standard Survey are noted and defined in the South Carolina Prevention Evaluation Handbook.

The DAODAS Standard Survey pre-/post-test must be submitted to DAODAS at the conclusion of a program. Minimum standards are as follows:

- a. All prevention programs using the DAODAS Standard Survey that are administered July-December are required to submit their data to DAODAS by the published date in January.
- b. All prevention programs using the DAODAS Standard Survey that are administered January-May are required to submit their data to DAODAS by the published date in June.

Prevention forms, templates, etc., can be accessed at <http://ncweb.pire.org/scdocuments>.

ARTICLE V - FINANCES

1. Budget

Subgrantee shall notify and receive prior approval from DAODAS of budget changes that exceed fifteen percent (15%) of total budget and/or any changes that result in reduction or elimination of services. Subgrantee agrees to complete the "Reduction in Staff Impact on the Community and Agency Questionnaire" form when there is a reduction and/or elimination of services.

2. Reimbursements - General

Subgrantee shall provide by e-mail total agency expenditures incurred and total agency revenue collected by class code (program) by the due dates noted on the Deliverables Schedule or as requested. All three (3) components of the deliverable (data, cover letter, and data reports) must be submitted to DAODAS in order to be logged in as "received." Subgrantee will be reimbursed monthly via the monthly financial report (REBA) and reporting codes promulgated by DAODAS. A final Profit and Loss Statement or Income Statement by program is due as specified on the Contract Deliverables list for the previous fiscal year.

Requests for reimbursement must be submitted in the format promulgated by DAODAS.

Failure of Subgrantee to provide financial reports within the specified time and in the required format shall result in delay of reimbursement payable under this Contract and any other grants or contracts. Unless otherwise indicated in this Contract, reimbursement totals for each quarter will not exceed one-fourth of the total Contract amount. Whenever possible, reimbursements will be by electronic funds transfer (EFT). Agencies must submit necessary information to the State Treasurer's Office and inform DAODAS.

3. Block Grant Reimbursements for Assessments

- a. In utilizing the Substance Abuse Prevention and Treatment Block Grant (SABG) funding, DAODAS agrees to reimburse Subgrantee for initial assessments and assessment update services that are provided to potential patients who do not have insurance coverage, and who

are unable to pay for a clinical assessment. This reimbursement process seeks to remove financial barriers and service charges for these potential patients who are exploring treatment options, and to reduce the financial burden on the Subgrantee that is associated with serving these potential patients.

- b. Subgrantee shall utilize its Electronic Health Record (EHR) to identify assessment services billed to the SABG through DAODAS. DAODAS will utilize service-provision data and reimburse providers for assessments using the Medicaid fee schedule until the funding has been exhausted.
- c. DAODAS shall monitor Subgrantee's utilization of these funds through record reviews and analyses using data from the provider EHR.

4. Block Grant Reimbursement for Treatment

- a. In utilizing the Substance Abuse Prevention and Treatment Block Grant funding, DAODAS agrees to reimburse Subgrantee for outpatient or intensive outpatient treatment services that are provided to patients who were deemed uninsured or unable to pay under Article II, Sections 6 and 7, of this Contract (i.e., Subgrantee's obligation to conduct a comprehensive financial assessment; Subgrantee's obligation to consider DAODAS to be the payor of last resort). This reimbursement process seeks to remove financial barriers and service charges for these patients, and to reduce the financial burden on the Subgrantee that is associated with serving these patients.
- b. Only the following CareLogic programs are eligible for reimbursements under this payer source:
 - i. Outpatient – Traditional
 - ii. Outpatient – Adolescent
 - iii. Outpatient – Women
 - iv. Intensive Outpatient – Traditional
 - v. Intensive Outpatient – Adolescent
 - vi. Intensive Outpatient – Women
 - vii. Intensive Outpatient – Men
- c. Programs that **are not** eligible for reimbursements under this payer source include:
 - i. ADSAP Outpatient and ADSAP Intensive Outpatient
 - ii. Alternative Services (ALTSERV)
 - iii. Temporary Program – Admission Decision Delayed
 - iv. Offender-Based Intervention. (While some providers have contracted funding for OBI services, there is no payment source for OBI-type services through DAODAS. If individuals in an OBI program qualify for service provision as uninsured, they should be billed under the outpatient or intensive outpatient [IOP] option.)
- d. Patients with an Opioid Use Disorder who are found in need of subsidized treatment services after clinical and financial assessments shall receive services billed to the State Opioid Response Payer.
- e. Subgrantee shall utilize its Electronic Health Record (EHR) to identify treatment services billed to the Block Grant through DAODAS. DAODAS will utilize service-provision data and reimburse providers for treatment services using the Medicaid fee schedule until the funding has been exhausted.
- f. DAODAS shall monitor Subgrantee's utilization of these funds through record reviews and analyses using data from the provider EHR.

