



pennsylvania

DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS

Department of Drug and Alcohol Programs

FISCAL MANUAL

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FISCAL MANUAL

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PART ONE: PURPOSE AND USE OF THE MANUAL

The Department of Drug and Alcohol Programs (DDAP) has developed this Fiscal Manual to provide Single County Authority (SCA) fiscal personnel with a central source of information to assist in fiscal operations and outline necessary requirements as set forth by the Commonwealth of Pennsylvania. This Manual also includes overview sections describing funding sources, the budget process and invoicing instructions, as well as reporting and record keeping requirements. Because all aspects of the SCA's agreement with DDAP are not included in the Fiscal Manual, it is not intended to be an all-inclusive resource guide. Unless DDAP instructions are specific to providers of services or otherwise prohibit application to service providers, SCAs may choose to adapt certain parts of the Manual to the provider level in accordance with the SCA's operational requirements.

The requirements, policies, procedures, and instructions in this Manual are official and are to be adhered to by the SCAs. If there are conflicts with other documents, the SCA Grant Agreement generally takes precedence over the Prevention, Treatment, Fiscal and Operations Manuals issued by DDAP. However, certain exceptions to the order of precedence may occur. For instance, travel rates for lodging, as set forth by the Commonwealth's Management Directive 230.10, Rev. 1/21/09 would take precedence over the Commonwealth Travel and Subsistence Rates, Rev. 4/12, incorporated into the SCA Grant Agreement.

Since no instruction system can anticipate every conceivable situation, the principles and procedures in this Manual shall be regarded as guidelines. Questions from SCAs regarding applicability of specific parts of this Manual may be directed to their respective Program Representative (Project Officer).

Any additions or updates to the Fiscal Manual will be sent through Policy Bulletin or Management Directive to the SCA Administrator, as well as the fiscal contact assigned by the SCA and provided to DDAP. In addition, it may be necessary to issue temporary instructions, which will take precedence over material in this Manual. When this is done, the temporary instructions will clearly state the exception and include an expiration date.

PART TWO: GENERAL INFORMATION

2.01 ACRONYMS

The following list of acronyms will be of assistance to fiscal staff when utilizing the manual, as well as performing functions as a fiscal employee in the Single County Authority:

ARD – Accelerated Rehabilitative Disposition

ASAM – American Society of Addiction Medicine

ATOD – Alcohol, Tobacco and Other Drugs

BAPS – Bureau of Administration and Program Support

BHSI – Behavioral Health Services Initiative

BQAPT – Bureau of Quality Assurance for Prevention and Treatment

BTPI – Bureau of Treatment, Prevention and Intervention

CABHI - Cooperative Agreement to Benefit Homeless Individuals Grant

CAP – Corrective Action Plan

CFDA – Catalog of Federal Domestic Assistance

CPGTF – Compulsive and Problem Gambling Treatment Fund

CPO – County Program Oversight Section

D&A – Drug and Alcohol

DBGM – Division of Budget and Grants Management

DDAP – Department of Drug and Alcohol Programs

DGS – Department of General Services

DHS – Department of Human Services (formerly Department of Public Welfare)

DHS/OMHSAS – Department of Human Services / Office of Mental Health and Substance Abuse Services

DOH – Department of Health

DPL – Division of Program Licensure

DUI – Driving Under the Influence

DUNS – Data Universal Numbering System

EAP – Employee Assistance Programs

FAIN – Federal Award Identification Number

FFATA – Federal Funding Accountability and Transparency Act

FFS – Fee for Service

FFY – Federal Fiscal Year

FIA – Funding Initiative Application

FIN – Federal Identification Number

FRCO – Funds Reduction Change Order

FTE – Full Time Equivalent

GAAP – Generally Accepted Accounting Principles

GAGAS – Generally Accepted Government Auditing Standards

GAMNO – General Assistance-Medically Needy Only

GAO – General Accounting Office

HIPAA – Health Insurance Portability and Accountability Act

HIV – Human Immunodeficiency Virus

HSBG – Human Services Block Grant

HSDF – Human Services Development Fund

ICM – Intensive Case Management

ID – Intellectual Disabilities

IDU – Injection Drug User

IRS – Internal Revenue Service

MA – Medical Assistance

MAT – Medication Assisted Treatment

MAT-PDOA – MAT-Prescription Drug Opioid Addiction Grant

MCO – Managed Care Organization

MH – Mental Health

NIAAA – National Institute on Alcohol Abuse and Alcoholism

NIDA – National Institute on Drug Abuse

Opioid STR – Opioid State Targeted Response Grant

PACDAA – Pennsylvania Association of County Drug and Alcohol Administrators

PCCD – Pennsylvania Commission on Crime and Delinquency

PWWWC – Pregnant Women and Women with Children

ROSC – Recovery Oriented System of Care

RSS – Recovery Support Service

SAF – Subsequently Available Funds

SAMHSA – Substance Abuse and Mental Health Services Administration

SAP – Student Assistance Program

SAPTBG – Substance Abuse Prevention and Treatment Block Grant

SBIRT – Screening, Brief Intervention, and Referral to Treatment Grant

SCA – Single County Authority

SDS – SCA Data Site

SEFA – Schedule of Expenditures of Federal Awards

SEOW – State Epidemiological Outcomes Workgroup

SFY – State Fiscal Year

SOR – State Opioid Response Grant

SPF-PFS – Strategic Prevention Framework-Partnerships for Success Grant

SPF-Rx – Strategic Prevention Framework for Prescription Drugs Grant

SSA – Single State Agency

TLF – Transitional Living Facility

TMS – Training Management System

WITS – Web Infrastructure for Treatment System

2.02 GENERAL DEFINITIONS

The following definitions are for terms used in the SCA Fiscal Manual. The definitions are specific to the manual and are not to be construed as universal.

Abatement - A partial or complete cancellation by an SCA of a liability imposed.

Accounts Payable – Amounts of payment owed for goods and services received.

Accounts Receivable – Anticipated receipt of payment for goods and services delivered.

Activity Code - The number assigned to each specific budget activity, e.g., 5100 = Administration, 6100 = Information Dissemination, 7200 Intervention, 861A = Outpatient, 9100 Case/Care Management.

Agreement - A general term used to imply a legally binding document, i.e., contract.

Allocated Costs - Direct costs benefiting multiple cost objectives that are specifically identifiable through time studies, time card reporting, or a direct measurement to a specific cost objective. (Example: Allocating the SCA Administrator salary/benefit costs to multiple program activities where the Administrator also oversees the operation of Prevention and Case Management.) Direct billing of costs outside of the SCA, contractual arrangements, or similar accounting of costs, are not a basis for allocation unless those costs are specific to an actual benefit. [Example: Allocated cost for a particular copier used by program staff when maintenance a contract exist to provide periodic cleaning and servicing for number of copiers operated by the larger organization.]

Allocation – Funds distributed to SCAs by the Commonwealth for the operation of substance use and problem gambling programs.

Appropriation - A statutory authorization granted by the state legislature to an agency, allowing it to incur obligations and make expenditures for specific purposes within a specific period of time and generally for a maximum dollar amount.

Augmentation - Authorized monies that are added to an existing agreement.

Base Dollars – State dollars General Assistance and Federal SAPTBG dollars allocated by DDAP that are not reserved for any particular priority population (e.g., SAP, PWWWC) or for any particular limited-term project.

Budget Revision - A significant change in an SCA budget [a shift of over 10% of DDAP-issued funds between major categories (administration, prevention, intervention, treatment, and treatment-related) that requires written approval from DDAP prior to SCA implementation.

Carryover - Unexpended funds from a fiscal year that carried forward into the subsequent fiscal year.

Categorical Funds - State or Federal funds designated for a particular limited term project.

Classification of Major and Minor Objects – A list of accounts by which major and minor objects are categorized.

Client Fee Schedule - A list of the provider's usual and customary charges to the general public for a unit of service.

Client Liability – That portion of the cost for services rendered that is the client's responsibility to pay.

Collection Letter - Written correspondence which requests payment owed.

Contingent Commitment – An expectation of payment based on availability of funds.

Co-pay – A set payment assigned by an insurance carrier as the responsibility of a client or patient for services rendered by a service provider, regardless of the amount of payment assumed by the insurance carrier. The amount of fee assigned to the patient is determined by the type and setting of the service received and is generally delineated within the insurance policy provided to the insurance holder.

Cost Reimbursement Contract – A type of contract established to secure services based on an approved budget and work statement, whereby payment is contingent upon the receipt of defined deliverables and actual expenditure (to include the application of any generated operational revenues) of funds utilized in the performance of the contract's stated deliverables. Contents of a cost reimbursement contract must be in accordance with the DDAP's Operations Manual.

Cost Sharing – The share of cost eligible for coverage under an insurance policy that is paid as a responsibility of the holder of that policy. This term generally includes deductibles, coinsurance, copayments, or similar charges. It does not include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

County Joinder - A D&A administrative unit (SCA) whose geographic area consists of two (2) or more counties.

County Match - A local financial commitment toward the provision of services by county governments (including jointers) that manage the local D&A system.

Deductible – An amount of responsibility for payment assigned to an individual or family under an insurance policy prior to benefits of payment by the insurance carrier being available under that policy.

Deficit - The excess of expenditures over revenues during an accounting period.

Department of Drug and Alcohol Programs (DDAP) – The Commonwealth agency assigned as the single state agency (SSA) responsible for the management of drug and alcohol services for the Commonwealth.

As the SSA, DDAP:

- develops a state plan for the prevention, treatment and control of the abuse of alcohol and other drugs;
- is responsible for the development of policy related to the delivery of prevention, intervention, treatment, and treatment-related services for substance abuse and use;
- promulgates regulations concerning the operation of facilities delivering substance use disorder services;
- is the authorized state agency to receive funds under the Federal SAPTBG;
- provides State and Federal substance abuse funding to other state agencies and local drug and alcohol related programs; and
- collects and publishes substance abuse statistics.

In addition, DDAP is also the lead Commonwealth agency to administer funds for the prevention, intervention, and treatment of problem gambling disorders.

Direct Costs - Those costs that can be identified specifically with a particular final cost objective, and under the management responsibility of the organization benefiting or incurring the cost. A cost objective is captured within expenditure line items or major/minor objects (e.g., 111-Administrative Salaries, 307-Office Supplies, 316-Equipment Leases).

Direct Project Contractor - A provider that contracts directly with DDAP and does not receive funds for the project through the SCA.

Disbursement - The outlay of cash only.

D&A Program Administrator - The individual appointed by the local authorities to manage the SCA D&A Program.

Encumbrance - A reservation of funds in anticipation of the occurrence of expenditure upon delivery of goods or rendering of a service.

Expenditure - Cash disbursed for goods delivered or services rendered.

Expenses - Combined expenditures and encumbrances incurred in a particular fiscal period.

Fee-for-Service – Payment mechanism utilizing an established fixed rate per defined unit of

service to reimburse services rendered.

Fiscal Year - A twelve-month accounting period.

Fixed Asset – Furniture, equipment and computers that have a useful life of more than one year and an initial purchase price of \$5,000 or more per item.

Functional Unit – Operation established in the SCA, staffed and maintained by SCA personnel to provide the direct delivery program-related client services.

Fund Balance – Monies that remain unspent at the end of the accounting period.

Funding Agreement - A legal document (contract or grant agreement) that serves as the mechanism by which the SCA can obtain Federal and State funds.

Funding Period - A period of time designated through an agreement, during which funding is provided for specific functions.

Funding Source - The agencies or programs from which funds are received.

Indirect Costs - Costs incurred for a common or joint purpose benefiting more than one cost objective, and not readily assignable to the cost objectives specifically benefited. Direct costs accumulate in various cost pools (such as county payroll, human resources and building/facility management) and are distributed to benefiting organizational units using indirect methodologies, such as personnel or full-time equivalents (FTEs), transaction counts and other means applicable to the cost pool being distributed. Cost pools must be established separately for organizational and indirect methodology applications. Indirect costs do not include general government functions, such as boards and commissions, county commissions, or taxing and government revenue/assessing entities. Organizational unit managers or directors responsible for broad and multiple functional responsibilities outside of the specific organization (e.g., SCA, licensed provider) are considered indirect costs and their responsibilities may encompass supervision/management of direct or cost pool programs.

Inventory - A detailed list of fixed assets showing quantities, descriptions and unit costs.

Invoice - A document requesting payment or reimbursement.

Lapse - The monies received through an agreement that are not spent during the funding period and which revert back to the funding source.

Legal Guardian - A person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person.

Liability - The responsibility of payment for goods provided or services rendered.

Major Object - A broad heading used to categorize a group of expenditures, such as personnel, operating and fixed assets.

Minor Object - A breakdown of a major object into a group of similar expenses.

Net Charge - The amount the provider bills for services provided.

Parent - A biological or adoptive mother or father of the client.

Per-Diem - A daily rate.

Planning Council/Executive Commission - The body of individuals appointed to advise or govern the activities of the SCA's D&A Program.

Private Funds – Monies received from sources other than governmental, e.g., private foundations, charitable donations, insurance payments.

Proceeds - The total amount of funds received from a transaction.

Prorate - To divide, distribute or assess the use of funds proportionally according to some established calculable factor(s).

Public Funds - Monies received from any governmental source, i.e., Federal, State, or County.

Purchase Price - The amount charged for goods or services.

Purchaser - The agency or party that expends funds for goods or services.

Quote – The written or verbal proposed cost of goods or services.

Representative Payee - A person or an organization selected by a benefit issuing agency to receive and manage benefits on behalf of a beneficiary.

Resources - The assets of an agency such as personnel, cash, equipment, land and buildings.

Revenues - Cash income.

Schedule of Funding - An outline of all funds issued by DDAP to the SCA, by category and in total.

Service Units - A standard for measuring client-oriented services.

Single Audit - A financial and compliance audit, as defined in *Standards for Audit of*

Governmental Organizations, Programs, Activities and Functions, promulgated by the Comptroller General of the United States (frequently called GAO Audit Standards).

SCA - The agency designated to plan and coordinate services relative to substance use and abuse, when applicable, problem gambling, for a geographic area, which may consist of one or more counties. Services consist of prevention; intervention; treatment; and treatment-related services.

SCA Grant Agreement – The legally binding document between DDAP and the SCAs that delineates the requirements for the administration and delivery of substance use disorder and problem gambling services.

Surplus – The excess of revenues over expenditures during an accounting period

Underinsured – Situation where an individual is covered under a health insurance plan, public or private, but the coverage is inadequate in that some services are not reimbursable by the plan, or the plan limits the payment or duration of the service in such a way as the individual cannot get the full and necessary benefit of a treatment or service.

2.03 ACTIVITY DEFINITIONS

SCA LEVEL – This level involves activities associated with either the governmental or private agency in a county or several counties (joinder) which is responsible for planning, administering, funding, monitoring and evaluating substance abuse services in that county or joinder. These activities, as conducted by the SCA, do not involve the direct delivery of services to clients.

Administration (Activity 5100) – This activity is for the provision of planning, organizing, funding, and control of the SCA's substance use and abuse, and as applicable, problem gambling programs. This activity includes general managerial functions that are supportive to, but not an intrinsic part of, the provision of direct services. Services include plan development and program implementation, budgeting, financial and data management, project and service monitoring, and evaluation. Personnel costs, including salaries and associated fringe benefits, are considered administrative if those costs are not incurred in the direct provision of prevention; intervention; treatment; and treatment-related services. Funds budgeted and expended for Administration shall not exceed twenty percent (20%) of State and Federal funds issued by DDAP.

Reserved (Activity 5200) – This activity is currently not in use.

Evaluation and Research (Activity 5300) - This activity is reserved for DDAP-sanctioned research and evaluation projects or such activities initiated by the SCA without DDAP financial participation. Projects of this nature, unless sanctioned by DDAP, would be funded from local (not matching funds), Federal, or private resources.

Special Projects, DDAP Approved (Activity 5400) – This activity is reserved for special administrative related projects initiated at the discretion of DDAP (e.g., the State Epidemiological Outcomes Workgroup and the Strategic Prevention Framework Advisory Council) and approved by DDAP, or such projects initiated by the SCA and funded by sources other than DDAP. DDAP funds may not be used for this activity without prior DDAP written approval.

PREVENTION LEVEL – This level involves a proactive process that empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster the strength of those at risk. It requires that a measurable, risk-based series of collaborative and culturally relevant strategies be employed to preclude or reduce those uses of drugs and alcohol that have a negative impact on the individual, the family, and the larger society. Negative impact includes the physical, mental, or social consequences that result in the reduction of optimum functioning at home, in school, at work, or in the community. Positive behaviors are defined as those which include increased self-understanding, improved interpersonal and human relations skills, enhanced ability to relate to social institutions, and effective coping behaviors to deal with stress. Prevention activities are targeted at the total populations, with an emphasis on delivering appropriate services prior to the manifestation of inappropriate behaviors. Prevention activities can be delivered through schools, media, family or community agencies and groups.

Information Dissemination (Activity 6100) - This strategy provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, abuse and addiction, as well as problem gambling, and the effects on individuals, families and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two groups.

Education (Activity 6200) – This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Education activities aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g. of media messages) and systematic judgment abilities.

Alternative Activities (Activity 6300) - This strategy operates under the premise that healthy activity will deter individuals from the use of ATOD and participation in gambling activities. The premise is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by ATOD and gambling and would, therefore, minimize or eliminate use of ATOD and participation in gambling activities. Note: Alternative activities alone have not been shown to be effective at preventing substance abuse. Characteristics of effective alternative activities include programs/activities that: are more intensive (i.e. include many hours of involvement in the program), incorporate skill building, target higher risk youth, and are built into a comprehensive prevention plan.

Problem Identification and Referral (Activity 6400) - This strategy targets those persons who have experienced first use of illicit or age-inappropriate use of tobacco and those individuals who have indulged in the first use of illicit drugs and alcohol in order to assess if their behavior can be reversed through education. This strategy also targets individuals who have engaged in age-inappropriate or problem gambling activities. Prevention funds shall not be used for SAP, EAP or DUI programs beyond the point of the educational component. The educational component is inclusive of providing consultation services to school district personnel, core team members and parents. Funding for assessment or any other activity directly linked to the initiation of treatment must come from non-prevention funding sources.

Community-Based Process (Activity 6500) - This strategy aims directly at building community capacity to enhance the ability of communities to more effectively provide prevention and treatment services for substance use and problem gambling disorders. Activities include organizing, planning, enhancing efficiency and effectiveness of services, inter-agency collaboration, coalition building and networking.

Environmental (Activity 6600) - This strategy establishes, or changes, written and unwritten community standards, codes, ordinances and attitudes thereby influencing incidence and prevalence of ATOD use/abuse and problem gambling in the population. This strategy is divided into two subcategories to permit distinction between activities which center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Other Prevention (Activity 6700) - This activity is reserved for DDAP sanctioned initiatives (e.g., administration of Synar) or activities taking place initiated by the SCA and funded from sources other than DDAP but not readily captured under the previously defined prevention activities. DDAP funds may not be used for this activity without prior DDAP written approval.

INTERVENTION LEVEL – This level involves the provision of services aimed at assisting the client in coping with a specific crisis or other situation in his or her life whereby his or her customary modes of adaptation have proven inadequate. This level is aimed at assisting in decision-making and supporting the client until he or she can cope with the situation independently. Referral is provided if the need for a structured treatment regimen or other service is indicated.

Reserved (Activity 7100) – This activity is currently not in use.

Intervention (Activity 7200) – This activity includes:

Early Intervention – As defined in the Pennsylvania Client Placement Criteria (PCPC) and the American Society of Addiction Medicine Patient Placement Criteria (ASAM – PPC), an organized screening and psycho-educational service designed to help individuals identify and reduce risky substance use behaviors. These services explore and address problems or risk factors that appear to be related to substance use and aim to help the individual recognize the harmful consequences of inappropriate substance use.

Hotline - The provision of referral, advice, and crisis intervention through a telephone service.

Group /Individual Discussion - The goal of these services is to get persons to critically evaluate their substance use or engagement in gambling activities and the negative effects their behavior is having on their personal, family and societal development (e.g., impaired driving programs, underage drinking offender programs, Student Assistance Program groups, Employee Assistance Programs).

Outreach - Identifying those individuals who are at high risk of becoming substance abusing individuals or engaging in risky behavior concerning problem gambling and encouraging those individuals who are substance abusers or problem gamblers to access treatment. Outreach also includes promoting awareness about substance abuse and its relationship to contracting communicable diseases. Staff persons conducting outreach provide these groups with information about accessing intervention and treatment services. In addition to outreach services to the injection drug user population, as required by the Substance Abuse Prevention and Treatment Block Grant, other examples are programs for persons who may be exposed to HIV (e.g., Client Testing/Partner Notification) or Hepatitis C.

TREATMENT LEVEL – This level involves the activities aimed at the systematic application of social, psychological or medical service methods to assist individuals to deal with patterns of substance use and problem gambling disorders.

Outpatient (Activity 861A)

An organized, non-residential psychotherapy treatment service providing psychotherapy in which the individual resides outside the facility. These services are usually provided in regularly scheduled treatment sessions for, at most, 5 hours per week.

Intensive Outpatient (Activity 861B)

An organized, non-residential treatment service in which the individual resides outside the facility. It provides structured psychotherapy and stability through increased periods of staff intervention. These services are provided according to a planned regimen consisting of regularly scheduled treatment sessions at least 3 days per week for at least 5, but less than 10 hours per week.

