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| **Contract Appendix A Narrative Template**Instructions are available on the creation of this document.This template is to be used for contracts in the following Systems of Care (SOCs):**Ambulatory Care: Population Health:** **🗹 Behavioral Health Services (BHS): 🗹** Community Health Equity & Promotion (CHEP). **🗹** Adult and Older Adult (AOA), **🗹** HIV Prevention Services (HPS). **🗹** Children, Youth, & Families (CYF), **🗹** Mental Health Services Act (MHSA).  **🗹** Substance Use Disorder Svc (SUDS). **All SOCs:** **🗹** Maternal, Child, & Adolescent Health (MCAH). **🗹** Fiscal Intermediary/Program Management **🗹** Primary Care:  **🗹** Community Oriented Primary Care (COPC),  **🗹** HIV Health Services (HHS).**Please delete this box and other instructions below before submitting the narrative to your CDTA Program Manager** |

1. **Identifiers:**

Program Name:

Program Address:

City, State, ZIP:

Telephone/FAX:

Website Address:

Contractor Address **(if different from above)**:

City, State, ZIP:

Executive Director/Program Director:

Telephone:

Email Address:

Program Code(s) **(if applicable)**:

1. **Nature of Document:**

**[ ]** Original [ ]  Contract Amendment [ ]  Revision to Program Budgets (RPB)

1. **Goal Statement:**

**See instructions on the proper wording for this section.**

1. **Target Population:**

**See instructions on the proper wording for this section.**

1. **Modality(s)/Intervention(s)**

**See instructions on the need and/or the use of these tables**

|  |  |  |
| --- | --- | --- |
| **Units of Service (UOS) Description****(add more rows if needed)** | **Units of Service (UOS)** | **UnduplicatedClients** **(UDC)** |
| {Modality Name} {UOS measurement **(such as MINUTES, HOURS, or ENCOUNTERS)**}A FTE (full-time equivalent of all staff from the budget providing this modality) x B {UOS measurement}/week x C weeks x D level of effort (LOE)%= | X1 | Y1 |
| {Modality Name} {UOS measurement **(such as MINUTES, HOURS, or ENCOUNTERS)**}A FTE (full-time equivalent of all staff from the budget providing this modality) x B {UOS measurement}/week x C weeks x D level of effort (LOE)%= | X2 | Y2 |
| **Total UOS Delivered** | X1 + X2**Please note: add all like measurements separately, all Minutes, Hours, or Encounters, not just a total of all.** |  |
| **Total UDC Served** |  | Z**Please note: since clients are often receiving multiple services, this number is not always the addition of all UDC above.** |

|  |  |  |
| --- | --- | --- |
| **Units of Service (UOS) Description****(add more rows if needed)** | **Units of Service (UOS)** | **Number of Contacts (NOC)** |
| **Individual Risk Reduction Counseling and/or Prevention Case Management**One UOS = one hour of individual risk reduction counselingA clients x B sessions x C hours per session = X1 UOSD clients x B sessions = Y1 NOC | X1 | Y1 |
| **Groups (HPS providers are not required to distinguish groups for billing purposes, but may do so if there are cost differences)**One UOS = one hour Group SessionA sessions x B hours per session = X2 UOSD clients x A sessions = Y2 NOC | X2 | Y2 |
| **Recruitment and/or Linkage Efforts** One UOS = one hour of recruitment/linkageA clients x B session x C hours per session = X3 UOSA clients x B session = Y3 NOC | X3 | Y3 |
| **Events**One UOS = one eventE events = X4 UOSA client/event x E events = Y4 NOC | X4 | Y4 |
| **Social Marketing** **(or Condom Distribution; no NOC required)**One UOS = one month of social marketing activitiesM months of social marketing = X5 UOS  | X5 |  |
| **Total Services Delivered** |  **X Total** | **Y Total** |

1. **Methodology:**

**See instructions on the proper wording for this section.**

Indirect Services (programs that do not provide direct client services): Describe how the program will deliver the purchased services.

Direct Client Services:Describe how services are delivered and what activities will be provided, addressing, how, what, and where for each section below:

1. Outreach, recruitment, promotion, and advertisement
2. Admission, enrollment and/or intake criteria and process where applicable
3. Service delivery model
4. Discharge Planning and exit criteria and process
5. Program staffing
6. Vouchers
7. **Objectives and Measurements:**

**See instructions on the need and/or the use of this section.**

1. **Continuous Quality Improvement:**

**See instructions on the need and/or the use of this section.**

1. **Required Language:**

**See instructions on the need and/or the use of this section.**