5. Accuracy of Data and Reports

Subgrantee agrees that all statements, reports, data, and claims shall be certified to the best of knowledge as true, accurate, and complete. Subgrantee shall not submit statements, reports, claims, and data that it knows, or has reason to know, are not properly prepared or payable pursuant to federal and state law, applicable regulations, and DAODAS policies. DAODAS will use submitted statements, reports, claims, and data for compliance reviews.

6. Recording and Documenting of Receipts and Expenditures

Subgrantee accounting procedures must provide for accurate and timely recording of receipt of funds by source, of expenditures made from such funds, and of unexpended balances. These records must contain information pertaining to grants and contracts amounts, obligations, unobligated balances, assets, liabilities, expenditures, and program income. Controls must be established that are adequate to ensure that expenditures charged to any DAODAS-funded grants or contracts are for allowable purposes. Additionally, effective control and accountability must be maintained for all cash, real and personal property, and other assets. Accounting records must be supported by such source documentation as canceled checks, paid bills, payrolls, time and attendance records, contract documents, etc. However, documentation should be maintained by Subgrantee; it should not be sent to DAODAS unless requested.

7. Audits

- a. The intent of DAODAS' audit policy and the Single Audit Act (Public Law 98-502), the Single Audit Act Amendments of 1996 (Public Law 104-502), and Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance) is to establish uniform audit requirements, promote the efficient and effective use of audit services, and monitor program expenditures according to the provisions of the grants or contracts.
- b. To comply with this intent, DAODAS requires Subgrantee to have a *single* audit conducted for the year by an independent auditor if Subgrantee expends \$750,000 or more in federal awards. The audit must comply with the provisions of the Uniform Guidance, Audits of States, Local Governments and Non-Profit Organizations. The audit should be conducted in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Whenever possible, make a positive effort to utilize small businesses, minority-owned firms, and women's business enterprises in procuring audit services as stated in the Uniform Guidance.
- c. Uniform Guidance audits place substantial additional emphasis on the study and evaluation of internal controls and the testing of compliance with laws and regulations. This evaluation is needed to fulfill DAODAS' responsibility to assure that federal funds are properly expended.
- d. If Subgrantee expends less than \$750,000 in federal awards, Subgrantee will be subject to DAODAS' monitoring procedures that may include limited procedure reviews by independent auditors engaged and paid for by DAODAS. If required, limited procedures will be structured as agreed-upon procedures conducted in accordance with the American Institute of Certified Public Accountants (AICPA) Statement on Standards for Attestation Engagements No. 10, *Attestation Standards: Revision and Recodification*, as amended by SSAE No. 11, *Attest Documentation* and SSAE No. 12, *Amendment to Standards for*

Attestation Engagements No. 10, section AT101 and AT201. The report on agreed-upon procedures engagement should comply with SSAE guidance.

- e. In accordance with the Uniform Guidance, the costs of audits of non-federal entities with less than \$750,000 in federal awards expended may not be charged to the federal award as an allowable cost.

