

***HAMILTON COUNTY ALCOHOL  
AND DRUG ADDICTION  
SERVICES BOARD***

***SFY 2007 APPLICATION PACKAGE***

**APPLICATION PROCESS SFY 2007**

<b>ACTIVITY</b>	<b>COMPLETION DATE</b>
<b>APPLICATION PACKAGES MAILED</b>	<b>January 25, 2006</b>
<b>PROVIDER INFORMATION MEETING</b>	<b>February 8, 2006</b>
<b>APPLICATIONS DUE TO HCADAS</b>	<b>March 15, 2006 by 4:30 P.M.</b>
<b>GENERIC AND AGENCY SPECIFIC QUESTIONS SENT TO PROVIDERS</b>	<b>April 1, 2006</b>
<b>PROGRAM COMMITTEE REVIEW OF APPLICATION WITH AGENCIES</b>	<b>April 11, 2006 (all day)</b>
<b>PROGRAM COMMITTEE SUBMITS FUNDING RECOMMENDATIONS TO THE BOARD</b>	<b>May 25, 2006</b>
<b>CONTRACTS MAILED TO PROVIDERS</b>	<b>June 6, 2006</b>
<b>DEADLINE FOR CONTRACT MAILED TO HCADAS</b>	<b>June 30, 2006</b>
<b>EFFECTIVE DATE FOR SFY 2007 CONTRACTS</b>	<b>July 1, 2006</b>

**HAMILTON COUNTY ALCOHOL AND DRUG ADDICTION SERVICES BOARD  
SFY 2007 CONTINUATION FUNDING APPLICATION**

**GENERAL INFORMATION**

The Hamilton County Alcohol and Drug Addiction Services (HCADAS) Board is accepting applications for the provision of alcohol and other drug addiction prevention and treatment services for State Fiscal Year 2007 (SFY 2007), beginning July 1, 2006 and ending on June 30, 2007.

**1. ELIGIBLE APPLICANTS**

Private, non-profit organizations, which received contracts for non-Medicaid treatment and prevention services are eligible to apply for funding in SFY 2007. The alcohol and other drug services proposed by the applicant should address the service needs identified in the Hamilton County ADAS Board Community Plan for SFY 2006-2007. The Community Plan for SFY 2006-2007 is available on the HCADAS Board website @ [www.hamilton-co.org/adas](http://www.hamilton-co.org/adas).

Organizations requesting funds for treatment services must document certification by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) as a certified provider for the type of services for which funding is sought, or demonstrate that such certification can and will be obtained within 90 days of beginning the funding period. Applicants must have an agency policy that emphasizes abstinence as the primary treatment goal.

**2. AVAILABILITY OF FUNDS**

The amount and designation of federal, state, and county funds for treatment and prevention services to be awarded to the Hamilton County ADAS Board in SFY 2007 are not fully known as of the date of this application release. In responding to this application, organizations should assume that the Hamilton County ADAS Board will receive in SFY 2007 funds equal to those received for such purposes in SFY 2006.

The following funds are not included in this SFY 2007 Application for Continuation Funding

The Hamilton County Health and Hospital Indigent Care Services Tax Levy including Drug Court funds, Recovery Health Access Center and funds for Mt. Airy Shelter.

The Drake Hospital Levy funds.

Per Capita Needs funds for adolescent services.

TANF Moe funds for adolescent services only.

HC Community Corrections Act funds

Local Law Enforcement Block Grant funds

**3. APPLICATION COMPLETION:**

- A. Complete all unshaded sections of the application and respond to all items. If the response will not fit in the space provided, attach typed sheets labeled with the item/section number. Include all requested attachments. If an item is not appropriate, please note.
- B. It is recommended organizations use their SFY 2006 claim and revenue data in completing the projected Uniform Cost Report (UCR) and the projected FIS-052 Report Forms and instructions pertaining to completing projected costs and revenues are included in this application in hard copy form as well as diskette.
- C. An original plus five (5) copies of the application, and a hard copy of the UCR Form A-1 , a hard copy of the FIS-052 and diskette copies of UCR Form A-1 through Form A-4 and the FIS-052 must be submitted.
- D. Facsimile copies will **not** be accepted for any reason.

