**RIDER A**

**SPECIFICATIONS OF WORK TO BE PERFORMED**

**I. AGREEMENT FUNDING SUMMARY**

Funds are provided under this Agreement for the provision of substance abuse treatment services. The level of funding and service descriptions are detailed in Section III Service Specifications and Performance Guidelines and summarized in Budget Form 6 Summary of Services Purchased.

|  |  |  |
| --- | --- | --- |
| **A. State General Fund** | **$** |  |
| Use of funds shall be in accordance with requirements detailed in the Maine Uniform Accounting and Auditing Practices for Community Agencies (CMR 10-144, Chapter 30); and with the terms of this Agreement.**B. Dedicated/Special Revenue** **$** |
|  |  |  |  |
| **C. Federal Funds** | **$** |  |
| Use of funds shall be in accordance with restrictions contained in the appropriate CFDA; with Federal OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133, as applicable; with CMR 10-144, Chapter 30, as applicable; with CMR 10-144, Chapter 30, as applicable; and with the terms of this Agreement. |
|  |  |  |  |
| [ ]  | CFDA#93.959 Block Grants for Prevention & Treatment of Substance Abuse 2B08TI010025-10. Substance Abuse Treatment and Prevention Block Grant Department of Health and Human Services / Substance Abuse and Mental Health Services Administration  | **$** |
|  |  |
|  |  |  |
| [ ]  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | **$** |
|  |  |
|  |  |  |

**II. GENERAL REQUIREMENTS**

**Reporting**

The Provider shall submit quarterly financial and performance reports in accordance with the specifications of the Department, according to the following schedule:

 X A. Quarterly financial reports are accumulative in nature, reflecting income and expenses for the entire contract period to date, and are due October 30th, and January 30th, April 30th, July 30th, ,; with the exception that the final quarterly financial report shall be due within 60 days of contract termination. This report should be sent to the Agreement Administrator.

X B. A Financial Close-out Report, representing the program’s total income and expenses position at the time the contract formally ends, is due within 60 days of contract termination in a format required by OSA. This report should be sent to the Agreement Administrator.

\_\_\_ C. *Quarterly Narrative Reports* documenting progress relating to program performance during the applicable quarter are due October 30th, January 30th , April 30th and. July 30th,

X D. Final Narrative Report, documenting programs performance for the entire contract period, is due within 60 days of contract termination in a format required by OSA.

\_\_ X E.. Office of Substance Abuse Data Systems (OSADS) Treatment Data System (TDS) Forms. All contracted substance abuse treatment service providers must report using electronic submittal methods that are compatible with the Office of Substance Abuse. TDS data entry is accessible via the Internet. TDS data must be submitted to the Office of Substance Abuse by the 15th of each month for any client admitted or discharged in the prior month. TDS Forms must be completed by a clinical staff person as part of the intake process.

REPORTING NOTE: Data for monitoring performance shall be taken directly from OSADS. Providers must complete and submit TDS Admissions and Discharge data according to instructions.

Performance-based contracting (PBC) reports will be based on the data submitted within the specified time parameters. Late data may not be reflected on PBC reports.

 **\_\_\_**F. Monthly Outpatient Service Delivery Reports by the 15th of each month for all services provided the previous month.

 \_\_X\_\_G. Waiting List is due by the 15th of each month for the previous month. Programs with multiple sites must report by site.

 \_ H. Consumer Satisfaction Survey

 \_\_\_ I. Corrective Action Plans and Updates are due:

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 addressing the following points:

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 The Provider understands that the reports are due within the timeframes established and that the Department will not make subsequent payment installments under this Agreement until such reports are received, reviewed and accepted.

 Additionally, in cases of the Provider’s non-compliance with these reporting requirements, as applicable the Department may contact the Department of Health and Human Services’, Bureau of Medical Services to request suspension of MaineCare payments until the problem is resolved.

The Provider further agrees to submit such other data and reports as may be requested by the Agreement Administrator. The Provider shall submit all data and reports to the Department in accordance with 34-B M.R.S.A. §1207 and in accordance with Section 6 of Rider B of this Agreement.