Partial Hospitalization (Activity 852A)

Treatment consists of the provision of psychiatric, psychological, and other types of therapies on a planned and regularly scheduled basis in which the individual resides outside of the facility. This activity *does not* include a residential or housing component and is therefore designed for those individuals who do not require 24-hour residential care, but who would nonetheless benefit from more intensive treatments than are offered in outpatient treatment programs. Partial hospitalization services consist of regularly scheduled treatment sessions at least 3 days per week, with a minimum of 10 hours per week, comprised of at least 2 group and 2 individual sessions.

Halfway House (Activity 852B)

A treatment facility located in the community that is licensed by licensed by DDAP's Division of Program Licensure as a non-hospital inpatient facility and requires additional approval by DDAP's Division of Treatment. This is a live in/work out environment (with school access for adolescents). Unlike standard non-hospital rehabilitation programs, this activity provides a live in/work out environment with less intensive interaction between the individuals and the provider staff than is associated with activities 823B or 823C. The setting is usually an independent physical structure containing no more than 25 beds.

Medically Monitored Inpatient Detoxification (Activity 823A)

Treatment conducted in a residential facility that provides a 24-hour professionally directed evaluation and detoxification of addicted individuals. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent individual is assisted through the period of time required to eliminate the presence of the intoxicating substance (by metabolic or other means) and any other dependency factors while keeping the physiological and psychological risk to the individual at a minimum.

Medically Monitored Short-Term Residential Treatment (Activity 823B)

Treatment in a non-hospital setting that includes 24-hour professionally directed evaluation, care, and treatment for addicted individuals in acute distress. Rehabilitation is a key treatment goal.

Medically Monitored Long-Term Residential Treatment (Activity 823C)

Treatment in a non-hospital setting that includes 24-hour professionally directed evaluation, care, and treatment for addicted individuals in chronic distress, whose substance use disorder symptomatology is demonstrated by severe impairment of social, occupational, or school functioning. *Habilitation* is the treatment goal.

Medically Managed Inpatient Detoxification (Activity 834A)

Treatment in a hospital setting that provides 24-hour medically directed evaluation and detoxification of individuals with SUDs in an acute care setting. Facilities for such services must have, at a minimum, 24-hour nursing care, 24-hour access to specialized medical care and intensive medical care, and 24-hour access to physician care as a drug and alcohol treatment unit. The facility must be licensed by DDAP's Division of Program Licensure and must also have the applicable license and certification from the Department of Health as an acute care or general hospital or be approved by the DHS as a psychiatric hospital. Detoxification is the process whereby a drug- or alcohol-intoxicated or dependent individual is assisted through the period of time needed to eliminate (by metabolic or other means) the presence of the intoxicating substance or the dependency factors, while keeping the physiological or psychological risk to the individual at a minimum.

Medically Managed Inpatient Residential (Activity 834B)

Treatment provides 24-hour medically directed evaluation, care, and treatment for addicted individuals with coexisting biomedical, psychiatric, and/or behavioral conditions that require frequent care. Facilities for such services must have, at a minimum, 24-hour nursing care, 24-hour access to specialized medical care and intensive medical care, and 24-hour access to physician care. (The hospital must be licensed by DDAP's Division of Program Licensure and must also have the applicable license and certification from the Department of Health as an acute care or general hospital or be approved by the DHS as a psychiatric hospital.)

Physician and Pharmacy (Activity 8900) – This activity includes the use of medications other than methadone (e.g. vivitrol, buprenorphine, naltrexone, etcetera) to address substance use disorders, primarily opiate and alcohol addiction, where the delivery of this service occurs separate from a designated treatment provider and may be applicable to individuals in various levels of care. SCAs must have written approval from DDAP prior to utilizing DDAP funds for all medications, with the exception of methadone.

TREATMENT RELATED SERVICES LEVEL – This level involves those activities that support the *Treatment Level Activities* in which no direct treatment is provided. These activities involve the coordination of services and the provision of support services that will assist the individual in meeting other deficiencies inherent in their life, and ultimately aid them in securing recovery and a self-sufficient life style.

Case/Care Management (Activity 9100) – Case management determines the treatment and non-treatment needs of the client and ensures that arrangements are made to meet the needs identified. This activity involves services associated with the three primary functions of case management defined as:

- 1) Screening – the identification of emergent care needs.
- 2) Assessment (including assessment services within the SAP) – determination of the appropriate level of care for referral to treatment.
- 3) Case Coordination – the administrative documentation and management of treatment and non-treatment related services recommended, referred and received by the SCA clients.

In addition to the administrative management of services, the SCA may provide or refer for additional activities/services to increase an individual's level of self-sufficiency based on the individual's needs (e.g., intervention/discussion groups, face-to face contact with the individual to assess progress in addressing identified needs, intensive case management, etc.).

Expenditures for care management as defined by DHS or other funding sources would also be reported in this activity.

Emergency Housing (Activity 920E) – This activity can include emergency shelter and housing assistance to homeless or near homeless individuals who agree to participate in drug and alcohol treatment services, self-help groups, or other recovery support services. SCA authorization for emergency housing may be retroactive; however, actual payment shall not be made until the individual is assessed by the SCA or one of its contractors. The use of DDAP funds for emergency housing shall be limited to 30 days per individual per SFY.

Recovery Housing (Activity 920R) - This activity can include admission into a TLF licensed by DDAP or a Recovery House that meets minimum requirements identified in DDAP Treatment Manual. Either type of housing is designed to provide a semi-protected home-like environment that can assist a client in his or her gradual re-entry into the community. No formal treatment (e.g., counseling, psychotherapy) takes place at the facility. This is a live-in/work-out situation involving short-term housing. The use of DDAP funds for recovery housing shall be limited to 90 days per individual per SFY.

DDAP Approved – Other Housing (Activity 920D) – This activity can include exceptions for other temporary housing services and requires written, pre-approval from DDAP.

Recovery Support Services (Activity 930R) – This activity involves the provision of non-treatment services that assist individuals and families to recover from substance use and problem gambling disorders and that are not included under another activity, e.g., Recovery Housing. Examples include but are not limited to mentoring programs, training and education programs, and telephonic recovery support programs.

DDAP Approved – Other Recovery Support (Activity 930D) – This activity involves the provision of other client related services not readily captured under the previously defined treatment activities, and requires written, pre-approval from DDAP when utilizing DDAP funds.

APPROACHES

Detoxification - The process whereby a D&A intoxicated or dependent client is assisted through the period of time necessary to eliminate, by metabolic or other means, the presence of the intoxicating substance or dependency factors while keeping the physiological or psychological risk to the client at a minimum.

Maintenance - The prescription of methadone or other approved substance in sufficient doses to achieve stabilization or prevent withdrawal symptoms. This approach differs from drug free in that a maintenance substance is utilized throughout the treatment regimen. Slow withdrawal or outpatient detoxification of the client from the maintenance substance is considered as a part of maintenance. The ultimate goal of maintenance is to assist the client in permanently discontinuing the use of dependency producing substances.

Drug Free - The provision of guidance, advice, and psychological treatment as a means to deal with the client's emotional structure and concurrent problems without the use of a maintenance substance. Temporary medication for treatment of physiological conditions or as an adjunct to psychosocial treatment may be utilized in this approach.

Other Chemotherapy - A treatment approach that includes chemotherapy, using a primary medication for purposes other than detoxification. Other chemotherapy implies continued doses of medication, e.g., buprenorphine. Any SCA that intends to pay for buprenorphine services must submit written procedures to DDAP. Procedures must describe how the coordination and payment of such services will occur within the SCA. If a client receives only short-term medication for temporary symptomatic relief, the client is entered under drug free or detoxification, as appropriate.

Experimental - A treatment approach not generally utilized for treatment of D&A clients and innovative in nature. Projects and facilities utilizing this approach must be designated, in writing, as eligible by Secretary of the Department of Drug and Alcohol Programs for funding purposes.

**ACTIVITY CODES
2015-20 DDAP/SCA GRANT AGREEMENT**

ADMINISTRATION

5100 – Administration

5200 – Reserved

5300 – Evaluation & Research

5400 – Special Projects, DDAP Approved (*requires prior written approval from DDAP*)

PREVENTION

6100 – Information Dissemination

6200 – Education

6300 – Alternative Activities

6400 – Problem Identification & Referral

6500 – Community-Based Process

6600 – Environmental

6700 – Other Prevention

INTERVENTION

7100 – Reserved

7200– Intervention (*To include Early Intervention as defined in the PCPC & ASAM under .5*)

TREATMENT

861A – Outpatient (*PCPC 1A: ASAM 1*)

861B – Intensive Outpatient (*PCPC 1B: ASAM2.1*)

852A – Partial Hospitalization (*PCPC 2A: ASAM2.5*)

852B – Halfway House (*PCPC 2B: ASAM3.1*)

823A – Medically Monitored Inpatient Detoxification (*PCPC 3A: ASAM 3.7 WM*)

823B – Medically Monitored Short-Term Residential Treatment (*PCPC 3B: ASAM 3.5* & 3.7*)

823C – Medically Monitored Long-Term Residential Treatment (*PCPC 3C: ASAM 3.5***)

834A – Medically Managed Inpatient Detoxification (*PCPC 4A: ASAM 4 WM*)

834B – Medically Managed Inpatient Residential (*PCPC 4B: ASAM 4*)

8900 – Physician and Pharmacy

TREATMENT RELATED SERVICES

9100 – Case/Care Management

920E – Emergency Housing

920R – Recovery Housing

920D – DDAP Approved – Other Housing (*requires prior written approval from DDAP*)

930R – Recovery Support Services

930D – DDAP Approved – Other Recovery Support (*requires prior written approval from DDAP*)

Note: Table above reflects 2015-20 Grant Agreement coding with ASAM equivalent references for expenditures.

* ASAM equivalents for 823B include Adolescent Moderate and Adult High Intensity

** ASAM equivalents for 823C include Adolescent High and Adult Highest Intensity

PART THREE: SCA FISCAL MANAGEMENT

3.01 BUDGET DEVELOPMENT

Agreement

The agreement between the DDAP and the SCA is a multi-year legal document that binds the SCA to the requirements of the Commonwealth and serves as the mechanism by which the SCAs can obtain Federal and State funds for substance use and problem gambling disorders. These funds are to be used for the provision of prevention; intervention; treatment; and treatment-related services, as well as costs relative to planning, administering and evaluating such services.

The Department shall not pay for any services where there is a third party, including another Government or State agency, obligation to pay for services rendered. The DDAP is payer of last resort.

As part of the process for a new agreement period, the agreement is sent to the SCAs for review and signature prior to its implementation. Timely approval of the agreement is contingent upon how quickly the SCA returns the agreement to the DDAP, full execution of the agreement between the DDAP and the SCA, and the passage of the state budget.

Employees of the SCA and its contractors who have financial responsibilities related to the receipt and disbursement of funds awarded under the agreement in the amount of \$10,000 or above in an annual period shall be covered by a fidelity bond adequate to protect DDAP and the SCA from any loss.

Schedule of Funding

The DDAP issues a Schedule of Funding to the SCAs approximately three months prior to the start date of a new agreement, which identifies the funding allocations for the SCA. Allocations are identified between State and Federal funds, and, if applicable, by special initiatives. SCAs use this information in preparing the Budget Form 34, which becomes part of DDAP's agreement with the SCA.

DDAP reserves the right to increase or decrease the total amount of the agreement when available funds differ from those approved in Appendix C of the agreement. In addition, DDAP reserves the right to review the SCA's use of funds. If there appears to be unused funds under the agreement, DDAP may reduce the total amount for a SFY in order to reallocate the funds elsewhere. DDAP will issue revised funding schedules to SCAs during the course of a fiscal year or over the course of the agreement, as necessary, relative to increases or decreases to the agreement. The SCA utilizes the funding schedule to prepare budget information applicable to amendments to their agreements. The revised Schedule of Funding outlines the total amount allocated to the SCA, including the original agreement allocation for a given state fiscal year, plus any increases or decreases that may occur through amendment during the state fiscal year. Any such increases during the term of the agreement will be effective when DDAP approves the amendment to the agreement. Any such decrease during the term of this agreement shall be

effective upon receipt by the Grantee of such written notice.

Budget Form (Budget)

The budget portion of the agreement, known as the Budget Form 34, consists of three pages for each state fiscal year of the agreement. Each page of the budget has the proposed expenditures broken down by activity.

Page One of the budget includes DDAP program awards. SCAs complete this page by budgeting the dollars identified in the Schedule of Funding by activity code. Specific budgeting instructions are sent along with the Budget Form for assistance in the proper placement of funds by activity code. Funds budgeted and expended for Activity 5100, Administration shall not exceed twenty percent (20%) of DDAP State and Federal funds. DDAP funds include all funding sources identified on Page One of the budget. Of the funds identified on Page One, only State base funds (Appropriation 11-029) and Compulsive and Problem Gambling Treatment funds if applicable (Appropriation 26-387) shall be used to reimburse the SCA for administrative expenditures, unless the SCA is the recipient of other State or Federal special initiatives that allow for administrative expenditures. There may be circumstances when special initiatives allow for administrative expenditures in excess of 20% of DDAP State and Federal funds.

Amounts budgeted on Page One for the two major funding streams (State funds and Federal SAPTBG funds) must match those identified in the Schedule of Funding. In addition, SAPTBG Funds budgeted under substance use Prevention, Drug Intervention/Treatment/Treatment Related and Alcohol Intervention/Treatment/Treatment Related, as well as any amounts budgeted for special initiative funding, must be budgeted as identified in the Schedule of Funding. Finally, the total funds budgeted must match the total amount on the Schedule of Funding.

On Page One, the SCA must budget and expend DDAP prevention funds across each of the six (6) Federal Strategies, as defined in 2.03 Activity Definitions. The SCA may not budget or expend DDAP funds under Activity 6700, unless provided prior approval by DDAP. However, the SCA may use other funding sources as applicable for drug/alcohol prevention services that are not included in the definitions for activities 6100 through 6600. In addition, in accordance with DDAP's Prevention Manual, the SCA must implement prevention services which address the three (3) Institute of Medicine (IOM) Classifications.

Page Two of the budget includes DHS revenue and income while Page Three includes revenue and income from a variety of other funding sources. The SCAs complete these pages by budgeting the funds received from identified sources, by activity code. The SCA must adhere to any restrictions imposed by these funding sources. The SCA should budget all other funding received by the SCA but not specifically identified on the budget, under the "Other DDAP Funds" column.

The budget must be completed accurately and must be mathematically correct. Subtotals and totals from Page One must be checked both vertically and horizontally and must match the Schedule of Funding. The form must be signed by the SCA Administrator or appropriate official

and returned to the DDAP's Budget and Grants Management Division at RA-DASCA@pa.gov.

Amendments to the agreement may occur throughout the SFY. SCAs are to follow the same general procedures as identified above in preparing the amendment.

3.02 BUDGET REVISIONS

Types of Budget Revisions

Budget Form 34 Revisions

The SCA is required to submit a Budget Form 34 revision under the following conditions:

- When the SCA increases or decreases funds that cumulatively result in a change of more than 10 percent between category subtotals (administration, prevention, intervention, treatment and treatment related services) for the “Total DDAP Allocations” on Page One of the Budget Form 34. Under the SAPT Block Grant, funds cannot be moved between prevention and other categories of intervention, treatment and treatment related services.
- As directed by DDAP for the reallocation of funds between funding sources (appropriations) found on Page One of the Budget Form 34.
- When DDAP increases or reduces the approved allocations due to subsequently available funds, funding reduction change orders or reductions not associated with the availability of funding.
- A revision is also required when the SCA requests a reduction in the approved DDAP allocation.

Project Budget Revisions

Project budget revisions are revisions to program budgets associated with special initiatives when DDAP monitors activity at a project level and requires the SCA to utilize service reimbursement invoices. The SCA is required to submit a program budget revision under the following conditions:

- When the SCA increases or decreases funds that cumulatively result in a change of more than 10 percent between category subtotals (e.g. staff personnel, fringe benefits, consultant, travel) for the total project allocation
- Changes in Personnel

Procedures for Budget Form 34 Revision Requests

The SCA must forward a request to DDAP, indicating the need to complete a Budget Form 34 revision. The request must be submitted to the Project Officer and must comply with the following protocols:

- Submission of a Budget Form 34 signed by the SCA Administrator or designee by mail or emailed in pdf format.
- Submission via email of a Budget Form 34 in Excel
- A Budget Modification Worksheet in Excel to include a brief narrative that:
 - Contains an explanation for all applicable changes, by budget category (administration, prevention, intervention, treatment and treatment related services)
 - Justifies the need for the revision and describes the anticipated effect of each change
 - Addresses changes in the provision of services (services added, deleted or revised) as applicable
- Documentation to support all narratives that contain increases in salaries, hourly rates or fringe benefits
- Any additional documentation or explanation as requested by DDAP
- The Budget Form 34 must be re-dated to be in close proximity to the submission date of the request. In addition, the APPENDIX C- number must be increased by one.

Procedures for Project Budget Revision Requests

As specified for designated projects, the SCA must forward a request to DDAP, indicating the need to complete a project budget revision. The request must be submitted via email to the Division of Treatment or the Division of Prevention and Intervention, as applicable, and shall include:

- A project budget in Excel in a format prescribed by the Department for that particular project
- A project narrative in Word to include a brief explanation for the revisions as follows:
 - Justification for all budget categories (e.g. staff personnel, fringe benefits, consultant, and travel) as a result of greater than 10% change, as applicable. Justification must include the need for each revision and describe the anticipated effect of each change.
 - Any personnel changes that initiated the budget revision
 - Changes in the provision of services (services added, deleted or revised) as applicable
 - Increase in staff personnel and fringe benefit rates to fill a vacant position as a result of an inability to fill the position at existing rates
 - Increase in staff personnel and fringe benefit rates due to adding or changing a position, title or classification in order to perform work that is already required

- A reallocation of funds into a previously unfunded budget category or a reallocation of funds resulting in the elimination of all funds from an existing budget category
- Any additional documentation and/or explanation as requested by DDAP

When to Submit Revision Requests

SCAs may submit one revision request per each six-month period of the SFY. If DDAP processes a formal amendment to the SCA agreement during the SFY, the SCA may request a budget revision at the same time they submit a revised Budget Form 34 associated with the formal amendment. Budget revisions may not be requested with any other type of agreement amendment.

SCAs must submit revision requests at least thirty days prior to the proposed implementation date. All revision requests must be submitted by May 15 to be considered for approval.

3.03 COUNTY MATCH

Purpose and SCAs Affected

County governments (including jointers) contracting directly with DDAP are required to provide a local financial commitment of 10 percent (%) of the below identified DDAP funded activities. This financial commitment involves local (county) funds and is commonly referred to as “county match.” Counties are encouraged to exceed the minimum required match, if feasible, to increase the level of addiction services related to substance use and problem gambling disorders available in their counties. SCAs organized under the “independent model” (see DDAP’s Operations Manual for description of SCA models) are exempt from the match requirement.

Activities Subject to 10% Required Match Calculation

Counties are required to provide a local match relative to the budgeted/expended General Assistance State funds (Appropriation 11-029) in the following activities:

- 5100 Administration
- 5300 Evaluation and Research
- 5400 Special Projects, DDAP Approved
- 6100 Information Dissemination
- 6200 Education
- 6300 Alternative Activities
- 6400 Problem Identification and Referral
- 6500 Community-Based Process
- 6600 Environmental
- 6700 Other Prevention (if applicable)
- 7200 Intervention
- 861A Outpatient
- 861B Intensive Outpatient

County funds used to satisfy the required match can only be used on allowable substance use and abuse expenditures.

Allowable Sources of County Match

County match funds can be composed of local government tax revenues (including federal revenue sharing) and private, civic funds directly received and disbursed by the SCA, providing such funds are not used to satisfy other matching conditions. Federal funds, other State funds, DUI fine money, ARD fees, in-kind services or donated furnishings or equipment cannot be used to satisfy the SCA match responsibility.

Calculating County Match

The county’s minimum required match is calculated on State General Assistance funds in

budgeted and expended matchable activities. For example, for a cost of \$90 in State funds in a matchable activity, the county must contribute a match of \$10. Note that the \$10 match does not represent 10 percent of the \$90 (State funds) but 10 percent of the \$100 (total of State funds and county match). In other words, for matchable activities, State funds comprise 90 percent of the cost and local funds comprise 10 percent of the cost. A convenient way to compute the amount of match is to divide the total of State funds in matchable activities by nine.

The following is an example of how an SCA can calculate the minimum county match, using the State General Assistance (Appropriation 11-029) column on Page 1 of Budget Form 34 for budget planning and the General Assistance column on the year-end reporting form in the SCA Data Site (SDS) for actual expenditures:

<u>Activity</u>	<u>State Funds (Appropriation 11-029)</u>
Administration (5100-5400)	\$47,783
Total Prevention and Intervention (6100-6700, 7200)	\$30,503
Total Outpatient and Intensive Outpatient (861A & 861B)	\$15,939
Total State Matchable Funds	<u>\$94,225</u>

$\$94,225 / 9 = \$10,469 = \text{County Match}$

Actual Match and Year End Requirement

SCAs are required to reflect the intended amount of county match on the Budget Form 34. Since it is the total match that must meet the minimum requirements, SCAs need not budget/expend their county match line-for-line to the state matchable activities.

