

FISCAL YEAR

2016

Illinois Department of  
Human Services

Division of Alcoholism  
and Substance Abuse

## [ATTACHMENT C]

This document serves as an attachment to the Illinois Department of Human Services (DHS) Community Services Agreement and sets forth supplemental contractual obligations between the Provider and the Department.

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I. INTRODUCTION

This document serves as an attachment to the Illinois Department of Human Services (DHS) Community Services Agreement and sets forth supplemental contractual obligations between the Provider and the Department. The Attachment provides contractual requirements beyond those in the Agreement and is intended to clarify programmatic areas of the Division of Alcoholism and Substance Abuse (DASA).

II. APPLICABLE RULES

The Provider shall comply with all applicable laws, regulations, and guidelines of State and Federal Government in the performance of this award agreement, including but not limited to:

A. Federal

Fee-for-Service (Medicaid) and Grant Funded

1. Program Fraud Civil Remedies Act (45 CFR, Part 79). The Provider hereby certifies compliance with the Program Fraud Civil Remedies Act and to his/her knowledge and belief, that the statements herein are true, accurate and complete, and agrees to comply with the Public Health Service terms and conditions. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986.
2. Federal regulations regarding Diagnostic, Screening, Prevention, and Rehabilitation Services (Medicaid) (42 CFR 440.130).

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3. Federal regulations regarding Opioid Maintenance Therapy (21 CFR 291.505 (FDA)), (21CFR1301-1307 (DEA)).
4. The Substance Abuse Prevention Block Grant Regulations (45 CFR, Part 96).
5. Charitable Choice: Providers that qualify as “religious organizations” under 42 CFR 54.2(b), shall comply with the Charitable Choice Regulations as set forth in 42 CFR 54.1 et seq. with regard to funds provided directly to pay for substance abuse prevention and treatment services under 42 U.S.C. 300x-21 et seq.; 42 U.S.C. 290aa, et seq.; and 42 U.S.C. 290cc-21 to 290cc-35.
  - a. Such Providers shall give notice to each client and potential client of his/her right to receive alternative services from another Provider, and right to be referred to alternative services that reasonably meet the requirements of timeliness, capacity, accessibility and equivalency as set forth in [42 CFR 54.8](#) and [54a.8](#). It is recommended that the “model notice” set forth in [Appendix A](#) of 42 CFR 54a be used.
  - b. Such Providers shall make referrals to alternative Providers as set forth in [42 CFR 54.8](#) and [54a.8](#). In making such referrals, Providers shall use the SAMHSA Treatment Facility Locator to identify suitable alternative Providers (accessible at <http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>).

- c. Such Providers shall maintain a record of referrals made pursuant to these regulations and shall provide the information regarding such referrals to DHS on an annual survey as requested.
- d. The Provider shall not, in providing program services or engaging in outreach activities, discriminate against a client or potential client on the basis of religion, a religious belief, or a refusal to actively participate in a religious practice.
- e. The Provider shall not use funds provided hereunder for inherently religious activities, such as worship, religious instruction or proselytizing.

B. State

Fee-for-Service (Medicaid) and Grant Funded

1. The Illinois Alcoholism and Other Drug Dependency Act (20 ILCS 301), (hereafter referred to as the “Act”).
2. 77 Ill. Adm. Code, Parts 2030, 2060 and 2090.

C. Manuals and Handbooks

The Provider shall comply with all applicable requirements for services and service reporting as specified in the following DASA manuals and/or handbooks:

Fee-for-Service (Medicaid) and Grant Funded

- DARTS Manual

Fee-for-Service (Medicaid)

- Medicaid Handbook

Grant Funded

- DASA Contractual Policy Manual
- DASA Contract Program Manual

III. PROGRAM SERVICES

All funded services are more specifically described in DHS/DASA contract/policy manuals or exhibits, which are maintained on the internet location of [www.DHS.state.il.us](http://www.DHS.state.il.us) as referenced in Section IV., A. of this attachment. The term “global” is used to describe a method of service delivery earnings (as set forth in Section VIII., I. of this attachment) for “treatment services” (as set forth in A. below) and as designated in writing by DASA.

All items apply to Grant funded; only items A: 1-6 apply to fee-for-service (Medicaid).

