

King County Drug Diversion Court  
Outpatient Treatment Services  
Opiate Substitution Treatment  
On-site Resource Specialist Services  
Agency: Therapeutic Health Services  
SCOPE OF WORK  
(April 2014)

## Exhibit A

### I. WORK STATEMENT

The Agency shall provide outpatient and intensive outpatient chemical dependency treatment services, opiate substitution services and support services (hereafter "Treatment Services") at multiple, geographically diverse sites throughout King County. The Agency shall also provide resource specialist services on site at the King County Drug Diversion Court Services (hereafter Drug Court Services) office. All services shall be provided to individuals active in King County Drug Diversion Court (hereafter, KCDDC) and referred by Drug Court Services in accordance with this Exhibit and the Agency's response to Request for Proposals 1312-13-RLD.

The Agency shall serve as the primary provider of Treatment Services for participants of KCDDC. Exceptions may be made in situations when the participant is in need of specialized services not provided by the Agency, such as language, cultural and sexual orientation specific services, or when the participant is already established and successfully participating in treatment at time of referral to KCDDC.

Agency will incorporate evidence-based practices and National Association of Drug Court Professionals (NADCP) Adult Drug Court Practice Standards<sup>1</sup> in collaboration with KCDDC.

The Agency shall be reimbursed pursuant to the terms and conditions of this Exhibit and Exhibit B.

### II. KCDDC PROGRAM DESCRIPTION

#### A. Overview

The King County Adult Drug Diversion Court is a pre-adjudication drug court model. Eligible defendants charged with felony drug and property crimes are provided an opportunity for substance abuse treatment and access to ancillary services such as mental health treatment, housing, transportation and job skills training.

After choosing to participate in the program, defendants come under the court's supervision and are required to attend treatment sessions, undergo random urinalysis, and appear before the drug court judge on a regular basis. If

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<sup>1</sup> Adult Drug Court Best Practice Standards, (2013), National Association of Drug Court Professionals with permission.

defendants meet the requirements of each of the four phases of drug court, they graduate from the program and their charges are dismissed. If defendants fail to make progress, they are terminated from the program and sentenced on their original charge.

B. Eligibility Criteria for Referral to KCDDC

Eligibility Criteria for Referral to KCDDC are defined in the current edition of the KCDDC Policy and Procedures Manual, Section III. KING COUNTY DRUG DIVERSION COURT: SCREENING, REFERRAL AND ELIGIBILITY.

C. KCDDC Mission

The mission of KCDDC is to combine the resources of the criminal justice system, drug and alcohol treatment and other community service providers to compel the substance-abusing offender to address his or her substance abuse problem by providing an opportunity for treatment and access to other services while holding the offender strictly accountable.

**III. SERVICE COMPONENTS**

The two major components in the KCDDC service delivery system are:

- A. King County Drug Diversion Court Services (KCDDC Services): Drug Diversion Court Services (DDCS) located on site and staffed by county employees, provides program administration, treatment case management, housing case management and liaison with the Court, attorneys and treatment agencies; and,
- B. Community-Based Contract Treatment Agencies which provide outpatient, residential and opiate replacement services; and case management services in support of a limited number of Shelter Plus Care Vouchers, housing units with on-site case management and resource specialist services located on site for drug court participants in need of education, employment training and other ancillary services.

**IV. ELIGIBILITY**

- A. Individuals eligible for this service are individuals referred to the Agency by the KCDDC.
- B. Individuals eligible for services reimbursed through State Criminal Justice Treatment Account and "State" funds are adult indigent and low-income individuals referred to the Agency by the KCDDC.

- C. Individuals 18 years or older reimbursed through the State Criminal Justice Treatment Account and State funds must meet the standards for indigent and low-income participant eligibility as described in the state Department of Social and Health Services (DSHS) Division of Behavioral Health and Recovery (DBHR) 2011- 2013 Biennium Low-Income Service Eligibility Table, or its successors.

