



State of Washington  
Department of Corrections

Contract No. K10431  
Amendment No. 1

This Amendment is made by the state of Washington, Department of Corrections, hereinafter referred to as Department, and Pend Oreille County Counseling Center, hereinafter referred to as the Contractor, for the purpose of amending the above-referenced Contract, heretofore entered into between the Department and the Contractor.

WHEREAS the purpose of this contract amendment is to extend the period of contract performance, amend Section one (1) Scope of Work, to reference Attachment B-1 and include two (2) additional attachments to the contract agreement and amend Section 3, Rights and Obligations to reference Attachment C-1, Compensation.

NOW THEREFORE, in consideration of the terms and conditions contained herein, or attached and incorporated and made a part hereof, the Department and Contractor agree as follows:

Section I, Scope of Work, is amended, in part, as follows:

Attachment B, Scope of Work, is replaced by Attachment B-1, Scope of Work, which is attached and incorporated to this contract agreement. Any future reference to Attachment B, shall mean B-1.

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SEP 14 2015

Pend Oreille County  
Counseling Services

Attachment D, containing the Chemical Dependency Examination Report-(DOSAs). Attachment E containing the Substance Abuse Recovery Unit Compound Release of Confidential Information are added to this contract agreement and are also attached herein and incorporated hereto to the

Section II, Period of Performance, is amended, in part, as follows:

Subject to other contract provisions, the period of performance under this contract will be October 1, 2013 through (~~June 30, 2015~~) April 1, 2016, unless sooner terminated as provided herein...

Section C, Rights and Obligations:

All rights and obligations of the parties to this contract shall be subject to and governed by the special terms and conditions contained in the text of this contract instrument, the General Terms and Conditions attached hereto as Attachment A, ~~((and))~~ the Scope of Work attached hereto as Attachment B, and the Compensation attached hereto as Attachment C, each incorporated by reference herein.

Attachment C, Compensation, is hereby replaced by Attachment C-1 Compensation, which is attached and incorporated to this contract agreement. Any future reference to Attachment C, shall mean C-1.

COPY



Additions to this text are shown by underline and deletions by ~~(strikeout)~~. All other terms and conditions remain in full force and effect. The effective date of this amendment is July 1, 2015.

THIS CONTRACT AMENDMENT, consisting of two (2) pages and four (4) attachments, is executed by the persons signing below who warrant that they have the authority to execute the contract.

CONTRACTOR

DEPARTMENT OF CORRECTIONS

*Annabelle S. Payne*  
(Signature)  
ANNABELLE S PAYNE  
(Printed Name)  
DIRECTOR  
(Title)  
September 3, 2015  
(Date)

*Gary Banning*  
(Signature)  
Gary Banning  
(Printed Name)  
Contracts Administrator  
(Title)  
9/8/15  
(Date)

Approved as to Form:

This amendment format was approved by the office of the Attorney General. Approval on file.



## ATTACHMENT B-1

### SCOPE OF WORK

This contractual agreement between the Department and the Contractor is entered into for the provision of substance abuse disorder treatment services. The Contractor will provide services to offenders referred by the Department. All treatment services provided will be consistent with all applicable legal and regulatory standards.

#### DOSA SCREENING REFERRALS:

Referrals for DOSA examinations will be submitted by the court and dispatched by the Department of Corrections. Staff will forward the court order to the contracted provider based on geographic location.

Upon receipt of the court order, the Contractor will also complete *a comprehensive substance use disorder assessment applying DSM V and ASAM criteria and the attached DOSA Chemical Dependency Examination Report*, and the *DOSA Release of Confidentiality Information* as per WAC 388-805 and RCW 9.94A,660. These two completed forms shall be provided to the sentencing court, prosecutor, defense attorney and Department of Corrections designated DOSA review staff within ten (10) business days of receipt of a valid court ordered request for a DOSA screen. Copies of these same documents and court order shall be sent to the Department of Corrections (DOC) Records Coordinator at DOC Headquarters and the Department's contracted residential provider within the same timeframe.

At the time of the appointment the Contractor will provide the client with a copy of the *DOC Affirmative Conditions and Crime Related Prohibitions*. If a client fails to show for the appointment for their DOSA examination, the Contractor must provide this information to the courts using the Treatment Provider Letterhead and notify the Department of Corrections personnel designated to track referrals.

#### OUTPATIENT TREATMENT REFERRALS:

Referrals for outpatient services will be submitted to the contractor electronically, by the Department. The Department will obtain an appointment date and time, as well as notify the assigned Community Corrections Officer (CCO). The CCO will in turn direct the offender to report for intake on the scheduled date and time. The contractor shall notify the CCO if the offender fails to show up for his/her appointment. After March 31, 2016, referrals will be made by CCO's and appointments scheduled by the offender.

