

AIDS RESIDENCE

A. The Contractor shall provide Acquired Immunodeficiency Syndrome (AIDS) housing services to individuals age eighteen (18) and older who are homeless and who are symptomatic, Human Immunodeficiency Virus (HIV) sero-positive substance abusers. Such services shall be defined as a housing program of an indefinite period that shall include three (3) meals per day, referrals to treatment, and opportunities for training and case management services.

B. Specifically, the Contractor shall:

1. Maintain and utilize written admission criteria which shall be available to individuals being served, staff, the community and the department. No individual shall be admitted unless they meet the admission criteria. The written admission criteria shall address, but need not be limited to consideration of the following factors:
 - a. a current or previous history of substance abuse;
 - b. a confirmed physician's diagnosis of AIDS or symptomatic HIV disease;
 - c. a co-occurring mental health disorder;
 - d. verification of a housing need;
 - e. agreement by the individual to an evaluation by the Contractor's substance abuse coordinator/case manager.
2. Maintain and utilize a written intake procedure.
3. Complete a psychosocial history for each individual who is referred to the Contractor's substance abuse coordinator/case manager, and include, but need not be limited to the following information:
 - a. presenting problem;
 - b. history of substance abuse and problems;
 - c. mental health history;
 - d. family and personal history;
 - e. education and employment history;
 - f. medical history;
 - g. history of arrests and convictions; and
 - h. previous treatment history.
4. Conduct an assessment for each individual that shall include, but need not be limited to, a written synthesis of information obtained during the intake procedure. The assessment shall be used as a guide to the formulation of the individual's service plan.
5. Prepare an individualized, written service plan which addresses the individual's problems and describes the services to be provided to address the problems identified during the assessment, especially those related to, or resulting from, the individual's substance abuse. The individual's records shall contain written evidence of periodic review of the individual's progress and any revisions that have been made in the plan as a result of the review so that the plan remains applicable to the changing needs of the individual.
6. Maintain a comprehensive network of care for the provision of the following services. This may be done by provision, procurement or access to the following:

- a. substance abuse treatment services;
 - b. detoxification services;
 - c. primary health care agencies;
 - d. health services specializing in HIV care;
 - e. mental health services; and
 - f. other social service agencies and entities.
7. Utilize a standardized record-keeping system and maintain an individualized record for each individual being served, which documents the changing status, needs and activities of the individual. Such record shall include, but need not be limited to:
- a. all parts of the individualized service plan, as required by section B. 5 above;
 - b. all assessments of the individual being served performed by staff, including documentation of the individual's problems and needs;
 - c. a weekly summary of the individual's activities as listed in the service plan; and
 - d. a discharge summary for each individual who has left the program.
8. Ensure that all active records are kept in locked files in a secured room.
9. Maintain and utilize a policy and procedure for closing and storing individual records.
10. Maintain and utilize a written policy and procedure for administering, storing and self administration of all medications. All medications shall be marked with the individual's name and the name of the medication, and shall be regularly inventoried and stored in a locked cabinet in a secure location.
11. Ensure that at least one paid member of the Contractor's staff is on duty during the night.
12. Provide at least three nutritionally balanced meals for each individual each day.
13. Ensure that each individual admitted shall receive an orientation to the program, which shall include, but need not be limited to the:
- a. Contractor's policies, goals and objectives;
 - b. services offered and through referral, by other service providers;
 - c. Contractor's fee policy and fee schedule;
 - d. expectations of the individual being served;
 - e. state and federal legislative and regulatory confidentiality protection and restrictions on individual records and information related to the individual's participation;
 - f. Contractor's rules and procedures and the consequences to the individual of infractions of such rules; and
 - g. Contractor's termination and discharge procedures.

C. The services shall be provided at the following locations and with the capacity as described below:

Location	Capacity

D. The Contractor shall provide services which meet the required utilization rate for an AIDS Residence. The Contractor's service utilization rate shall be measured by the number of days utilized as reported to the Department's information system. Such information shall be verified by the Department. The

minimum acceptable utilization rate for bed days in an AIDS Residence funded by the Department is 90% of the maximum attainable number of days as determined by multiplying the capacity for each funded program as stated in section C. above by 365. Utilization for all funded treatment services shall be computed based on total capacity.

E. The Contractor shall implement services described herein to result in the following outcomes. Such outcomes shall be measured in the manner described herein. Outcome results achieved pursuant to these terms and conditions will be monitored by the Department through data reported by the Contractor to the Department's information systems and in observations through site visits. The Department's outcome indicators for the Contractor's funded services are as follows:

PERFORMANCE OUTCOME MEASURES

AIDS RESIDENCE

OUTCOMES	MEASURES
1. Contractor will meet reporting requirements in a timely manner.	Department required data will be submitted to the Departments' data collection system no later than the 15 th day of each month.
2. Contractor will meet the expected utilization rate or annual projection of individuals to be served for this level of care.	A utilization rate of at least 90% will be achieved.
3. Individuals will report satisfaction with their services.	At least 80% of respondents to the DMHAS consumer satisfaction survey will rate services positively in each of the domains of access to services, quality of services, outcomes, participation in treatment planning, respect, recovery and general satisfaction with services.
4. Individuals will reduce or eliminate substance use.	At least 70% of individuals will reduce or eliminate substance use at the time of their discharge.
5. Individuals will improve or maintain their living situation.	At least 60% of individuals served annually will improve or maintain their living situation.
6. Individuals will maintain or improve their employment status.	At least 60% of individuals served annually will maintain or increase their amount of competitive employment.
7. Individuals will improve or maintain their social supports.	At least 60% of individuals served annually will have increased or maintained the number of social supports.
8. Individuals will receive follow-up care promptly.	At least 90% of individuals who have successfully completed treatment will have at least one (1) residential admission or two (2) outpatient services within thirty (30) days of discharge.