**4. APPLICATION DEADLINE**

- A. Full and complete applications must be received at the address below by **4:30 PM, Wednesday, March 2115, 2006**. Applications must be mailed or delivered in person to the offices of:

Hamilton County Alcohol and Drug Addiction Services Board  
830 Main Street, Suite 300  
Cincinnati, Ohio 45202

- B. A penalty of 1% per day of the maximum contract award will be assessed if a full and complete application is not submitted by the deadline and the organization is funded for SFY 2007. A day is considered each 24 hour business day or part thereof. For example, an application submitted on March 16, 2006 at 5:00 PM (one day, 30 minutes late) would be assessed a 2% penalty.

**Hamilton County Alcohol and Drug Addiction Services Board**

**GUIDELINES FOR SFY 2007 PROPOSALS**

1. All currently funded providers are invited to submit a proposal for SFY 2007.
2. All applicants must complete the application package.
3. The applicant agency must utilize the Uniform Cost Report per Standard 3793:2-1-09 (UCR) and the FIS-052 Revenue Report for the SFY 2007 proposal. The forms and instructions are included on a diskette attached to this application. It is recommended applicants utilize the current Fiscal Year utilization and cost findings as well as the FY 05 Actual utilization and cost finding in preparing the budget for this application. Applicants are also encouraged to refer to the Ohio Administrative Code 5101:3-30-04 Reimbursement and rate setting for community Medicaid alcohol and other drug services when calculating the costs for the application period.

**Any changes in proposed purchase of service must be discussed with Board staff and approved before the proposal is submitted. PLEASE NOTE: If you are requesting any changes in the proposed program, please discuss this with the HCADAS Board staff prior to submitting the proposal. This will help to expedite the process.**

**The naming conventions provided to you by the HCADAS Board must be used on your proposed UCR and FIS-052 for FY 2007 otherwise the materials will be returned and the application will be considered incomplete until the UCR is revised with the correct naming conventions.**

The following is a list of acceptable codes and naming conventions for HCADAS Board Funds to be used when developing the FIS- 052 Agency Revenue Sheet. If you are uncertain of the funding you are projected to receive, please contact HCADAS Board Staff.

<b>HC ADAS Codes</b>	<b>Fund Description</b>
4000	ODADAS State PC Medicaid Match
4001	ODADAS Federal PC Treatment
4002	ODADAS Federal Womens Set Aside
4003	ODADAS State Womens Set A Side Medicaid Match
4076	ADAS Homeless Housing Res TX (HHRT)
4105	ODADAS Safe & Drug Free Schools (DFSCA)
4106	ODADAS S-GRF Youth Mentoring (YMENT)
4107	ODADAS State General Revenue Fund (S-GRF) Other
4108	ODADAS Federal Performance Partnership Grant (PPG) Substance Abuse Prevention Treatment (SAPT)
4115	Family & System Treatment (FAST)
4116	Access to Better Care (ABC)
4117	ODADAS State Lottery Commission Gambling Grant
4201	Jobs & Family Services (JFS) IMPACT/House Bill 484
4202	Indigent Driver Alcohol Tx (IDAT)
4203	H&H Levy IC Services
4216	H&H Levy IC Mt. Airy
4217	H&H Levy Recovery Health Access Center (RHAC)
4245	ODADAS S-GRF Temporary Assistance to Needy Families (TANF)
4255	H&H Levy Indigent Care (IC) Drug Court
4264	ODADAS/ADAS Youth Reentry
4267	Juvenile Family Drug Court
4269	Health & Hospital (H&H) Levy Drake
4270	HC Local Law Enforcement Block Grant (LLEBG) - Drug Court
4271	HC Community Corrections Act (CCA) - Drug Court
5000	ODADAS State PC Treatment Non-Medicaid
5001	ODADAS State PC Prevention
5002	ODADAS Federal Per Capita Need (PC) Prevention
5003	ODADAS Youth Led Prevention

Various	Medicaid FFP
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The Match Code is the billing code

**FIS-052 Disclosure of anticipated funding:**

Although some funds are already allocated and/or restricted and not applicable to continuation funding, per the UCR rules, all costs must be disclosed in preparing your projected rates. Therefore, all projected revenue for the application period should also be disclosed.