**V. GENERAL PROGRAM REQUIREMENTS**

- A. The Agency shall provide services under this Exhibit as described in state requirements as determined by the DSHS and in compliance with:
  - 1. Title 45 Code of Federal Regulations (CFR), Health Insurance Portability and Accountability Act (HIPAA), Parts 160 and 164, or any successors;
  - 2. Chapter 388-877 Washington Administrative Code (WAC), or any successors;
  - 3. King County Code 4.33.050, Binding Partnership Agreements – required – commitments;
- B. The following requirements when providing contracted mental health services:
  - 1. Title 42 CFR Part 438 Managed Care, Subpart 422.208 Physician Incentive Plans, Subpart 438.608(a) Program Integrity Requirements, Subpart 455 Program Integrity Medicaid, and Subpart 1000 through 1008 Office of Inspector General Authorities, or any successors;
  - 2. Federal 1915(b) Mental Health Waiver;
  - 3. Title XIX of the Social Security Act (SSA);
  - 4. SSA Section 1902(a)(68) and 31 United States Code Sections 3729-3733 (the federal False Claims Act);
  - 5. Chapters 70.02, 71.05, 71.24, and 71.34, Revised Code of Washington (RCW) or any successors;
  - 6. Chapter 388-877A WAC, or any successors;
  - 7. The King County Mental Health Plan Policies and Procedures (KCMHP P&P) and its revisions; and
  - 8. The Western State Hospital/Regional Support Network Working Agreement or any successors; and

- C. The following requirements when providing contracted chemical dependency services:
1. Title 42 CFR, Confidentiality of Alcohol and Drug Abuse Patient Records, or any successors;
  2. Chapters 18.19, 18.130, 18.205, 26.44, 69.50, 70.96A, 74.09, 74.34, and 74.50, RCW, or any successors;
  3. Chapters 246-887, 388-800, 388-877B and 388-810, WAC, or any successors;
  4. Official publications and/or policies and procedures distributed by DSHS;
  5. The KCCDSS P&P and its revisions;
  6. The Agency shall ensure consistent compliance with all state and federal requirements as noted in the CFR, RCW, WAC, and official state publications related to services for underserved and special needs populations. These populations include youth; pregnant, parenting and postpartum women; rural populations; ethnic minorities; American Indians and Alaska Natives; gay, lesbian, bisexual, transgender, and questioning populations; the deaf and hearing impaired; the elderly; persons with disabilities; and persons with AIDS;
  7. The Agency shall not bill, demand, collect or accept payment or deposit for missed, cancelled, or late appointments from any client receiving certification for medical assistance according to 42 CFR 435.914(a) and defined in WAC, including Title XIX and Medical Care Services.
  8. The Agency shall participate fully and completely in the Treatment and Report Generation Tool (TARGET 2000) and its successors for all County-funded services as described in the KCCDSS P&P.
  9. The Agency shall require a criminal history background check, in compliance with Chapter 43.43 RCW and in accordance with Chapter 388-06 WAC, through the Washington State Patrol, for employees and volunteers of the Agency who may have unsupervised access to children, people with developmental disabilities, or vulnerable adults. If there is a finding that is not a disqualifying conviction, the Agency shall document the finding and rationale for continued employment required by the County.
  10. All participants receiving as assessment shall have a Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Brief Risk Intervention completed upon intake or assessment

as described in the King County Chemical Dependency Services System Policies and Procedures (KCCDSS P&P).

