

2019 FISCAL YEAR



Attachment

This document serves as an attachment to the Illinois Department of Human Services (IDHS) Uniform Grant Agreement and sets forth supplemental contractual obligations between the provider and the Department.

ILLINOIS DEPARTMENT
OF HUMAN SERVICES

*Division of Substance Use
Prevention and Recovery*

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I. INTRODUCTION

This document serves as an attachment to the Illinois Department of Human Services (IDHS) Uniform Grant 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 Substance Use Prevention and Recovery.

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).
3. Confidentiality of Substance Use Disorder Patient Records (42 CFR, Part 2).
4. Federal regulations regarding Opioid Maintenance Therapy (21 CFR 291.505 (FDA)), (21CFR1301-1307 (DEA)).

Grant Funded Only

5. The Substance Abuse Prevention Block Grant Regulations (45 CFR, Part 96).
6. 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. about funds provided directly to pay for substance use disorder 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 patient and potential patient 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 contact 1-833-2FINDHELP or go online at www.helplineil.org to identify suitable alternative providers.

- c. Such providers shall maintain a record of referrals made pursuant to these regulations and shall provide the information regarding such referrals to IDHS 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 based on 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 Substance Use Disorder 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 manuals and/or handbooks:

Fee-for-Service (Medicaid) and Grant Funded

- DARTS Manual

Fee-for-Service (Medicaid)

- Policy Manual for Participants Covered Under the Department of Healthcare and Family Services Medical Programs

Grant Funded

- Contractual Policy Manual
- Contract Program Manual

III. PROGRAM SERVICES

All funded services are more specifically described in IDHS contract/policy manuals or exhibits, which are maintained on the internet location of www.dhs.state.il.us as referenced in Section IV, A. of this attachment. The term “global” is used to identify an amount of funding for services that are specified in the contract (as further described in Section VIII, I. of this attachment) and as designated in writing.

Services that can be funded are as follows:

All services can be funded via Grant but Medicaid funding can only be used for covered treatment services specified in numbers 1-7.

A. Treatment Services:

1. Level 1 (Outpatient) as specified in Part 2060.401 (b).
2. Level 2 (Intensive Outpatient/Partial Hospitalization) as specified in Part 2060.401 (c).
3. Level 3.5 (Residential Rehabilitation) as specified in Part 2060.401 (d).
4. Level 3.7 (Withdrawal Management) as specified in Part 2060.405.

5. **Psychiatric Evaluation:** An examination of a patient and exchange of information to determine whether the patient's condition is because of alcohol and/or other drugs or to a diagnosed psychiatric disorder.
 6. **Medication Monitoring:** A medical review of a patient's use of psychotropic medications while in treatment that is conducted by the organization's psychiatrist or physician or physician extender.
 7. **Medication Assisted Treatment:** The prescription of Methadone for an opioid use disorder that supports treatment and recovery for patient's receiving services in a facility licensed by the Department.
 8. **Level 3.1 (Residential Extended Care)** as defined in Part 2060.103 and as specified in Part 2060.401 (d).
 9. **Level 3.2 (Withdrawal Management)** as specified in Part 2060.405.
- B. Ancillary Intervention or Support Services:**
1. **Toxicology:** Urine, blood or saliva analysis to determine the presence of alcohol and/or other drugs in patients who receive treatment or intervention services.
 2. **Case Management:** A coordinated approach to the delivery of health and medical treatment, substance use disorder treatment, mental health treatment, and social services, linking patients with appropriate services to address specific needs and achieve stated goals.
 3. **Early Intervention:** Services authorized by a treatment license that are sub-clinical or pre-diagnostic (ASAM .05) and designed to screen, identify and address risk factors that may be related to problems associated with substance use disorders, and to assist individuals in recognizing harmful consequences.
 4. **Community Intervention:** A service that occurs within the community rather than in a treatment setting. These services focus on the community and its residents and 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 through community institutions such as churches, schools and medical facilities (as defined by the community) or through the Illinois Department of Human Services consultation. In-reach is the education of community institutions or State agencies and social services staff regarding the screening and referral of at risk individuals to treatment programs for the purposes of a clinical assessment.
 5. **Recovery Home:** Services as specified in Part 2060.509 and/or in the contract exhibit located in the Contractual Policy Manual.
 6. **Criminal Justice Services:** Activities designed to serve those criminal justice offenders with substance use disorders 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. Services are designed to refer such offenders into treatment programs as an alternative to prosecution or incarceration and to clinically monitor and track such clients' progress in treatment.

Activities designed to also serve inmates involved with or who are parolees of Department of Corrections Correctional Center substance use disorder 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 use disorder treatment providers for continuing treatment and/or recovery.