**III. SERVICE SPECIFICATIONS AND PERFORMANCE GUIDELINES**

**A. DESCRIPTION OF SERVICES**

1. Give a description of all substance abuse treatment services providedby the agency and by this contract. (i.e.: overall continuum of care, including non-OSA services, IOP-days and hours, outpatient - # of staff (FTE’s) and program capacity.)

2. **Definition of Specific Treatment Component**

 Specific description of substance abuse services provided under this agreement (service definitions):

a. **DETOXIFICATION**

\_\_\_ **Detoxification: (measured by day) ASAM Level III 7-D**

These programs provide a planned regimen of 24 hour professionally directed evaluation, observation, medical monitoring and addiction treatment in an inpatient setting. They are appropriate for patients whose sub acute biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or medically managed inpatient treatment program.

Services include: biopsychosocial evaluation, medical observation, monitoring, and treatment, counseling (including group and/or family therapies, and withdrawal support), health education and follow-up referral.

b. **EMERGENCY SHELTER** (measured by day)

\_\_\_ Shelter is a service which provides food, lodging and clothing for abusers of alcohol and other drugs, with the purpose of protecting and maintaining life and providing motivation for alcohol and drug treatment. Shelter shall be a pre –treatment service usually operated in connection with a detoxification component. At minimum, shelter shall be provided 12 hours per day.

Services include: food, lodging, clothing, personal hygiene, referrals for detoxification (if medically necessary), arrangements for needed health care services, encouragement of participation in self-help groups and transportation the program and emergency healthcare facilities, and care coordination.

d. **EXTENDED CARE** **ASAM Level III.3** (measured by day)

\_\_\_ Extended care is a service that provides a long-term supportive and structured environment for people who are substance use dependent with extensive substance use debilitation. These programs provide a supervised living experience within the program. Qualified staff teaches attitudes, skills and habits conducive to facilitating the member’s transition back to the community. The extended care component requires sustained abstinence and provides medium intensity treatment and ongoing structured living experience within a facility/program or reentry into the treatment system. Treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education and family life. The treatment goals will vary from individual to individual and may be in the form of individual, group or family counseling. Outcome goals may range from custodial care to further treatment services and recovery.

7 hours per week or 1 hour per day of clinical individual or group counseling.

10 hours per week of rehabilitative groups designed to meet individual needs of clients.

Services include: Biopsychosocial assessment, group/individual/family treatment sessions (planned clinical program activities to stabilize and maintain stabilization of the residents substance dependence symptoms and to help him or her develop and apply recovery skills, this may include; relapse prevention, interpersonal choices and a development of a social network supportive of recovery) , living skills training, vocational assessment and preparation, transportation between programming or emergency care facilities, and care coordination.

e. **RESIDENTIAL REHABILITATION** **ASAM Level III.5** (measured by day)

\_\_ **Residential Rehabilitation 2: (measured by day) ASAM Level III.5**

Residential rehabilitation services are designed to treat persons who have significant social and psychological problems. The goals of treatment are to promote abstinence from substance use and antisocial behavior and to effect global change in a participant’s lifestyles, attitudes, and values. For placement in this level of programming an individual would have multiple deficits, which may include substance related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values.14 hours per week or 2 hours per day of clinical individual or group counseling

7 hours per week of rehabilitative groups designed to meet individual needs of clients

Services include: Biopsychosocial assessment, group/individual/family clinical treatment (planned clinical program activities to stabilize and maintain stabilization of the residents’ substance dependence symptoms and to help him or her develop and apply recovery skills, this may include; relapse prevention, interpersonal choices and a development of a social network supportive of recovery), daily didactic/educational presentations, transportation between programming or emergency healthcare facilities, and care coordination.

**Residential Rehabilitation - Adolescent: (measured by day) ASAM Level III.5**

Residential rehabilitation services are designed to treat adolescents who have significant social and psychological problems. The goals of treatment are to promote abstinence from substance use and antisocial behavior and to effect global change in a participant’s lifestyles, attitudes, and values. For placement in this level of programming an individual would have multiple deficits, which may include substance related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values.