Determination of the actual year-end county match obligation is based upon the final year-end fiscal report, which shows the final expenditure of State funds in matchable activities. SCAs not meeting the minimum match requirement at the end of the SFY will be required to remit a check to DDAP in an amount equal to the total of the State funds not matched, as well as that portion of the State allocation drawn down but not expended. The check must be submitted with the year-end fiscal report. The following is an example of the calculation used to determine the amount of the refund due to DDAP:

Amount of County Match Expended: \$24,000

Total DDAP State Allocation Drawdown:	\$750,000
Less DDAP State Allocation Expended:	<u>\$735,000</u>

Unexpended Allocation – Refund Due to DDAP:	\$15,000
State Allocation Expended in Match Activities:	\$250,000
Less State Funds Matched (County Match \$24,000 x 9):	<u>\$216,000</u>
Unmatched State Allocation Expended – Refund Due to DDAP:	\$34,000
Total Refund Due to DDAP:	<u>\$49,000</u>

3.04 FUND BALANCES/DEFICITS

Fund Balances

State and Federal funds are appropriated on a SFY basis for the period July 1st through June 30th. State funds not expended by June 30th lapse to the Commonwealth's General Fund. Unspent SAPTBG funds may be returned to the grant to be reallocated until fully utilized through the expenditure period of the grant. The rules governing funds issued under other various short-term State and Federal initiatives may vary based on the funding source. Spending state funds in full prior to the full expenditure of Federal SAPTBG funds will reduce the likelihood of a lapse of state funds. Unlike Federal SAPTBG funds, state funds may not be reissued.

SCAs not able to use all of their State and Federal funds in a state fiscal year have the option of requesting a reduction in their allocation for that fiscal year only, without any penalty in subsequent fiscal years. To exercise this option, the SCA must contact DDAP.

Unspent funds are defined as refunds from the SCA, plus monies not drawn down by the SCA. Unspent funds do not include monies for which an SCA has previously requested a reduction in allocation (as discussed in the second paragraph above). If an SCA returns an amount in excess of 5 percent, DDAP, at its discretion, may reduce the SCA's subsequent fiscal year's state allocation by the amount of funds unspent.

SCAs must return any funds not expended or encumbered by June 30 (for deliverables to be received and paid within 60 days). SCAs should limit the amount of funds requested throughout the year on advance invoices to amounts anticipated for actual expenditures and thereby limit the amounts being refunded. All unexpended funds must be returned to the Department by August 31, along with the submission of the fourth quarter fiscal report. The refund check is made payable to the Commonwealth of Pennsylvania, Department of Drug and Alcohol Programs. Unless approved by the Department, no payments under the agreement between DDAP and the SCA shall be made until this requirement is satisfied. This return of funds applies to all sources of DDAP funds (state monies, block grant funds, and other Federal funds administered by DDAP) unless stated otherwise in the agreement between the SCA and DDAP.

In some instances (e.g., Federal funds for a multi-year, limited term project), provisions are included in the agreement that will allow for the carryover of categorical funds designated for a particular project. In addition, the SCA may receive late refunds from subcontractors after the August 31 deadline for submission of refunds to the Department or after an SCA refund check has been submitted to DDAP. Such refunds may be due to audit findings or circumstances found during monitoring of their subcontracts. In such instances, it will not be necessary for the SCA to adjust/resubmit their fourth quarter fiscal report unless the amount of the refund exceeds one percent of the total DDAP funds allocated for the applicable SFY or \$5,000, whichever is less. Additional exceptions may apply and may be granted at the discretion of DDAP.

SCA's must report late subcontractor refunds received under the appropriate source of funds as a prior year adjustment on the subsequent mid-year fiscal report in SDS. SCAs must also provide

supporting documentation or a footnote, as requested by DDAP, fully explaining the nature of the prior year adjustment. If the amount of the refund exceeds the parameters outlined above, it will be necessary to submit a revised Fourth Quarter Report and a refund check made payable to the “Commonwealth of Pennsylvania.” Unless specifically instructed by DDAP, carryover of all other DDAP allocations from one state fiscal year to the next state fiscal year is not permitted.

Deficits

DDAP is not liable for an incurred deficit and shall not allow such a deficit to be carried over as a charge to the following SFY period. Any special funding allocated to the SCA through the grant agreement for a specific limited term project shall not be used to cover deficits.

3.05 INVOICING

There are two types of invoices submitted to DDAP for reimbursement against the SCA Grant Agreement:

A. Cash Advance Request

The thirty-day cash advance request is the general invoice methodology used by SCAs to request payment for the majority of funds issued by DDAP. Some special initiatives are limited by DDAP to reimbursement funding only. The following criteria should be considered in developing a cash advance request:

1. Develop a sound methodology to support a thirty-day cash advance request. Consider cash on hand from prior advances and disbursement projections for the period requested (to include but not be limited to client service trends, actual cash projections of the contractor and invoicing timeframes) to arrive at a cash request amount.
2. Request cash needs for each of the funding sources available on the invoice as applicable using the cash advance invoice template as distributed by DDAP. If a particular funding source has not been awarded to your SCA, leave that column blank. If funds are not needed for any one of the funding sources awarded to the SCA, enter zero (-0-).
3. The SCA is responsible for controlling the amount of cash requested and for maintaining accurate records of liquidations by funding source. As cash is requested for each funding source, record amounts requested and remaining balances to ensure that funds are not overdrawn.
4. Submit the monthly cash advance invoice no earlier than fifteen (15) days prior to the month to which it applies. For example, the cash request for March cannot be processed before February 15. Do not submit accelerated monthly requests. Invoices will be processed no earlier than 15 days prior to the end of the last month of the billing period.
5. In the event that invoices are not submitted in advance of the period for which funds are being requested, the SCA shall submit an invoice no later than 30 days from the last day of the month within which the work is performed. Failure to submit invoices in a regular and timely basis may result in delay of payment and the need to submit supporting documentation to justify the amount of requested payment to DDAP; the Office of Budget, Comptroller Operations; or the Treasury Department.
6. The final invoice for each SFY must be submitted within 45 days of the end of the SFY. DDAP will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph unless DDAP agrees to an extension of these requirements in writing. The SCA will receive reimbursement only for services acceptable to DDAP.

B. Services Reimbursement Invoice

A service reimbursement invoice may be required for actual expenditures. These types of invoices are utilized for special initiative funds, such as SPF-PFS and CABHI, and must be submitted separate from the monthly SCA cash advance invoice. Separate documentation may be requested by the Department to support costs identified on the invoice. DDAP will notify the SCA when this type of invoice is required.

1. Service reimbursement invoices will most likely include additional identifiers as instructed by DDAP.
2. The SCA shall submit these monthly invoices no later than 30 days from the last day of the month within which the work is performed. Submit requests no more frequently than monthly with the exception of a supplemental invoice for special circumstances such as to finalize invoicing for an expired grant or to draw additional funds gained through an amendment to the SCA Agreement.
3. If a particular funding source has not been awarded to your SCA, leave that column blank. If funds are not needed for any one of the funding sources awarded to the SCA, enter zero (-0-).
4. The final invoice for each SFY must be submitted within 45 days of the end of the SFY. DDAP will neither honor nor be liable for invoices not submitted in compliance with the time requirements in this paragraph, unless DDAP agrees to an extension of these requirements in writing. The SCA will receive reimbursement only for services acceptable to DDAP.

C. General information for all invoice types:

1. If the SCA Agreement is amended during the SFY, adjust Line A, Current Approved Budget, to reflect the revised total amount available for each particular funding source. Do NOT make adjustments to Line A until notified by DDAP that an adjustment of funds has officially posted on the Commonwealth Accounting System.
2. All invoices must contain a unique invoice number that begins with the two-digit state fiscal year, followed by the three-digit SCA number, (i.e., the same number assignment used within the Prevention Data System), the two-digit number representing the sequential number of the invoice, and the letters "DA." As outlined above, invoices submitted for the drawdown of special initiative funds will most likely include additional identifiers as instructed by DDAP.
3. Make sure invoices are complete and correct. Incorrect invoices (e.g., mathematical errors; incorrect location codes, invoice dates, unique invoice numbers, total amounts, billing periods; missing signatures) may be returned to the SCA for correction, thereby delaying payment.

4. To initiate a request, submit an original invoice, signed and dated by an authorized official of the SCA, either electronically to 69183@pa.gov or via US mail to:

74DRUGPGMS
P.O. Box 69183
Harrisburg, PA 17106

This address will also be listed on the invoice form.

Send a duplicate copy of the invoice to RA-DASCAINVOICE@pa.gov. Invoices must show the SAP Vendor number, SAP Document number, Federal identification number, unique invoice number, billing period, invoice date, name and telephone number of the person preparing the invoice, and total invoice amount.

5. Invoices will be paid by the Commonwealth through the Automated Clearing House (ACH) Network. The Pennsylvania Electronic Payment Program (PEPP) establishes the Automated Clearing House Network as the preferred method of payment in lieu of issuing checks. The PEPP enrollment form may be obtained at: www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf and can be completed online, as applicable.
 - i. At the time of submitting ACH information, the SCA will also be able to enroll to receive remittances via electronic addenda. Within 10 days of award of the SCA Agreement, the SCA must submit or must have already submitted its ACH information and electronic addenda information, if desired, to the Commonwealth's Payable Service Center, Vendor Data Management Unit at 717-214-0140 (FAX) or by mail to the Office of Comptroller Operations, Bureau of Payable Services, Payable Service Center, Vendor Data Management Unit, 555 Walnut Street – 9th Floor, Harrisburg, PA 17101.
 - ii. Submit a unique invoice number with each invoice submitted. The unique invoice number will be listed on the Commonwealth of Pennsylvania's ACH remittance advice to enable the SCA to properly apply the state agency's payment to the invoice submitted.
 - iii. It is the responsibility of the SCA to ensure that the ACH information contained in the Commonwealth's Central Vendor Master File is accurate and complete. Failure to maintain accurate and complete information may result in delays in payments.
6. Submit requests no more frequently than monthly with the exception of a supplemental invoice for special circumstances such as to finalize invoicing for an expired grant or to draw additional funds gained through an amendment to the SCA Agreement.
7. DDAP has the right to disapprove any cash advance request or invoices for services rendered made by the SCA that is not in accordance with the terms of the SCA

Agreement and adjust any payment to the SCA accordingly.

8. DDAP, at its option, may withhold the last 20 percent of reimbursement due under the SCA Agreement, until the Project Officer has determined that all work and services required under the SCA Agreement have been performed or delivered in a manner acceptable to DDAP.
9. The payment provisions as outlined in this Section are subject to change by the Office of Budget or DDAP, as necessary, to better facilitate the cash management objectives of the Commonwealth.

3.06 ENCUMBERING AND EXPENDITURES GUIDELINES

DDAP has adopted the policy that materials and services received in one funding period shall not be paid or be payable against another funding period. Thus, it is contrary to policy to encumber funds out of the current state fiscal year's allocation for purchases in the next state fiscal year. This policy applies to all purchases supported in part, or in whole, by funds issued by the Commonwealth.

DDAP recognizes that in some instances it may be necessary to establish a reserve or encumbrance to pay off any ending expenses for a funding period. These reserves shall be kept to a minimum and can only be encumbered under the following conditions:

Materials

1. All orders for materials must be dated and signed before the final date of the funding period, which in most cases is June 30.
2. Delivery of all materials must be made within 30 days after the end of the funding period. If payment of the invoice occurs after 60 days, the funds must be expended from the next funding period and the encumbered funds are lapsed.

Services

1. Funds may be encumbered for services that are completed before, but billed after the end of the funding period (in most cases June 30), as long as the contract or bill is paid within 60 days after the end of the funding period. If payment occurs after 60 days, the funds must be expended from the next funding period and the encumbered funds are lapsed.
2. Should a contractual agreement be entered into which extends beyond the end of one funding period, the time portion of the agreement after the end of the funding period should be treated as a charge against the next funding period. Such a charge would be contingent upon continued funding.

All lapsed funds are returned to DDAP with submission of the year end fiscal report.

3.07 FIXED ASSET MANAGEMENT GUIDELINES

This section refers to ownership rights and responsibilities for those items with a unit cost of \$5,000 or more per item. These guidelines will first present the general provisions common to both the SCA and their service providers (SCA/subcontractor), then those provisions specific to just the SCA, and finally those provisions applicable to the SCA service providers only. None of these guidelines shall apply to subcontractors that provide their services to the SCA exclusively on a fee-for-service (unit cost) basis.

General Provisions

- A. Definition: Fixed assets are identified as furniture, equipment and computers purchased, in part or in whole, with DDAP funds that have a useful life of more than one year and an initial purchase price of \$5,000 or more per item.

Fixed assets do not include those items that are leased by the SCA. If, at the end of the lease agreement, the SCA should decide to purchase said items, then those items would be considered fixed assets and be subject to the approval processes described below. Additionally, items linked to a lease purchase agreement arrangement shall be considered a fixed asset. All vehicles, regardless of purchase price, shall also be defined as a fixed asset.

Capital improvements are identified as fixed assets; however, SAPTBG funds cannot be used for capital improvements. No federal dollars can be used for capital improvements unless specifically allowed under a specific federal grant.

- B. The SCA or subcontractor shall obtain prior written approval from DDAP or the SCA for all fixed assets purchased with funding under an Agreement with DDAP or the SCA when the total cost per SFY of such property exceeds \$40,000 or two percent (2%) of the SCA's or subcontractor's total annual budget of State and Federal funds issued by DDAP, whichever is less. The SCA or subcontractor must also obtain prior written approval for all vehicle purchases, and capital improvements and purchases. The cost for such assets shall be allowable only when included within an approved Agreement budget document.
- C. The following information shall be included in all SCA and subcontractor requests for furniture and equipment:
- (1) Item to be purchased;
 - (2) Estimated cost per item;
 - (3) Need and intended use;
 - (4) Source of funds to be used (specify each applicable DDAP State/ Federal funding source);
 - (5) SFY to which funds are to be charged, subject to the conditions as set forth by the Department; and
 - (6) Cost allocation among various funding sources, if applicable.

D. Vehicles

- (1) The SCA or subcontractor shall submit a letter to DDAP or the SCA to request the purchase or trade-in of a vehicle. The letter must be accompanied by the completed "Request for Motor Vehicle Purchase" (Form 314A).
- (2) DDAP or the SCA receives and reviews the SCA's or the subcontractor's request for the purchase of a vehicle.
- (3) Written approval from DDAP or the SCA, to include a signed copy of Form 314A, may be contingent upon the SCA or the subcontractor forwarding additional information requested by DDAP or the SCA for review. The SCA or the subcontractor shall follow the required procedures as described in paragraph F below.
- (4) The SCA or the subcontractor shall retain a record of vehicles purchased as a fixed asset record. The SCA or the subcontractor shall report purchases on the Annual Inventory Report submitted as part of the Year-End Fiscal Report to DDAP or the SCA.

E. Capital Improvements and Purchases

- (1) For capital improvements and purchases, the SCA or the subcontractor shall submit a letter to DDAP or the SCA in order to request participation of DDAP funds in the acquisition of capital improvements or purchases. The letter shall include, at a minimum, the justification, the estimated cost and the terms for payment, the start date of construction or purchase date, and a description of the improvement or purchase. The SCA or the subcontractor shall forward any additional information as required by DDAP for review.
- (2) DDAP or the SCA receives and reviews the SCA's or subcontractor's request.
- (3) Written approval from DDAP or the SCA may be contingent upon the SCA or the subcontractor forwarding additional information requested by DDAP or the SCA for review. The SCA or the subcontractor shall follow the required procedures as described in paragraph F below.
- (4) DDAP or the SCA must be kept apprised of any alterations to the original submission.
- (5) SAPTBG funds may not be utilized for capital improvements/purchases, land and building purchases.

- F. The SCA or the subcontractor shall submit all fixed asset purchase requests to the DDAP or the SCA by May 1st of the applicable SFY to allow for sufficient review and processing time. The SCA or the subcontractor shall obtain fixed assets for use in the performance of the Agreement at the lowest practical cost and to purchase by means of competitive bidding. When purchasing fixed assets with a unit cost of less than \$10,000, the SCA or its subcontractor shall obtain a minimum of three quotes, which may be obtained via fax, or in writing. When purchasing fixed assets with a unit cost of \$10,000 or greater, the SCA or its subcontractor shall obtain a minimum of three formal bids per item. These bids must be in writing, and be in conformance with any county code, as applicable.
- G. The SCA and its subcontractors acknowledge that failure to submit any fixed asset request by the required due date or without proper documentation as outlined in Paragraphs C, D and E will be grounds for disapproval of the fixed asset request by DDAP or the SCA.
- H. All fixed assets furnished by DDAP or acquired by any of the SCA's subcontractors with funds under the SCA Agreement, including the purchase of real and personal property pursuant to a lease purchase agreement arrangement, for which the SCA or the subcontractor is to be reimbursed under the Agreement with DDAP or the SCA, shall be deemed Commonwealth property. Upon purchase, title to all fixed assets shall be with DDAP. During the term of the Agreement, the SCA and its subcontractors shall be deemed the repository for all fixed assets purchased or acquired with funds provided under the Agreement with DDAP or the SCA and shall have exclusive rights to use such fixed assets. Within 120 days after the termination of the Agreement, or at any time upon written notice to the SCA or its subcontractor, DDAP may take possession of said fixed assets and reimburse any other funding sources according to their percentage of contribution, based upon fair market value as determined by independent appraisal.
- I. The SCA and subcontractors shall maintain and administer, in accordance with sound business practice, a program for the maintenance, repair, protection, preservation and insurance of all fixed assets purchased so as to assure their full availability and usefulness for the performance of this Agreement. The SCA and its subcontractors must have a control system, including insurance coverage, in effect, ensuring adequate safeguards to prevent loss, damage, or theft of all fixed assets. Any loss, damage or theft must be investigated and fully documented.

Provisions Specific to the SCA

- A. In addition to the purchasing procedures as described in Paragraph F above, the SCA may also purchase fixed assets from state contracts. The SCA may obtain information by logging on to the DGS website at www.dgs.state.pa.us, clicking on "Doing Business with the Commonwealth", "Procurement" and "COSTARS".

For further information regarding the purchase of fixed assets from state contracts, the SCA may contact:

Department of General Services
COSTARS Program
555 Walnut Street
6th Floor Forum Place
Harrisburg, PA 17101
Telephone No.: (717) 346-9009; 1-866-768-7827
Fax: (717) 783-6241

- B. Fixed assets with a purchase price of \$5,000 or more per item obtained by the SCA under the SCA Agreement shall be recorded on DDAP's "Annual Inventory Report for Fixed Assets", in accordance with DDAP Report Schedule. The Annual Inventory Report must provide a description of the property, quantity of items purchased, identification (serial) number, unit cost of item, total amount expended, total amount funded by DDAP as referenced in Paragraph B of the General Provisions above, total amount funded by all other sources, date of acquisition, present location, and remarks, if applicable. The annual inventory report for fixed assets shall be a cumulative compilation of all fixed assets procured utilizing any amount of DDAP funding. In addition, the report shall contain all fixed assets purchased under the original Agreement, the current Agreement and any subsequent Agreements.
- C. The SCA shall obtain prior written approval to sell, lend, donate or dispose of fixed assets purchased utilizing any amount of DDAP funding. The SCA shall record the information on the Annual Inventory Report under the "Remarks" section of the form. The information can then be removed from subsequent year reports.
- D. The SCA shall require and maintain on file an inventory list of fixed assets procured by each of its subcontractors, according to the provisions of these guidelines.
- E. It is not necessary for the SCA to submit subcontractor fixed asset requests to DDAP; however, the SCA, at its discretion, may submit subcontractor fixed asset purchase requests to DDAP for approval.

Provisions Specific to the Subcontractor

- A. None of these guidelines shall apply to subcontractors that provide their services to the SCA **exclusively** on a fee-for-service (unit cost) basis.
- B. Fixed assets with a purchase price of \$5,000 or more obtained by the subcontractors under an Agreement with the SCA shall be recorded on the Annual Inventory Report and reported to the SCA only.

- C. The subcontractor shall obtain prior written approval from the SCA to sell, lend, donate or dispose of fixed assets purchased utilizing any amount of DDAP funding. The subcontractor shall record the information on the Annual Inventory Report under the “Remarks” section of the form. The information can then be removed from subsequent year reports.
- D. The subcontractor must report to the SCA the purchase of any fixed assets if they receive both cost reimbursement **and** fee-for-service dollars. In addition, the subcontractor must also have a cost allocation plan on file as back-up documentation with regards to the purchase of said fixed assets.
- E. The SCA may impose more stringent requirements upon the subcontractor than those applied to the SCA by the Department.

REQUEST FOR MOTOR VEHICLE PURCHASE

SCA NAME _____ SFY _____

AUTHORIZED SIGNATURE _____

TELEPHONE NUMBER _____ DATE _____

Vehicle	
Make	_____
Model	_____
Year	_____
Estimated Purchase Price	_____
Source of all Funds	_____
	(Specify each applicable DDAP State/Federal funding source)
Intended Use of vehicle	_____

Please provide the following information:

1. Number of vehicles currently owned by the SCA and purchased with DDAP funds.

Make, Model, Year, and purchase price of the vehicle (s).

Motor vehicle maintenance expense for the previous state fiscal year.

Cost of the automobile insurance for the previous state fiscal year.

Number of miles driven in previous state fiscal year. _____

2. Will the current vehicle be sold, traded-in on a new vehicle, or maintained by the SCA?

3. Total amount spent on staff travel over the previous state fiscal year.

4. Number of staff that will utilize the vehicle. _____

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DDAP APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

### 3.08 COST ALLOCATION

The necessity to allocate expenses (personnel, operating, fixed assets) occurs at almost all levels of operation. The following basic rules apply:

1. Expenses allocated must be necessary and reasonable for the operation of the agency's substance use and gambling disorder programs and services.
2. Any allocation system utilized must be documented and justifiable, and must be consistent throughout the state fiscal year.
3. The current, written cost allocation plan utilized by the SCA or their service providers must be kept on file and is subject to review and approval by DDAP or the SCA. Cost allocation plans must be updated at least on an annual basis and as needed when funding levels, personnel staffing, SCA organizational changes (including personnel responsibilities), or when any other occurrences significantly impact the established allocation calculation.