8. Audit Standards

- a. The audit will be designed to increase the accountability for the expenditure of federal, state, local, and other funds utilized by the subcontractors and subgrantees of DAODAS. The audit will apply to the entire operation of an agency. Audits of individual departments and agencies may be considered a single audit when conducted on a county government body by an independent auditor, and will comply with 2CFR 200 Uniform Guidance.
- b. DAODAS audit policy hereby defines “audit” as including financial as well as economy and efficiency audits according to the Generally Accepted Government Auditing Standards (also known as The Yellow Book), to include SAS 112 (Statement on Auditing Standards), which requires the auditor to report in writing to management and the governing body any control deficiencies found during the audit that are considered significant deficiencies and/or material weaknesses.
- c. As governmental funds are accounted for on the modified accrual basis of accounting, the audit report must be prepared on the same basis. In addition, the financial statements and schedules must be in conformity with Generally Accepted Accounting Principles (GAAP). Under the modified accrual basis of accounting, expenditures are measurable and should be recorded when the related liability is incurred. Revenues are recognized in the accounting period when they become available and measurable. DAODAS reimbursements not received before the end of the state fiscal year must be shown as accounts receivable in the programs in which they are due in order to match revenue with the proper year.
- d. DAODAS adopts the principles for determining allowable and unallowable costs as provided in the Uniform Guidance. All costs allocated to a program must be recorded in that program, supported by proper documentation, and procured competitively.
- e. The audit report shall include the following:
 - i. An auditor’s opinion on whether the basic financial statements present fairly the financial position of the agency and the results of its financial operations in accordance with GAAP, and an opinion as to whether the schedule of expenditures of federal awards is fairly stated in relation to the financial statements taken as a whole.
 - ii. A report on compliance and internal control over financial reporting based on an audit of financial statements in accordance with Generally Accepted Government Auditing Standards. The report shall describe the scope of testing, the results of the tests and, where applicable, refer to a separate schedule of findings and questioned costs. An opinion on the overall internal control system is not required.
 - iii. A Supplementary Schedule of Expenditures of Federal Awards that complies with the Uniform Guidance. Federal programs or grants that have not been assigned a catalog number shall be identified under the caption “Other Federal Assistance.” In addition, an opinion on this supplementary information schedule must be provided either in the report on the financial statements or in a separate report.
 - iv. A report on compliance with requirements applicable to each major program and internal control over compliance in accordance with the Uniform Guidance. The

- report shall include the auditor's opinion regarding compliance and, where applicable, refer to a separate schedule of findings and questioned costs.
- v. A schedule of findings and questioned costs in accordance with 2CFR 200 Uniform Guidance.
 - vi. A schedule of findings and responses for subcontractors and subgrantees of DAODAS not subject to the 2CFR 200 Uniform Guidance audit.
- f. Subgrantee receiving DAODAS funds will prepare as part of the audit report, at a minimum, the following financial statements and schedules:
- i. Combined balance sheet – all fund types and account groups;
 - ii. Combined statement of revenues, expenditures, and changes in fund balances – budget and actual – general and special revenue fund types;
 - iii. Individual statements of revenues, expenditures, and changes in fund balances for each class code (i.e., program {Outpatient, ADSAP, etc.}) to demonstrate compliance with Contract provisions. These statements must be in accordance with the requirements promulgated by DAODAS and must be reconciled to the disbursement schedule issued by DAODAS. Any discrepancies must be noted in the agency's audit.
 - iv. A supplementary schedule concerning any investments, reporting the amount invested in each (such as money market account, certificate of deposit, savings account) and the interest earned on each investment.
- g. After the above mandatory schedules and statements, any of the following that pertain must be submitted:
- i. Any management letter associated with the audit.
 - ii. A list of federal, state, or local agencies to which the report was distributed.
 - iii. Any corrective actions that were recommended or taken on current or prior audit findings.
 - iv. Status of recommendations in prior audits.
- h. Subgrantee shall provide – at the time of submission of any audit report to DAODAS – comments on the findings and recommendations contained in the audit report. The submission must include corrective actions planned or taken for each audit finding and comments on the status of said corrective actions taken before the finalization of the audit. If Subgrantee does not agree with a finding, or believes that corrective action is not required, the corrective action plan shall include an explanation and specific reasons.
- i. Subgrantee shall forward two original copies of the audit report to the DAODAS Division of Finance and Operations no later than six months following the end of the fiscal year or thirty (30) days after the audit is completed, whichever is earlier. A copy of the engagement letter and the audit firm's peer-review document(s) must accompany the audit report.
- j. Subgrantee agrees to engage reliable and competent audit services by a firm licensed by the South Carolina Board of Accountancy or other State Board of Accountancy to ensure that the above deadline is met.
- k. Subgrantee further understands that federal funding may be suspended by DAODAS if the above deadline is not met, and that suspension of funding will exist until such time as the audit report is received and accepted by DAODAS.