14 hours per week or 2 hours per day of clinical individual or group counseling

7 hours per week of rehabilitative groups designed to meet individual needs of clients

Services include: Biopsychosocial assessment, group/individual/family clinical treatment (planned clinical program activities to stabilize and maintain stabilization of the residents’ substance dependence symptoms and to help him or her develop and apply recovery skills, this may include; relapse prevention, interpersonal choices and a development of a social network supportive of recovery), daily didactic/educational presentations, transportation between programming or emergency healthcare facilities, and care coordination.

**Residential Rehabilitation 1: (measured by day) ASAM Level III.5**

Residential rehabilitation services are designed to treat persons (specifically women and their children) who have significant social and psychological problems. The goals of treatment are to promote abstinence from substance use and antisocial behavior and to effect global change in a participant’s lifestyles, attitudes, and values. For placement in this level of programming an individual would have multiple deficits, which may include substance related disorders, criminal activity, psychological problems, impaired functioning and disaffiliation from mainstream values. In addition, the RH1 category provides care to the children of the clients in its facility.

14 hours per week or 2 hours per day of clinical individual or group counseling

7 hours per week of rehabilitative groups designed to meet individual needs of clients.

f. **HALFWAY HOUSE** **ASAM Level III.1**(measured by day)

\_\_ Halfway house is a community-based, peer oriented residential program that provides low intensity clinical services to support recovery from substance use disorders. For this programming level, the effects of the substance related disorder on the individuals life are so significant, and the resulting level of impairment so great, that outpatient motivations and/or relapse prevention strategies are not feasible or effective. It is designed to improve the residents ability to structure and organize the task of daily living and recovery, such as personal responsibility, personal appearance and are considered rehabilitative.

5 hours a week of low intensity treatment of substance related disorders.

12 hours per week of rehabilitative groups designed to meet individual needs of clients.

Services include: Biopsychosocial assessment, group/individual/family counseling, living skills, vocational assessment and preparation, transportation between programming or emergency care facilities and care coordination.

g. **INTENSIVE OUTPATIENT** (measured by 1 day)

\_\_ Intensive outpatient treatment is a component that provides an intensive and structured program of substance abuse evaluation, diagnosis, and treatment services in a setting that does not include an overnight stay.

 I. This component shall include both community-based nonresidential rehabilitation and partial capitalization programs. It includes programs generally described as "day treatment" and "intensive outpatient services."

 II. This component shall consist of a structured sequence of multi-hour clinical and educational sessions, scheduled for three or more days per week with a minimum of nine hours per week.

h. **NON-INTENSIVE OUTPATIENT** (measured by 1/4 hour unit)

Outpatient is a component that provides assessment, diagnosis, treatment, and after-care services in a non-residential setting. These services may also be provided to the families of substance abusers and other concerned persons, whether or not the abuser is receiving treatment. Components of outpatient services include:

\_\_ Individual Counseling: A unit is defined as ¼-staff hour of contact between a therapist and a client involving counseling/treatment planning, guidance/support, problem solving assistance, providing relief/assistance in coping, promoting a positive re-orientation toward sobriety.

\_\_ Family Counseling: A unit is defined as ¼-staff hour of contact between a therapist or therapists and a family involving any of the activities described under individual counseling, (above).

\_\_ Group Counseling: A unit is defined ¼-client hour of contact between a therapist or therapists and a group of clients.

\_\_ Evaluation: All evaluation services to be reimbursed under this contract must have the prior written approval of the Office of Substance Abuse (OSA). Evaluation services may only be delivered to target populations as defined by OSA.

i. **METHADONE MAINTENANCE SERVICES** (OPIATE AGONIST) – (measured by 1 day)

\_\_ Methadone maintenance coverage will be limited to treatment:

(1) Administered in accordance with federal and state laws and regulations that govern methadone administration, including the Maine Office of Substance Abuse of the Department of Health and Human Services, the Center for Substance Abuse Treatment (Division of the Substance Abuse and Mental Health Services Administration), the US Drug Enforcement Agency, and US Food And Drug Administration and the State Pharmacy Board, and

 (2) Provided as a part of a package of services including the cost of providing:

 (a) Methadone itself,

 (b) Necessary individual and group counseling, and

(c) Case management services, which include referral for related medical, psychiatric or social services and follow up. Providers are required to maintain documentation of the client’s relevant history, including regular checks of the Prescription Monitoring Program and to provide laboratory testing and monitoring associated with the administration of methadone.

j. **CO-OCCURRING DISORDER**

\_\_ At least one mental disorder as well as an alcohol or drug use disorder

k. **Other Services Purchased**

TARGETS:

**B. PERFORMANCE GUIDELINES**

 The Office of Substance Abuse, in consultation with Provider representatives, has established standards and performance requirements relative to the quantity and quality of client service and care, and to administrative and fiscal management. The standards, as described below, represent the performance goals for client services. Administrative and fiscal management standards and requirements are listed in Rider B, C, D and E. Contracts will be on an expense basis. Allocation of resources for the contract year may be affected by agency performance in the previous year.

 **REPORTING NOTE:** Most of the data for performance monitoring is taken directly from the Treatment Data System (TDS). Providers must complete and submit TDS Admission and Discharge data according to policy. For ambulatory services, Outpatient Service Delivery Forms (OSDF) must also be submitted.

 Performance-based contracting (PBC) reports are based on the data submitted within the specified time parameters. Late entry of data and/or form submittal may result in lower than expected results on the PBC reports.

**SERVICE SETTING: RESIDENTIAL REHABILITATION RH1 and RH2 (ASAM III.5)**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Units of service to be delivered.

**STANDARD**

Total Program and OSA Units are based on an 80% minimal standard occupancy rate.

(Reference Form 001)

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Performance Measures: (minimum standards)

* + Reduced Morbidity: Abstinence/drug free prior to discharge = 90%
	+ Reduced Morbidity: Reduction of use of primary substance abuse problem = 90%
	+ Retention: Completion of Treatment = 85%
	+ Referral in the continuum of care/next medically necessary service = 85%

**TRACKING ONLY**

Average Time in Treatment for Completed Clients (Weeks)

GAF Improvement

Conduct follow-up contact (phone, text, email) with client 1x a week for the first 30 days, 2 x a month the following 60 days, 1 x a month for the remainder to the year post treatment episode to assess sustained progress. Maintain a log in client chart to track and determine effectiveness, as this may be requested by OSA.

**SERVICE SETTING: ADOLESCENT RESIDENTIAL REHABILITATION (ASAM III.5)**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Number of units of service to be delivered.

**STANDARD**

 Total Program and OSA Units are based on an 80% minimal standard occupancy rate. (Reference Form 001)

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Performance Measures: (minimum standards)

* + Reduced Morbidity: Abstinence/drug free prior to discharge = 90%
	+ Reduced Morbidity: Reduction of use of primary substance abuse problem = 90%
	+ Retention: Completion of Treatment = 85%
	+ Referral in the continuum of care/next medically necessary service = 85%

**TRACKING ONLY**

Average time in treatment for Completed Clients (Weeks)

Completed Treatment

Conduct follow-up contact (phone, text, email) with client 1x a week for the first 30 days, 2 x a month the following 60 days, 1 x a month for the remainder to the year post treatment episode to assess sustained progress. Maintain a log in client chart to track and determine effectiveness, as this may be requested by OSA.

**SERVICE SETTING: EXTENDED CARE (ASAM III.3)**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Number of units of service to be delivered.

**STANDARD**

 Total Program and OSA units are based on a 90% minimal standard occupancy rate. (Reference Form 001)

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

 Performance Measures: (minimum standards)

* + Reduced Morbidity: Abstinence/drug free prior to discharge = 85%
	+ Reduced Morbidity: Reduction of use of primary substance abuse problem = 90%
	+ Retention: Completion of Treatment = 70%
	+ Referral in the continuum of care/next medically necessary service = 65%

**TRACKING ONLY**

Average Time in Treatment for Completed Clients (Weeks)

GAF Improvement

Conduct follow-up contact (phone, text, email) with client 1x a week for the first 30 days, 2 x a month the following 60 days, 1 x a month for the remainder to the year post treatment episode to assess sustained progress. Maintain a log in client chart to track and determine effectiveness, as this may be requested by OSA.