The Contractor will provide treatment services for the following categories of offenders:

- DOSA Offenders
- Family Offender Sentencing Alternative (FOSA) offenders
- Violators releasing from inpatient treatment
- Prison Releases (those who have participated in CD Treatment while in DOC custody and are referred for continuing treatment in the community).

Any services that are determined to be necessary to support the progress of CD treatment, which are not covered in the scope of these services, must be pre-authorized on a case-by-case basis by the DOC Substance Abuse Administrator or Designee. If the offender is engaged in TX and programming is interrupted because of a violation or new arrest, and the contractor has not yet closed their case file, they can be re-admitted to TX in order to complete their program. This can be done without a new referral. However, if the contractor has closed the case file because the offender aborted treatment and/or has had inconsistent attendance or absences from treatment for 2 weeks or more, a new referral must be submitted in order to get the offender reenrolled.

## **PART I – DEPARTMENT RESPONSIBILITIES**

1. DOC shall monitor this contract and the Contractor's performance. The Contractor shall submit to DOC all DBHR reviews to include findings and corrections.  
DOC may review quality of programming by conducting site visits and apply quality assurance standards providing feedback to the contractor.
2. The Department's Division of Offender Change, through the Substance Abuse Administrator, shall define the parameters of the services to be delivered and the nature and scope of the duties to be performed by the Contractor or any sub-contractor, as allowed in this contract.

## **PART II – CONTRACTOR RESPONSIBILITIES**

### **A. STAFF CREDENTIALS AND CURRICULUM**

The Contractor agrees to ensure their staff has appropriate and current credentials and are oriented and trained on the assessments and curriculum prior to service delivery.

### **B. SERVICE DELIVERY**

1. The Contractor agrees to ensure offenders sign all necessary consents and releases for medical information forms prior to admitting offenders into treatment. If the offender fails to sign, the Contractor will notify the DOC Clinical Supervisor, and DOC Community Corrections Officers as soon as possible but no later than 72 hours after the offender's refusal.

At the time of intake, the Contractor will obtain a *Release of Information (ROI)* to the Department of Corrections. Additionally, DOSA offenders shall also sign a Release of Information (ROI) to the sentencing court.

2. The Contractor will:
  - a. Assure that all substance abuse treatment and other services delivered are consistent with WAC 388-805, and the Department's direction.
  - b. Cooperate in any research and/or program evaluation projects/studies initiated by the Department to support ongoing treatment program improvement.

**C. REQUESTING CLIENT INFORMATION:**

The contractor may request the most recent CD assessment and discharge summary from the DOC Records Coordinator. The Contractor will need to provide the clients full name, doc # or DOB and a mailing address and a properly signed consent for disclosure. No assessments will be sent via fax. Please allow at least a 24hour time period for a response. If records exist you will be notified upon receipt and again when the records are mailed to your location. If there are no records you will receive an e mail from the Substance Abuse Records unit notifying you of this.

**D. NON-COMPLIANCE REPORTING REQUIRMENTS:**

The Contractor shall report to the supervising CCO via telephone not more than 24 hours from obtaining information of any of the following:

- Patient/offender has any absence or any failure to report
- Patient/offender fails to maintain abstinence
- Patient/offender reports any new arrest
- Patient/offender leaves the program against program advise or is discharged for any rule violation
- Patient/offender fails to make acceptable progress in any part of the treatment plan

**E. DATA MANAGEMENT AND REPORTS**

The Contractor agrees:

1. Provide data and other summary detail to DBHR for inclusion in the annual trends reports.
2. All information collected and distributed by the Contractor will be submitted using the DOC approved forms included in this contract and will not be modified and reformatted under Contractor letterhead. Failure to submit on approved forms shall be denied thus delaying reimbursement for services provided.
3. A monthly progress report must be sent to the sentencing Court on all DOSA offenders while they are in a community-based and/or residential program. This report will be submitted using *DOC 14-132, Chemical Dependency Monthly Progress Report*.
  - Contractor will obtain contact court information from the original court order or CCO.
  - A written report of non-compliance must be sent to the sentencing Court for Residential DOSA offenders within 24 hours of the incident.
  - A copy of the progress report must also be submitted with the monthly invoice for payment.
  - Contractor will ensure all DOSA clients read and sign the DOC DOSA Agreement (DOC14-042) upon admission. All new forms shall be submitted with the contractor's monthly billing invoice.