**ARTICLE VI - GENERAL AND SPECIAL TERMS AND CONDITIONS
AND ASSURANCES/CERTIFICATIONS**

1. HIPAA, 42 CFR Part 2, HITECH Act Subtitle D (Business Associate Agreement)

- a. Subgrantee agrees that, to the extent that some or all of the activities within the scope of this Contract are subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, P.L. 104-91, as amended or its implementing regulations, it will comply with the HIPAA requirements as well as Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), enacted as part of the American Recovery and Reinvestment Act of 2009, and will execute such agreements and practices as DAODAS will require to ensure compliance.
- b. Subgrantee agrees that to the extent that some or all of the activities within the scope of this Contract are subject to the provisions of 42 CFR, Part 2, as well as Subtitle D of the HITECH Act enacted as part of the American Recovery and Reinvestment Act of 2009 (regarding the confidentiality of alcohol and other drug patient treatment records), Subgrantee will comply with the requirements of 42 C.F.R., Part 2, as well as Subtitle D of the HITECH Act, and will execute such agreements and practices as DAODAS will require to ensure compliance.
- c. All employees and associated staff of Subgrantee are responsible for ensuring and maintaining the confidentiality, privacy, and security of all protected health information (PHI) (electronic, written, verbal, or in any other format) that is provided or made available to any employee or staff or that is obtained, handled, learned, heard, or viewed in the course of work or association with Subgrantee.
- d. Subgrantee further agrees to follow all federal and state statutes and regulations regarding identity theft, privacy, data protection and destruction.
- e. Subgrantee shall not use or further disclose PHI or other sensitive information other than as permitted or required by the Contract or as required by law. Subgrantee agrees to use administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the information that it creates, receives, maintains, or transmits in the execution of this Contract. It is the responsibility of Subgrantee to ensure that any agent, including a subcontractor, to whom it provides such information, implements reasonable and appropriate safeguards to protect it and shall document any such disclosures of information to such parties.
- f. A breach by Subgrantee of this clause may subject Subgrantee to termination under any applicable default or termination provision of this Contract. Subgrantee will hold DAODAS harmless from any liability as a result of Subgrantee's failure to follow or comply with these requirements.
- g. Subgrantee shall provide to DAODAS patient data in accordance with the standards established by DAODAS. The patient data includes protected patient health information. This patient information will be protected by Subgrantee and DAODAS in accordance with HIPAAA and 42 CFR, Part 2, as well as Subtitle D of the HITECH Act.

2. Assurances

- a. *By signing this contract, Subgrantee's authorized agent certifies that Subgrantee:*
 - i. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this Contract.

- ii. Will give DAODAS, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the Contract, and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- iii. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.
- iv. Will initiate and complete the work within the applicable period after receipt of approval of DAODAS.
- v. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen (19) statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- vi. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 *et seq.*), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) that may apply to the application.
- vii. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P. L. 91-646), as amended, which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal Participation in purchases.
- viii. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328), as amended, that limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.
- ix. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Grant Work House and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally assisted construction sub-agreements.

- x. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L.93-234), as amended, which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of the insurable construction and acquisition is \$10,000 or more.
- xi. Will comply with environmental standards that may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 *et seq.*); (f) conformity of federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 *et seq.*); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
- xii. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 *et seq.*) related to protecting components or potential components of the national wild and scenic rivers system.
- xiii. Will assist DAODAS in ensuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 *et seq.*).
- xiv. Will comply with P.L. 93-348, as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this Contract.
- xv. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 *et seq.*) pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this Contract.
- xvi. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 *et seq.*) that prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- xvii. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
- xviii. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and policies governing this Contract.

- xix. Will comply with all funding agreements as required by the Substance Abuse Prevention and Treatment Block Grant, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; funding agreements as required by the Substance Abuse Prevention and Treatment Block Grant Program as authorized by Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act and Title 42, Chapter 6A, Subchapter XVII of the United States Code; Assurances – Non-construction Programs; and List of Certifications as follows: <https://www.samhsa.gov/sites/default/files/grants/fy18-19-sabg-funding-agreements.pdf>

3. Certifications

- a. Certification Regarding Debarment and Suspension: By signing the award, Subgrantee’s authorized agent certifies, to the best of his or her knowledge and belief, that Subgrantee, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:
 - i. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - ii. have not within a three (3)-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - iii. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in Paragraph 2 above; and
 - iv. have not had, within a three (3)-year period preceding this Contract, one (1) or more public transactions (federal, state, or local) terminated for cause or default.