- A. The Agency shall have policies and procedures to screen participants at intake and to re-screen monthly for financial eligibility and for third party payment for treatment services. Third party payments include insurance, Title XIX, and categorically needy programs through DSHS, Social Security Administration and Washington Apple Health (Medicaid expansion). No fees shall be collected from indigent participants.
- B. The Agency shall ensure that any client who meets financial eligibility for Medicaid, but is not currently enrolled, shall have documentation in their clinical file as to the reason they have not been enrolled. This documentation shall include what the Agency is currently doing to assist in the enrollment process. This documentation shall be completed on a monthly basis.
- C. All treatment shall be performed at facilities approved by DSHS/DBHR.
- D. The Agency shall report to the current edition of the Treatment and Assessment Report Generation Tool (TARGET) System accurately and in a timely manner in accordance with the current edition of the TARGET Data Dictionary and its revisions as published and distributed by DSHS/DBHR and specific instructions relevant to KCDDC provided by DSHS/DBHR, KCDDC Services and the MHCADSD KCDDC Contract Monitor.
- E. The agency shall consult the monthly TARGET workbook provided by KCDDC to code drug court participants according to the assigned drug court funding and the participant's public assistance status.
- F. The Agency shall ensure that each participant discharged from the TARGET system has had his/her TARGET Assessment/Admission form reviewed and updated at discharge.
- G. The Agency shall code all drug court participants in TARGET under County Special Project Code "17-Drug Court-Adult" or "MIDD-DDC" as directed by KCDDC.
- H. If the participant remains in treatment at the Agency after discharge from drug court, the Agency shall change the TARGET coding appropriately.
- I. The Agency shall complete the King County TARGET Data Elements Periodic Milestone and enter the data into TARGET every six months for every client admission lasting six months or longer.

- J. The Agency is expected to provide full treatment to each KCDDC participant referred unless the participant is terminated from the program by KCDDC, opts out of drug court or is transferred to another Agency. Full treatment is defined as successful progression through all four phases of treatment or dismissal, as determined by the KCDDC.
- K. The Agency shall secure and maintain licensure as a provider of opiate substitute therapy and assure compliance with pertinent regulations of WAC 388-805; the Food and Drug Administration - 21 CFR 291.505; and the Drug Enforcement Administration - 21 CFR 1301, 1304, 1305 and 1306; as such regulations now exist or are hereafter amended.

**VI. DESCRIPTION OF WORK**

A. Assessment

- 1. Following arraignment or transfer of a participant to drug court, a Drug Court Services treatment case manager provides participant with an orientation to KCDDC conducts a Risk and Needs Assessment (RANT) and refers participant and information to the Agency.
- 2. The Agency facilitates the scheduling of the intake and assessment to occur within three business days of the orientation.
- 3. The Agency conducts a full assessment which includes:
  - a. the Global Appraisal of Individual Needs Short Screener (GAIN-SS) to identify behavioral health issues including substance abuse, mental health disorders or co-occurring disorders
  - b. Nicotine Dependency Assessment
  - c. Michigan Alcohol Screening Test (MAST)
  - d. Drug Abuse Screening Test (DAST) and
  - e. Vocational Assessment
  - f. A Chemical Dependency Multidimensional Assessment. American Society of Addiction Medicine Participant Placement Criteria for placement and patient outcome evaluation (ASAM-PPC).
  - g. The Agency provides the results of the full assessment to Drug Court Services within one week of completion

## B. Treatment Plan

1. Participants begin treatment at the Agency within one week after referral.
2. The Agency develops individualized treatment plans within 30 days based on American Society of Addiction Medicine/Addiction Severity Index (ASAM/ASI,) Agency protocol, KCDDC requirements and participant's 1) prognostic risk level and 2) criminogenic need level as determined by the Risk and Needs Triage (RANT) administered by Drug Court Services and/or the Agency.<sup>2</sup>

## C. Risk and Needs Principles

1. The Agency offers treatment modalities and approaches, including ancillary services, according to (1) prognostic risk level and (2) criminogenic needs of the participants as described by Douglas Marlowe, JD, PhD, Chief of Science, Law and Policy for the National Association of Drug Court professionals.<sup>3</sup>
2. The Agency will provide continued assessment and provide input to KCDDC regarding whether participants fall into the substance dependence or substance abuse category and will provide appropriate services.

## D. KCDDC Phases

Participants' progress through the four KCDDC phases at the discretion of the Court with input from the Agency. Discharge from treatment is also at the Court's discretion with input from the Agency.