A. Treatment Services:

1. Level I (Outpatient) as specified in Part 2060.401 (b).
2. Level II (Intensive Outpatient) as specified in Part 2060.401 (c).
3. Level III.5 (Residential Rehabilitation) as specified in Part 2060.401 (d).
4. Level III.7-D (Detoxification) as specified in Part 2060.405.
5. Psychiatric Evaluation: An evaluation and/or examination of a client and exchange of information to determine whether the client’s condition is due to the effects of alcohol and/or other drugs or to a diagnosed psychiatric disorder.

6. **Psychiatric Evaluation:** An evaluation and/or examination of a client and exchange of information to determine whether the client's condition is due to the effects of alcohol and/or other drugs or to a diagnosed psychiatric disorder.

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7. **Level III.1 (Residential Extended Care)** as defined in Part 2060.103 and as specified in Part 2060.401 (d).
  8. **Level III.2-D, and IV-D (Detoxification)** as specified in Part 2060.405.
- B. Ancillary Treatment, Intervention or Support Services:**
1. **Toxicology:** Urine, blood or saliva analysis to determine the presence of alcohol and/or other drugs in clients who receive treatment or intervention services.
  2. **Case Management:** Activities designed to augment clinical services for a patient while in treatment. These activities include the provision, coordination, or arrangement of ancillary services designed to support a specific patient's substance abuse treatment with the goal of improving clinical outcomes. Services may occur in the home or in other community environments and are for the purpose of patient engagement and retention in treatment. Substance abuse case management must be individualized to the specific patient as reflected by an individualized assessment and contained within the treatment plan. Case management may begin with admittance to treatment and proceed through continuing care. All funded substance abuse case management must be documented in the patient record so that a post-payment audit can confirm the delivery of reported services.
  3. **Early Intervention:** Activities that are sub-clinical or pre-treatment (ASAM .05) and designed to explore and address problems or risk factors that appear to be related to substance use, and/or to assist individuals in recognizing the harmful consequences or inappropriate substance use. Early Intervention services are for individual(s) whose problems and risk factors appear to be related to substance abuse but do not meet any diagnostic criteria for substance abuse related disorders. Such individuals are defined "at risk" and early intervention may be delivered in a wide variety of settings to at-risk adolescents or adults with the length of such service varying according to the type of activity. The ultimate goal is the reduction of the effects of substance abuse within the targeted community by identifying and engaging those in need of services. Early Intervention shall be provided to an identified individual (in an individual or group setting) and documented in a client record and shall be earned utilizing non-Medicaid funds at the established Early Intervention individual and group rates.
  4. **Community Intervention:** Activities that occur within the community rather than in a treatment setting. Such services include crisis intervention, case finding to identify individuals in need of service including in-reach and outreach to targeted populations or individuals not admitted to treatment. Outreach is the encouragement, engagement or re-engagement of at risk individual(s) into treatment or through an Illinois Department of Human Services consultation or community service. In-reach is the education of State agency and social services staff regarding the screening and referral of at risk individuals to treatment programs for the purposes of a clinical assessment. All Community Intervention services shall be earned in staff hours utilizing non-Medicaid funds at the established Community Intervention rate.

5. Opioid Maintenance Therapy: Services as defined in Part 2060.013 and as specified in Part 2060.413 (h).
6. Recovery Home: Services as specified in Part 2060.509 and/or in the contract exhibit located in the DASA Contract Program Manual.
7. Criminal Justice Services:
  - a. Criminal Justice Interface: Designated Program activities designed to serve those criminal justice offenders with alcohol and other drug abuse issues currently under the jurisdiction of the Circuit Courts and Judicial Districts of the State of Illinois, County Probation Departments, local State's Attorney's Offices and County Sheriff's Departments. Such services are designed to refer addicted offenders into treatment programs as an alternative to prosecution or incarceration and to clinically monitor and track such client's progress in treatment.
  - b. Clinical Re-Entry Management: Activities designed to serve inmates involved with or who are parolees of Department of Corrections Correctional Center substance abuse treatment programs. These services are designed to intervene and address multiple problems, often chronic in nature, presented by the inmate at the time of parole to the community and must include referrals to licensed community-based substance abuse treatment Providers for the purpose of continuing treatment and/or recovery.
8. Medications: Limited reimbursement for the cost of medications assisted treatment for designated Providers who deliver substance abuse treatment services.
9. HIV Counseling and Testing: Pre and post test counseling for HIV and AIDS, testing for HIV and AIDS and counselor training.
10. Interpreter Services for the Deaf or Hearing Impaired: Interpreter services for substance abuse treatment clients who are also deaf or hearing impaired.
11. Child Domiciliary: Beds for children who reside with a parent who is receiving residential care or who is residing in a recovery home.
12. Gambling Intervention and Treatment: A collaborative system of care designed for persons who are diagnosed with co-occurring substance abuse and problem or pathological gambling disorders or primary problem or pathological gambling disorder.
13. Psychiatric Evaluation: An evaluation and/or examination of a client and exchange of information to determine whether the client's condition is due to the effects of alcohol and/or other drugs or to a diagnosed psychiatric disorder.
14. Medication Monitoring: Counseling to review a patient's use of medications while in treatment that is conducted by the organization's psychiatrist or physician as a part of an individual counseling session.
15. Special Project: The provision of special or unique projects. Descriptions are specified in a separate scope of services (Community Services Agreement exhibit) that are incorporated into and, therefore, are a part of the DHS Community Services Agreement.

