

SPECIAL CONDITIONS

Funds specified in this Attachment are made available for the provision of opioid addiction treatment in accordance with IC 12-23-18 and are further subject to the following conditions:

1. Funds disbursed under this Attachment shall not be used for any of the following purposes:
 - a) To carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug.
 - b) To carry out any testing for the etiologic agent for Acquired Immune Deficiency Syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.
 - c) To make cash payments to intended recipients of health services.
 - d) To purchase or improve land.
 - e) Purchase, construct, or permanently improve (other than minor remodeling) any building or other facility;
 - f) Purchase major medical equipment; or purchase of equipment valued over one thousand dollars (\$1,000.00) or;
 - g) To satisfy any requirements for expenditure of non-federal funds as a condition for the receipt of federal funds.
2. The Contractor shall provide the following information to the Division of Mental Health and Addiction (DMHA), on forms provided to the Contractor by the DMHA:
 - a) The Contractor shall submit client admission data to the Community Services Data System no later than the end of the month following the report month in accordance with the instructions contained in the current State Fiscal Year Community Services Data System Manual and Instructions and any updates thereto.
 - b) The Contractor shall submit to the DMHA the total monthly cost to operate this service to the Community Services Data System by no later than the end of the month following the report month in accordance with the instructions contained in the current State Fiscal Year Community Services Data System Manual and Instructions and any updates thereto.
3. With respect to programs for the treatment of intravenous drug abuse, the Contractor shall do the following:
 - a) Notify the DMHA upon reaching ninety percent (90%) of the Contractor's capacity to admit individuals seeking treatment for intravenous drug abuse.
 - b) Participate in outreach activities aimed at individuals and their associates considered to be at high risk for substance abuse. The outreach model shall be scientifically sound; however, if no such model is available which is applicable to Contractor's local situation, then an approach that can reasonably be expected to be an effective outreach method should be used. The model shall require that outreach efforts include the following:
 1. Selecting, training, and supervising outreach workers.

2. Contacting, communicating and following up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of federal and State confidentiality requirements, including 42 CFR Part 2.
 3. Promoting awareness among injection drug abusers about the relationship between the abuse of injection drugs and communicable diseases such as HIV;
 4. Recommending steps that can be taken to ensure that HIV transmission does not occur.
 5. Encouraging entry into treatment.
- c) Establish and maintain a list of individuals awaiting treatment. The list shall identify injecting drug abusers.
- d) Provide interim services to injecting drug abusers who are awaiting the commencement of treatment from the Contractor for more than forty-eight (48) hours after a request for treatment, if the individual cannot be admitted into a treatment program within fourteen (14) days after such request. If interim services are provided within forty-eight (48) hours after an individual has made a request for services, the individual must be admitted into a treatment program within one-hundred twenty (120) days after the individual made the request for treatment.
- e) Establish the priority for the admission to treatment as follows:
1. Pregnant injecting drug users.
 2. Pregnant substance abusers.
 3. Injecting drug users.
 4. All others.
4. The Contractor agrees to do the following:
- a) Directly, or through arrangements with other public or nonprofit private entities, routinely make tuberculosis services available to each individual receiving treatment services. In the case of an individual in need of such treatment who is denied admission to the program on the basis of the lack of capacity of the Contractor to admit the individual, refer the individual to another provider of tuberculosis services. "Tuberculosis service" means the following:
- 1) Counseling the individual with respect to tuberculosis.
 - 2) Testing to determine the following:
 - A. Whether the individual has contracted tuberculosis.
 - B. the form of treatment for the disease that is appropriate for the individual.
 - 3) Providing such treatment to the individual.
- b) Ensure that each pregnant woman who seeks or is referred for treatment services is given preference in admission to treatment. The Contractor shall establish a referral system if the Contractor has insufficient capacity to provide direct treatment to pregnant women. In addition, the Contractor shall notify the DMHA if immediate access to services for a pregnant woman cannot be arranged. Interim services, including a referral for prenatal care, shall be provided to each pregnant woman awaiting the commencement of treatment for forty-eight (48) hours or more and shall continue until such time that treatment services are commenced.
- c) Ensure that a program of continuing education is made available to employees providing substance abuse services.
- d) Ensure that comprehensive individualized treatment plans include referrals to other necessary services for the individuals receiving treatment. This requirement includes establishing and maintaining formal agreements with other appropriate service providers, including health

services, social services, educational services, vocational rehabilitation services, and employment services.

5. If the State and the Contractor determine that the services under this Attachment will be enhanced by extending the termination date of the services specified in this Attachment, without increasing the amount of funding provided to the Contractor pursuant to this Attachment, the time period under this Attachment may be extended by amendment for a period on ninety (90) days. Any amendments pursuant to this paragraph shall be requested and approved by the DMHA by February 28, 2009.
6. If the Contractor enters into any subcontract agreement, the Contractor shall ensure that the subcontractor shall comply with the terms of this Contract.
7. If this Contract is funded from account 3230/141300 for the population to be served under this Agreement, the Contractor shall maintain expenditures for tuberculosis services at a level no less than that of the preceding state fiscal year.
8. The Contractor shall provide the State with written notification in advance of plans to do the following:
 - a) Change the population targeted for services.
 - b) Change the method(s) of service delivery, including shifts in the mix of sub-services.
 - c) Raise or lower the amount of staff time allocated to service provision by more than ten percent (10%) annualized.
 - d) Raise or lower the cost of operation by more than ten (10%) annualized.
 - e) Raise or lower the amount of non-substance abuse revenue allocated to the services by more than ten percent (10%) annualized.
9. The Contractor will be paid on the basis of patient enrollments at the rate of \$2,250 per enrollment in the opioid addiction treatment program, per the Attachment Document Detail. Payment will be made when the provider electronically reports the enrollment to the DMHA CSDS, upon which occurrence the CSDS creates an invoice for payment. In the opioid addiction treatment program, an enrollment is the same as a registration.
10. The Contractor shall participate in quality improvement initiatives as requested by the DMHA.
11. The Contractor shall participate in meetings and/or trainings provided and/or required by the DMHA.

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