Should Subgrantee not be able to provide this certification, an explanation as to why must be reported to DAODAS in confidence before this Contract’s execution.

Subgrantee agrees by signing this Contract that it will include, without modification, the clause titled “**Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions**” in all lower tier covered transactions (i.e., transactions with subgrantees and/or subcontractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Subgrantee may search the List of Excluded Individuals and Entities (LEIE) website located at <http://www.oig.hhs.gov/fraud/exclusions.asp> for individuals or entities that are debarred or suspended. Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

- b. Certification Regarding Drug-Free Workplace Requirements: The undersigned (authorized official signing for Subgrantee’s organization) certifies that Subgrantee will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:
 - i. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in

- the Subgrantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- ii. Establishing an ongoing drug-free awareness program to inform employees about:
 1. The dangers of drug use in the workplace;
 2. Subgrantee'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 use violations occurring in the workplace;
 - iii. 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 1 above;
 - iv. Notifying the employee in the statement regarding conditions of employment under the Contract that 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 (5) calendar days after such conviction;
 - v. Notifying DAODAS in writing within ten (10) calendar days after receiving notice under Paragraph (iv)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant or contract;
 - vi. Taking one of the following actions, within forty (40) calendar days of receiving notice under Paragraph 4(b), 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 substance use disorder services or an employee assistance program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency;
 - vii. Making a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs i-vi.

4. 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 and cooperative agreements from using federal funds for lobbying the executive or legislative branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal funds. These requirements apply to grants and cooperative agreements exceeding \$100,000 in total costs (45 CFR Part 93).

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

- a. 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 agent or 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.
- b. 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 grant, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- c. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file a 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.

5. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for Subgrantee's organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that Subgrantee will comply with the Public Health Service terms and conditions of award if a grant is awarded.

6. Certification Regarding Environmental Tobacco Smoke

- a. 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 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 residence, 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.

- b. 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.
- c. By signing the Contract, the undersigned certifies that Subgrantee 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.
- d. Subgrantee agrees that it will require that the language of this certification be included in any sub-awards that contain provisions for children's services and that all sub-recipients shall certify accordingly.
- e. The Public Health Services (PHS) strongly encourages all 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.

7. Special Conditions – FY20

- a. Subgrantee shall sign and return an original of the below signature page within thirty (30) days of receiving this Contract.
- b. As a matter of policy, Subgrantee shall monitor the following goals for effectiveness:
 - i. Subgrantee shall complete an assessment within two working days of intake on at least seventy-five percent (75%) of all patient episodes.
 - ii. Subgrantee shall complete a qualifying service within six working days of assessment on at least fifty percent (50%) of all patient episodes.
 - iii. Subgrantee shall complete discharge forms on no less than ninety-nine percent (99%) of all admitted patients whose services have ended.
 - iv. Subgrantee shall complete outcome follow-up surveys on a representative sample of at least fifteen percent (15%) or more of admitted patients whose services have ended within seventy (70) to one hundred and ten (110) days of discharge.
- c. Subgrantee shall attend DAODAS-sponsored County Plan training(s).

SIGNATURES PAGE

IN WITNESS WHEREOF, DAODAS and Subgrantee, by their authorized agents, in consideration of mutual promises, covenants, and conditions exchanged between them, have executed this FY20 Funding and Compliance Contract as of the 1st day of July 2019.

SOUTH CAROLINA DEPARTMENT OF
ALCOHOL AND OTHER DRUG ABUSE
SERVICES

COUNTY ALCOHOL AND
DRUG ABUSE AUTHORITY

Sara Goldsby, Director

Director

Print Name

Name of Subgrantee

FY20 Funding and Compliance Contract (“Contract”) Acknowledgement Form

I, _____, Director of _____,
First and Last Name *Name of Subgrantee*

hereby confirm that I have read and understood the Contract in its entirety.

Signature *Date*

I, _____, _____ at
First and Last Name *Position*

_____, hereby confirm that I have read and understood the
Name of Subgrantee

Contract as it pertains to my position.