16. Vouchered Contract Deliverable: The provision of a contracted service, product, or expenditure, either through fixed rate or grant that cannot be billed electronically through DARTS.

C. Interim Services:

Interim services to pregnant women, women with children and injecting drug users awaiting treatment, are services that are provided until an individual is admitted to a substance abuse treatment program. The purpose of the services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants and about the steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV and TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

D. Tuberculosis Services:

Counseling regarding tuberculosis and testing to determine infection with mycobacterium tuberculosis in order to determine the appropriate form of treatment and to provide a referral for infected persons for appropriate medical evaluation and treatment. The Provider shall directly or through arrangements with other public or nonprofit entities, routinely make available such tuberculosis services to each individual receiving treatment for substance abuse; and in the case of an individual in need of such treatment, who is denied admission on the basis of the lack of capacity of the program to admit the individual, will refer the individual to another Provider of tuberculosis services.

E. Women Specific Treatment and Recovery Services (45CFR 96.124):

The Provider must provide or arrange for gender-specific substance abuse treatment and other therapeutic interventions for women, which may address issues of relationships, sexual and physical abuse, trauma and parenting. Pregnant women in need of services shall be given preference in admissions. The Provider shall publicize the availability of treatment services, which it offers to women, and the fact that women receive preference for such services. When a program is unable to admit a pregnant woman because of insufficient capacity or because the program does not provide the necessary services, referral to another program must be made and documented within 48 hours of the request. Pregnant women receiving interim services, as defined herein, must be placed at the top of any waiting list for admission. The Provider shall also notify DASA regarding such persons requesting treatment for whom it lacks capacity to admit. Such notification shall be by use of DASA's Capacity Management System (hereafter referred to as "CAPMAN"). The Provider shall also, either directly or through arrangements with other public or nonprofit entities, make available, as applicable, prenatal and child care to women receiving services. These services shall include the provision of (or arrangement for) primary medical care, prenatal care, child care, primary pediatric care, immunization of children, gender specific treatment and therapeutic interventions for the women (and their children) regarding relationship issues, and sufficient case-management to ensure access to services.

F. Services for Injecting Drug Users:

If the Provider delivers treatment services for injecting drug abusers, it shall:

1. Notify DASA immediately upon reaching 90% capacity to admit such individuals. Such notification shall be by use of CAPMAN to DASA.
2. Admit an individual who requests and is in need of treatment for intravenous drug abuse to a program no later than 14 days after the individual makes the request for admission; or 120 days after the date of the initial request, if no such program has the capacity to admit the individual on the date of such request and if interim services, as defined herein, are made available to the individual not later than 48 hours after such request.
3. Establish a waiting list, which includes a unique patient identifier for each injecting drug abuser seeking treatment, including those receiving interim services, while awaiting admission to treatment.

IV. PROGRAM PLAN AND DELIVERABLES

Fee-for-Service (Medicaid) and Grant Funded

- A. Provider DASA Contract Program Manual and Specific Exhibits: The terms and conditions set forth in the DASA Contract Program Manual and in all applicable Exhibits and/or service protocols located in the DASA Contract Program Manual shall be in addition to those contained in this principal Attachment. They are incorporated herein by reference.
- B. Conflict between Attachment C and Exhibits: In the event of a conflict between Attachment C and a specific DASA Exhibit, the terms of the latter shall supersede and govern.