**F. DATA SUBMISSION**

**Contractor agrees to submit data in the following manner and according to the following schedule:**

Patient/offender data entries must be made at least monthly into the DBHR-TARGET system on all offenders receiving outpatient services. The Contractor shall use the following codes to enter data on the TARGET Form DSHS 04-416, to identify outpatient services provided for DOSA or Community Corrections offenders for billing purposes.

When data is entered in Target 2000 the following fields must be represented as Department of Corrections to allow for accurate reporting:

**Governing County code – use “Dept. of Corrections”**

**Contract code use - “DOC-COM”**

**Fund Source code use – Department of Corrections**

**State Special Project Code – “DOC”**

**A. TARGET Reports**

- a) **D3 – Client Assessments Summary**  
Identifying all Assessments represented on the invoice
- b) **D4 – Client Admission Listing**  
Identifying all admissions represented on the invoice
- c) **D5 -- Activities Listing**
- d) **D6 – Client Discharge Listing**  
Identifying all discharges represented on the invoice
- e) **C3 – Active Case Load**  
Identifying all offenders who are currently receiving treatment at the time of invoice.

**B. Forms must be attached and denote ALL of the following filters**

- a) **Governing County code – use “Department of Corrections”**
- b) **Contract code use - “DOC-COM”**
- c) **Fund Source code use – Department of Corrections**

**C. Treatment Tracking Grid for DOC funded referrals**

The treatment tracking grid (Attachment E) for DOC funded referrals must be completed for services provided for the billing month along with the required invoice.

Following the implementation of the TARGET replacement tool, contractor will enter all information into the system in accordance with established rules.

**PART III - FISCAL MANAGEMENT**

The Contractor agrees to comply with Attachment C, Budget and the invoice method of billing. As such, the Contractor agrees:

1. The DOC form A-19 shall serve as the monthly invoice in accordance with Attachment C, Budget. Per the A-19 billing detail page, hours invoiced must be substantiated by detailed entries in TARGET. This invoice will be forwarded via e-mail by the 10th calendar day of each month for the month just ended. **Invoices**

received after this date will be considered delinquent and may not be processed.

2. Secure prior written approval from the Substance Abuse Administrator for any subcontract for the delivery of direct treatment or other services.

The Contractor will bill Medicaid (ADATSA, GAU, GAX, SSI, etc.) or any other resource as the primary coverage for applicable cases before billing DOC for services. The Contractor will submit verification that the offender was not eligible for Medicaid during the billing cycle.

For consistency, the Contractor shall submit one invoice that totals all offenders and the treatment provided. Each offender should be listed individually followed by the services provided. The first page of the invoice should include a grand total for all services provided for that month. A copy of required invoice has been included as a reference.

In addition to the Invoice and Tracking grid, the Contractor shall submit a copy of the referral received for each client admitted for that month. Contractors Certificate with signature, date and phone number must also be included.

### **PART III PERFORMANCE MEASURES AND OBJECTIVES**

#### **G. CONTRACTOR'S PERFORMANCE STANDARDS**

1. Ensures all Contractor's staff receive a Background Check and meet the RCW and WAC Training requirements.
2. Gives PREA/Sexual Misconduct training to their staff who have access to clients under the Department's supervision.
3. Ensures client assessment, admission, treatment activities and discharge data are reflected in TARGET (or replacement system), as specified by the Department.
4. Provides documentation regarding the timely resolution of any Department audit or quality assurance findings.
5. Return action plan for resolution of the audit finding with the proposed dates of completion within one (1) week of receipt of the Department's audit.

#### **H. OUTCOME MEASURES**

The Contractor agrees that:

1. 100% of the time the client assessment, admission, treatment activities and discharge data is entered into TARGET on a monthly basis.

**Attachment C-1  
Budget**

**1. Rates:**

Reimbursement fees for DOSA assessment and examination services shall be paid at a flat rate of \$183.00 each to include case management and report submittal to the court and a copy to DOC.

Reimbursement for urinalysis testing \$10.00 per observed test limited to no more than 4 tests per month in Level II.5 and 1 test per month in Level I for offenders funded by State only funds.