### 1. Required Services: Pre-Opt Phase

- a. Orientation: The Agency provides orientation to KCDDC participants one time per week for four weeks. Orientation includes education on the rules and requirements of KCDDC and treatment. Orientation includes special instruction on how to choose and get the most out of sober support groups for all high need participants.
- b. Individual Counseling Sessions: 1 session per week.

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<sup>2</sup> The RANT is a risk and need assessment tool that has been validated for use with addicted individuals in substance abuse treatment or the criminal justice system.

<sup>3</sup> Marlowe, Douglas, Drug Court Practitioner Fact Sheet: Targeting the Right Participants for Adult Drug Courts, Part Two of a Two-Part Series. National Drug Court Institute, March 2012, Vol. VII, Mo.1.

- c. Group Counseling Sessions: 4 per week.
  - d. Urinalysis Tests: 2 per week
2. Required Services: Phase II
    - a. Individual Counseling Sessions: 1 per week
    - b. Group Counseling Sessions: 3per week.
    - c. Urinalysis Tests: 2 per week
  3. Required Services: Phase III
    - a. Individual Counseling Sessions: 2 per month.
    - b. Group Counseling Sessions: 2per week.
    - c. Urinalysis Tests: 2 per week.
    - d. Empowerment Plan Meeting: Agency Resource Specialist, in collaboration with Drug Court Services treatment case manager, meets with participants within two weeks following promotion to Phase III and as often as needed thereafter to develop participant's "empowerment plan". The plan will detail the steps the participant will take to be employed, in school, or volunteering for 19 hours per week, which is required before participant, can promote to Phase IV.
  4. Required Services: Phase IV
    - a. Individual Counseling Sessions: 1 per month
    - b. Group Counseling Sessions: 1per week.
    - c. Urinalysis Tests: 2 per week.

E. Urinalysis Testing

1. The KCDDC may require additional UA's, or testing for additional substances.
2. The Agency conducts urinalysis testing six days per week.



3. The Agency ensures that urinalysis testing is random and reliable, that collections are observed and that the frequency of testing is consistent with KCDDC requirements.
4. The agency shall provide KCDDC with a written “specimen collection protocol” to be followed when collecting urine specimens.
5. This protocol is to be reviewed and signed by each participant at intake and maintained in the participant file.
6. The agency shall develop a contract to be signed by each participant at intake and maintained in the participant file. The contract will clearly identify the participant’s responsibility in regard to providing urine samples to the treatment agency for purposes of drug and alcohol testing. The contract should be thorough and identify each aspect of the procedure.
7. UAs cannot be excused or made up.
8. The Agency instructs all participants to list prescribed medications on toxicology screening form and requires participant provide a prescription drug use form signed by his or her doctor. Treatment agency will review all drug-testing reports for consistency and accuracy with regard to prescriptions.

F. Cognitive Behavioral and Evidenced-Based Interventions

In addition to standard provision of outpatient treatment groups, the Agency will provide evidence-based and cognitive-behavioral interventions. The Agency will insure that all interventions are manual based and that the treatment providers are trained to deliver the interventions reliably and according to the manual. Fidelity to the treatment model is maintained through continuous refresher training and internal evaluation for consistency. Required cognitive behavioral and evidenced-based intervention services include:

1. Trauma Focused Cognitive Behavioral Therapy
2. Motivational Interviewing
3. Stages of Change
4. Moral Reconciliation Therapy (MRT)
5. Seeking Safety groups
6. Relapse Prevention groups
7. Women’s groups
8. Goal-oriented case management services

G. Sober Support Attendance and Verification

1. Also required of high needs KCDDC participants is documentation of attendance at three sober support meetings (or court-approved alternatives) per week throughout all phases of KCDDC.
2. The Agency is expected to review participant sober support verification forms weekly (or less frequently for participants who attend treatment on a less than weekly basis) and maintain a copy within the participant's file. Clinicians are to sign and date the original sober support slip provided by the participant each time they verify a participant's sober support slip.
3. Sober support verification forms that contain incomplete information, less than the required number of meetings within a given week or appear to be falsified should not be considered "verified"; these should be noted as "not verified" (with explanation provided) in the participant's Progress Report.