Cost allocation methodology should be utilized by the SCA for the following instances:

1. Funding Stream
  - a. When substance abuse funds are combined with funds received for other purposes (e.g., Compulsive and Problem Gambling, Mental Health, Developmental Disabilities, Children and Youth, Tobacco)
  - b. When DDAP funds are combined with substance abuse funds from other sources (e.g., Act 152, BHSI, HealthChoices)

2. Service Activity

When a variety of substance use and gambling disorder services are being provided within the SCA (e.g., Administration, Prevention, Case Management). Indirect costs relative to the county's Indirect Cost Plan and allocated direct costs from other county units may be allocated to service activities as applicable. Costs such as occupancy or communication expenses associated with management supervision may not be allocated to service activities.

Cost allocation methodology should be utilized by the contracted service provider in the following instances:

1. Funding Stream
  - a. When DDAP funds are combined with non-DDAP funds (e.g., Compulsive and Problem Gambling, Mental Health, Developmental Disabilities, Children and Youth, Tobacco)

- b. When DDAP funds are combined with substance abuse funds from other sources (e.g., Drug Free Communities)

2. Service Activity

When a variety of substance use and gambling disorder services are being provided within the contracted service provider, (e.g., Prevention, Residential, Outpatient)

Various methods may be used to allocate costs including, but not limited to: time studies, usage of square footage and FTE employees. Any methods used should be in accordance with GAAP.

### **3.09 SUPPLANTATION**

DDAP requires SCAs that are contributing local resources toward the cost of service to certify that Federal funds under the Agreement do not replace or supplant, in any way, current State or Local funds for already existing services and that State funds do not replace or supplant local funding for already existing services. The Agreement contains this certification by the SCA.



## **PART FOUR: REVENUES AND EXPENDITURES**

### **4.01 CLASSIFICATION OF MAJOR AND MINOR OBJECTS**

This classification represents the list of major and minor objects that will be utilized for reporting purposes. It is suggested that the SCAs and Contracted Service Providers incorporate this classification list into their Uniform Chart of Accounts. Those SCAs and Contracted Service Providers who choose not to set up their books according to this classification list must maintain, on file, a documented reference sheet used to crosswalk their books onto the required reports.

Not all expenditures in the following categories may be eligible for DDAP participation (e.g., salaries paid in excess of the Commonwealth Civil Service maximum, mileage reimbursement in excess of approved state rate, or legal fees to appeal Commonwealth decisions). The SCA should contact DDAP if there is a doubt as to the eligibility of expenditures.

All costs incurred that are to be prorated should be in accordance with Section 3.08 - Cost Allocation.

#### 100 - PERSONNEL SERVICES

- 111 - Administrative Salaries
- 112 - Administrative Benefits
- 121 - Client-Oriented Service Salaries
- 122 - Client-Oriented Service Benefits
- 131 - Staff Development

#### 300 - OPERATING EXPENSES

- 301 - Meeting and Conference Expenses
- 302 - Consultant Expenses
- 303 - Miscellaneous Personnel Expenses
- 304 - Occupancy Expenses
- 305 - Insurance
- 306 - Communications
- 307 - Office Supplies
- 308 - Minor Equipment and Furniture
- 309 - Medical Supplies and Drugs
- 310 - Food and Clothing
- 311 - Program Supplies
- 312 - Staff Travel
- 313 - Client Transport
- 314 - Purchased Client-Oriented Services
- 315 - Equipment Maintenance Expense
- 316 - Equipment Leases
- 317 - Motor Vehicle Maintenance Expense
- 318 - Motor Vehicle Leases
- 319 - Other Operating Expenses
- 320 - Indirect Costs

400 - FIXED ASSETS

- 401 - Equipment and Furniture
- 402 - Motor Vehicles
- 403 - Capital Improvements
- 404 - Capital Purchases

500 – PROVIDER REVENUE AND INCOME

- 501 - Provider Revenue
- 502 - Provider Charitable Income
- 503 - Provider Interest Income
- 504 - Client Fees/Client Liability
- 505 - Private Health Insurance
- 506 - Medical Assistance
- 507 - Other Third Party Fees
- 508 – Miscellaneous Fees

600 – SCA REVENUE AND INCOME

- 601 - State General Assistance Drug and Alcohol Funds
- 602 - SAPTBG Funds
- 603 - Assessment and Residential Treatment Funds
- 604 - Reserved
- 605 - Reserved
- 606 - Reserved
- 607 - Compulsive & Problem Gambling Treatment Funds
- 608 - Reserved
- 609 - Other DDAP Funding
- 610 - BHSI
- 611 - HSBG
- 612 - Act 152
- 613 - HealthChoices
- 614 - HSDF
- 615 - Children, Youth and Family Funds
- 620 - DUI Funds
- 630 - Tobacco Settlement Funds
- 631 - PCCD Funds
- 640 - Interest Income
- 650 - County Funds
- 660 - Other Income

## **4.02 PERSONNEL SERVICES**

### **MAJOR OBJECT 100 - PERSONNEL SERVICES**

This major object is used to report salaries and wages, payments toward various benefits, and training received by the employees of the substance use and problem gambling program.

Each SCA must have a compensation plan in place for all employees that must be available for DDAP's review, upon request. The compensation plan must include at minimum, a salary chart/schedule identifying all classifications and their salary ranges, benefits, and cost of living adjustments. The plan must be approved by the County or Governing Board. DDAP will participate in employee salaries and benefits up to the maximum as designated under the classification per the Commonwealth's Allowable Reimbursement Maximums. It is important to note that DDAP funds cannot be used for any one time payment to employees for any reason, including performance or merit. All compensation beyond an employee's base salary and benefits must be submitted to DDAP for approval prior to utilizing DDAP funds.

Employees working for two or more programs, such as DDAP and MH/DD Programs, should have their salaries and benefits pro-rated between the programs. Likewise, employees who are charged against more than one funding source, such as against Federal funds and State funds, should have their salaries and benefits paid in accordance with Section 3.08 - Cost Allocation. The minor objects are defined below:

#### **111 - ADMINISTRATIVE SALARIES**

This category should include all wage and salary costs of part-time and full-time employees who render their services within the administrative section.

Administration is defined as general managerial functions or activities which are supportive to, but not an intrinsic part of the provision of direct services. Administrative functions or activities include: executive supervision, personnel management, accounting, auditing, legal services, purchasing, billing, community board activities, activities associated with management information systems (does not include maintenance of individual client case records), and clerical activities which are supportive to these administrative functions or activities.

#### **112 - ADMINISTRATIVE BENEFITS**

This category should include only the employer's share of benefit costs incurred on behalf of all part-time and full-time employees who render their services within the administrative section. Included under Administrative Benefits are such items as social security contributions, retirement, employee health, life and other insurance plans, and worker's compensation.

#### **121 – CLIENT-ORIENTED SERVICE SALARIES**

This category should include the salaries and wages of all part-time and full-time employees who perform client-oriented services or client support services, and includes Case Management (screening, assessment and case coordination) salaries and wages. Clerical activities that provide direct client support to the program activity are to be reported as direct costs of the program activity. Clinical and program supervision associated with direct client care is to be considered a direct program expense. Staff time associated with such supervision should be allocated and reported within program activities as a direct program expense.

#### 122 - CLIENT-ORIENTED SERVICE BENEFITS

This category should include the employer's cost of benefits incurred on behalf of all part-time and full-time employees who perform client-oriented services or client support services. Included under Client-Oriented Service Benefits are items such as social security contributions, retirement, employee health, life and other insurance plans, and worker's compensation.

#### 131 – STAFF DEVELOPMENT

This category covers development and training both within the facility and outside the facility. Expenses incurred for in-house development might consist of: meetings or seminars held at the facility, books, videos, other training tools or equipment. Examples of training or development received outside the facility might be special courses, conferences, and training sessions by an outside agency. Only those staff development and training activities (administrative, technical, clerical) that are essential for the continuation or improvement of the program are eligible for State participation. Any activities in question should be cleared through DDAP.

This category does not include travel by staff to these developmental activities; such costs would be recorded under minor object 312 - STAFF TRAVEL.

## 4.03 OPERATING EXPENSES

### MAJOR OBJECT 300 – OPERATING EXPENSES

This major object includes the cost of supplies, commodities, services, travel, or manufactured articles that are used in current operations. This major object also includes minor equipment and furniture, as well as other articles not meeting the criteria set forth in Major Object 400, Fixed Assets.

Any expenses entered in the following minor objects must be substantiated by invoices, canceled checks, contracts or other means of documentation that are readily available for DDAP review.

#### 301 - MEETING and CONFERENCE EXPENSES

Charge to this category total meeting costs incurred by the SCA and its Board, excluding travel and advertising. This would include the cost of meetings related to conducting the business of the SCA, as well as sponsoring of conferences and training events by the SCA. Examples may include room rental, equipment rental, and food services.

#### 302 -CONSULTANT EXPENSES

Charge to this category the cost incurred for all consultants hired on a limited term basis for administrative services. Include the total cost of consultants or other specialized and professional administrative services subcontracted or purchased, such as attorneys, auditors, accountants, management analysts and research analysts. Costs reported in this category are not to be reported separately in the SDS by contract provider but are to be included as part of the SCA's total expenditures. This does not preclude the reporting of contracts issued for Administration, when this function is, in whole or part, contracted out to another entity. Travel and lodging expenses incurred by the consultant are eligible under this category and are reimbursed by State standards as explained in Minor Object 312 - Staff Travel.

#### 303 -MISCELLANEOUS PERSONNEL EXPENSES

Charge to this category the cost of administrative personnel that are hired on a temporary basis and do not appear on the Roster of Personnel. Examples may include replacements for any leaves of absence and student interns. If temporary staff is approved for travel, the expense should be charged under Minor Object 312 - Staff Travel.

#### 304 -OCCUPANCY EXPENSES

**All direct costs for the following expenses may be charged to this category.**

1. Rent for an office or other space occupied by the facility. No rental charge may be made for offices in County-owned buildings that are debt-free. Rental costs utilizing DDAP funds must be pro-rated when offices or space is in buildings rented and utilized by local authorities for purposes not associated with the administration on delivery of services under the drug and alcohol or problem gambling programs. An agency must be able to

demonstrate, upon request from DDAP, that the cost of space per square foot is based on a fair market value for the surrounding area.

2. Utilities include heating fuel, sewage, water, gas, electricity, etc.
3. Housekeeping Services and Supplies include all supplies used in the performance of general housekeeping and grounds care services, or the cost of contracting out those services.
4. Building Repairs and Maintenance include minor building repairs, maintenance, repairs and maintenance to heating, ventilation and air-conditioning units. Repairs are defined as work done to maintain the existing structures and equipment.
5. Minor Renovations are considered to be the adaptation of available space and do not include construction cost for additional space. Minor renovations are those at a cost of less than \$10,000. Three formal, written bids are required on all contracted renovations and the lowest bid must be accepted, unless otherwise justified. Bids must be in accordance with the process described in Section 3.07 - Fixed Asset Management Guidelines. All bids must be kept on file.
6. Insurance includes building, content, fire and liability insurance costs.

### 305 - INSURANCE

Charge to this category any insurance not covered under Minor Object 304 - Occupancy Expenses and Minor Object 317 - Motor Vehicle Maintenance Expense. Examples include professional liability, directors' and officers' insurance, and fidelity bonds.

### 306 - COMMUNICATIONS

Charge to this category the costs of telephone service (including installation), postage, advertising, marketing, pagers, cell phones, web sites, internet services, printing, duplicating and parcel service.

### 307 - OFFICE SUPPLIES

Charge to this category the cost of all expendable items that are normally consumed within one year and used in the day-to-day operations of an office. Some examples are pens, pencils, paper, calendars and tape.

### 308 - MINOR EQUIPMENT AND FURNITURE

Charge to this category items with a useful life of more than one year and a unit cost of less than \$5,000. Examples may include: fax machines, copiers, computers and computer-related equipment, software, tables, desks and chairs.

### 309 - MEDICAL SUPPLIES AND DRUGS

Charge to this category the cost of all medical supplies and drugs used in the treatment of clients.

### 310 - FOOD AND CLOTHING

Charge to this category the cost of necessary food and clothing used by substance use and gambling disorder clients. Also, charge all costs associated with specialized or professional food preparation and food delivery services.

### 311 - PROGRAM SUPPLIES

Charge to this category the cost of supplies purchased for activities related to rehabilitation or recreational purposes. Also included are supplies used in client training and education services. Some examples are books, periodicals, games, videos, tapes, creative supplies and drug testing kits.

### 312 - STAFF TRAVEL

Charge to this category the cost of business-related staff travel. Include allowances for meals, lodging, and other related expenses.

The SCA shall be bound by the terms and conditions regarding travel, lodging and subsistence rates as set forth by the Commonwealth of Pennsylvania in the Office of Administration's Management Directive 230.10, Rev. 11/01/11 and any subsequent revisions thereto. If the lodging rates set by the Management Directive are not available to the SCA, the lowest price available through 3 telephone bids will be acceptable. However, if prevailing county travel policies provide for reimbursement of travel, lodging and subsistence costs at a lower rate than the state rate, then the lower rate shall govern. If prevailing collective bargaining unit policies provide for reimbursement of these items at a different rate than the state or county rate, then the terms of the bargaining unit shall prevail. If the employee attends a conference or training event where the hotel is the site of the event, then the reimbursement rate for lodging costs incurred for attendance at the event shall take precedence over both the Management Directive rate and the county rate. In those instances when lodging cannot be secured within the established lodging rate allowance, employees may exceed the allowance if written justification is provided on the travel form (e.g., closest lodging facility to work site – next hotel 25 miles away; no rooms available at hotel with lowest rate; inclement weather; lateness of hour).

No subsistence payments shall be made to the employee for non-overnight travel, except as specifically provided for in the Management Directive or labor agreements.

All employee travel reimbursement must be approved and signed by a duly designated SCA executive, official or supervisor. Copies of all authorized expense reports (travel vouchers) must be on file for auditing purposes. These reports must be signed by the employee and must show the purpose of travel, departure and destination points, actual miles traveled each day, and expenses incurred, such as parking, meals, lodging and tolls. Itemized receipts for travel and subsistence must be on file to support reimbursement.

Allowances for the reimbursement of subsistence costs incurred by the SCA are not flat allowances; only amounts actually expended may be claimed. Management Directive 230.10 may be accessed via the internet at <http://www.oa.state.pa.us> under Records and Directives, Management Directives, Management/Administrative Support (205-260).

### 313 - CLIENT TRANSPORT

Charges to this category include actual miles traveled, parking, tolls, meals and expenses incurred or fees paid to an outside agency for the transportation of substance use or gambling disorder clients. Accurate and up-to-date records must be maintained, reviewed and approved by the director or designee if transportation services are provided by the SCA.

### 314 - PURCHASED CLIENT-ORIENTED SERVICES

Charge to this category the cost incurred from the purchase of client-oriented services, such as medical care, laboratory services, psychiatric services and interpreter services.

### 315 - EQUIPMENT MAINTENANCE EXPENSE

Charge to this category the cost of maintenance agreements and repairs to all types of office or medical equipment.

### 316 - EQUIPMENT LEASES

Charge to this category the cost of all equipment leases.

### 317 - MOTOR VEHICLE MAINTENANCE EXPENSE

Charge to this category the cost of maintenance to motor vehicles used in the performance of official SCA related program activities (e.g., repairs, insurance, inspection, tires, gas, oil and lubrication).

### 318 - MOTOR VEHICLE LEASES

Charge to this category the cost of motor vehicle leases.

### 319 - OTHER OPERATING EXPENSES

Charge to this category operating costs that cannot properly be recorded in the other minor expense objects. All costs in this category should be documented and held to a minimum.

### 320 - INDIRECT COSTS

Charge to this category costs for supportive activities that are necessary to maintain the direct effort involved in providing the services. DDAP participation in allowable county indirect costs will be up to 2.0% of the amount of expenditures utilizing DDAP funds. This percentage does



not apply to providers under contract with the SCA. Organizational management of an SCA under the Planning Council option is considered an indirect cost and must be accounted and reported as part of the allowable indirect cost. A copy of the county's indirect cost plan must be maintained on file for review by DDAP.

## **4.04 FIXED ASSETS**

### MAJOR OBJECT 400 - FIXED ASSETS

This major object includes items deemed to be fixed assets as defined in Section 3.07 – Fixed Asset Management Guidelines.

#### 401 - EQUIPMENT AND FURNITURE

Charge to this category the cost of equipment and furniture with a purchase price of \$5,000 or more per item and a useful life of more than one year.

#### 402 – MOTOR VEHICLES

Charge to this category the cost of purchased motor vehicles.

#### 403 - CAPITAL IMPROVEMENTS

Charge to this category property and building improvements with a cost of \$10,000 or greater. Such improvements may include building additions and/or installation of permanent fixtures (furnaces, fire escapes, integral air conditioning systems, sewage hook-ups, etc.)

#### 404 – CAPITAL PURCHASES

Charge to this category the cost of land and building purchases.

## 4.05 PROVIDER REVENUE AND INCOME

This major object is used to report all income received by the contracted service providers directly from Federal, State, and Local governments, as well as from client and private sources. Funding source, for reporting purposes, shall be defined as the agency from which the checks were received. The SCA, if providing direct non-treatment contracted services, may also receive revenue and income as described below.

**Revenue** – Provider revenue is funding which has been obligated to the contract provider by grant, contract, award letter or other documented agreement. Revenues are received as a consequence of a formal funding agreement that describes the work and defines the period for services to be performed. For the revenue line items, list all revenue received or earned by the contract provider during the cumulative report period. The contract provider must accrue revenues earned and reported on the appropriate reporting form.

**Income** - Provider income is funding received by the contract provider as a result of operations. Income is primarily derived from third party payers as reimbursement for services to insured, medical assistance eligible, or self-paying individuals. Interest and donations are also classified as income. List accounts receivable and cash receipts for the income line items. Report interest income listing only cash receipts.

**501 - Provider Revenue** - Provider revenue is comprised of direct federal revenues received by the contract provider, revenues received from other government or private entities as well as revenues received from other SCAs for the provision of treatment services or related ancillary services. The intent is to identify other dollars used by the recipient to defray existing costs or expand services. Direct federal grantors may include NIAAA and NIDA, while other revenue sources may include United Way, municipal funds and private grants. The contract provider must identify the source(s) of these funds.

**502 - Provider Charitable Income** – Income received from unspecified sources such as donations (i.e., funds donated to the contract provider as a general contribution wherein the donor determines how the funds will be spent) from private firms, unions, charitable organizations and individuals. Identify the source(s) of all contract provider income.

**503 - Provider Interest Income** – The contract provider must enter any interest income earned in the space provided. Interest income must be expended prior to the expenditure of Commonwealth funding.

**504 - Client Fees/Client Liability** – Income received directly from clients who have a liability for full or partial payment for services received.

**505 - Private Health Insurance** – Income received from insurance carriers, e.g., Blue Cross/Blue Shield, employer or union health plans and private purchase health insurance.

**506 - Medical Assistance (MA)** – Income received from the DHS for substance use and gambling disorder services provided to MA-eligible recipients.

507 - Other Third Party Fees – Income received as payment for client services from a source such as employers (where insurance coverage is not applicable), client family member, food stamps, etc. (when the payment by such sources is agreed to by the client and does not violate confidentiality requirements).

508 – Miscellaneous Fees – Use this code to indicate funding of a special nature or circumstance that cannot be categorized using the definitions and examples cited above.

#### **4.06 SCA REVENUE AND INCOME**

601 – State General Assistance to Drug and Alcohol Funds (11-029) – State general assistance funds issued by DDAP, for administrative functions and the provision of prevention; intervention; treatment; and treatment-related services. State funds consist of base dollars, as well as dollars allocated for special initiatives. Base funds can be budgeted among these activities at the discretion of the SCA. The remaining dollars are targeted for special initiatives and must be budgeted accordingly.

602 - Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Funds (70-963) – Federal funds issued by DDAP, for the provision of prevention; intervention; treatment; and treatment-related services. Specific amounts of these funds are allocated between prevention and intervention/treatment/treatment-related and must be spent within those categories. In addition, specific amounts are also allocated between drug and alcohol and may not be moved from one category to another.

603 – Assessment and Residential Treatment Funds (20-382) – Revenues generated from the Pennsylvania Race Horse Development and Gaming Act and utilized in accordance with Act 1 of 2010 (No. 2010-1) to finance drug and alcohol addiction assessments; including drug and alcohol addiction assessments associated or related to compulsive and problem gambling; and for the related addiction treatment in non-hospital residential detoxification facilities, non-hospital residential rehabilitation facilities, and halfway houses licensed to provide addiction treatment services.

607 – Compulsive and Problem Gambling Treatment Funds (26-387) – Fund created under the Pennsylvania Race Horse Development and Gaming Act through revenues transferred from the State Gaming Fund to administer and provide for the delivery of prevention, intervention, treatment and treatment-related activities associated with compulsive and problem gambling disorders.

609 - Other DDAP Funding – This may include federally or state-funded special initiatives not included in the categories above.

610- Behavioral Health Special Initiative (BHSI) – State funds issued by the DHS, OMHSAS, to provide treatment services to clients who are uninsured, do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits.

611 – Human Services Block Grant - A conglomeration of several appropriations within DHS and consolidated for distribution to counties under Act 80 of 2012 (P.L. 668, No. 80) as a block grant to provide local flexibility in the funding and delivery of designated human service programs.