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- C. Continuity of Services: The funds obligated under this award are for the entire twelve-month period of the State fiscal year referenced herein. Therefore, the Provider shall ensure that all services funded by this award are available for the entire twelve-month period of the fiscal year irrespective of when full disbursement of the award occurs.
- D. Annual Certification Plan: The Provider shall complete an Annual Certification Plan in a format prescribed by DASA and have such a plan approved in writing and on file with DASA.

V. PAYMENT

- A. Funding Methodology: Grant or fee-for-service shall be the funding methodology for all funds. DASA shall select the method of disbursement for each DASA purchased service. This payment method is in effect for the entire State fiscal year.

Grant Funded Only

- B. Grant: As set forth in 89 Ill. Adm. Code 511.15, "grant" means "a program that receives all or part of the funding in advance of the actual delivery of services. This includes prorated prospective payments and payments made by the Department on an estimated basis or any other basis when the Department does not know the actual amount earned by the Provider. This does not include advance and reconcile payments made under the



authority of the Illinois Finance Act (30 ILCS 105/9.05), nor does it include payments made by the Department when there is documentation prior to expiration of the lapse period to which the expenditures are charged that the goods or services were received. All funds paid as a grant are subject to the Illinois Grant Funds Recovery Act (30 ILCS 705).”

1. Disbursement of grant funds shall be based upon a monthly-designated amount.
2. Disbursement for programs funded via grant shall be, at a minimum at least, monthly if the Provider remains in compliance with all financial and service reporting requirements, subject to adjustments as described herein.
3. All funds disbursed by the Department on a grant basis shall be managed by the Provider to ensure delivery of services throughout the fiscal year.
4. Fund reconciliation for those funds disbursed as grant shall occur at least annually and compare the actual eligible pre-approved expenditures (budgeted) to the total of all DHS/DASA grant payments processed for the specific grant line item/award, and the Providers actual expenses per their audit.

#### DHS/DASA Grants

Grant “Fixed-Rate” means a Program for which the payments for non-Medicaid services are made on the basis of a rate, unit cost or allowable cost incurred and are based on a statement, bill or DARTS submission as required by DHS. Fixed-Rate payments are subject to all Federal administrative regulations and requirements including, but not limited to, OMB Circular A-102, OMB Circular A-100, OMB Circular A-133, and are subject to all applicable cost principles, including OMB Circular A-21, OMB Circular A-87 and OMB Circular A-122. Fixed-Rate services are non-Medicaid services. A Fixed-Rate agreement, in common terminology, is a non-Medicaid fee-for-service agreement.

Grant-Expenditure Based: These are paid on the basis of a DHS/DASA preapproved budget for program/vendor expenditures projected. These payments occur after documentation has been received and approved by the Department.

Grant-Deliverable Based: These payments are made upon a predetermined agreement of deliverables due, connected to a value or rate/value agreed upon with DASA regarding the deliverable. Monthly reporting of deliverables Provider and payments are made post receipt and acceptance of the deliverable due. These payments occur after documentation has been received and approved by the Department.

Grant-Advance Reconcile Based means a program that receives all or part of the funding in advance of the actual delivery of services. This includes prorated prospective payments and payments made by the Department on an estimated basis or any other basis when the Department does not know the actual amount earned by the Provider. This is only done with preapproval by DHS/DASA with a clear expectation of reconciliation methodology to be used and repayment of any potential overpayments. All Payments made by DHS/DASA are subject to post-payment audit and recovery procedure as set forth in VIII., F. of this attachment.

- C. Disbursement Adjustment: An adjustment to disbursement of contract funds may occur in accordance with the provisions specified in Part 2030 and as set forth herein, if the Provider:
1. Is late in reporting required financial or service data. Late reporting is defined as late for two consecutive months or for any three months during the fiscal year based upon the time lines established herein.
  2. Does not demonstrate compliance with any specific programmatic or reporting requirement specified in any requirement stated in the DASA Contract Program Manual.
  3. Has an outstanding repayment due to DASA.
- Such adjustments shall not be considered “recoveries” under the Grants Funds Recovery Act.

