

FRAN Form Guidelines

System Management Costs vs. Treatment/Prevention Service Provision Costs

The purpose of this requirement is to separate out costs associated with supporting the management of your jurisdictional treatment and prevention system vs. the cost of providing patient services (prevention activities, assessment, case management, levels of care, etc.) by reviewing all budget line items for their purpose.

Examples of System Management Costs include staff and related rent and other expenses that take care of jurisdictional fiscal management, monitor contractor's compliance, procure services, provide training and technical assistance to contractors, plan for system activities, and participate in community coalitions.

Examples of Service Provision Costs include supervisors and staff of prevention and treatment services, secretarial staff who support direct patient care, billing and data entry staff, and rent and other costs associated with providing patient care.

As a guide, consider how you would separate costs if you were a jurisdiction that purchases all patient care and prevention services from contractors. The costs of Service Provision would be the funding given to the contractors to fulfill their contract. All remaining costs would be associated with operating your prevention/treatment department and would be attributed to Jurisdiction Management costs.

It is expected that portions of staff positions may appear in both categories since some staff may be assigned responsibilities associated with managing the system and providing services. For staff who function in both roles, consider the level of effort in each role, and allocate costs according to that level of effort.

All System Management Costs should be entered on the jurisdiction FRAN form. All Service Provision Costs should be entered on the provider FRAN forms, separated by grant.

OMT "slots"

For OMT, the ADAA is separating the costs of the clinical services vs. the costs of the medical services. Clinical services (assessment, counseling, case management, clinical supervision, psychiatrist/psychiatric services, administrative costs supporting clinical services) will now be recorded in the level of care which is being provided by the OMT (Level 1, Level II.1). Those clinical services will be entered as "slots" and number served.

The costs of the medical services in the OMT (physician, nurse, medication, security, and administrative costs supporting medical services) are to be entered into the OMT category. The costs attributed to both services should be divided proportionate to the amount of FTE's associated with clinical or medical services.

Patients will be simultaneously enrolled in OMT and the Level of Care in SMART. OMT providers will be automatically issued a new certificate indicating approval to provide Level 1 services.

HIV Federal Block Grant Requirements

Federal Block Grant requirements indicate that 5% of the Block Grant funds be spent on clearly-identified HIV intervention services, defined as risk assessment and risk reduction activities. This requirement only applies to Federal Block Grant funds.

HIV services must be separately identified on the Provider FRAN form for the Federal grant. The HIV risk assessment completed at the start of treatment is calculated at \$30 per assessment. Multiply the number of anticipated admissions during fiscal year 2012 by \$30 to calculate the amount expected to be spent on this service. If this amount does not total 5% of your Federal Block Grant award, the difference in funds must be accounted for with other HIV risk assessment and/or reduction activities.

Fee-for-Service- If services are purchased via a fee-for-service reimbursement mechanism, information on the FRAN form should reflect numbers of patients expected to be served, and amount of funds expected to be used for the service. The “slot” category is to be used only when the purchase agreement is via cost reimbursement.

Continuing Care- Continuing care services may be provided at a ratio of 160 adult slots or 100 adolescent slots to 1 FTE Level I counselor. ADAA currently purchases Level I slots at the patient to counselor ratio of 40 to 1 (adults) and 25 to 1 (adolescents). This equates to a rate of four continuing care slots for one Level I slot. If Level I slots are being converted to continuing care slots, the FRAN form should reflect numbers of continuing care slots expected to be used and the number of patients expected to be served in the continuing care modality.

Housing services – Housing services may only be purchased via a fee-for-service reimbursement mechanism. Information on the FRAN form should reflect numbers of patients expected to be served and amount of funds expected to be used for the service.

Funds identified on the FRAN form must reflect unduplicated dollars. If funds are used to serve patients in more than one service category, funds must be distributed accordingly. The total dollar amount of all service categories must equal the total grant award.

Prevention Provider FRAN:

NREPP Programs:

Jurisdictions are required to provide at least one program from the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP) list; this replaces the requirement to provide a program from the prescribed list of twelve evidence-based prevention programs. Jurisdictions should list each funded NREPP program provided in the “NREPP Programs” field. A new line will appear when entering more than one program. Enter the numbers served, number of cycles and amount of funds for each NREPP program for the fiscal year.

Non-NREPP Program:

Enter any non-evidence-based recurring prevention programs under the “Non-NREPP Program” field. A new line will appear when entering more than one program. Enter the numbers served, number of cycles and the amount of funds for each Non- NREPP Program for the fiscal year.

Single Services:

Enter all funded single service prevention activities in the “Single Services” field. Enter the numbers served, and the amount of funds associated with those services. Single services are defined as non-recurring one time prevention services, events or activities. These activities may include, but are not limited to, presentations, speaking engagements, community service activities, health fairs, training services, technical assistance, and programs with the same population occurring on less than four separate occasions.

Provider System Management Costs:

Enter all costs associated with managing your prevention program/system.

Examples of System Management Costs include staff and related rent and other expenses that take care of jurisdictional fiscal management, monitor contractor’s compliance, procure services, provide training and technical assistance to contractors, plan for system activities, and participate in community coalitions.

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Provider Location FRAN Forms

Every certified provider location in Maryland will be assigned a unique Inventory of Substance Abuse Treatment Services (*ISATS*) ID. A separate provider location FRAN form must be completed for each ISATS ID under the grant.

The funds allocated to a Level of Care must be categorized. The cell directly beneath each Level of Care section contains a list of available categories. These categories are designed to identify programming targeting issues specific to each population.

Funds and patient counts identified on the FRAN form must be unduplicated.

Adults
Adolescents
Co-Occurring
Criminal Justice
Homeless
Men Specific Adults
Women Specific Adults
Women & Children
Drug Court – Adults
Drug Court – Adolescents
Drug Court - Men Specific
Drug Court - Women Specific
Drug Court - Women & Children

- The Grant Number and the Project Code fields must **not** contain any spaces, dashes or any characters other than numbers and letters.

SAPT Block Grant Funds

SAPT Block Grant Funds will be awarded to jurisdictions as a separate grant. Therefore, a separate set of FRAN forms must be completed for each grant.

FRAN Form Totals - Level of Care and Services

FRAN form Level of Care and service totals must match the Performance Measures form, the Salary and Special Payments detail, and Purchase of Care form.

LDAAC costs must be included on the Jurisdictional FRAN form.

Any changes made to the original FRAN form submissions including (but not limited to) services, slots and/or providers (Jurisdiction and Provider), require a new FRAN form submission within 10 business days.

Year-end FRAN forms reflecting actual services, slots, persons served and expenditures MUST be completed and submitted no later than August 31st.