612 - Act 152 – State funds issued by the DHS, OMHSAS to provide non-hospital (medically monitored) residential drug and alcohol detoxification and rehabilitation services for individuals eligible for Medical Assistance under fee-for-service and who are not yet enrolled for services under the Medicaid HealthChoices waiver.

613 - HealthChoices - Income received from the provision of administration and clinical care services related to the HealthChoices Program, such as case management and administrative and clinical oversight of the MCO.

614 - Human Service Development Fund (HSDF) - State funds authorized under the Human Services Development Fund Act (P.L.531, No.78) and issued by DHS to support various human service initiatives. The allocation of funds to the SCA is at the discretion of the county and must be included in the annual plan submitted by the county to DHS. Funding may cover most substance abuse intervention, all treatment and certain treatment-related activities, including case management and care coordination. Administration for the SCA is not a reimbursable expense.

615 - Children, Youth and Family Funds – Funds received from the local children and youth office and utilized by the SCA for the provision of substance abuse services to clients involved in the Children and Youth System.

620 - Driving Under the Influence (DUI) Funds – Funds issued by the county for the purpose of aiding programs promoting alcoholism prevention, education, treatment and research. Distribution of these funds is at the discretion of the county executives.

630 - Tobacco Settlement Fund - Funds issued by the Pennsylvania DOH, Bureau of Health Promotion and Risk Reduction, Division of Tobacco Control, through designated regional primary contractors, for the provision of tobacco prevention and cessation services.

631 - PA Commission on Crime and Delinquency (PCCD) Funds – Grant funds, such as intermediate punishment programs or juvenile incentive initiatives, received directly from PCCD for the provision of substance abuse services.

640 - Interest Income – Monies received through interest-bearing accounts for funds managed at the SCA level.

650 - County Funds – Funds provided by the county which meet or exceed the county's required financial commitment to the SCA for the delivery of services.

660 - Other Income – All other income received by the SCA but not defined above.

## **PART FIVE: FUNDS USE AND ALLOWABILITY**

### **5.01 STATE FUNDS**

State General Assistance State dollars (Appropriation 11-029). The primary State funding source relative to the SCA's agreement with DDAP. All SCAs receive funding from this source. These funds include base dollars, which may be budgeted across all allowable activities at the discretion of the SCA, as well as categorical funding for particular populations or initiatives (e.g. the Student Assistance Program.)

Unless otherwise specified in the agreement or some other associated document, these funds may be budgeted for administrative functions and the provision of prevention; intervention; treatment; and treatment-related services. The SCA may not expend more State dollars than are allocated in the Schedule of Funding for a particular SFY.

On occasion, there may be other State funding that is awarded to SCAs for certain special initiatives. These funds may be awarded selectively to one or several SCAs, or to all SCAs.

State base funds drawn down by the SCA, but not spent during the SFY may not be carried forward. However, in special circumstances, State funds awarded for special initiatives may be carried forward into the new SFY, upon instruction from DDAP. It is best, therefore, to expend State dollars and return Federal SAPTBG dollars as necessary. Any unspent State funds must be returned to DDAP along with the submission of the fourth quarter fiscal report.

## **5.02 SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPTBG) FUNDS**

The federal legislative authorization for the SAPTBG funds, allocated under Appropriation 70-963, is the Federal Public Health Service Act. DDAP, serving as the Single State Agency for receipt of SAPTBG funds, manages expenditure requirements established in the block grant through a planning and monitoring process.

DDAP allocates specific amounts of SAPTBG funds to the SCAs for the purpose of delivering or purchasing services (planning, carrying out and evaluating activities) to prevent and treat substance abuse and for related activities, as authorized under the grant, and in accordance with specified expenditure requirements. The allocated amounts are based on population, competitive awards and other factors and are also calculated to meet the specified block grant expenditure requirements.

SAPTBG funds are the primary Federal funding source relative to the SCA's agreement with DDAP. All SCAs receive funding from this source, to include base dollars as well as categorical funding to be utilized for specific populations and initiatives (e.g. the Student Assistance Program and the Pregnant Women and Women With Children initiatives.)

SAPTBG funds may be budgeted for the provision of prevention; intervention; treatment; and treatment-related services. The SCA may not expend more Federal dollars than are allocated in the Schedule of Funding for a particular SFY under the subcategories of Prevention, Alcohol Intervention/Treatment and Drug Intervention/Treatment.

The SAPTBG contains a requirement to spend not less than 20 percent of the grant on primary prevention programs, utilizing the Center for Substance Abuse Prevention's six Federal Strategies (Information Dissemination, Education, Alternative Activities, Problem Identification and Referral, Community-Based Process and Environmental) in conjunction with the three Institute of Medicine (IOM) Prevention Classifications to meet Performance Partnership Grant (PPG) requirements. Prevention funding is allocated to all SCAs based on county populations. Prevention program activities shall be provided in a variety of settings to targeted populations who are severely affected by risk factors associated with substance abuse, determined through community-wide bi-annual needs/risk assessments performed by the SCAs. DDAP tracks the results of these services through use of the Prevention Data System.

On occasion, there may be SAPTBG funding that is awarded to SCAs for certain special initiatives. These funds may be awarded selectively to one or several SCAs, or to all SCAs.

SAPTBG base funds drawn down by the SCA but not spent during the SFY may not be carried forward. However, under certain circumstances, SAPTBG funds awarded for special initiatives may be carried forward upon instruction from DDAP. Any unspent funds must be returned to DDAP with the submission of the fourth quarter fiscal report.

In order for the SCA and any subcontractor under the SCA agreement to be in compliance with SAPTBG requirements, the SCA shall assure that it and any subcontractor under the SCA agreement shall cooperate fully with the Commonwealth to enable it to comply with any reporting, audit, or fiscal



requirements imposed under 42 U.S.C. Section 300x-52. Further, the SCA shall assure that, should the federal government conduct any investigation under 42 U.S.C. Section 300x-55(g), the SCA and any subcontractors shall cooperate fully with the Commonwealth in such investigation and specifically shall make available for examination and copying by the Commonwealth, the U.S. Department of Health and Human Services or the Comptroller General of the United States, the documentary records outlined under 42 U.S.C. Section 300x-55.

### **5.03 PREGNANT WOMEN AND WOMEN WITH CHILDREN (PWWWC) FUNDS**

DDAP is required to expend an amount equal to the amount expended by the Commonwealth during FFY 1994 on programs designed for the PWWWC population. DDAP's main objective relative to the PWWWC client is to improve and expand substance use disorder services to this vulnerable population, either directly or through arrangements with other public or non-profit entities. PWWWC services stress the family as a unit. The client must have custody or be in the process of regaining custody of their children in order for the SCA to utilize PWWWC dollars.

The SAPTBG funding for the PWWWC population is allocated to all SCAs under Appropriation 70-963 through their agreement with DDAP. The SCAs may also utilize State funds allocated under Appropriation 11-029 and funds issued by DHS/OMHSAS in addressing the needs of this priority population. SCAs are required to provide treatment through a continuum of care (to include methadone maintenance), as well as to provide or facilitate ancillary services (such as shelter, health services, case management services, day-care, etc.) to assure the holistic wellness for this population.

The SCAs shall take into consideration the prevention needs of the children as part of the Performance Based Prevention community-wide needs/risk assessment process when providing services to the PWWWC population. If selected as a targeted population, prevention funds awarded under this program may be used to fund the services. Further, any prevention funds not utilized for this specific population may be utilized for other prevention activities as long as the movement of dollars from this initiative is replaced with State or Federal based dollars utilized for intervention/treatment/treatment-related. In those circumstances where the children are not a targeted or prioritized population for prevention services, and the children are residing in a residential program that provides prevention services, those services may be funded as part of the overall per diem cost, utilizing intervention/treatment/treatment-related dollars.

DDAP monitors SCA funding through compliance checks with the SCA agreement and through fiscal reporting. The SCAs must report all PWWWC expenditures from all funding sources, rather than only up to the maximum amount of SAPTBG funds allocated by DDAP.

If the SCAs do not expend their entire PWWWC block grant allocation drawn down during the SFY, then the unspent funds must be returned to DDAP with the submission of the year-end report. If the report indicates that the total amount of DDAP funds, including State funds, expended on this initiative are equal to the block grant allocation, then the SCA will not be required to return the funds.

#### **5.04 HUMAN IMMUNODEFICIENCY VIRUS (HIV) FUNDS**

DDAP is required to meet certain Federal SAPTBG requirements regarding the Human Immunodeficiency Virus (HIV) when the state has a reported incidence of ten or more cases per 100,000 individuals of acquired immunodeficiency syndrome to the Center for Disease Control. Services include appropriate pre-test counseling, testing individuals for the presence of the disease and the extent of the deficiency, providing information on the appropriate therapeutic measures to prevent and treat deterioration of the immune system and to prevent and treat conditions arising from the disease, appropriate post-test counseling and providing the therapeutic measures described above.

DDAP must demonstrate expenditures equal to a 5 percent set-aside of SAPTBG funds, allocated to several SCAs under Appropriation 70-963 through their agreements with DDAP, for the provision of Early Intervention Services relative to the HIV disease.

DDAP works in concert with the Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS to determine those areas where the prevalence rates necessitate funding through the HIV set-aside and to determine the amounts allocated to the designated SCAs.

DDAP monitors SCA funding through compliance checks with the SCA agreement and through fiscal reporting. The SCAs are required to submit an annual report relative to their HIV expenditures. If the SCAs do not expend their entire HIV block grant allocation drawn down during the SFY, then the unspent funds must be returned to DDAP with the submission of the fourth quarter fiscal report.

## 5.05 SAPTBG PROHIBITIONS AND RESTRICTIONS

The block grant legislation and regulations impose several restrictions and requirements on the use of block grant funds, which DDAP, in turn, passes on to SCAs and providers. These restrictions, incorporated by reference into the SCA agreement, prohibit block grant funds to be used to:

- A. Provide inpatient hospital services unless it is determined, in accordance with guidelines issued by the Secretary of Health and Human Services, that such treatment is a medical necessity for the individual involved. In exercising this exception, a physician must determine that the primary diagnosis of the individual is substance abuse; the services can be reasonably expected to improve the individual's condition or level of functioning; the individual cannot be effectively treated in a community-based, non-hospital, residential program of treatment; and the hospital's substance abuse program follows national standard of substance abuse professional practice. SAPTBG funding may only be used under these circumstances only to the extent that the daily rate of payment provided to the hospitals for providing the services to the individual shall not exceed the comparable daily rate provided for community-based, non-hospital, residential programs of treatment for substance abuse; and that payment is only for services that are medically necessary, that is, only for those days that the patient cannot be safely treated in a residential, community-based program.
- B. Make cash payments to intended recipients of health services;
- C. Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling if provided for in the line item budget of this agreement) any building or other facility, or purchase major medical equipment. (No minor equipment may be purchased unless the line item budget specifically provides for such purchase);
- D. Satisfy any requirement for the expenditure of non-Federal funds as a condition for receipt of Federal funds;
- E. Provide financial assistance to any entity other than a public or non-profit private entity; or,
- F. 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 in writing 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.

## 5.06 STUDENT ASSISTANCE PROGRAM (SAP) FUNDS

### Overview

The Department of Education, in collaboration with the Department Drug and Alcohol Programs (formerly the Department of Health) and the Department of Human Services (formerly the Department of Public Welfare), designated the student assistance program as the vehicle to require and assist each school district to establish and maintain a program to provide appropriate counseling and support services for students who experience problems related to the use of drugs, alcohol and dangerous controlled substances.

The Commonwealth's student assistance program is designed to assist school personnel to identify issues, including alcohol, drugs and others, which pose a barrier to a student's learning and school success. Student assistance is not a treatment program; rather, it is a systematic process using effective and accountable professional techniques to mobilize school resources to remove the barriers to learning, and, where the problem is beyond the scope of the school, to assist the parent and the student with information so they may access services within the community. The student assistance team members do not diagnose, treat or refer for treatment; but they may refer for an assessment for treatment. It is the parent's right to be involved in the process and to have full access to all school records under applicable state and federal laws and regulations. Involvement of parents in all phases of the student assistance program underscores the parent's role and responsibility in the decision-making process affecting their children's education and is the key to the successful resolution of problems.

The core of the program is a professionally trained team, including school staff and liaisons from community agencies, who process issues based upon state guidelines, professional standards and policies and procedures adopted by the local board of directors. Professional training for team members in all phases of the student assistance process, which is consistent with state guidelines and conducted by a training provider approved by the Departments of Education, Drug and Alcohol Programs, and Human Services, is required to ensure the appropriateness of the recommended services, effective interagency collaboration and compliance with state and federal laws protecting the privacy rights of parents and students. The rigorous training for team members, which results in a certificate from the approved training provider, ensures the board of school directors, school administrators, parents, students and the public that team members have received up-to-date professional training consistent with accountable standards and appropriate professional procedures.

DDAP, in support of this effort, provides a combination of state and federal SAPTBG dollars, including SAPTBG Prevention dollars, to fund programming associated with SAP. The primary purpose of these funds is to underwrite SAP liaisons, as representative of the county drug and alcohol system and to support SAP core team activities. These dollars can also be used to support interventions, assessments and treatment resulting from adolescents referred through this program. There is nothing that prohibits the SCA from spending dollars in excess of the specific allocations of state and federal dollars. However, expenditure amounts below the specified allocation must be returned to DDAP at the end of the fiscal period, unless an exception was granted to move these funds to support other activities or populations. SAPTBG dollars cannot be moved between the Intervention/Treatment allocations and the Primary Prevention allocation.

Prevention expenditures are limited to Activities (Strategies) 6100, 6400 and 6500. Information dissemination specific to SAP in the form of printed or electronic materials, as well as speaking engagements through classroom presentations to provide information about SAP to students would be captured under Activity 6100. Activity 6400 would encompass Core Team Meetings; Problem Identification and Follow-up, Parent, Consultant, Teacher Meetings; SAP Consultations and SAP Initial Screenings. Training and Technical Assistance associated with SAP would be covered under Activity 6500. Expenditures applicable to Activity 7200 would encompass the cost associated with SAP Groups (Group Intervention). Please refer to the Prevention Manual for further detail concerning the SAP and eligible activities. As previously stated, funds under this allocation can also be used for assessments and treatment resulting from referrals through the SAP.

#### Set-aside Exception for SAP Funds

If the SCA is not able to fully expend all State or SAPTBG funds specifically awarded for the SAP population, then the SCA, with prior written approval from, may utilize these funds for other drug and alcohol activities for the general population within the original State and SAPTBG prevention and/or intervention/treatment allocations, as applicable. All exception requests must be submitted, with adequate justification, by May 1 of the applicable state fiscal year to be considered for approval. The exception request must address both State and SAPTBG SAP funds as applicable.

If the SCA does not receive the aforementioned approval from DDAP, the SCA will be required to refund any portion of State or Federal SAPTBG SAP funds drawn down but not expended on the SAP population.

Note: SCAs granted set-aside exception approvals are not required to refund the difference between requested State and SAPTBG SAP fund set-aside amounts and actual State and SAPTBG SAP fund expenditures.

## **5.07 ASSESSMENT AND RESIDENTIAL TREATMENT FUNDS (20-382)**

The Drug and Alcohol Treatment Services Fund was established as a result of Act 1 of 2010, legislation amending Title 4 (Amusements) of the Pennsylvania Consolidated Statutes, making extensive revisions to numerous provisions concerning larger gaming concerns in Pennsylvania, but including language regarding required transfers from the State Gaming Fund, modifications to requirements under the compulsive and problem gambling program, and the introduction of drug and alcohol treatment funds made available through revenues generated from gaming. Inclusive in this legislation is the transfer of \$3,000,000 annually from the State Gaming Fund made available to the Single County Authorities (SCA) solely for drug and alcohol addiction assessments, including drug and alcohol addiction assessment associated or related to compulsive and problem gambling, and for the related addiction treatment, in nonhospital residential detoxification facilities, nonhospital residential rehabilitation facilities and halfway houses licensed by the Department of Drug and Alcohol Programs (formally the Department of Health) to provide addiction treatment services.

DDAP is required to provide the Governor and General Assembly a report no later than the first day of October annually reflecting data and progress resulting from funds expended as a result of this Act. This report is inclusive of the report submitted for funds expended under the Compulsive and Problem Gambling Treatment Fund. In order to accommodate timely reporting in accordance with the legislation, DDAP annually provides specific instructions to report activities and expenditures associated with this fund source.

## **5.08 COMPULSIVE AND PROBLEM GAMBLING TREATMENT FUNDS (26-387)**

Act 71 of 2004 established the State Gaming Fund and the Compulsive and Problem Gambling Treatment Fund under the Pennsylvania Race Horse Development and Gaming Act; the latter fund receiving a formula-based transfer in accordance to § 1408 of the Act from the Gaming Fund on an annual basis. Funds received under the Compulsive and Problem Gambling Fund are to be utilized in accordance to § 1509 of the Act to develop program guidelines for public education, awareness and training regarding compulsive and problem gambling and the treatment and prevention of compulsive and problem gambling. All moneys in the fund shall be expended for programs for the prevention and treatment of gambling addiction and other emotional and behavioral problems associated with or related to gambling and for the administration of the compulsive and problem gambling program.

Act 1 of 2010 (P.L. 1, No. 1) further amended Title 4 (Amusements) of the Pennsylvania Consolidated Statutes, making extensive revisions to the provisions initially outlined in Act 71 of 2004 (P.L. 572, No. 71). These revisions included language modifying the required transfers from the State Gaming Fund, as well as other modifications to requirements under the compulsive and problem gambling program, including a stipulation to distribute fifty percent of revenues in the fund to the Single County Authorities (SCAs) to carry out functions defined in the Act. Although funding mandates are in place regarding the amount of funds to be made available to the SCAs, there is no regulation or law that requires an SCA to engage in activities associated with Compulsive and Problem Gambling programming or to accept funds associated with this program. Therefore, funds are issued to SCAs in response to a Funding Initiative Application (FIA) released by DDAP. The FIA serves as an invitation to apply for funds based on defined service deliverables applicable to compulsive and problem gambling. The FIA may be released to address funding for a single fiscal period or multiple fiscal years. Final allocations are based on the merit and content of the proposal in meeting criteria established by DDAP and availability of funding.

DDAP is required to provide the Governor and General Assembly a report no later than the first day of October annually reflecting data and progress resulting from funds expended under the Compulsive and Problem Gambling Treatment Fund. In order to accommodate timely reporting in accordance with the legislation, DDAP annually provides specific instructions to the SCAs to report activities and expenditures associated with this fund source.



## **5.09 OTHER DDAP FUNDING**

Some SCAs may receive additional funding other than that received through State funds (Appropriation 11-029) and Federal SAPTBG funds (Appropriation 70-963) in any given SFY. These funds are, in general, other Federal grant funds secured by DDAP that are targeted for special projects. Fund recipients may be predetermined at the time of grant application based on particular grant stipulations, or may be awarded through a selective Request For Application (RFA) process and awarded to one or several SCAs, depending upon the criteria of the grant and the availability of funds in the grant award.

These funds are budgeted according to the specific boundaries of the project and as directed by DDAP. Specific reports relative to special initiatives must be completed by the SCAs as prescribed by the agreement. The report parameters are outlined in the agreement or a subsequent amendment to the agreement with the SCAs. Reporting format and instructions are generally provided to the recipient of funds through separate correspondence forwarded from DDAP. In some instances, special instructions are provided concerning the invoicing for these funds, which may be invoiced based on reimbursement rather than the customary advanced invoicing of the majority of funds received by the SCA.

The SCA may not expend more special initiative funding than is allocated in the Schedule of Funding for a particular SFY. Under certain circumstances, funds drawn down by the SCA but not spent during the SFY may be carried forward into the new SFY, based upon instruction from DDAP.

## **5.10 BEHAVIORAL HEALTH SPECIAL INITIATIVE FUNDS**

Behavioral Health Special Initiative (BHSI) funds allocated by the Department of Human Services (DHS) support those individuals who are uninsured, who do not have insurance that covers the service they need, or cannot obtain Medical Assistance benefits. SCAs are encouraged to target those persons most in need who, without drug and alcohol treatment, would likely become the responsibility of another system. (e.g. criminal justice, child welfare, social services, etc.).

Funds are available to provide persons in serious need of substance abuse services access to the full continuum of D&A treatment, including treatment for co-occurring substance abuse and mental health disorders. These funds may be used for administrative care and case management services, including assessment, and the full continuum of care as determined by the most recent edition of the Pennsylvania Client Placement Criteria (PCPC) for adults, the most recent edition of the ASAM Patient Placement Criteria for Adolescents, or other criteria for co-occurring substance abuse and mental health disorders approved by the Department of Human Services. Since Medicaid requirements do not apply, as long as no other funds are available, BHSI can be also be used for client support services that will enhance an individual's participation in treatment and prospects for recovery (e.g. relapse prevention, collateral sessions, child care, transportation, physical exams and lab testing required for participation in treatment) . These funds can also be used for the provision of licensed drug and alcohol services in a county jail setting to support continuity of care and reentry into the community.

The BHSI allocation and any associated pool funds managed by the designated Hub SCA are not available to counties participating in the Human Services Block Grant program managed by the DHS. BHSI funding is not an entitlement, it is a capped allocation. If service limits are established by the SCA, all limitations must be explained to the individual prior to placement in treatment.

SCAs must continue to track clients and services funded through BHSI and report fiscal and service data in accordance to DHS reporting requirements.