7. Medications: Limited reimbursement for the cost of medications assisted treatment for designated providers who deliver substance use disorder treatment services.
8. Interpreter Services for the Deaf or Hearing Impaired: Interpreter services for treatment clients who are also deaf or hearing impaired.
9. Child Domiciliary: Beds for children who reside with a parent who is receiving residential care or who is residing in a recovery home.
10. Gambling Intervention and Treatment: A collaborative system of care designed for persons who are diagnosed with co-occurring substance use and gambling disorders or primary gambling disorders.
11. Special Project: The provision of special or unique projects. Descriptions are specified in a separate scope of services (Uniform Grant Agreement exhibit) that are incorporated into and, therefore, are a part of the IDHS Uniform Grant Agreement.
12. 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 (42CFR Part 2 96.121):

Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purposes of the services are to reduce adverse health effects, 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 steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or 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 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 everyone receiving treatment for substance abuse; and in the case of an individual in need of such treatment, who is denied admission based on the lack of capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services.

E. Pregnant Women and Women with Dependent Children (45CFR 96.124):

Families shall be treated as a unit and therefore providers shall admit both women and their children into treatment, if appropriate, including women attempting to regain custody of their children. The provider shall also make available, either directly or

through linkage agreements with other public or nonprofit entities, the provision or arrangement for the following services:

1. Primary medical care for women, including referral for prenatal care and the provision of child care while such women are receiving these services;
2. Primary pediatric care, including immunization, for children;
3. Gender specific treatment and therapeutic interventions for the women which may address relationship issues, sexual and physical abuse, parenting skills and the provision of child care while such women are receiving these services;
4. Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse and neglect; and
5. Sufficient case management and transportation to ensure women and their children have access to these services.

F. Treatment Services for Pregnant Women (45CFR 96.131):

Pregnant women who seek or are referred and who would benefit from such services shall be given preference in admission to treatment. The provider shall publicize the availability of treatment services to this population and that priority is given for admission. When a provider is unable to admit a pregnant woman because of insufficient capacity or because the provider does not deliver the necessary services, referral to another provider must be made and documented within 48 hours of the request. The provider shall also notify the Department regarding such persons for whom it lacks the capacity to admit. This notification shall be made using the Department's Capacity Management System, hereafter referred to as "CAPMAN" which will enable the Department to identify a program with the capacity to provide the necessary treatment.

G. Capacity for Treatment for Patients with Injecting Substance Use Disorders (45CFR 96.126):

If the provider delivers treatment for patients with injecting substance use disorders, it shall:

1. Notify the Department immediately upon reaching 90% capacity to admit such individuals. Such notification shall be by use of CAPMAN.
2. Admit an individual who requests and needs treatment for intravenous drug use 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 individual seeking treatment, including those receiving interim services, while awaiting admission to treatment.
4. Use outreach models that are scientifically sound or, if no such models are available which are applicable to the local situation, use an approach which reasonably can be expected to be an effective outreach method. All models shall require that outreach efforts include the following:

- a. Selecting, training and supervising outreach workers;
- b. A strategy to contact high risk substance users, their associates and neighborhood residents that conforms to state and federal confidentiality requirements including 42CFR, Part 2;
- c. Promoting awareness among injecting drug users about the relationship between injecting drug use and communicable diseases such as HIV;
- d. Recommend steps that can be taken to ensure that HIV transmission does not occur; and
- e. Encouraging entry into treatment.

IV. PROGRAM PLAN AND DELIVERABLES

Fee-for-Service (Medicaid) and Grant Funded

- A. **Contract Program Manual and Specific Exhibits:** The terms and conditions set forth in the Contract Program Manual and in all applicable Exhibits and/or service protocols located in the 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 Exhibit, the terms of the latter shall supersede and govern.

Grant Funded Only

- 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 the Department and have such a plan approved in writing and on file with the Division of Substance Use Prevention and Recovery.

V. PAYMENT

- A. **Funding Methodology:** Grant or Grant Fixed-Rate shall be the funding methodology for all funds. The Department shall select the method of disbursement for each purchased service. This payment method is in effect for the entire State fiscal year.
- B. **Grant Funded Only:** 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 Department grant payments processed for the specific grant line item/award, and the provider's actual expenses per their audit.

Grant-Expenditure Based: These are paid based on a IDHS/Division of Substance Use Prevention and Recovery 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 an agreed upon value or rate/value with the Department 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: This type of funding means that all or part of the funding is disbursed 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 the Department with a clear expectation of reconciliation methodology to be used and repayment of any potential overpayments.

- C. **Grant Fixed-Rate:** means a Program for which the payments for non-Medicaid services are made based on a rate, unit cost or allowable costs incurred, and are based on a statement, bill or DARTS submission as required by IDHS. 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. A Fixed-Rate agreement, in common terminology, is a non-Medicaid fee-for-service agreement.
- D. All Payments made by the Department are subject to post-payment audit and recovery procedure as set forth in VIII, F. of this attachment.
- E. **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 Contract Program Manual.
 3. Has an outstanding repayment due to the Department.