#### H. Bench Warrant Policy

If a KCDDC participant misses a hearing or fails to serve a sanction, the KCDDC issues a bench warrant. Drug Court Services provides notification of the bench warrant to the Agency within 24 hours. Agency directs participant to attend a KCDDC calendar to request that the bench warrant be quashed and if the participant does not appear in court, the Agency suspends services and in the case of opiate substitution therapy, begins a 7-day methadone/buprenorphine detoxification. Drug Court Services will notify the Agency when the bench warrant is quashed.

#### I. Mental Health Services

1. Assessment/screening: The Agency administers a GAIN-SS at intake to identify substance abuse, mental health or behavioral issues. If the participant scores a 2 or above on the Internalized and External Disorder scores on the GAIN-SS, the participant is referred to the Mental Health Program. Upon referral to the mental health program, a licensed mental health clinician immediately (within 72 hours) conducts a pre-screen to help triage care. Participants with emergent or critical mental health needs (e.g., the participant has a severe mental health crisis or is running out of psychiatric medication) are prioritized for care. After the pre-screen, a licensed mental health clinician will conduct an in-depth mental health assessment that meets WA State and CARF standards, with referral for psychiatric evaluation if clinically indicated. At any time throughout the chemical dependency treatment process, a chemical dependency counselor can refer a participant to the Mental Health Program if needed. Clients can also self-refer to the Mental Health Program. The results from intakes/assessments are used to develop individualized treatment plans in conjunction with the participant.

2. Psychiatric evaluation & medication management: The Agency provides psychiatric care by psychiatric ARNPs and psychiatrists. They conduct a psychiatric assessment using standardized assessment tools based on DSM-V criteria and prescribe psychiatric medication as needed. Participants who are prescribed psychiatric medications meet with a psychiatric practitioner at least monthly to reevaluate dosage, symptoms and side effects. Participants may meet with the psychiatric practitioner more frequently as needed.

J. Young Adult Track/Program

The Agency provides a separate young adult track for KCDDC participants ages 18-25, who have been referred to the Young Adult Program (YAP) by KCDDC. The YAP includes chemical dependency treatment, access to mental health services, medication management and life skills tailored to the special needs of young adults. The Agency accurately identifies the needs of the participant, sets both short and long-term goals, and employs a holistic approach encompassing emotional, spiritual, physical, social, and mental health issues.

K. Opiate Substitution Treatment (OST)

The Agency provides methadone to KCDDC participants if clinically indicated at the intake assessment. Buprenorphine and buprenorphine/ naloxone combination drug treatment is provided by the Agency to KCDDC participants as clinically indicated and in the structured model detailed in the Agency's response to RFP 1312-13-RLD, according to the availability of slots at the Agency. OST services include individual face-to-face sessions, group treatment, and/or case management and stabilization on OST maintenance to assist participants in reaching recovery from drug addiction.

L. Culturally-Competent Care:

The Agency provides culturally competent care. Cultural competency is incorporated into every aspect of the Agency's treatment program, including staffing model and training practices. The Agency is committed to providing culturally competent care.

M. Reporting Requirements

1. Progress Reports

- a. The Agency enters Progress Reports, urinalysis results and absences, Incident Reports and Journal notes directly into the KCDDC Management Information System (MIS) as instructed by Drug Court Services staff.