## 5.11 ACT 152 FUNDS

Act 152 of 1988 provides state funding for drug and alcohol non-hospital residential detoxification and rehabilitation services for persons eligible for Medical Assistance under fee-for-service and who are not yet enrolled for services under the Medicaid HealthChoices waiver. SCAs are required to verify that persons receiving services under this fund source are Medicaid eligible. To ensure timely access and engagement in service, services may be delivered pending determination of Medical Assistance eligibility and retroactive service funding (retroactive to the admission date of allowable services) may be authorized after the individual is determined to be eligible. If eligibility is denied, it will be necessary to utilize other available funds for the services rendered.

Act 152 is available for licensed drug and alcohol non-hospital residential detoxification and rehabilitation services as determined by the most recent edition of the Pennsylvania Client Placement Criteria (PCPC) for adults, the most recent edition of the ASAM Patient Placement Criteria for Adolescents, or other criteria for co-occurring substance abuse and mental health disorders approved by the Department of Human Services.

The Act 152 allocation and any associated pool funds managed by the designated Hub SCA are not available to counties participating in the Human Services Block Grant program managed by the DHS. Act 152 funding is not an entitlement, it is a capped allocation. SCAs must monitor expenditures and may implement management strategies to insure some level of funding is available throughout the fiscal year. If service limits are established by the SCA, all limitations must be explained to the individual prior to placement in treatment. Unexpended funds may be subject to reallocation to SCAs in need.

SCAs must continue to track clients and services funded through Act 152 and report fiscal and service data in accordance to DHS reporting requirements.

**PART SIX: RESERVED**

## **PART SEVEN: LIABILITY FOR ADDICTION TREATMENT SERVICES**

### **7.01 GENERAL PROVISIONS**

#### General

One of the primary goals of the publicly funded addiction treatment service system is to provide access to services and to encourage people to seek help. As funder of last resort, it is the responsibility of the SCA to determine if other forms of payment, such as public or private insurance, are available to individuals seeking support for substance use disorder treatment services. As the caretaker of public funds, it is also incumbent on the SCA to ensure policies and procedures are implemented to ensure that clients receiving treatment services through public funds are assessed as to a reasonable expectation of payment for services rendered based on the ability to pay of that individual.

#### Purpose

The purpose of Part Seven is to describe the procedures for determining and collecting liability for clients receiving addiction treatment services funded in whole or in part through the SCAs.

#### Applicability

1. Part Seven applies to the SCAs and/or their authorized contractors.
2. Part Seven applies only to those clients receiving addiction treatment services funded in whole or in part through the SCAs.
3. SCAs may support individuals with private insurance for co-pays and deductibles levied by an insurance carrier if the charges applied directly to the individual exceed that individual's ability to pay and receive substance use disorder treatment services. Client Liability determination must be assessed to determine the potential financial responsibility to be applied to the client.

#### Application of IRS Regulations

IRS statutes, regulations or standards in Part Seven with respect to gross income or dependents are defined as those currently in effect and are located at <http://www.irs.gov>.

#### Delegation of Authority

The SCA administrator has the authority to delegate the functions required in Part Seven to a contracted provider for case management services or providers of addiction treatment services. If so delegated, the SCA administrator shall retain responsibility for compliance with the requirements of Part Seven.

### Review and Audit by DDAP

The liability determination, billing and collection processes when applicable, and forms and documents required in this Part Seven are subject to review and audit by DDAP.

### Missed Appointments

The client has an obligation to provide sufficient notice relative to cancellation of an appointment for treatment services. If the client fails to give 24-hour notice of cancellation for a service appointment, the service provider has the authority to bill the liable person the client fee schedule amount for the scheduled service.

## 7.02 EXEMPT SERVICES

The following program services are exempt from liability requirements specified in Part Seven:

1. Prevention Services, as defined in DDAP's Prevention Manual and the Drug and Alcohol Activity Definitions contained in DDAP's Fiscal Manual.
2. Intervention Services, as defined in the Drug and Alcohol Activity Definitions contained in DDAP's Fiscal Manual.
3. Case Management Services, as defined in DDAP's Treatment Manual and the Drug and Alcohol Activity Definitions contained in DDAP's Fiscal Manual; however, liabilities for level of care determination may be assessed for:
  - a. Minors under the age of 18 who are court-ordered for assessment under Act 1997-53. In those instances, unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be responsible to pay for the assessment.
  - b. The convicted and sentenced DUI offender who is responsible to pay for the assessment under Act 2003-24.
4. Treatment Services as follows:
  - a. Hospital based and non-hospital inpatient detoxification services.
  - b. Treatment services received in a prison-based setting.
  - c. All treatment services rendered to minors under the age of 18.
    - i. An exception is considered for minors under the age of 18 who are court-ordered for treatment under Act 1997-53. In those instances, unless the court finds that the parent or legal guardian is without financial resources, the parent or legal guardian shall be responsible to pay for the treatment.
    - ii. An exception is considered if the minor has third party insurance coverage and this coverage may be accessed in accordance with all applicable confidentiality regulations.
  - d. When local practices determine that convicted and sentenced DUI offenders will pay the full cost of treatment services (as permitted under Act 2003-04), such services will be exempt from the liability requirements specified in Part Seven. If the SCA funds treatment services in whole or in part to a convicted and sentenced DUI offender, then the liability requirements specified in Part Seven apply.

5. Housing Services, as defined in the Drug and Alcohol Activity Definitions contained in DDAP's Fiscal Manual.
6. Other services in support of treatment, which could include, but are not limited to, childcare, transportation and translation services.



## **7.03 DETERMINATION OF LIABILITY**

### Determinations

1. The SCA or its designated provider shall determine a liability for clients receiving addiction treatment services, funded in whole or in part through the SCA, that are not listed as an exempt service in Section 7.02.
2. The liability shall be determined prior to client referral to or admission into applicable addiction treatment services, except for emergency referrals or placements in which the liability shall be determined within 15 days following admission.

When determining the liability, the monthly gross income to be considered shall be based on the last 30 days. For those clients entering more intensive levels of care, whereby participation will impact earned income, the monthly gross income to be considered shall be based on the income once admitted, pro-rated to a 30-day period.

### Liable Person

1. If the client is 18 years of age or older, is not married and does not have a legal guardian of estate or a representative payee, the client is the liable person.
2. If the client is married and residing with their spouse and does not have a legal guardian of estate or a representative payee, the client and the client's spouse are the liable persons. If confidentiality issues preclude the spouse's information being obtained, then only the client is the liable person.
3. If the client is married and not residing with their spouse and does not have a legal guardian of estate or a representative payee, the client is the liable person.
4. If the client is under 18 years of age and court ordered for assessment and/or treatment under Act 1997-53, both of the client's parents or legal guardian are the liable persons.
5. If the client is under 18 years of age, is not married, is an emancipated minor and does not have a legal guardian of estate or a representative payee, the client is the liable person.
6. If the client has a legal guardian of estate or a representative payee, the legal guardian of estate or the representative payee is the liable person.

### Income to be Considered for Adult Clients

1. If the client is 18 years of age or older, is not married, or married and not residing with their spouse, the client's income alone shall be considered the total monthly gross income.

2. If the client is married and residing with their spouse, the client's income and the client's spouse's income shall be combined to determine the total monthly gross income. If confidentiality issues preclude the spouse's information being obtained, then only the client's income is considered.
3. If the client is under 18 years of age, is not married, and is an emancipated minor, the client's income alone shall be considered the total monthly gross income.

#### Income to be Considered for Minors Involuntarily Committed Under Act 1997-53

1. If the client is under 18 years of age, is not married, is not an emancipated minor, and has been court ordered for assessment and treatment under Act 1997-53, both parents' income shall be combined to determine the total monthly gross income.
2. If the parents of an unmarried, non-emancipated client under 18 years of age are separated or divorced and have a legally binding financial agreement, the parents are individually financially responsible in accordance with the terms of that financial agreement.
3. If the parents of an unmarried, non-emancipated client under 18 years of age are separated or divorced and there is no legally binding financial agreement, a separate total monthly gross income shall be determined for each parent.

#### Types of Income

The following types of income shall be combined to determine the total monthly gross income. It may be necessary to prorate income received on an annual basis to a monthly amount.

1. Earned Income including wages, salaries, fees, commissions, tips, bonuses, net business income and other earned income subject to Federal income taxation.
2. Interest income including, but not limited to, interest received from accounts with banks, savings and loan associations, money market funds, credit unions and bonds.
3. Dividends received from corporate stock holdings or cash dividends from life insurance policies.
4. Taxable benefits, including but not limited to unemployment compensation, Social Security payments and pensions. Benefits are counted as income only if the benefit is paid on behalf of the client. Food Stamps are not counted as income.
5. Alimony received, or spousal support received prior to divorce. Does not include child support.
6. Other taxable income to include all other income subject to Federal income taxation, e.g., rental income, lottery winnings, net capital gains, etc.

### Verification

Income shall be verified by written documentation, such as income tax statements, pay stubs, written employer statements or by affidavit. An affidavit is a written statement attesting that the information provided is true and correct and is signed by the client and a witness. Affidavit language is included on the liability form under “Agreement and Understanding.” Copies of these verification documents shall be kept on file.

### Failure to Provide Verification

If the liable person fails to provide written verification of income or sign the affidavit, the SCA or its designated provider shall bill the liable person for the full cost of service.

### Re-determinations

1. The SCA or its designated provider shall inform the liable person in writing that any significant changes in monthly gross income and/or family size are to be reported by the liable person within 30 days of the change. Upon notification, a re-determination shall be completed based upon the income at that point in time, pro-rated to a 30-day period. Notification language is included on the liability form under “Agreement and Understanding.” The SCA or its designated provider will then determine a new liability.
2. The SCA or its designated provider shall complete a re-determination of the liability for a client at least once every 12 months.
3. The effective date of the re-determination shall be the first day of the following calendar month or as otherwise specified by the SCA.

### Liability

1. The liability shall be calculated based on the monthly gross income utilizing the most current version of the three Client Liability Tables distributed by DDAP. Tables are established for Inpatient Residential, Partial Hospitalization and Intensive Outpatient, and Outpatient Counseling Services. The tables may be accessed via the internet at the address listed in Section 7.09. A “Client Liability Determination Form” is available through the internet link found in Section 7.10 of this Manual to assist in completing liability responsibility for an individual receiving services.
2. The liability for an SCA-funded client may not exceed the SCA established rate for the service provided.

### Notice of Liability

At the time the liability is determined or re-determined, a copy of the liability form shall be offered to the liable person.

## 7.04 COST SHARING ASSISTANCE FOR CLIENTS WITH INSURANCE

Cost sharing assistance for individuals with private health insurance has historically been prohibited. The implementation of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) brought about numerous changes regarding the availability of insurance coverage, as well as allowances for expenditure of government funding to assist individuals in accessing coverage, including offsetting costs that might otherwise inhibit access to care because of co-pays and deductibles associated with insurance plans purchased through the Health Insurance Marketplace (Exchange). The Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS), in addressing Third Party Payments of Premiums for Qualified Health Plans in the Marketplaces, also provides guidance on cost sharing considerations through state and federal programs, or through their grantees. As grantees of the Department of Drug and Alcohol Programs for state and federal program funds, the guidance is applicable to all SCAs, whether they are a governmental entity or a non-profit, non-government agency. DHHS's, Substance Abuse and Mental Health Services Administration (SAMHSA) also provides guidance regarding the allowance for use of Substance Abuse Prevention and Treatment Block Grant or Mental Health Services Block Grant funds for cost-sharing assistance for private health insurance.

DDAP provides allowance for SCA funds to be used to support individuals who have private insurance, but the amount of deductible associated with their insurance policy or the co-pay assigned by the insurance carrier creates an impediment to accessing treatment for substance use disorders. However, the SCA or its contracted provider must assess liability under this Part Seven to determine the applicable share that the individual may remain responsible to pay, consistent with liability assigned to any other SCA funded client. To consider participation in payment for an individual's obligation under an insurance policy, the SCA must be contracted with the facility providing services to the individual and must use the applicable SCA rate in consideration of client liability and reimbursement for services provided by the facility. Any payments made must be to the substance use disorder treatment provider. No payments can be made to the client and no payments are allowed in support of insurance premiums on behalf of an individual.

SCAs should consult with their legal counsel to ensure a full understanding of this guidance, along with the client liability protocols defined in in this part (Part Seven) of the Fiscal Manual when making decisions concerning participation in private insurance co-pays and deductibles.

Further detail of the guidance provided by the Department of Health and Human Services, both from CMS and SAMHSA respectively, can be accessed at the following two links:

<http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/third-party-payments-of-premiums-for-qualified-health-plans-in-the-marketplaces-2-7-14.pdf>

<https://www.samhsa.gov/sites/default/files/grants/guidance-for-block-grant-funds-for-cost-sharing-assistance-for-private-health-insurance.pdf>

## Payment of Insurance Deductibles with SCA Funds

In instances where an individual has a high insurance deductible that precludes them from obtaining substance use disorder treatment services, an SCA is permitted to compensate treatment costs for that individual up to the amount of the deductible delineated in their insurance policy. In consideration of initiating sponsorship for the deductible liability established by an insurance carrier for an individual and his or her family, the SCA or its contracted provider must comply to the following requirements:

1. Mechanisms must be in place to verify insurance coverage and the deductibles (individual and family) applicable to that policy prior to insurance participation.
2. Means must be available to verify to amount of deductible paid or the amount of deductible remaining as the result of prior engagement in insurance reimbursable services. Any prior payments to the deductible will reduce the amount applicable to payment through SCA funding. Documentation is to be provided to the SCA and maintained by the SCA that:
  - a. identifies the cumulative amount of prior expenses already applied to the client's deductible; or
  - b. provides attestation signed by the client that no other prior expenses have been applied to their deductible.
3. A determination of potential client liability in accordance with Part 7.03 of this manual must be performed to determine personal responsibility of payment by the individual requesting financial assistance from the SCA.
4. The SCA must maintain a contract with the facility providing substance use disorder services to individuals seeking financial support for deductibles. All reimbursements to the provider are to be based on the standard SCA contracted rate with that facility, not the rate reimbursed to the provider from the insurance carrier.
5. Payments for an insured client are applied to the actual cost of treatment, up to, but not to exceed the amount of the deductible obligation or the treatment provided, whichever is less. Payment towards a deductible cannot be paid outside of the direct payment for treatment nor exceed the cost of treatment provided.
6. No payments can be made directly to a patient/client.
7. Insurance deductibles are generally applicable to the calendar year. The potential exists for an individual to seek financial assistance from SCA funds for deductibles applicable to two separate insurance periods during a fiscal period. All the above requirements apply to lending support for multiple request of assistance in a fiscal period.

### Co-Pay Participation with SCA Funds

SCAs may choose to support copayments of individuals with insurance seeking substance use disorder treatment if the financial burden of the copayment serves as a deterrent to the individual's ability to access and maintain treatment for their disorder. A decision by the SCA to support client copayments must adhere to the following requirements:

1. Mechanisms must be in place to verify insurance coverage and the copayment parameters and amounts applicable to an individual's insurance policy.
2. The SCA must maintain a contract with the facility providing substance use disorder services to individuals seeking financial support for the copayments assigned by the insurance carrier of the individual.
3. A determination of potential client liability in accordance with Part 7.03 of this manual must be performed to determine personal responsibility of payment by the individual requesting financial assistance from the SCA. Client liability is determined using the contracted rate established between the SCA and the facility providing services to the insured individual.
4. The amount of reimbursement to the facility providing substance use disorder services to an insured individual is equal to the verified copayment applied by the insurance carrier minus the client liability determined under Part 7.03 of this manual. The client liability remains the responsibility of the individual seeking assistance.
5. No payments can be made directly to a patient/client.

## **7.05 REDUCTION OR ELIMINATION OF LIABILITY**

### Request for Reduction or Elimination of Liability

1. The liable person has the right to request reduction or elimination of liability.
2. Requests for reduction or elimination of liability shall be made within 30 calendar days of the time that conditions warranting the adjustment occur.
3. Requests for reduction or elimination of liability shall be made by the liable person, the client, or a drug and alcohol professional assigned to the client.
4. Requests for reduction or elimination of liability shall be submitted to the SCA administrator or their designee.

### Reasons for Reduction or Elimination of Liability

#### 1. Substantial Financial Hardship

The SCA administrator or their designee shall have the authority to reduce or eliminate the liability if the payment of the liability would cause substantial financial hardship on the client or liable person or would result in greater financial burden upon the Commonwealth.

#### 2. Clinical Reasons

The SCA administrator or their designee shall have the authority to reduce or eliminate the liability if the imposition of the liability would nullify the results of care, treatment, service or other benefits.

### Documentation Required

Requests for reduction or elimination of liability shall be completed by a drug and alcohol professional, justifying the clinical or financial reasons for the request. All requests must be submitted utilizing the “Request for Liability Reduction or Elimination Form” found in Section 7.10.

### Decision and Notification for Reduction or Elimination of Liability

The SCA administrator or their designee shall make determination and notify either the provider or the liable person, as applicable, of the decision within 10 business days of receipt of the request.

### Appeals

The SCA has the option to have policies in place whereby the client may appeal the reduction or elimination decision.

## **7.06 COLLECTION AND WRITE-OFF OF PAST DUE ACCOUNTS**

Expenditures by a SCA and its providers on behalf of a client are eligible for reimbursement by the DDAP less any assessed liability amount. If any funding covered under the DDAP Grant Agreement with the SCAs is utilized to reimburse any uncollected client liability, the SCA or its providers must have complied with their policy of collection of past due accounts prior to use of this funding. The policy must contain at a minimum, the following:

- Payment Plans
- Identification of Past Due Account
- Collection Process
- Write-Off Condition (conditions under which a past due account can be considered for write-off).
- Write-Off Approval Process

For accounting purposes, the write-off of a past due account does not absolve the liable person from payment of a past due account. Any liabilities collected from a client after a write-off adjustment has been made shall be returned to the SCA. The SCA shall record receipt of such funds as miscellaneous income in the year received. The SCA shall retain an annual summary of reimbursed write-offs of liability for review and audit by the DDAP.



## **7.07 CLIENT FEE SCHEDULES**

### Applicability

The requirements relating to content of the provider client fee schedule and audit of such fee schedule are applicable only for clients receiving addiction services utilizing Commonwealth funds.

### Content of the Client Fee Schedule

1. A provider of treatment services shall establish a fee schedule of charges known as the “client fee schedule”. The cost of providing service is expected to vary from provider to provider depending on the nature of the services provided, the combination of personnel who provide these services and the client target group being served.
2. The fee schedule applied to publicly funded clients may not be higher than the fee schedule applied to private pay clients.
3. The client fee schedule rate may exceed the county program rate of reimbursement.

### Audit of the Client Fee Schedule

Cost of service and SCA rates are subject to audit.

## 7.08 INSTRUCTIONS FOR USE OF LIABILITY TABLES AND FORMS

### Client Liability Determination Form/Tables

The Client Liability Determination Form is located in Section 7.10 of this manual. The form must be utilized by all SCAs and providers and may not be altered in any manner. The SCA or its designated provider shall complete a re-determination of the liability for a client at least once every 12 months. Note that if the SCA is not reimbursing for the cost of service or the service is exempt, the DDAP does not require completion of the form.

The liability tables, accessible via the internet at the address listed in Section 7.09 of this manual, are designed to reflect the percentage of the unit cost or actual dollar figure that is the client's responsibility. The tables are arranged in alphabetical order by county for all 67 counties and include three tables for each county. The tables are as follows:

1. Inpatient Hospital/Non-Hospital Residential Treatment
2. Intensive Outpatient/Partial Hospitalization
3. Outpatient Drugfree (or Unbundled Counseling)

Below you will find information relative to the completion of the Client Liability Determination Form and usage of the liability tables.

#### *Client Information*

##### Client Name

Enter the client's name.

##### County of Residence

Enter the name of the county in which the client resides.

##### Client ID #

Enter the unique client number assigned by the SCA or provider, as applicable.

##### Date

Enter the date that the form is being completed.

##### Initial/Re-determination

Check the appropriate box to indicate whether the form is being completed relative to an initial determination or a re-determination of liability.

#### *Part I: Insurance*

##### Insurance Coverage

Check the appropriate box to indicate whether the client has insurance coverage.

### Denial of Insurance

If the client has insurance but coverage has been denied for the service, indicate the reason for the denial in the area marked “Denied.”

### Insurance Company/Name of Insured/Group #/ID#

Enter the name of the insurance company that is providing coverage for the client, the name of the person insured, as well as the insurance company group number and the client’s insurance ID number.

### *Part II: Family*

#### Name of Dependents/Relationship

Enter the name of all dependents (including self) and their relationship to the client, in the space provided. Note that the dependents are to be reported as listed on the client’s federal tax return in accordance with all current IRS statutes, regulations and standards (located at <http://www.irs.gov>.)

#### Total # of Dependents

Enter the total number of dependents (including self) in the space provided. This total is then automatically carried forward to Part IV of the form.

### *Part III: Monthly Gross Income*

#### Family Member/Employers

Enter the name of the employer for each family member, as applicable, for which you are reporting income.

#### Types of Income/Self/Spouse/Parent I/Parent II/Totals

Enter all income from both full-time and part-time employment as well as other types of income, as applicable, to include that of Self, Spouse and Parents. See Section 7.03 of this manual for clarification on what income to include and a description of the types of income. This table contains formulas that automatically calculate the total monthly gross income for the client. The amount of total monthly gross income is then automatically carried forward to Part IV of the form.

### *Part IV: Client Liability*

To establish the client liability, complete the steps as outlined below:

1. Select the appropriate county table as found in Section 7.09 of this manual. Use the table for the county that will be funding the service. This may or may not be the county where the provider is located.
2. Select the appropriate table for the service being utilized.