Such adjustments shall not be considered “recoveries” under the Grants Funds Recovery Act.

- F. Case Management, Early Intervention and Community Intervention Billing Allowance: A percentage of the total contract award can be used for delivery of case management, early intervention and community intervention services. The allowance percentage will be specified in the Contractual Policy Manual. Any earnings from any other source beyond the limit of the contract award may not be used to determine adherence to the established percentage.
- G. Final Billing Submission Date: The final submission date for billing all non-Medicaid funded services is close of business of the first Monday of August. Providers are also notified twice a year in writing of the actual date. It is the responsibility of each vendor to ensure that these billings are submitted for DARTS or manual processing by this date. As a reminder, it is critically important that DARTS or manual billing errors be resolved when they occur as delays in billing reconciliation from the vendor that result in non-accepted or late submissions will not be eligible for payment through the Court of Claims. Examples of such delays that are the responsibility of the vendor are:
 - 1. Submission of claims past the August date.
 - 2. Non-reconciliation of vendor software reporting problems resulting in inability to submit bills by the August date.
 - 3. Non-reconciliation of vendor DARTS or manual billing errors by the August date.
 - 4. Non-submission of manual payment vouchers by the August date.

To assist with compliance to year-end submissions, it is strongly recommended that June DARTS or manual earnings, as well as any other prior month’s earnings, be submitted as early as possible in July to allow time for correction of errors. Adherence to this submission deadline is a factor that is evaluated during each state fiscal year contracting process.

VI. ELIGIBILITY CRITERIA

- A. Patient Eligibility: All individuals who receive services funded by the Department must:
 - 1. Meet the income eligibility requirements specified in the Contractual Policy Manual and/or;
 - 2. Meet any stated eligibility conditions in an Exhibit referenced in both the Attachment C cover page, the Contract Program Manual, and Exhibit 1 for the applicable fiscal year award and/or;
 - 3. 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 any woman due to pregnancy) or of religion, exclude any patient 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, and 3 must be addressed in rank order.
 - 1. Pregnant women with injecting drug use.
 - 2. Pregnant women with a substance use disorder.

3. Individuals with injecting drug use.
 4. All others as specified herein including post-partum women and women with children; DCFS referred persons; TANF, DOC releasees and those with service in the U.S. Armed Forces.
- D. TANF Referrals: Any TANF individuals referred from a IDHS 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 substance use disorder 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 (<https://www.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 the Department, shall report service data electronically. Providers shall also report any other data requested by the Department 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. All methods of reporting are specified in the DARTS Provider Plan, which is 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 IDHS "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, IDHS 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.

Grant Funded Only

- E. Manual Reporting: All manual report requirements set forth in specific Exhibits located in the 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:

Contract Management
Attn: Supervisor
Illinois Department of Human Services
Division of Substance Use Prevention and Recovery
401 South Clinton Street, Second Floor
Chicago, Illinois 60607-3800

- F. Capacity Management/Waiting List: The provider shall report capacity information for residential and/or outpatient methadone treatment to the Capacity Management System ("CAPMAN") daily. Reporting shall occur in a manner specified by the Department. 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 Department 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 the Department immediately in writing upon discovery of any substantial problem relative to the submission of any required service or financial data.
 2. Obtain approval from the Department in writing 90 calendar days prior to any planned cessation or relocation of any service or facility funded in part or total by the Department. **Failure to obtain such approval is a material breach of this agreement and voids the Department's funding obligation for such program.**
- C. Peer Review: Peer review, coordinated through the Department, will be conducted on selected providers 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 the Department. If selected, the provider shall assist 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 the Department 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 IDHS/Division of Substance Use Prevention and Recovery as requested, shall comply with plans of correction relative to monitoring and may be subject to license sanctions for non-compliance. 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 the Department.
1. Grant funds shall be recovered as disbursement adjustments during 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. Grant 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.
- G. **Fiscal Requirements for Grant Funded Only:** 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.

8. The provider shall adhere to all applicable requirements cited in federal regulations 2 CFR200 as well as SABG requirements stated in federal regulations Title 45; Part 96; Subpart L; 96.135.

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 “Contractual Policy Manual.”
2. Substance use disorder treatment services billed to this contract agreement shall be reimbursed at the rates set forth in current “Contractual Policy Manual.” Rates for existing programs will remain in place during the period of this agreement or until otherwise indicated in writing by the Department.
3. Funding is provided for services to all eligible clients regardless of where they reside in Illinois unless otherwise specified by the Department.

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 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.