- b. Progress reports include:
  - i. Participant's progress during the reporting period in the Stages of Change.
  - ii. Urinalysis test results (including missed UAs).
  - iii. Attendance and absences at individual and group counseling sessions (including dates and reasons for all absences).
  - iv. Verification of attendance at the required number of sober support meetings per week (or court-approved alternatives). Clinicians are to sign and date the original sober support slip provided by the participant each time they verify a participant's sober support slip.
  - v. Updated information regarding all aspects of the treatment plan and other treatment-related observations and/or concerns including behavior, mental health, medication compliance and other issues.
- c. The Agency makes participants aware of the information contained in the Progress Report prior to next hearing to avoid "surprises".
- d. The Agency accesses the date of the next hearing directly from the KCDDC MIS.
- e. The Progress Report and UA data is entered into the KCDDC MIS by the Agency no later than 8:00 AM on the Thursday preceding the week of the scheduled hearing (unless otherwise directed by KCDDC).
- f. When participants are on a twice-monthly hearing schedule, the Progress Report and UA data is entered into the KCDDC MIS by the Agency no later than 8:00 AM two court-days prior to the scheduled hearing (unless otherwise directed by KCDDC).
- g. If more than 10% of Agency reports from any one site are late in any given month, Drug Court Services deducts 5% of the total invoiced amount for that month. Progress Reports that are incomplete and/or which do not include urinalysis data may be considered late at Drug Court Services discretion. The 10% "late report rule" will not apply to sites that have fewer than ten Drug Court reports due for the month.
- h. Immediate Reporting of Compliance Issues

Agency will alert Drug Court Services treatment staff via email and KCDDC MIS Journal note within 24 hours of a missed drug test, missed dose, failure to report to treatment without calling, or display of other concerning behavior or issues at the Agency.

2. The Agency shall comply with all KCDDC and KCMHCADSD reporting requirements.

N. Vocational Services

Vocational and educational services are available to KCDDC participants. Agency assists participants with skill development in completing job applications, forms, resumes, and interviewing skills. Agency staff provides community support services and encouragement for participants who are placed in jobs. Additionally, Agency assists participants in securing public funding as they progress through the Agency’s treatment programs.

O. Location and Availability of Treatment Services

The Agency provides treatment services at multiple, geographically diverse sites throughout King County. Location of specific services are as indicated in Table I. Agency expands services as census permits.

<b>Table I Location of Services Available to KCDDC Participants</b>				
<b>Service</b>	<b>Summit/Seneca</b>	<b>Kent</b>	<b>Eastside</b>	<b>Shoreline</b>
Chemical Dependency Treatment	X	X	X	X
Mental Health & Psychiatric Services	X	X	X	X
Opiate Substitution: Methadone	X	No	X	X
Opiate Substitution: Buprenorphine	X	No	X	No
Women Only Groups	X	X	X	As census permits
Young Adult Model	As census permits	X	As census permits	As census permits
Access to Vocational Services	X	X	X	X
Groups Differentiated According to Risks and Needs	X	X	X	X

P. On-Site Resource Specialist Services

Agency provides Resource Specialist Services to KCDDC participants on-site at the Drug Court Services offices in the King County Courthouse. A workstation will be provided on site. The on-site resource specialist Agency staff will be supervised by the Agency, but will interact and collaborate with Drug Diversion

Court treatment and housing case managers, and the rest of the KCDDC team. The services will include:

- a. Linking KCDDC participants to educational and job training opportunities including assisting them with locating and accessing funding.
- b. Conducting outreach to local employers and providing education regarding KCDDC and the population it serves. Identifying local employers willing to hire drug court participants / alumni and advocating for new opportunities.
- c. Assisting KCDDC participants in overcoming barriers to a productive lifestyle, including identifying needs and linking participants to services, products and supplies such as identification, medical and financial benefits, driver relicensing, transportation, payee services, financial, budgeting and other lifestyle skills, recreational activities, clothing, and referral to vision and dental services.
- d. Develop a timeline and plan with participant to address the identified needs and assist participants into gaining entry into service programs.
- e. Attend drug court orientation and intake session and check-ins to present overview on Resource Specialist services.
- f. Ensure access to brochures, handouts and written materials (both in the courtroom and office) on services available in the community including clean and sober and other recreational activities.
- g. Report as requested to court, treatment agencies, and other service providers regarding clients' progress toward attainment of services.
- h. Track all referrals in the Resource Specialist section of the drug court management information system and provide updates on progress toward referrals in the journal section.
- i. Identify gaps and barriers in available community resources and work with drug court services staff to develop solutions to address gaps.
- j. Attend Drug Court Services staff meetings, KCDDC staffings, and other required meetings.