## VI. ELIGIBILITY CRITERIA

- A. Patient Eligibility: All individuals who receive services funded by DHS/DASA must:
1. Meet the income eligibility requirements specified in the “DASA Contractual Policy Manual” and/or;
  2. Meet any stated eligibility conditions in an Exhibit referenced in both the Attachment C cover page, the DASA Contract Program Manual, and Exhibit 1 for the DHS/DASA fiscal year award and/or;
  3. Must have a valid Illinois medical card for Medicaid reimbursement.
- B. Gender/Religion: No Provider shall, on the grounds of gender (including in the case of a woman on the grounds that the woman is pregnant) or on the grounds of religion, exclude any client from participation in, or deny the benefits of any programs or activities funded hereunder.
- C. Service Priorities: In its admission of patients for services as described in this Agreement, the Provider shall, and certifies that it does, give priority to the following patients (unless such priority would violate State or Federal Law). Priorities 1, 2, 3, and 4 below must be addressed in rank order; the remaining priorities may be addressed in any priority order.
1. Pregnant injecting drug users.
  2. Pregnant and postpartum women.
  3. Injecting drug abusers (who are at high risk for HIV infection) and known HIV-infected persons.
  4. Service in the U.S. Armed Forces.
  5. Parenting substance users.
  6. Illinois Department of Children and Family Services referrals; Persons eligible for Temporary Assistance to Needy Families (TANF) and other women and children; Department of Corrections (DOC) releasees who have completed a prison treatment program or clients of a DASA “designated program” for DOC released individuals.
- D. TANF Referrals: Any TANF individuals referred from a DHS office must be given priority status for placement as specified herein. Such individuals must receive an assessment within 48 hours and every attempt should be made for an immediate placement in treatment. The Provider shall comply with all paperwork requirements

associated with the referral, placement, progress and sanctioning of such individuals (i.e., referral acceptance form, progress report form).

- E. Service Members, Veterans, and Their Families (SMVF): The Provider shall
1. Develop policies and procedures regarding the provision of AODA services to SMVF.
  2. Develop a list of referral resources to assist SMVF address issues related to Post Traumatic Stress Disorder, suicide prevention, employment, education, housing, and the process of applying for State and Federal veteran's benefits.
  3. Ensure that when conducting any initial screening or evaluation, the Provider shall ask, "Have you or a loved one ever served in the U.S. Armed Forces?"
  4. Ensure SMVF have access to culturally appropriate services, the Provider shall develop a training plan to improve staff awareness of SMVF issues and increase staff understanding of military culture. Training resources can include the Illinois Joining Forces network (<http://www.illinoisjoiningforces.org/>), the Illinois Department of Veterans Affairs (<http://www2.illinois.gov/veterans/Pages/default.aspx>), U.S. Department of Veterans Affairs (<http://www.va.gov/>), and the VA's Community Providers toolkit (<http://www.mentalhealth.va.gov/communityproviders/#sthash.Gh4qasAq.dpbs>).

## VII. REPORTING REQUIREMENTS

- A. Electronic Reporting: All Providers, unless otherwise specified in writing by DASA, shall report service data electronically. Providers shall also report any other data requested by DASA in order to carry out its duties. The preferred method of reporting service data is through software supplied by the Department (DARTS) unless another arrangement has been made in writing with DASA. All methods of reporting are specified in the DARTS Provider Plan, which is located in the DARTS Software.
- B. Source Data: The Provider shall be able to verify, upon request, all DARTS and manual reporting data entries via hard copy of source documentation as defined and described in the DHS "DASA Contractual Policy Manual" for the current fiscal year.
- C. Fiscal Data: The Provider must furnish service related and financial data as reasonably requested and as required by the principal Agreement and by 77 Ill. Adm. Code 2030, DHS fiscal reviews, and any applicable Federal funds as required by the Federal CFDA number and/or applicable Federal OMB circular.
- D. DASIS: The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Drug and Alcohol Services Information System (DASIS), National Survey of Substance Abuse Treatment Services (N-SSATS) questionnaire shall be completed by the Provider at least annually. One survey shall be completed per site number (one I-SATS number is assigned per site). Inventory of Substance Abuse Treatment Services (I-SATS) are assigned by the Substance Abuse and Mental Health Services Administration (SAMHSA) to all treatment facilities. The I-SATS ID number is the same identifier for the Treatment Episode Data Set (TEDS), and the National Survey of Substance Abuse Treatment Services (N-SSATS) systems.

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- E. Manual Reporting: All manual report requirements set forth in specific Exhibits located in the DASA Contract Program Manual shall be submitted in the following time frame:

Monthly: Submitted by the fifteenth working day of the following month.