Signature *Date*

I, _____, _____ at
First and Last Name *Position*

_____, hereby confirm that I have read and understood the
Name of Subgrantee

Contract as it pertains to my position.

Signature *Date*

I, _____, _____ at
First and Last Name *Position*

_____, hereby confirm that I have read and understood the
Name of Subgrantee

Contract as it pertains to my position.

Signature *Date*

EXHIBIT A – FINANCIAL ASSESSMENT

Instructions – Financial Screening & Assessment Application - CONFIDENTIAL

If you receive public assistance (e.g., food stamps, housing), you may be eligible for financial assistance and will not need to complete this application. Please provide documentation of the public assistance you are currently receiving. If you do not receive any public assistance and think you are eligible for financial assistance, fill out this form and return it with the necessary proof of income.

Do not proceed if you have agreed to a payment plan.

NOTE: Financial assistance will not be considered without proof of income and a completed and signed application. Provide all documents listed below that apply to you, your spouse/significant other, and any legal dependents. If you cannot provide proof of income or other documents listed below, explain why under Section 4 of the application.

1. Check stubs or statement from your employer giving your monthly gross income.
2. If self-employed, a copy of your most recent quarterly Business Financial Statement along with last year's Business Tax Return.
3. Social Security eligibility letter or a copy of your Social Security check. (If you have direct deposit, provide a copy of a bank statement showing this income.)
4. Latest signed income tax return (if you are a minor, your legal guardian's tax return).
5. Proof of South Carolina residency (e.g., rental agreement, utility bill, property tax notice).
6. Proof of any other income source such as child support, alimony, trust funds, or rental property.
7. If you have not had any income for the past three (3) months, please submit:
 - a. A statement from the South Carolina Department of Employment and Workforce and/or the Social Security Administration.

If you do not provide the required information or explain why this information is not available, your application might be delayed or you could be denied financial assistance.

If there are questions regarding the Financial Screening and Assessment Application, please contact:

Phone: _____ E-mail: _____

This application is valid for 90 days from your request for financial assistance.

FINANCIAL ASSISTANCE APPLICATION – CONFIDENTIAL

DATE OF APPLICATION: _____

1. PATIENT INFORMATION* – PLEASE PRINT ALL INFORMATION –					
*If you are a minor (0-17 years of age), legal guardian’s information will be required					
Patient Name (Last, First, MI)					
Patient ID#		Last 4 Digits of SSN		<u>U.S. CITIZEN</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Number of Dependents (other than self & co-applicant)	Ages of Dependents		Primary Contact - Phone ()	
Street Address <i>(Do Not Provide PO Box)</i>		City	State	County	ZIP Code
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address					
Current Employer			Street Address, City, State		Position
If you are not working, how long have you been unemployed?					
2. CO-APPLICANT INFORMATION		<u>RELATIONSHIP TO PATIENT</u> <input type="checkbox"/> Self <input type="checkbox"/> Spouse / Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Other _____			
Name (Last, First, MI)		Last 4 Digits of SSN		<u>U.S. CITIZEN</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Number of Dependents (other than self & co-applicant)	Ages of Dependents		Primary Contact - Phone ()	
Street Address <i>(Do Not Provide PO Box)</i>		City	State	County	ZIP Code
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address					
Current Employer			Street Address, City, State		Position
If you are not working, how long have you been unemployed?					
3. INCOME INFORMATION					
Monthly Income Sources	Applicant	Co-Applicant	Combined Monthly Income		
Employment	\$	\$	\$		
Social Security	\$	\$	\$		
Disability	\$	\$	\$		
Unemployment	\$	\$	\$		
Spousal/Child Support	\$	\$	\$		
Rental Property	\$	\$	\$		
Investment Income	\$	\$	\$		

<i>Other:</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Combined Monthly Income			\$

UNEMPLOYMENT: If you do not have monthly income, please explain how you take care of your monthly expenses.

4. ADDITIONAL INFORMATION & COMMENTS
(If you need more space, use the back of this page.)

5. SIGNATURES

I certify that all financial information and statements disclosed are true and accurate.

Applicant Signature	Date
Co-Applicant Signature	Date
Authorized Agency Signature	Date