Fees for outpatient services may not exceed the maximum Medicaid reimbursement rates as set forth by the Washington State Healthcare Authority and/or the Department of Social and Health Services (DSHS)/Division of Behavioral Health and Recovery (DBHR)

**2. Submission of Invoices:**

Consideration for services rendered shall be payable upon receipt of properly completed invoices and Treatment Tracking Grid's which shall be submitted to the following DOC contact and address:

Department of Corrections  
Chemical Dependency  
ATTN: Nicole Berschauer, DOC Records Coordinator  
PO Box 41123  
Tumwater, WA 98504-1123  
PHONE# 360-725-8601  
FAX# 360-586-0039

**3. Reimbursement:**

DOC will only reimburse for treatment services of medical marijuana clients if they have been approved by the DOC Chief Medical Officer, per DOC 420.380, Drug and Alcohol Testing. Verification of approval must be received prior to admission of client, through the DOC Clinical Supervisor.

The Department will only reimburse for treatment services for offenders on Opiate replacement therapies after being staffed with the DOC Clinical Supervisor. This is to ensure assessment and ASAM placement protocols are in accordance with best practices.

DOC will reimburse Contractor for urinalysis administered for diagnostic purposes no more than 4 per month for Level II.5 services and one time per month for Level I. The Department will not reimburse for TB testing, or new substance abuse assessments for those referred offenders who have previously been assessed within the last-twelve (12) months. It will be the responsibility of the Contractor to contact the DOC Records Coordinator for confirmation and copy of the most recent assessment, if applicable.

When a new substance abuse assessment is not needed, the DOC will reimburse for an Intake at the Medicaid rate for Intakes and up to one hour of Case Management. DOC will not reimburse the Contractor for treatment services to offenders who have been assessed per the American Society of Addictions Medicine (ASAM) Patient Placement Criteria and Diagnostic

and Statistical Manual of Mental Disorders (DSM-V-TR) as a substance abuser (SA) or non-significant problem (NSP).

#### **4. Unbilled Charges**

Previously unbilled charges must be documented in a separate invoice with an explanation of the charges.



**SUBSTANCE ABUSE RECOVERY UNIT DOSA REPORT**

To: Superior Court County of

From:

Re: **CHEMICAL DEPENDENCY ASSESSMENT REPORT SUMMARY (DOSA RCW 9.94A.660)**

Date:

DOC HQ Fax Number: (360) 586-0039

Offender Name: \_\_\_\_\_ DOB: \_\_\_\_\_

DOC Number: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Sentence Date: \_\_\_\_\_ Defense Attorney: \_\_\_\_\_

\_\_\_\_\_ was assessed by this author on \_\_\_\_\_ Date \_\_\_\_\_ The following is a summary of our findings:

1. \_\_\_\_\_ suffers from alcohol and/or other drug addiction, as evidenced by the following DSM-5

criteria:

- a. Choose an item.
- Choose an item.
- Choose an item.
- Choose an item.

2. There is a probability of future criminal behavior due to the addiction;

3. \_\_\_\_\_ Will benefit from treatment;

4. Effective treatment is available from a licensed provider;

5. There is a proposed monitoring plan in place; and,

6. \_\_\_\_\_ has received a copy of the recommended crime-related prohibition and affirmative

Conditions.

Client's own statement:

Counselor's observation of motivation to comply:

Social, Educational, and Occupational History:

Substance Use History:

Substance Abuse Treatment History:

Mental Health Treatment History:

Bio-Medical Complications:

The offender reported major or ongoing medical issues?  Yes  No

If so, what are they? \_\_\_\_\_

Is offender under the care of a physician? If so, include name and contact information. \_\_\_\_\_

Is the offender on methadone (      mg), suboxone, or any other medication assisted therapy?  Yes  No

Prescribed medications reported by the offender for either Medical or Mental Health-related conditions?  Yes  No

List the name and dose of any medications the offender is currently taking:

Name	Dose	Name	Dose

Was the offender notified they must have enough medication for the 90 days of treatment if a DOSA sentence is granted?  Yes  No

Recommended Level of Care Based on Assessment Findings:

Choose an item.

The certified provider available to meet the DOSA treatment for 90 – 180 days is indicated below:

**American Behavioral Health Systems (Toll Free (866) 729-8038, Fax (509) 242-1867)**

In Spokane Washington at 12715 E Mission Ave, Spokane Valley WA 99216

In Chehalis Washington at 500 S.E. Washington Avenue, Chehalis, WA 98532

Soonest treatment start date and appointment time? \_\_\_\_\_

The Washington Institute for Public Policy indicates a variety of chemical dependency treatments are effective at reducing crime (<http://www.wsipp.wa.gov/Reports>)

The offender must have a viable plan for transportation to and from the treatment facility.