All such reports shall be submitted to the following address:

DASA Contract Management  
Attn: Supervisor  
Illinois Department of Human Services/DASA  
401 South Clinton Street, Second Floor  
Chicago, Illinois 60607-3800

- F. Capacity Management/Waiting List: The Provider shall report capacity by level of care to DASA's Capacity Management System ("CAPMAN") on a daily basis. Reporting shall occur in a manner specified by DASA. The Provider agrees to make every reasonable effort to locate and effect referrals to appropriate services for any patient who is specified as a priority service population as described herein, before placing such patient on a waiting list. Providers shall maintain a documented record system, which includes patient locating information for patients it has placed on a waiting list.

VIII. SPECIAL CONDITIONS

- A. Training: The Provider shall attend and participate in DASA sponsored training and technical assistance. The Provider shall be notified of required training and shall be responsible for all related travel expenses, unless otherwise specified by the Department.
- B. Provider Notifications: The Provider shall:
1. Notify DASA immediately in writing upon discovery of any substantial problem relative to the submission of any required service or financial data.
  2. Obtain approval from DASA in writing 90 calendar days prior to any planned cessation or relocation of any service or facility funded in part or total by DASA. **Failure to obtain such approval is a material breach of this agreement and voids DASA's funding obligation for such program.**
- C. Peer Review: Peer review, coordinated through DASA, will be conducted on selected Providers in order to assess the quality, appropriateness, and efficiency of treatment services delivered in accordance with 77 Ill. Adm. Code 2060 and in accordance with the requirements of 45 CFR, Part 96.136.
- D. Staff Development: The Provider shall provide staff development, including continuing education.
- E. Evaluations: The Provider may be randomly selected to participate in outcome evaluations by DASA. If selected, the Provider shall assist DASA as requested within reason, i.e., locating and interviewing patients, obtaining required written consent from patients. The Provider shall within reason and in accordance with confidentiality requirements, keep contact information on former patients, which includes at least three individuals that may be contacted regarding the patient's residence.
- F. Monitoring and Post-Payment Auditing: The Provider shall allow DHS/DASA access to its facilities, records and employees for the purposes of monitoring and post-payment auditing. Any findings arising from monitoring or post-payment audits will be shared

with the Provider. The Provider shall submit corrective action plans to DHS/DASA as requested, and shall comply with plans of correction relative to monitoring. Post-payment audit will also result in recoupment of funds, which are the subject of audit findings. Any funds, which have been determined to be unsupported; to be overpayments; or otherwise to be improperly held, shall be returned to DASA.

1. Grant funds shall be recovered as disbursement adjustments during the course of the contract or pursuant to the Illinois Grant Funds Recovery Act and 89 Ill. Adm. Code 511 at the end of the grant period.
2. Fixed Rate and Drunk and Drugged Driving Prevention Fund (DDDPF) funds shall be recovered pursuant to a notice of intent to recover unsubstantiated billings and a chance for written informal review.
3. Medicaid funds shall be recovered pursuant to 89 Ill. Adm. Code 140.15 and 89 Ill. Adm. Code 104.200 et. seq. regarding Medical Vendor Hearings.

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#### G. Fiscal Requirements: Federal (SAPT, ASAF) Award funds may not be used:

1. To provide inpatient hospital services, except as determined to be medically necessary in accordance with Federal guidelines;
2. To make cash payments to intended recipients of health services except in the case of program outcome evaluations;
3. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
4. To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds without prior approval;
5. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS;
6. To provide financial assistance to any entity other than a public or nonprofit private entity; and
7. To expend more than the amount prescribed by Section 1931 (a)(3) of the PHS Act for the provision of treatment services in penal or correction institutions of the State.

#### H. Funding Policy:

1. The Provider shall establish systems regarding eligibility, billing and collection to assure that persons entitled to third party payment benefits (other than State or Federal funds) are reimbursed therefrom, and that all other provisions regarding patient eligibility and payment are implemented as specified in the "DASA Contractual Policy Manual."
2. Substance abuse treatment services billed to this contract agreement shall be reimbursed at the rates set forth in DASA's current "DASA Contractual Policy Manual." Rates for existing programs will remain in place during the period of this agreement or until otherwise indicated in writing by DASA.

3. Funding is provided for services to all eligible clients regardless of where they reside in Illinois unless otherwise specified by DHS/DASA.

I. Global Funding:

Global funding combines multiple services together into one funding amount that is used for disbursement. An earnings expectation is established as the global funding amount in order to provide service flexibility throughout all program services and levels of care. However, dedicated funding may be established within global funding relative to expectations for a specific service or service population.