Q. Adherence to Contract Requirements

KCDDC will be reliant on the Agency for expert provision of Treatment Services. Planning and delivering timely responses to KCDDC concerns and effective resolution of staffing, policy and process issues consistently across Agency sites/branches is critical and required.

Agency constructs a management scheme that will guarantee consistent responsiveness to concerns and issues.

R. Written Policies and Procedures

Each Agency Branch shall develop and continually update a KCDDC/Agency policy and procedures manual.

S. Chemical Dependency Professionals (CDP) Staffing Levels

1. Young Adult Track CDPs carry a panel size of 25 participants or less per CDP.
2. Adult Track CDP's carry a panel size of 40 participants or less per CDP.
  
11. V Chapter 388-877 Washington Administrative Code (WAC), or any successors;
12. King County Code 4.33.050, Binding Partnership Agreements – required – commitments;

V. **COMPENSATION AND METHOD OF PAYMENT**

A. Compensation

1. Clinical services will be reimbursed on a fee for service basis at a rate consistent with the DBHR Alcohol and Drug Outpatient Service Reimbursement Schedule approved for King County.
2. Reimbursement for Methadone Opiate Dependency Treatment Services shall be at the low income rate approved consistent with the DBHR Alcohol and Drug Outpatient Service Reimbursement Schedule approved for King County for Dose Days delivered.

3. Reimbursement for Buprenorphine and/or Buprenorphine/Naloxone combination Opiate Dependency Treatment Services: shall be paid at the Medicaid rate or a rate negotiated between KCDDC and the Agency.
4. Urinalyses shall be reimbursed at the rate specified in the subcontract between the Agency and the toxicology agency, under the WA State Department of Corrections contract.

**B. Billing Method**

1. The Agency shall submit an invoice listing the service hours/units provided for the month which includes the following documentation:
  - a. Admissions/Assessments and Summary TARGET M4 Reports filtered according to DDC Services instructions.
  - b. TARGET C3 Active Caseload Report filtered to include all participants coded as County Special Project Code "17-Drug Court-Adult" and "MIDD-DDC".
  - c. Dose Days report for methadone participants. Actual Dose Day: an Opiate Substitution Treatment all-inclusive rate for face-to-face bundled services which include daily methadone dose, physical examination, medical examination, vocational rehabilitation services, individual or group counseling, family planning session, counseling and education for pregnant patients, and Human Immunodeficiency Virus (HIV) screening, counseling, and testing referral. Only one billing per day per client is allowable with the exception of urinalysis testing which is billed separately. Missed doses or days without any of the listed activity are not billable as actual dose days.
  - d. Dose Days report for buprenorphine and buprenorphine/naloxone combination participants.
  - e. A list of participant names and dates for Alcohol Drug Information School (ADIS).
  - f. A list of participant names and dates for any Ethyl Glucuronide (EtG) and other add-ons to urinalysis tests.
  - g. Agency shall submit a monthly invoice equal to approximately 1/12 of the agreed annual cost of the On-Site Resource Specialist and the cost of "client supplies".



2. Invoices are due within 15 days after the end of each month, except at the end of the year when an earlier date may be required.
3. Billing and reimbursement for Title XIX services delivered shall follow these requirements:
  - a. The Agency shall bill Medicaid for KCDDC participants receiving Title XIX benefits and shall use the Criminal Justice Treatment Account (CJTA) procedure code modifier.
  - b. TXIX chemical dependency treatment services (with the exception of UAs) shall be billed in accordance with the Agency's King County MHCADSD Title XIX Medicaid Drug Court Adult Outpatient Treatment exhibit.
  - c. UAs received by KCDDC participants who have Title XIX benefits should be billed to drug court.