5. The services listed below are authorized to be provided for a program that is certified by the Ohio Department of Alcohol and Drug Addiction Services Board. The Hamilton County Alcohol and Drug Addiction Services Board may not purchase all of the services listed but is willing to discuss with any applicable provider.

<b>SERVICES</b>	<b>Unit Measurement</b>
<b>Ambulatory Detoxification – H0014</b>	<b>Event</b>
<b>Assessment - H0001</b>	<b>Hourly</b>
<b>Case Management - H0006</b>	<b>Hourly</b>
<b>Crisis Intervention - H0007</b>	<b>Hourly</b>
<b>Family Counseling - T1006</b>	<b>15 Minutes</b>
<b>Group Counseling - H0005</b>	<b>15 Minutes</b>
<b>Individual Counseling - H0004</b>	<b>15 Minutes</b>
<b>Intensive Outpatient - H0015</b>	<b>Event</b>
<b>Laboratory Urinalysis - H0003</b>	<b>Event</b>
<b>Medical Somatic - H0016</b>	<b>Hourly</b>
<b>Methadone Administration - H0020</b>	<b>Event</b>
<b>Sub Acute Detoxification – H0012</b>	<b>Event</b>
<b>23 Hour Observation Bed - 99236</b>	<b>Event</b>
<b>Urine Dip Screen – A0780</b>	<b>Event</b>
<b>COMMUNITY RESIDENTIAL TX. Include R&amp;B</b>	
<b>Non-Medical Comm Res Tx. - A1220</b>	<b>Event</b>
<b>BH COMMUNITY RESIDENTIAL TX. Excludes R&amp;B</b>	
<b>Non-Medical Comm Res Tx. H0019</b>	<b>Event</b>
<b>COMMUNITY SERVICES</b>	
<b>Consultation – A0560</b>	<b>Hourly</b>
<b>Intervention - H0022</b>	<b>Hourly</b>
<b>Outreach - H0023</b>	<b>Hourly</b>
<b>Referral and Information - A0510</b>	<b>Hourly</b>
<b>Training - H0021</b>	<b>Hourly</b>

<b>Hotline – H0030</b>	<b>Hourly</b>
<b>PREVENTION SERVICES</b>	
<b>Alternatives - A0660</b>	<b>Hourly</b>
<b>Community-Based Process - A0630</b>	<b>Hourly</b>
<b>Education - A0620</b>	<b>Hourly</b>
<b>Environmental - A0640</b>	<b>Hourly</b>
<b>Information Dissemination - A0610</b>	<b>Hourly</b>
<b>Problem Identification and Referral - A0650</b>	<b>Hourly</b>
<b>ADJUNCTIVE ALCOHOL &amp; DRUG SERVICES</b>	
<b>Child Care – T1009</b>	<b>Hourly</b>
<b>Meals - T1010</b>	<b>Event</b>
<b>Room and Board - A0740</b>	<b>Event</b>
<b>Transportation – A0750</b>	<b>Hourly</b>
<b>AOD Services Not Otherwise Classified - H0047</b>	<b>Hourly</b>

6. **Application Forms**: The application forms will be mailed to agencies that received funding in SFY2006. The forms will also be available on the HCADAS website. For your convenience, all application forms (in Microsoft Excel format) are included on diskette and hard copy, accompanying this packet.