3. Crosswalk the total monthly gross income and total number of dependents (located at the top of Part IV of the form) to the table's monthly income column that is equal to or less than the client's monthly income. This is the column that is used to determine the client's liability. The liability may be a percentage or flat fee depending on the type of service.
4. If the service is Inpatient Hospital/Non-Hospital Residential Treatment, enter the dollar amount in the appropriate service/unit block on the form.
5. For all other services, enter the percentage amount in Column 1 of the form. Apply this percentage to the provider rate and enter the dollar amount in the appropriate service/unit block. If the percentage is zero, enter any minimum co-pay established by the SCA.
6. If the established liability is not an even dollar amount the liability fee must be rounded down to the nearest dollar for amounts below fifty cents and up to the nearest dollar for amounts fifty cents or greater.
7. At a minimum, the liability must be determined for the SCA-funded service being rendered to the client.
8. Minimum Co-Pays

The SCAs may, at their discretion, establish minimum co-pays for all levels of service not to exceed the first level of liability as determined on liability tables for your county. Further, if the SCA decides to implement a minimum co-pay system, the minimum co-pays must be established for each unit of service within a particular level of care. Where applicable, SCAs must have policies in place to support any minimum co-pay system implemented, and, that system must be consistently applied.

### *Agreement and Understanding*

This section of the form serves as an affidavit to attest that the information provided by the client is true and correct. The form is to be signed and dated by the client as well as by a provider staff member serving as a witness. If the SCA is completing the liability, then an SCA staff member shall sign and date the form. This section also provides the client with an opportunity to indicate receipt of notice of liability. The client will check either "accepted" or "rejected it" as appropriate.

### Request for Liability Reduction or Elimination Form

This form, accessible in Section 7.10 of this manual, is to be completed whenever a reduction in the client liability is sought due to either substantial financial hardship or clinical reasons. The term "abatement" is often used in describing the request for elimination or reduction of liability. While the request may be initiated by the client or

liable person, all requests must include the staff description of reason and certification that the abatement is necessary.

Client Name

Enter the client's name.

Client ID #

Enter the unique client number assigned by the SCA or provider, as applicable.

Agency Name

Enter the name of the facility initiating the request.

The client or liable person must state in their own words why the request for reduction or elimination of liability is being requested. The client/liable person must sign and date the request.

In the second section, staff must check the appropriate box to identify if they are requesting a full abatement or a modification. If requesting a modification, the requested liability should be inserted.

Staff must check the appropriate box to identify if the request is time limited (for example – a six-month request to address a time limited circumstantial need may be entered as “For the period 08/01/xx to 01/31/xx”) or ongoing in nature. *Note that “ongoing” only applies to the period for which the liability is valid. A new request must be submitted, if still necessary, when the annual re-liability is determined.*

The appropriate box identifying the reason for the abatement request must be checked by staff.

The “Description of reason” section is to be completed by staff and must provide sufficient detail to support the recommendation. Staff must check the appropriate box to indicate (non) support of request, sign and date.

The completed form is to be submitted to the client's home SCA. The SCA is responsible for approval or denial. If the request is only approved in part, there must be a clear statement defining the extent of the abatement.

The date entered on the “Effective Date” represents the day that any billing adjustments reflecting the abatement action are to be made. Any client billings prior to the effective date remain the client's responsibility. The SCAs, at their sole discretion, may permit retroactive abatements (ex. - a request is made in March due to a change in circumstances dating back to January – *at the SCA's discretion*, they could establish the effective date as January 1, 20xx even though the form was not submitted until March of that year).

## **7.09 CLIENT LIABILITY TABLES**

Liabilities for the various levels of care are addressed in three separate tables, accessible through the internet link below:

[http://www.ddap.pa.gov/Professionals/Pages/For\\_SCAs.aspx](http://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx)

The three tables accessible through the above link include:

1. Inpatient Residential Client Liability Table (Tab for Each County)
2. IOP-Partial Client Liability Table (Tab for Each County)
3. Outpatient Drug-Free Client Liability Table (Tab for Each County)

## 7.10 CLIENT LIABILITY FORMS

The following forms are available to assist in the determination of client liability, as well as for consideration of reduction or elimination of liability under specific extenuating circumstances:

1. Client Liability Determination Form
2. Request for Liability Reduction or Elimination Form

These forms may be accessed via the Internet at the following address:

[http://www.ddap.pa.gov/Professionals/Pages/For\\_SCAs.aspx](http://www.ddap.pa.gov/Professionals/Pages/For_SCAs.aspx)

**CLIENT LIABILITY DETERMINATION FORM**

(Please refer to Section 7.08 of the DDAP Fiscal Manual for completion of the form.)

| Client Name | County of Residence | Client ID # |
|-------------|---------------------|-------------|
|             |                     |             |

- Initial  
 Re-determination

Date: \_\_\_\_\_

**PART I: INSURANCE**

Does the client have insurance (private and/or public) coverage?

- Yes  No

If insurance has been denied, indicate the reason for denial.

Denied:

| Insurance Company | Name of Insured | Group # | ID # |
|-------------------|-----------------|---------|------|
|                   |                 |         |      |
|                   |                 |         |      |

*If the SCA is not reimbursing for the cost of service or the service is exempt, DDAP does not require completion of the form.*

**PART II: FAMILY (As determined by Federal Law/Federal Tax Return)**

| Name of Dependents | Relationship |
|--------------------|--------------|
|                    | Self         |
|                    |              |
|                    |              |
|                    |              |
|                    |              |
|                    |              |
|                    |              |
|                    |              |
|                    |              |

Total # of Dependents (including Self):

**PART III: MONTHLY GROSS INCOME**

List all income from full- and part-time employment as well as other types of income, as applicable, including that of Self, Spouse and Parents (see Section 7.03 of the DDAP Fiscal Manual for income to be included). See description of types of income below.

| Family Member             | Employers |
|---------------------------|-----------|
| Self                      |           |
| Spouse                    |           |
| Parent I (if applicable)  |           |
| Parent II (if applicable) |           |

| Types of Income                                                                   | Self | Spouse | Parent I | Parent II | Totals |
|-----------------------------------------------------------------------------------|------|--------|----------|-----------|--------|
| Earned Income (i.e., wages, salaries, tips, bonuses, etc.)                        |      |        |          |           | \$0    |
| Interest Income                                                                   |      |        |          |           | \$0    |
| Dividends                                                                         |      |        |          |           | \$0    |
| Benefits (i.e., unemployment, social security, public assistance, pensions, etc.) |      |        |          |           | \$0    |
| Alimony                                                                           |      |        |          |           | \$0    |
| Other Taxable Income                                                              |      |        |          |           | \$0    |
| Totals                                                                            | \$0  | \$0    | \$0      | \$0       | \$0    |

Total Monthly Gross Income



**DESCRIPTION OF TYPES OF INCOME**

- Earned Income: Wages, salaries, fees, commissions, tips, bonuses, net business income and other earned income subject to Federal income taxation.
- Interest Income: Interest income including, but not limited to, interest received from accounts with banks, savings and loan associations, money market funds, credit unions or bonds.
- Dividends: Dividends received from corporate stock holdings or cash dividends from life insurance policies.
- Benefits: Taxable benefits, including but not limited to unemployment compensation, Social Security payments and pensions. Benefits are counted as income only if the benefit is paid on behalf of the client. Food stamps are not counted as income.
- Alimony: Includes alimony received or spousal support received prior to divorce. Does not include child support.
- Other taxable income: Includes all other income subject to Federal income taxation, e.g., rental income, lottery winnings, net capital gains, etc.

**PART IV: CLIENT LIABILITY**

Total # of dependents (listed in Part II):

Total Monthly Gross Income (listed in Part III):

| Service         | Applicable Liability Percentage* | CLIENT LIABILITY DUE |            |               |         |         |            |         |                 |
|-----------------|----------------------------------|----------------------|------------|---------------|---------|---------|------------|---------|-----------------|
|                 |                                  | Individual Hour      | Group Hour | Group Session | Day     | Week    | Urinalysis | Dosing  | Other (Specify) |
| Outpatient      |                                  |                      |            |               | xxxxxxx | xxxxxxx |            | xxxxxxx |                 |
| IOP             |                                  |                      |            |               |         | xxxxxxx |            | xxxxxxx |                 |
| Partial         |                                  |                      |            |               |         | xxxxxxx |            | xxxxxxx |                 |
| Halfway House   | xxxxxxxxx                        | xxxxxxx              | xxxxxxx    | xxxxxxx       |         | xxxxxxx | xxxxxxx    | xxxxxxx |                 |
| Residential     | xxxxxxxxx                        | xxxxxxx              | xxxxxxx    | xxxxxxx       |         | xxxxxxx | xxxxxxx    | xxxxxxx |                 |
| Methadone       |                                  |                      |            |               |         |         |            |         |                 |
| Other (specify) |                                  |                      |            |               |         |         |            |         |                 |

\*Minimum co-pays may apply

**AGREEMENT AND UNDERSTANDING:**

I certify that the information concerning my dependents, insurance and income is true and complete to the best of my knowledge. I understand that I am responsible for paying the above fees on the same day of service. I understand that I am to notify this agency if there are any significant changes in my monthly income or family size within 30 days of such change. I understand that if these fees represent a financial burden, a staff person and I may fill out a REQUEST FOR LIABILITY REDUCTION OR ELIMINATION form.

A copy of this form has been offered to me and I have \_\_\_\_\_ accepted \_\_\_\_\_ rejected it.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature/Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
SCA Signature (as applicable)

\_\_\_\_\_  
Date

**Note: Client Liability determined on this day shall be valid for a period of no more than 12 months, with a re-determination to occur at the end of the 12-month period.**

## REQUEST FOR LIABILITY REDUCTION OR ELIMINATION

|                |             |
|----------------|-------------|
| CLIENT'S NAME: | CLIENT ID # |
| AGENCY NAME:   |             |

I am requesting an adjustment to my liability for the following reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ / /  
 Client / Liable Person Signature                      Date

I hereby request a review by the SCA Administrator (Designee) of this client's assessed liability. I request that the liability be (**check one from each column**):

- |                                                                                                                      |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Abated in full<br><br><input type="checkbox"/> Current Liability of _____ Modified to _____ | <input type="checkbox"/> For the period: ___/___/___ to ___/___/___<br><br><input type="checkbox"/> Ongoing |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|

This abatement is being requested due to:

- |                                           |                                                         |
|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Clinical Reasons | <input type="checkbox"/> Substantial Financial Hardship |
|-------------------------------------------|---------------------------------------------------------|

Description of reason (be specific):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I certify that to the best of my knowledge and belief, the imposition of the assessed liability would be likely to negate the effectiveness of treatment, or prohibit the client's access to, or continuation of, treatment and that failure to provide such treatment would result in serious harm to the client's welfare or in greater cost to the Commonwealth due to deterioration in the client's condition.
- I do not support the request for reduction or elimination of liability at this time.

|      |                        |
|------|------------------------|
| Date | Staff Signature, Title |
|------|------------------------|

-----SCA USE-----

- |                                                                          |                                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Approved<br><br><input type="checkbox"/> Denied | <input type="checkbox"/> Partial Approval as Follows: _____<br>_____<br>_____ |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|

|                |                                  |
|----------------|----------------------------------|
| Effective Date | SCA or Designee Signature, Title |
|----------------|----------------------------------|

## **PART EIGHT: REPORTING AND RECORD KEEPING**

### **8.01 RECORDS AND RETENTION**

SCAs and their subcontractors must maintain books, records, documents, and, utilize generally accepted accounting principles, procedures, and practices sufficient to reflect properly all costs incurred and anticipated for performance of the five-year grant agreement between DDAP and the SCA.

SCAs and their subcontractors must maintain a separate set of records as follows: client service billings, accounting ledgers, journals, invoices, canceled checks, bank receipts, and other documents which evidence revenue and income and substantiate expenses. These records must properly reflect all of the following cost features: direct and indirect costs of labor, materials, equipment, and supplies; cost determinations for fees charged for services provided; and other costs and expenses for which funds have been provided.

SCAs and subcontractors must keep their records for four years from the date of final payment under the grant agreement or four years after termination of the agreement, whichever occurs later. Keep in mind the term of the agreement extends over a multi-year period. Records and original supporting documents must be retained until disposition of any litigation, claims, or exceptions or four years from the date of final payment under this Agreement, whichever occurs later.

Additionally, other regulations may supercede the aforementioned retention requirements, such as HIPAA. At a minimum, HIPAA requires all client-identifying information to be retained for a period of six years after final service payment. SCAs and subcontractors should consult HIPAA regulations for complete compliance requirements.

## **8.02 FISCAL REPORTING**

### SDS Fiscal Reporting

SCAs are required to report all fiscal data into the SCA Data Site as outlined in the Operations Manual under Part 10.02.

### Other Fiscal Reporting

In addition to reporting submitted through the SCA Data Site, DDAP requires the SCA to prepare and submit specialized reports associated with funds received from special initiatives or in accordance with legislative requirements for funds issued through the grant agreement.

DDAP may also at times request other types of financial and programmatic data or documentation from the SCAs and their providers to substantiate the appropriate expenditure of funds issued by the Commonwealth or as necessary to address various needs or stakeholders requests on an as-needed basis.

In addition, it may be necessary for DDAP to substantiate that the SCA and its contractors have properly withheld, paid, and remitted the employer and employee's share of payroll taxes, worker's compensation and insurance premiums from employee's salaries in a timely manner.

## PART NINE: AUDITS

### 9.01 AUDIT COVERAGE

**The information contained in this Part of the Fiscal Manual (Part Nine: Audits) is applicable to both the SCA and its subcontractors, except where specifically noted.**

The Department of Drug and Alcohol Programs (DDAP) provides Federal and State financial assistance to a variety of entities. The need to complete an audit and the type of audit to be completed are determined according to the source(s) of the funds available and the amounts expended by the recipient.

If the recipient only receives Federal funds, or a combination of Federal and state funds, regardless of the amount of state funds received during the state fiscal year, and the recipient expends \$750,000 or more in Federal dollars received from ALL sources during its fiscal year, the audit requirement is Federally mandated and prescribed by the Single Audit Act Amendments of 1996; *2 CFR Part 200 as amended*; and any other applicable law or regulation and any amendment to such other applicable law or regulation which may be enacted or promulgated by the Federal government.

If a contract or agreement is funded by state dollars only and the recipient expends \$500,000 or more in state funds under the agreement during the state fiscal year (i.e., July 1 through June 30), the audit requirement is Department mandated, as prescribed in the agreement's audit requirements appendix, and shall be conducted in accordance with the provisions of GAGAS issued in the U.S. Government Accountability Office's *Government Auditing Standards* ("Yellow Book"); the latest revision as of the time of the audit.

All entities licensed by DDAP as a freestanding facility for the delivery of drug and alcohol treatment services must obtain the services of an independent certified public accountant to conduct an annual financial audit of activities associated with the project's drug and/or alcohol services, in accordance with generally accepted accounting principles. Fiscal management requirements for licensed drug and alcohol treatment entities are cited within the Pennsylvania Code under 28 Pa. Code § 709.25.

## 9.02 AUDIT SOURCE DOCUMENTS

Audit requirements vary according to the type of organization, as well as the type (Federal or State) and amount of funding. The following documents are the primary sources of information for audit requirements:

OMB 2 CFR Chapter I, Chapter II, Part 200, et al., [Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

Single Audit Act Amendments of 1996, Public Law 104-156—July 5, 1996

Government Auditing Standards (“Yellow Book”), U.S. Government Accountability Office

### AUDIT SOURCE DOCUMENT AVAILABILITY

Copies of OMB Circulars and Government Auditing Standards can be obtained on-line at: <http://www.whitehouse.gov/omb/circulars/index.html>

To obtain circulars that are not on-line, call the United States Government, Office of Management & Budget’s information line at (202) 395-3080.

Questions relative to the applicability of source documents, specifically as it applies to federally mandated audits or the content contained within the information cited above, can be directed to:

Commonwealth of Pennsylvania  
Office of the Budget/Comptroller Operations  
Bureau of Audits  
555 Walnut Street – 8<sup>th</sup> Floor  
Harrisburg, Pennsylvania 17101

Telephone: (717) 783-0114  
Fax: (717) 703-3949

Questions regarding the federally mandated or Department mandated audit requirements, as well as the responsibility of the Single County Authorities in the management of audits submitted by their subcontractors may be directed to the Division of Budget and Grants Management within the Department of Drug and Alcohol Programs at [RA-DASCAAUDIT@pa.gov](mailto:RA-DASCAAUDIT@pa.gov) or at the following address and telephone number.

Pennsylvania Department of Drug and Alcohol Programs  
Division of Budget and Grants Management  
02 Kline Village  
Harrisburg, PA 17104

Telephone: (717) 783-8200  
Fax: (717) 787-6285

### 9.03 TYPES OF AUDITS

The following chart outlines the types of audits that are required for the SCAs and their subcontractors. The thresholds outlined below apply to local government agencies, as well as non-profit, and for-profit organizations. The Audit Requirements, (Rev. 7/15), which are incorporated by reference into the SCA Agreement, further define this information.

#### DETERMINATION OF APPLICABLE AUDIT REQUIREMENTS

| <b>Contractor</b>                                                                                             | <b>Expends \$750,000 or more of total Federal funds</b>                                                | <b>Expends less than \$750,000 of total Federal funds from all sources AND \$500,000 or more of state funds</b> | <b>Expends \$500,000 or more of state funds</b>                                                     | <b>Expends less than \$750,000 in Federal funds and less than \$500,000 in state funds</b>             |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Local Government                                                                                              | Federally Mandated Audit based on Government's fiscal year.                                            | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement.             | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement. | No audit required, unless language in the agreement superseding the dollar threshold takes precedence. |
| Non-Governmental Non-Profit Organization (includes non-profit institutions of higher education and hospitals) | Federally Mandated Audit based on Organization's fiscal year.                                          | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement.             | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement. | No audit required, unless language in the agreement superseding the dollar threshold takes precedence. |
| For-Profit Entity                                                                                             | No audit required, unless language in the agreement superseding the dollar threshold takes precedence. | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement.             | Department Mandated (Program-Specific) Yellow Book Audit based on 12 month period of the agreement. | No audit required, unless language in the agreement superseding the dollar threshold takes precedence. |

**NO AUDIT IS REQUIRED IF EITHER OF THE FOLLOWING APPLY:**

1. The recipient of funds expends less than \$500,000 of State funds received under a contract or agreement during the state fiscal year of July 1 through June 30 (for Department mandated audits) AND it expends less than \$750,000 of Federal funds received from ALL sources during its fiscal year (i.e., any and all other Federal awards expended during the contractor's fiscal year, received either directly from the Federal government or indirectly from a recipient of Federal funds).
2. The recipient of funds is funded by either state or Federal funds and all monies expended during either the recipient's fiscal year (for Federally mandated audits) or funds expended under the agreement during the state fiscal year of July 1 through June 30 (for Department mandated audits) are received on a strictly fee for service basis.

However, even if the recipient of funds is not required to have an audit performed, the recipient is required to maintain auditable records of Federal awards and any state funds which supplement such awards, and to provide access to such records to Federal and state agencies or their designees.



## 9.04 AUDIT REPORTING PACKAGE REQUIRED COMPONENTS

### Federally Mandated Audits

#### A. Required Elements of Single Audit Reporting Package

Recipients of federal funds through contract or grant agreement who expend \$750,000 or more in an annual period from (multiple) federal awards available through all sources are required to have a single audit conducted. The audit report package must comply with the requirements of 2 CFR Part 200, Subpart F and include, at a minimum, the following elements:

1. Auditor's reports
  - a. Independent auditor's report on the financial statements, which expresses an opinion on whether the financial statements are presented fairly in all material respects with conformity with the stated accounting policies.
  - b. Independent auditor's report on the supplementary Schedule of Expenditures of Federal Awards (SEFA), which should determine and provide an opinion on whether the SEFA is presented fairly in all material respects in relation to the subrecipient's financial statements taken as a whole. This report can be issued separately or combined with the independent auditor's report on the financial statements.
  - c. Report on internal control over financial reporting, compliance and other matters based on an audit of financial statements performed in accordance with Government Auditing Standards.
  - d. Report on compliance with requirements applicable to each major program and report on internal control in accordance with the circular.
  - e. Schedule of Findings and Questioned Costs.
2. Financial statements and notes to the financial statements.
3. SEFA and notes to the SEFA.
4. Schedule of Findings and Questioned Costs
5. Summary Schedule of Prior Audit Findings.
6. Corrective Action Plan (if applicable).
7. Data Collection Form.
8. Management Letter (if applicable).

## B. Required Elements of Program-Specific Audit Reporting Package

Recipients of federal funds through contract or grant agreement who expend \$750,000 or more of federal award from only one federal program (excluding research and development programs) may elect to have a program-specific audit conducted if the statutes or regulations governing the federal program, or the terms and conditions of the federal award associated with that program, do not require a financial statement audit of the auditee. The audit report package must comply with the requirements of 2 CFR Part 200, Subpart F, § 200.507. At a minimum, the recipient of federal funds who qualifies to complete a program-specific audit reporting package must include the following elements:

1. Auditor's reports
  - a. Independent auditor's report on the federal program, which expresses an opinion on whether the financial statements of the federal program or the Schedule of Expenditures of Federal Awards (SEFA) of the federal program are presented fairly in all material respects in conformity with the stated accounting policies.
  - b. Report on internal control related to the federal program, which should describe the scope of the testing of the internal control and the results of the tests.
  - c. Report on compliance, which includes an opinion on whether the recipient of funds complied with laws, regulations, and provisions of contracts or grant agreements that could have a direct and material effect on the federal program.
  - d. Schedule of findings and questioned costs.
2. Financial statements of the federal program and notes to the program's financial statements.
3. Program or SEFA for the federal program and notes to the SEFA for the federal program.
4. Schedule of Findings and Questioned Costs.
5. Summary Schedule of Prior Audit Findings
6. Corrective Action Plan (if applicable).
7. Data Collection Form
8. Management Letter (if applicable).