- If the client does not have transportation at the time of sentencing, he can be directed to the local community corrections office and/or CCO who can coordinate transportation through ABHS OR obtain a bus pass through established transport procedures. The ABHS admissions office is 1-866-729-8038 the number to the ABHS Transport is 509-362-4690

- If DOC or ABHS will provide transportation they must receive at least 48 hours' notice of scheduled admit date to ensure appropriate arrangements are made to get the offender to the treatment facility.

**\* This Section Must Be Filled Out.**

Private Transportation

Name of person providing transportation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ABHS Transport Bus

Date and Time of Transport: \_\_\_\_\_

Scheduled Location to catch Bus: \_\_\_\_\_

DOC Contact and Phone: \_\_\_\_\_

DOC Funded Bus Voucher

Date and Time of Transport: \_\_\_\_\_

Location to Pick Up Voucher: \_\_\_\_\_

DOC Contact: \_\_\_\_\_

Monitoring plan shall be determined by the offender's Community Corrections Officer:

Where will the offender live? \_\_\_\_\_

Address: \_\_\_\_\_

Contact person and Phone Number: \_\_\_\_\_

I have provided a copy of the recommended crime-related prohibition and affirmative conditions to the offender named above.

I have obtained a signed DOC# 14-172, Compound Release of Confidential Information, for the offender named above.

Respectfully,

**NOTE:**

The Examiner is to send the following copies **within 10 days** of receipt of Court Order:

1. To the Sentencing Court, Prosecuting Attorney, and Defense Attorney:
  - a. Examination Report Summary
  - b. Signed DOC# 14-172, Compound Release of Confidential Information
  
2. To the Department of Corrections Headquarters CD Unit:
  - a. Examination Report Summary
  - b. Court Order
  - c. Signed DOC# 14-172, Compound Release of Confidential Information
  
3. To American Behavioral Health Systems (509-242-1867):
  - a. Examination Report Summary

- b. Signed DOC# 14-172, Compound Release of Confidential Information
- c. Copy of Court Order

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.



**SUBSTANCE ABUSE RECOVERY UNIT  
COMPOUND RELEASE OF CONFIDENTIAL  
INFORMATION**

Name: \_\_\_\_\_

DOC Number: \_\_\_\_\_

Agency(s) making disclosure: \_\_\_\_\_

**TYPE OF INFORMATION TO BE DISCLOSED/REDISCLOSED**

- UA results
- Treatment Admission/Participation/Attendance Status
- Assessment information, results & treatment recommendations
- Individual Service Plan and Progress in Treatment
- Medical findings
- Compliance/Non-Compliance Reports
- Discharge/Transfer Summary
- Other: \_\_\_\_\_

Three-party release of: Assessment information, results & treatment recommendations  
 From: agency Completed on: date

**EACH PURPOSE FOR USE AND/OR DISCLOSED/REDISCLOSED**

- At patient request
- Treatment compliance
- Mutual exchange of information
- Continuity of medical care
- Legal
- Other: \_\_\_\_\_

**RECIPIENT OF PROTECTED HEALTH INFORMATION**

Addressee(s) & any title, institutional class, group or other affiliation, to disclose to or receive from:  
**Department of Corrections Staff**

- Court: \_\_\_\_\_
- Judge: \_\_\_\_\_
- Prosecuting Attorney: \_\_\_\_\_
- Defense Attorney: \_\_\_\_\_
- Treatment Agency: \_\_\_\_\_
- Other: \_\_\_\_\_

Deliver by Written Report, Assessments, Court Reports, Court Staffing, Secure Electronic Transmittal, Fax

**REVOCATION, REDISCLOSURE, DURATION**

It is my understanding that this authorization can be revoked in writing at any time, unless disclosure is required to effectuate payments for health care that has been provide or other substantial action has been taken in reliance on this authorization. In any event this consent will expire at the end of the term of Department of Corrections supervision, 60 days following discharge from the treatment program or 90 days from the date of this signed consent, whichever is later.

Initials If I am subject to the jurisdiction of the Indeterminate Sentence Review board (ISRB), this consent will terminate upon the expiration of my maximum sentence or the granting of final discharge.

Initials If I am Sentencing Reform Act (SRA) offender, this consent will terminate upon the expiration of my Prison sentence and any post- release supervision.

**AUTHORIZATION**

I understand that my records are protected under federal regulations governing confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2, and cannot be further disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I do not have to sign this authorization in order to receive health care benefits (treatment, payment, enrollment, or eligibility for benefits) except for health care services necessary to create any assessment or report for disclosure to the recipient identified in this authorization.

Signature

Date

DOB

Witness

Date

PROHIBITION ON REDISCLOSURE \*THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE.\*