**Hamilton County Alcohol and Drug Addiction Services Board SFY 2007**

**APPLICATION PACKAGE CONTENTS**

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**\*\*\*\*\*Forms 4-B through 5-B are on diskette for your convenience\*\*\*\*\***

**SECTION 5. PROGRAM BUDGET  
Cost Report (Form 5-B)**

**ATTACHMENT A – OAC 5101:3-30-04**

**SECTION 1. FACE SHEET**

Hamilton County Alcohol and Drug Addiction Services Board SFY 2007 Application

**CONTRACT PERIOD: July 1, 2006 through June 30, 2007**

**I. APPLICANT INFORMATION:**

<b>TYPE OF APPLICATION:</b>		<b>Continuation</b> <input type="checkbox"/>	<b>Revision Date:</b> _____
<b>ORGANIZATION NAME:</b>			
<b>ADDRESS:</b>		<b>TYPE OF ORGANIZATION</b>	
<b>EXECUTIVE DIRECTOR:</b>		_____ not-for-profit	
		_____ for profit	
<b>PHONE NUMBER:</b>	<b>FAX NUMBER:</b>		
<b>FEDERAL TAX I.D. #:</b>	<b>MOST RECENT FISCAL AUDIT COVERS PERIOD:</b>		
<b>ODADAS CERTIFICATION DATES:</b>	<b>From:</b>	<b>To:</b>	
<b>From:</b>	<b>To:</b>		
<b>Certified Services:</b>			

**II. AUTHORIZATION: I hereby certify by my signature that this application has been approved for Submission by this agency's governing authority.**

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director/CEO

\_\_\_\_\_  
Date

PLEASE COMPLETE SECTION 2 FOR EACH PROGRAM.

**SECTION 2. PROGRAM CHANGES**

**Organization Name:**

**Program Name:**

1. **Have there been any changes in your organization's proposal for this program for SFY 2007?**

\_\_\_\_\_ **NO**                  \_\_\_\_\_ **YES**

**If YES, PLEASE EXPLAIN: (Please discuss proposed changes with HCADAS Board staff prior to submission of application.**

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2. **IF YES, CHANGE IN UNITS OF SERVICE?**    \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**  
**IF YES, CHANGE IN BUDGET?**                    \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

3. **REASON FOR CHANGE:**

4. **Have you received HCADAS Board staff approval for this change?**

\_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

**If yes, name of staff member to whom you spoke?** \_\_\_\_\_

**If no, please explain:**

### SECTION 3. DESCRIPTION OF ORGANIZATION

Please describe any organizational, management, or programmatic changes which have occurred over the previous twelve (12) month period. Provide a copy of the agency's licenses, certifications, and policy on abstinence-based services.

### SECTION 4. PROGRAM DESCRIPTION

#### A. Scope of Services

HCADAS seeks to obtain service delivery systems that 1) enhance the operation, consumer outcomes, and coordination of the existing HCADAS Board funded services, and 2) builds on the successes of the existing Programs.

Other factors to be considered in addressing the service system include:

- a. Outreach and advocacy shall be provided for families who have not benefited from or are resistant to attending treatment/services.
- b. A seamless provision of services when consumers are affiliated with more than one service system/provider is required to be in place.
- c. The treatment services must be individualized to each client's specific needs, including the length of stay

I. Please list the name of the program and the services to be provided within each program.

II. Describe the agency's process for implementing the Care Coordination Functions outlined below:

- a. **Assessments:** An adult specific assessment tool must include assessment of alcohol/drug use, mental health status, living situation, employment, criminal history, medical history.
- b. **Service Referrals:** The protocol shall include a standardized method for executing service referrals.
- c. **Case Management:** Case Management shall begin with admission into a program service and continue for a period of not less than six (6) months after discharge from treatment.
- d. **Post-treatment Discharge Follow-up:** The provider(s) is expected to assess, advocate for, and coordinate community services needed by the consumer after his/her discharge from treatment. The post-treatment discharge follow-up shall be coordinated with the Recovery Health Access Center's post-treatment follow-up services.

III. Please identify and explain if any service component has been added or deleted from the services funded in SFY 2006. It is not necessary to identify any services applicable to funds listed in (2) Availability of Funds. Health and Hospital Levy, Drake Levy, or Per Capita Needs funds for adolescents.

**B. Projected Target Population (Form 4-B)**

Form 4-B “Projected Target Population” should be completed in the aggregate for each service category (Treatment, Prevention, Other).