**SERVICE SETTING: EMERGENCY SHELTER**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Units of service to be delivered.

**STANDARD**

 Total Program and OSA Units are based on a 90% minimal standard occupancy rate. (Reference Form 001)

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

 Program performance must be at or above the minimal level on 2 of the following 2 performance indicators, monitored on a quarterly basis.

**INDICATOR MINIMAL STANDARD**

Referral to self help 90%

Referral in the Continuum of Care 40%

**SERVICE SETTING: HALFWAY HOUSE**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICATOR**

Units of service to be delivered.

**STANDARD**

 Total Program and OSA Units are based on a 90% minimal standard occupancy rate. (Reference Form 001)

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

 Program performance must be at or above the minimal level on 4 of the following 6 performance indicators, monitored on a quarterly basis:

**INDICATOR**

Performance Measures: (minimum standards)

* + Reduced Morbidity: Abstinence/drug free prior to discharge = 85%
	+ Reduced Morbidity: Reduction of use of primary substance abuse problem = 90%
	+ Retention: Completion of Treatment = 75%
	+ Referral in the continuum of care/next medically necessary service = 75%

**TRACKING ONLY**

Average Time in Treatment for Completed Clients (Weeks)

GAF Improvement

Conduct follow-up contact (phone, text, email) with client 1x a week for the first 30 days, 2 x a month the following 60 days, 1 x a month for the remainder to the year post treatment episode to assess sustained progress. Maintain a log in client chart to track and determine effectiveness, as this may be requested by OSA.

**SETTING: NON-INTENSIVE OUTPATIENT**

**REQUIRED EFFICIENCY INDICATORS AND MINIMAL STANDARDS**

**INDICAT**

**OR**

 Units of Service to be delivered.

**STANDARD**

 Total Program and OSA Units are based on a 90% minimal annual delivery of units of service. (Reference Form 001)

 The total units of service are further broken down into:

 b. Services to Primary Substance Abuse Clients: at least 70% of the total units

 c. Services to Co-Dependents/Affected Others: 30% maximum of the total units

**REQUIRED EFFECTIVENESS INDICATORS AND MINIMAL STANDARDS**

**INDICATOR MINIMAL STANDARD**

Program performance must be at or above the minimal level on 5 of the following 8 performance indicators (primary clients only), monitored on a quarterly basis:

Abstinence/drug free 30 days prior to discharge 75%

Reduction of use of primary substance abuse problem 60%

Maintaining employment 90%

Employability 3%

Not arrested for any offense 95%

Not arrested for an OUI offense during treatment 95%

Participation in self help during treatment 45%

Completed Treatment 60%

**TRACKING ONLY**

Average Time in Treatment for Completed clients (Weeks)

 Completed Treatment - Affected Others

 GAF Improvement

 GAF Improvement - Affected Others

**NON-INTENSIVE OUTPATIENT with COEXISTING MENTAL HEALTH ISSUES**

**INDICATOR MINIMAL STANDARD**

Program performance must be at or above the minimal level on 5 of the following 9 performance indicators (primary clients only), monitored on a quarterly basis:

Abstinence/drug free 30 days prior to discharge 70%

Reduction of use of primary substance abuse problem 60%

Maintaining employment 90%

Employability 3%

Not arrested for any offense 95%

Not arrested for an OUI offense during treatment 95%

Participation in self help during treatment 50%

Completed Treatment 45%

Referral to Mental Health Services 100%

**TRACKING ONLY**

Average Time in Treatment for Completed clients (Weeks)

 Completed Treatment - Affected Others

 GAF Improvement

 GAF Improvement - Affected Others

**POPULATIONS**

 Services to target populations listed below (primary clients only) will be monitored on a semi-annual basis for information only:

 Female

 Age 0-19

 Age 50+

 Corrections

 Homeless

 Co-existing Disorders of Mental Illness and Substance Abuse

 History of Injection Drug Use

 Poly Drug Use

 DHHS Referrals