### C. Department Required Elements of SEFA Submission

In addition to the Audit Reporting Package Elements identified above, the Department requires the SEFA or the notes to the SEFA provide the following information:

1. Breakdown of federal funds passed through the Department by federal grantor, Catalog of Federal Domestic Assistance (CFDA) number and name;
2. Grant Period Beginning/Ending Date
3. Program or Award Amount
4. Total Received During the Year
5. Accrued or (Deferred) Revenue at Beginning of Year
6. Revenue Recognized
7. Accrued or (Deferred) Revenue at End of Year

### **Department Mandated Audits**

- A. The Single County Authority or its subcontractor is required to have a program-specific (Yellow Book) audit if \$500,000 or more of state funds is received and expended under the grant agreement (or subcontract) during the state fiscal year and the recipient of funds is not required to have a federally mandated audit(s) in accordance with the stipulations outlined above. Such an audit shall be completed in accordance with the requirements of financial auditing standards generally accepted in the United States of America and Government Auditing Standards issued by the Government Accountability Office.
- B. Required Elements of Program-Specific Audit Reporting Package

When a Department mandated program-specific audit is being performed for state funds received through the grant agreement with the Single County Authorities, the following elements must be included in the submission of the Audit Reporting Package:

1. A Statement of Financial Position (balance sheet) for each appropriation or funding stream included in the grant agreement or subcontract. Said statement of financial position shall identify any unexpended or unused funds at the end of the audit period.
2. A separate Statement of Contractual Performance, which shall reflect the grant agreement or subcontract budget and reporting period, and include a comparison of budgeted to actual expenditures and services prepared for each appropriation or funding stream included in the audit. Said schedule(s) must reconcile to the state fiscal year(s) affected.

3. Notes to the financial statements. The following must be included:
  - a. Definition of the reporting entity
  - b. Summary of significant accounting policies used in preparing the statements
  - c. Other informative disclosures (as necessary)
4. Auditor's report on the financial statements and any additional statements required in the terms of the grant agreement or subcontract. The report must identify each appropriation or funding stream included in the audit, as well as the identifier number assigned to the grant agreement or subcontract.
5. Auditor's report on internal control, including where applicable, references to the requirements of the grant agreement or subcontract and the audit guidance provided by the Department. The report must identify each appropriation or funding stream included in the audit, as well as the identifier number assigned to the grant agreement or subcontract. This report shall describe the scope of testing of internal control and the results of the tests, and, where applicable, refer to the separate Schedule of Findings and Questioned Costs described below.
6. Auditor's report on compliance with laws, regulations and the provisions of the grant agreement or subcontract; noncompliance with which could have a material effect on the financial statements. The report must identify each appropriation or funding stream included in the audit, as well as the identifier number assigned to the grant agreement or subcontract. This report shall include, where applicable, references to the requirements of the grant agreement or subcontract and the audit guidance provided by the Department.
7. Schedule of Findings and Questioned Costs (if applicable). This schedule shall include the views of responsible officials of the Single County Authority (or designated authority of the County) or subcontractor concerning the auditors' findings, conclusions, and recommendations. This schedule shall contain all findings and questioned costs for the financial statements which are required to be reported under Government Auditing Standards. The auditor shall report the following as audit findings in this schedule:
  - a. Reportable conditions in internal control over the program(s) (state and/or federal) that provide funding under the grant agreement or subcontract. The auditor shall identify reportable conditions which are individually or cumulatively material weaknesses.
  - b. Material noncompliance with the provision of laws, regulations, and the provisions of this grant agreement or subcontract.
  - c. Questioned costs specifically identified by the auditor (known questioned costs). In evaluating the effect of the questioned costs, the auditor shall consider the best estimate of total costs questioned (likely questioned costs), not just the known questioned costs. In reporting questioned costs, the auditor shall include information to provide proper perspective for judging the prevalence and consequences of the questioned costs.

- d. Known fraud that has a material effect on the financial statements.
8. Corrective Action Plan (if applicable). At the completion of the audit, the Single County Authority or its subcontractor shall prepare a corrective action plan (CAP) to address each audit finding included in the audit report. The CAP shall provide the name(s) of the contact person(s) responsible for corrective action(s), the corrective action(s) planned, and the anticipated completion date(s) for the corrective action(s) planned. Further, if the Single County Authority (or designated authority of the County) or subcontractor does not agree with an audit finding, it must clearly and completely explain the nature of its disagreement with the finding in the CAP. Finally, if the contractor/grantee believes that corrective action is not required, it must provide the specific reason(s) in the CAP.
9. Status of Prior Audit Findings and Recommendations (if applicable). The auditor shall report the status of uncorrected material findings and recommendations from prior audits that affect the current audit.
10. Management Letter (if applicable). If a letter is issued to management disclosing non-reportable conditions or other matters that warrant the attention of management, it must be furnished to the Department with the audit report.
11. Subcontractor Audit Requirements. As applicable, the Single County Authority shall have subcontractors obtain audits of their contracts in accordance with the standards outlined above. The Single County Authority or its designee shall make the requirements regarding Department mandated audits applicable to any subcontractor expending \$500,000 or more of state funds under the subcontract during the state fiscal year (i.e., July 1 through June 30), or expending \$500,000 or more of state funds under the subcontract within any successive state fiscal year. If the subcontract or any successive period is for a period shorter than the state fiscal year, but the subcontractor expends \$500,000 or more of state funds under the subcontract during said period, the Single County Authority or its designee is also required to make the requirements for Department mandated audits applicable to the subcontractor. The Single County Authority or the designated authority of the County responsible for the audit functions of the County, NOT the Department, shall be responsible for the receipt, review, and resolution of such audits. The Single County Authority or the designated authority of the County shall follow up on all findings disclosed in the audit report(s). The Single County Authority or the designated authority of the County shall retain such audits for a period of time which is the greater of four years after termination of the subcontract, or until resolution of any audit exceptions or other claims or actions involving a subcontract.

If the grant agreement between the Single County Authority and the Department contains language superseding the dollar threshold identified above for Department mandated audits, the superseding language takes precedence and must be used by the Single County Authority or its designee when determining whether the subcontractors are required to have an audit performed on the subcontracts.

## 9.05 SUBMISSION OF AUDIT MATERIALS

**The following audit submission information is applicable to the Single County Authority or the designated authority within the County responsible for audit functions, as well as the administrative agent utilized by the Single County Authority to manage the disbursement and contracting of funds for the Single County Authority.**

### Submission of Federally Mandated Audit Reports

The audit for report of federal funds must be completed and the reporting required within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

In accordance with 2 CFR Part 200, an electronic copy of the data collection form and the audit reporting package must be submitted to the Federal Audit Clearinghouse, to include the elements delineated in 2 CFR Part 200, Subpart F.

The SCA will receive an e-mail from the Federal Audit Clearinghouse to confirm the receipt of the Single Audit/Program-Specific Audit Reporting Package. A copy of the confirmation from the Federal Audit Clearinghouse must be electronically sent to the resource account established by the Office of the Budget, Bureau of Audits at [RA-BOASingleAudit@pa.gov](mailto:RA-BOASingleAudit@pa.gov).

Instructions and information regarding submission of the single audit/program-specific audit reporting package are available to the public on the Single Audit Submissions page of the Office of the Budget website at <http://www.budget.state.pa.us>.

### Submission for Department Mandated Audits

The audit for report of state funds must be completed and submitted electronically within 120 days of the end of the state fiscal year (i.e., June 30) or 120 days following the end of each state fiscal year in the case of an agreement lasting more than twelve months.

#### **Steps for electronic submission Department mandated audit report:**

- Complete the Program-Specific Audit Reporting Package Checklist to ensure your package contains all required elements.
- Upload the **completed** Program-Specific Audit Reporting Package along with the checklist in a **single** PDF file to an e-mail resource account [RA-DASCAAUDIT@pa.gov](mailto:RA-DASCAAUDIT@pa.gov). In the subject line of the e-mail you must identify the exact name on the Program-Specific Audit Reporting Package and the period end date to which the package applies.
- You will receive an e-mail to confirm the receipt of your Program-Specific Audit Reporting Package, including the completed checklist.

The e-mail resource account [RA-DASCAAUDIT@pa.gov](mailto:RA-DASCAAUDIT@pa.gov) may also be utilized to request clarity to questions as it relates to this section or specific audits.

**The following audit submission information is applicable to vendors, service providers and organizations (subcontractors) under contract with the Single County Authority.**

Submission of Federally Mandated Audit Reports

The audit for report of federal funds must be completed and the reporting required within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

In accordance with 2 CFR Part 200, an electronic copy of the data collection form and the audit reporting package must be submitted to the Federal Audit Clearinghouse, to include the elements delineated in 2 CFR Part 200, Subpart F.

The subcontractor will receive an e-mail from the Federal Audit Clearinghouse to confirm the receipt of the Single Audit/Program-Specific Audit Reporting Package.

It is the responsibility of the Single County Authority to convey to their subcontractors the requirements associated with a Federally Mandated Audit, including the method utilized to confirm submission and to retrieve materials submitted to the Federal Audit Clearinghouse. The Single County Authority or the designated authority of the County responsible for the audit functions of the County shall maintain responsibility to review audit materials submitted by their subcontractors. This review shall include measurement of compliance and the address of any non-compliance issues through the receipt, acceptance and monitoring of any Corrective Action Plans completed.

Submission for Department Mandated Audits

The audit for report of state funds must be completed and submitted within 120 days of the end of the state fiscal year (i.e., June 30) or 120 days following the end of each state fiscal year in the case of an agreement lasting more than twelve months.

It is the responsibility of the Single County Authority to convey to their subcontractors the requirements associated with a Department Mandated Audit, including the method utilized for submission. The Single County Authority or the designated authority of the County responsible for the audit functions of the County shall maintain responsibility to review audit materials submitted by their subcontractors. This review shall include measurement of compliance and the address of any non-compliance issues through the receipt, acceptance and monitoring of any Corrective Action Plans completed.

Pennsylvania Department of Drug and Alcohol (DDAP)  
Program Specific Audit Reporting Package Checklist

Auditee Name:

Audit Period Start

Date: (MM/DD/YYYY)

Audit Period End

Date: (MM/DD/YYYY)

Audit Firm Name:

Auditee Address:

  

Audit Firm Address:

  

Auditee Contact Name:

Auditor Name:

Auditee Contact Title:

Auditor Title:

Auditee Contact Telephone: (xxx-xxx-xxxx)

Auditor Contact Telephone: (xxx-xxx-xxxx)

Auditee Contact E-mail:

Auditor Contact E-mail:

DDAP Contract/Grant Number(s), Included in Audit Report:

A contractor/grantee who is required to submit a **DDAP Program-Specific Audit Reporting Package** must include the essential elements listed below. Full details regarding the below-listed essential reporting elements are provided in the contract/grant's Audit Requirements appendix. Please review this information before completing the checklist.

A Statement of Financial Position (balance sheet) for each contract / grant included in report.

A Statement of Contractual Performance for each contract / grant included in report.

Notes to financial statements.

Auditor's report on the financial statements.

Auditor's report on internal control.

Auditor's report on compliance

Schedule of Findings and Questioned Costs (if not applicable, check here     ).

Corrective Action Plan (if not applicable, check here     ).

Status of prior audit findings and recommendations (if not applicable, check here     ).

Management letter (if not applicable, check here     ).



## 9.06 AUDIT RESPONSIBILITIES

To ensure compliance with the Single Audit Act Amendments of 1996 and 2 CFR Part 200 as amended, all payments of Federal and state financial assistance made by Commonwealth agencies to local governments and other subrecipients must be identified by Federal and State dollars expended and related Federal and state financial assistance program names and numbers.

### Single County Authority Responsibilities

#### Audits of Single County Authorities

The SCA (or the assigned county agency) is responsible for obtaining the necessary audit. A Federally mandated audit is required if the SCA expended \$750,000 or more in Federal funds. A Department mandated audit is required if the SCA expended less than \$750,000 in Federal funds but expended \$500,000 or more in State funds.

All SCA audit reports must include a note to the financial statements that defines the organization's reporting entity. The type of audit report is determined by the reporting entity of an SCA. For example, if a reporting entity note defines an SCA as being part of a county, then that SCA should be included in the county's single audit report. When the County passes funds to an entity that serves as the SCA, even if the SCA is required to have its own audit, the County's audit must include a delineation of these funds in the SEFA for the County and the funds must also be noted by the auditor in the Auditor's Report. If the SCA is defined as being independent of any other governments/organizations, then the SCA should submit its own audit report. The SCA must include any management letters disclosing non-reportable conditions or other matters involving the internal control structure as part of the audit report.

The audit report package must be submitted to the appropriate office in the Commonwealth. A Federally mandated audit must be submitted electronically to the Federal Audit Clearinghouse (as noted in 9.05 – Submission of Audit Materials). A Department mandated audit must be submitted to DDAP (as noted in 9.05 – Submission of Audit Materials).

The SCA must prepare a corrective action plan (CAP) to address all findings of noncompliance or internal control weaknesses disclosed in the audit report. For each finding noted, the CAP must include the following:

1. Name(s) of the contact person responsible for the CAP
2. A description of the finding;
3. Specific steps to be taken to correct the situation or specific reasons why corrective action is not necessary;
4. A timetable for performance of the corrective action steps; and,
5. A description of monitoring to be performed to ensure that the steps are taken. The CAP must be submitted with the audit report.

## Audits of Subcontractors

The SCAs must provide to their contractors at the time the contract (subaward) is executed, at a minimum, the information below regarding identification of federal awards, as required by 2 CFR Part 200 as amended. When some of this information is not available, the SCA must provide the best information available to describe the Federal award and subaward. Required information includes:

1. Subrecipient name (which must match registered name in Data Universal Numbering System [DUNS])
2. Subrecipient's DUNS number
3. Federal Award Identification Number (FAIN)
4. Federal Award Date
5. Subaward Period of Performance Start and End Date
6. Amount of Federal Funds obligated by this action
7. Amount of Federal Funds obligated to the subrecipient
8. Total Amount of the Federal Award
9. Federal Award Project Description
10. Name of Federal awarding agency
11. Name of Pass-Through entity
12. Contact Information for awarding official
13. Catalog of Federal Domestic Assistance (CFDA) Number and Name; the pass-through entity must identify the dollar amount made available under each Federal award and the CFDA number at time of disbursement
14. Identification of whether the award is for research and development
15. Indirect Cost Rate for the Federal Award

Additionally, for cost-reimbursement contracts, the SCA must also identify in the contract, the total dollar amount provided, as well as a breakdown of those funds. This breakdown must be a percentage breakdown of Federal and state funds; or a dollar amount breakdown of Federal and state funds; or a functional or categorical breakdown of Federal and state funds. For fee-for-service contracts, this information may be submitted at the end of the agreement period but must be submitted to their contractors within 90 days of the end of the SCA's 12-month fiscal period.

The SCA is responsible for adapting DDAP grant agreement language and requirements regarding audits and shall include the Department's Audit Requirements, Rev. 7/15, or any subsequent revision hereto, in their contracts with cost-reimbursement providers. The SCA shall obtain audits from these providers in accordance with Sections II, III and IV of the Department's Audit Requirements which are incorporated by reference into the SCA Agreement. The SCA, not the Department, shall be responsible for the receipt, review and resolution of such audits.

The SCA (or county designee) is responsible for receipt and review of all subcontractor audits, including federally mandated audits. The SCA shall review and resolve all findings and questionable costs on audits within six months from the date the SCA receives the report.

The SCA shall follow up on all findings disclosed in the audit report and management letter. The SCA shall retain such audits for a period of time which is the greater of four years after termination of the provider's contract or until resolution of any audit exceptions or other claims or actions involving a subcontract.

### **Subcontractor Responsibilities**

The provider shall prepare a CAP to address all findings of noncompliance or internal control weaknesses disclosed in the audit report and submit it to the SCA or the designated authority responsible for audit submissions within a county. For each finding noted, the CAP must include the following:

1. Name(s) of the contact person responsible for the CAP
2. A description of the finding;
3. Specific steps to be taken to correct the situation or specific reasons why corrective action is not necessary;
4. A timetable for performance of the corrective action steps; and,
5. A description of monitoring to be performed to ensure that the steps are taken. The CAP must be submitted with the audit report.

### **Commonwealth Responsibilities**

The Office of the Budget, Bureau of Audits, is responsible for the retrieval and review of all federally mandated Audit Report Packages posted to the Federal Audit Clearinghouse by the SCAs, Counties, and any Administrative agents that manage the contracting and disbursement of funds for the SCAs. The Bureau of Audits will forward to DDAP a Schedule of Findings and Questioned Costs from the Audit Report Package. This schedule will include the views of responsible officials of the SCA or County designee concerning the auditors' findings, conclusions, and recommendations. The schedule will contain all findings and questioned costs for the financial schedules which are required to be reported in accordance with GAGAS. The auditor will report the following:

1. Reportable conditions in internal control over the program(s) (state and/or Federal) that provide funding under the agreement. The auditor shall identify reportable conditions which are individually or cumulatively material weaknesses.
2. Material noncompliance with the provision of laws, regulations, and the provisions of the agreement.
3. Questioned costs specifically identified by the auditor. In evaluating the effect of questioned costs on the opinion on compliance, the auditor shall consider the best estimate of total costs questioned, not just the known questioned costs.
4. Known fraud that affects a program (state and/or Federal) that provides funding under the agreement. The auditor is not required to make an additional reporting when the

auditor confirms that the fraud was reported outside of the auditor's reports under the direct reporting requirements of GAGAS.

DDAP will review all findings as a result of the audit and the CAP submitted by the SCA. DDAP is responsible for the review and evaluation of reportable conditions and findings. DDAP shall ensure that the SCA complies with the implementation of all corrective actions. The audit will be resolved only after DDAP has accepted and approved all follow-up criteria. It is the policy of the Department to resolve all reportable conditions and audit findings within six months from the date of the audit submission. Additionally, it is DDAP's responsibility to reconcile the Schedule of Expenditures of Federal Awards, which is forwarded to DDAP by the Bureau of Audits, to its record of payments to the SCA.

Upon completion of the review, a letter will be sent from DDAP to the County Commissioner Chairman, County Executive or SCA Board Chairperson either accepting the audit or identifying findings and/or conditions. If applicable, any further actions or instructions resulting from the identified findings and/or conditions will be identified in the letter.

DDAP is wholly responsible for the receipt and review of Department Mandated Audits, the components of which are defined in Part 9.04 of this Manual. Upon completion of the review, a letter will be sent from DDAP to the County Commissioner Chairman, County Executive or SCA Board Chairperson either accepting the audit or identifying findings and/or conditions. If applicable, any further actions or instructions resulting from the identified findings and/or conditions will be identified in the letter.

## 9.07 GENERAL AUDIT PROVISIONS

### Auditor Selection

The recipient of funds is responsible for obtaining the necessary audit and securing the services of a certified public accountant or other independent governmental auditor.

### Questioned Costs

Any questioned costs identified as such in audit reports of either the County or the Single County Authority, as the grantee, or its subcontractors shall be returned to the cognizant Federal and/or state agencies providing the financial assistance, unless resolved to the satisfaction of said entities.

### Additional Audits

The regulations for the licensure of freestanding treatment drug and alcohol facilities (28 Pa. Code § 709.25) require an annual financial audit, conducted by an independent certified public accountant, of activities associated with the project's drug and/or alcohol abuse services and completed in accordance with generally accepted accounting principles (GAAP). The Department of Drug and Alcohol Programs further stipulates that the financial audits completed for licensed treatment facilities contracting with Single County Authorities are to include supplemental schedules of revenues and expenditures for each service activity operating within a facility to substantiate the financial status of operations of individual programs and to assist in the rate setting process completed by the Single County Authorities.

Additionally, the Commonwealth reserves the right for Federal and State agencies or their authorized representatives to perform additional audits of a financial or performance nature, if deemed necessary by Commonwealth or Federal agencies. Any such additional audit work will rely on work already performed by the contractor's auditor, and the costs for any additional work performed by the Federal or state agencies will be borne by those agencies at no additional expense to the grantee or its subcontractors.

A Single County Authority is not precluded from requiring additional audits of its contractors beyond what is required in this Part of the Fiscal Manual or in the Grant Agreement between the Department of Drug and Alcohol Programs and the Single County Authority.

### Records Retention

The recipient of funds is required to maintain records of state and Federal awards. The recipient shall preserve all books, records and documents related to a contract or grant agreement for a minimum of four years from the date of final payment under term of that contract or grant agreement; or until all findings, questioned costs or activities have been resolved to the satisfaction of the Commonwealth; or as required by applicable Federal laws and regulations, whichever is longer, unless the contract or grant agreement elsewhere provides for a shorter period; or unless the DDAP otherwise separately agrees in writing to a shorter period. The Single County Authority and its subcontractors shall provide Federal and state agencies or their designee access to such books, records and documents for inspection, audit or reproduction.

## Payment Confirmation Requests

**This information is applicable to the Single County Authorities (or Counties) only.**

Auditors may submit e-mail requests for confirmation of Federal and state payments directly to the Bureau of Audits at:

[RA-AuditConfirmation@pa.gov](mailto:RA-AuditConfirmation@pa.gov)