**C. Additional Treatment Services Information Sheet (Form 4-C)**

Please complete Form 4-C “Additional Treatment Services Information Sheet” for Level II (any residential program you are contracting) and Intensive Outpatient Services being proposed. If the service is being provided in different locations or to different populations and is different in content, a separate Form 4-C should be completed for each program.

*For example, if a provider operates more than one Intensive Outpatient program, and if there are essential differences in the programs (perhaps differences in the number of hours or in the type or intensity of various service components), please complete one for each program. However, one agency, which offers a continuum of different services, which are essentially the same at different locations, should complete only one Form 4-C and one Form 4-E (“Outcome Management Plan”).*

**D. Ancillary Services Projected (Form 4-D)**

Form IIC reports any additional ancillary services that will be provided by the agency.

**E. Outcome Management Plan (Form 4-E)**

Form 4-E, Outcome Management Plan, should be completed for each program (contract or programmatic function that you wish to designate). The purpose of the outcome management plan is to communicate to the HCADAS Board the results you will help clients achieve.

Please develop an outcome statement and performance targets with milestones and measurements for each program. An outcome statement is a purpose or mission that the agency has established for the program. This statement assists line staff in developing the performance targets for their program. Performance targets are tangible, measurable, realistic statements about what the program commits to achieve. When establishing your performance targets think how you define success for your program and how you know you have achieved it? The milestones are critical interim customer behaviors that must be reached to ensure that a program is on course. It is a way to track your progress to be certain that your performance targets are reached. The Outcome Management Plan may help you achieve effectiveness and efficiency in the delivery of services.

## **Guidelines for Outcome Management Plan for SFY 2007 Contracts**

You will be required to submit Outcome Management Plans for each of your programs as part of your SFY 2007 applications. Please use *Form 4-E*, which is based on the Rensselaerville model of outcomes management. Below are requirements for SFY 2007 Outcome Management Plans.

### **Treatment Programs**

- Submit Performance Targets for all five core client outcomes that are being tracked.
- Submit additional, program specific, Performance Targets at your discretion. Program specific Performance Targets are encouraged, but the Board is making no specific requirements around these Targets.
- Track all Milestones associated with all Performance Targets. You will be required to submit a report on these Performance Targets at next year's application meeting.

### **Prevention Programs**

- Submit Performance Targets appropriate for your specific prevention programs.
- It is important that Hamilton County ADAS show that its prevention programs address State and Federal priorities for prevention. Included in this packet is a list of prevention Target Areas provided by ODADAS (*ODADAS Investor Targets/Target Areas-Prevention*). For each of your programs, a least one of your Performance Targets must address a Target Area on this list. You need not use the same wording as by ODADAS, as long as your Outcome Management Plan clearly addresses at least one of the ODADAS Target Areas.

When you submit your SFY 2007 Outcome Management Plans, please also submit a report on progress on your current (SFY 2006) Outcome Management Plans. This will be called the Outcome Management Annual Report, and it should include the following information:

- Current Measurements (Verifications) for SFY 2006 (at least the first three quarters) for each Milestone for each Performance Target.
- For each Performance Target, a statement of whether or not the Target will likely be met by year's end (based on current data).
- For any Performance Target that will not likely be met, a brief discussion of the reason and a plan to meet the Target next year. Note that this plan might include addressing measurement/data issues, or revising the Target, in addition to any possible program improvements.
- Track all Milestones associated with all Performance Targets. You will be required to submit a quarterly report on these Performance Targets due on the first of October, January, April and July. These reports will be reviewed in the following Provider Continuous Quality Improvement (Provider CQI) Monthly meeting. An annual Outcomes Milestones Report is due 60 days following the end of SFY07.

All Outcome Management Plans are due as part of your applications for funding. Revisions to Outcome Management Plans and Reports will be accepted up until the time that SFY 2007 contracts are signed. Please contact the Board with any questions about the Outcome Management Plans. Upon request, we will provide technical assistance in developing Plans.

## ODADAS Investor Targets/Target Areas – Prevention

<b>Prevention Investor Targets</b>	<b>Target Areas</b>
<p>1. Increase the number of customers who perceive ATOD use as harmful.</p>	<ul style="list-style-type: none"> <li>a. Increase the number of customers who avoid ATOD use and abuse because of increase in knowledge of risks and harm of ATOD use and abuse.</li> <li>b. Increase the number of customers who change their ATOD use behavior related to increase in knowledge of risk and harm of ATOD use and abuse and pregnancy.</li> <li>c. Increase the number of customers who change their ATOD use behavior related to increase in knowledge of risks and harm of ATOD use and abuse and teen pregnancy.</li> </ul>
<p>2. Increase the number of customers who perceive non-use as the norm.</p>	<ul style="list-style-type: none"> <li>a. Increase the number of customers who perceive an ATOD using or abusing lifestyle as unacceptable.</li> <li>b. Increase involvement of customers engaged in alcohol, tobacco and other drug free alternative activities.</li> <li>c. Increase the number of customers who become positive peer prevention leaders.</li> <li>d. Increase the number of customers with enhanced resistance skills.</li> </ul>
<p>3. Increase the number of customers who have positive family communication.</p>	<ul style="list-style-type: none"> <li>a. Increase positive involvement of parent(s)/caregiver(s) in a child’s life.</li> <li>b. Increase protective factors for customers at home, school and community.</li> <li>c. Improve parent-child relations through positive reinforcement, listening, communication skills and problem-solving.</li> <li>d. Increase communication between parents/caregivers and children regarding the risks and harmful effects of ATOD.</li> </ul>

<p>4. Increase the number of customers who experience positive family management.</p>	<ul style="list-style-type: none"> <li>a. Increase the number of customers who gain protective factors at home, school, and community.</li> <li>b. Increase the number of customers (families) who provide increased clear consistent expectations, rules, and consequences including ATOD use.</li> <li>c. Increase the number of customers who use positive parenting skills.</li> <li>d. Increase reunification of families who provide a safe home environment.</li> <li>e. Increase the number of children who reside in a safe and consistent home.</li> </ul>
<p>5. Increase the number of customers who demonstrate school bonding and educational commitment.</p>	<ul style="list-style-type: none"> <li>a. Increase the number of customers who show improvement in academic performance.</li> <li>b. Decrease the number of customers who violate school policy.</li> <li>c. Increase the number of customers who show improvement in school attendance.</li> <li>d. Increase the number of customers who sustain educational performance.</li> <li>e. Increase the number of customers who sustain school attendance.</li> <li>f. Increase the number of customers who graduate.</li> <li>g. Increase the number of customers who receive a GED.</li> <li>h. Increase the percentage of parents who support their child in education.</li> </ul>

## SECTION 5. PROGRAM BUDGET

### FOR THE PERIOD JULY 1, 2006 THROUGH JUNE 30, 2007:

- A. Please submit the Financial Forms (Uniform Cost Report - UCR) FIS-047 and FIS-052 in the form of a hard copy original and a copy on disk. If your organization requires technical assistance, please contact Board staff. Hard copies submitted, with signature, are to be the UCR Form A-1 FIS-047 and the FIS-052. The disk should contain the working forms for developing the UCR which are Form A-1, Form A-2, Form A-3, Form A-4 and the FIS-052 form.
- B. Per Administrative Code 5101:3-30-04 "Reimbursement and rates setting for community Medicaid alcohol and drug treatment services" (attached), "each agency shall maintain a fee schedule of usual and customary charges for all community medicaid alcohol and other drug treatment services it provides....." The HCADAS staff would like to review your usual and customary charge, your current unit rate and your prospective unit rate for FY 07 per service. The HCADAS Staff is requesting the attached Cost Report (Form 5B) be provided with the application to assist us in negotiating the rate per service for non-medicaid claims. Please note per OAC 3793:2-1-09 Uniform Cost Report, all costs are to be disclosed in developing projected rates. Therefore, we are asking that all projected revenue also be included associated with the costs. This would include revenues that may have already been awarded to your agency per special contracting. We are requesting a true cost for service in order to conduct negotiation for service payment.

<http://www.odadas.state.oh.us/GD/Templates/Pages/Odadas/gdpagepro.aspx?page=90>

UCR and FIS-052 Forms Website

