

CHAPTER THREE

PROGRAM STANDARDS AND GUIDELINES

Revised July 2007

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In consideration of the services identified on the County Service Rates Plan (SRP) and in the Award and Revenues (A/R) page the following conditions apply:

I. FEDERAL GRANT-IN-AID, STATE GRANT-IN-AID, COUNTY CONTROLLED PARTICIPATION, AND OTHER PARTICIPATION

In consideration of any Federal Grant-in-Aid, State Grant-in-Aid funds awarded in this Program Agreement, and any County controlled participation and other participation included in the Program Agreement, the County shall provide any of the services described in the BARS manual and DASA BARS supplement.

Limitations: the County cannot set federal Grant-in-Aid funds aside as Title XIX match funds. No federal funds can be used for ADATSA stipends or other direct payments to patients, services in penal or correctional institutions of the state, or inpatient hospital substance abuse treatment.

A. ADATSA PATIENT SERVICES

http://www1.dshs.wa.gov/esa/easzmanual/Sections/CD_D_ADATSA_EligibilityInformation.htm#388-800-0048

The County shall assure that ADATSA assessment, treatment, living stipends, protective payee, and other treatment support services are available to ADATSA eligible individuals per WAC 388-800, WAC 388-805 and the ABCs of ADATSA. These services shall be provided at a service level in accordance with the County's Strategic Plan and as negotiated with the DASA Regional Administrator.

ELIGIBILITY

Eligibility for services shall be limited to persons determined financially eligible for ADATSA by the Community Service Office, and who have been assessed and referred for care as an ADATSA patient by an appropriate chemical dependency treatment agency.

TREATMENT SERVICES

1. The County shall establish linkages with agencies already funded to provide, or shall itself establish services or service contracts as necessary to provide employability assessments, job seeking motivation and assistance services, job club support groups, and ancillary transportation as required.

2. The County shall ensure that outpatient treatment providers report all admissions and discharges to the appropriate assessing agency and CSO in writing within five days of admission or discharge.

ADATSA ASSESSMENT SERVICES

1. The County shall ensure that assessments and case monitoring services for all eligible ADATSA treatment patients are provided in accordance with applicable portions of the Washington Administrative Code WAC 388-800 and WAC 388-805, "E-AZ Eligibility Manual, Chemical Dependency Chapter," and the "ABC's of ADATSA."
2. The County shall ensure the receipt of an ADATSA Referral Form from the department verifying the individual's ADATSA financial eligibility.
3. The County shall ensure a quality and timely clinical evaluation of an individual's eligibility for ADATSA services and any subsequent case monitoring services is provided. The County shall ensure that every reasonable effort is made to conduct assessment services for applicants within 30 working days from the date of request.
4. The County shall ensure that all necessary TARGET placement data is entered at least one day prior to the planned admission into residential treatment.
5. The County shall ensure provider integrity so that a conflict of interest does not occur when assessment agencies also provide outpatient treatment.

ADATSA LIVING STIPEND SERVICES

1. Federal Substance Abuse Prevention and Treatment (SAPT) funds cannot be used for Living Stipends.
2. The County is responsible for ensuring contracted funds are available for living stipends.
3. Protective payees (P-Ps) have the responsibility to assure the department that the stipend is spent on behalf of the patient. Use of stipend funds for the P-P's personal or business use is a crime. The County shall ensure an accounting record is required and must be maintained for each patient.

B. PREGNANT, POSTPARTUM AND PARENTING PATIENT'S SERVICES

ELIGIBILITY

1. Patients are eligible for these services while pregnant, postpartum, or parenting dependent children. A parenting patient include men and women who are attempting to regain custody of their children under DSHS supervision. Dependent Children mean children (17 years of age or younger or through age 20 if enrolled in school) for whom the patient is legally and financially responsible.
2. In the case of pregnant women with no other dependency children, services may continue to be provided from funding under this agreement for up to one year postpartum regardless of birth outcome, adoption or foster care placement of children.
3. All patients shall be screened to determine potential eligibility for financial aid through DSHS (ADATSA, SSI, GA-U or TANF), and be referred to a DSHS Community Service Office immediately for financial and medical eligibility determination.
4. A pregnant, postpartum or parenting patient shall receive a "Priority Patient Assessment" and referral to an appropriate level of care.

SERVICES

Pregnant/Postpartum/Parenting Patient's Services

Pregnant, postpartum, or parenting patient's services shall take into consideration a full continuum of care for each patient in accordance with WAC 388-805. The County shall ensure the following:

1. Treatment services providers shall make available training to ensure treatment staff receives information/education for addressing the specific issues related to pregnant, postpartum, and parenting patients.
2. Treatment services providers shall, whenever possible, assign gender specific counselors as primary counselors for pregnant, postpartum, and parenting patients.

Additional Requirements for Pregnant Women's Services

The County shall ensure:

1. Assessment services shall be provided within 48 hours of application to ensure that pregnant women who are at greatest risk for continuing to use substances are provided rapid access to appropriate care. The assessment shall include a review of the gestational age of fetus, mother's age, living arrangements and family support status. If assessment services are not available upon request, "Waiting List Interim Services" shall be provided immediately.
2. Pregnant women found through assessment to be eligible and appropriate for comprehensive outpatient care, shall be admitted to such care within seven days of request for these services. Such services shall include a referral for prenatal care. If the County does not have the capacity to admit the woman to comprehensive treatment immediately, the County shall immediately make interim services available.
3. Women actively using substantial amounts of alcohol or other substances in any stage of pregnancy shall be assessed as priority for placement in an inpatient treatment program or a Chemical Using Pregnant (CUP) detoxification facility.

C. CHILDREN'S ADMINISTRATION (CA)

ASSESSMENT, TREATMENT, AND SUPPORT SERVICES

The County shall ensure that services are provided for alcohol and substance abuse assessment, outpatient treatment related services, and childcare services for patients served or referred by the Children's Administration.

The County shall:

1. Select community providers to provide chemical dependency assessment and outpatient treatment as part of the County's continuum of services and who are eligible to receive a Title XIX contract from DSHS.
2. Ensure that expanded assessments are available that are broader in scope and depth than the standard assessment when requested by the referring CA social worker. These assessments shall include the following:
 - An assessment of imminent or future risk of child abuse and neglect related to the parents' substance abuse,
 - Psycho-social history, including past drug/alcohol use, financial problems, education, and legal issues,
 - Collateral contacts,

- Results of an initial urinalysis,
- List of assessment tools used, and
- Diagnosis with specific recommended treatment course and prognosis for recovery.

D. **YOUTH SERVICES**

ELIGIBILITY

1. Services shall be provided to youth ages 10 through 17.
2. Young adult patients age 18 and older who developmentally may be more appropriately served in a youth outpatient treatment setting may be admitted by exception with approval of the County Alcohol and Drug Coordinator. These young adults would be billed as youth patients, using youth funding. The youth case file shall contain the documentation of the approval of the County Coordinator.
3. Patients under age 10 may also be served with the approval of the DASA Regional Administrator.
4. The County shall provide the services described below for youth that meet the financial and eligibility standards for publicly-funded chemical dependency treatment services.
5. Funds may also be used for family support services.
6. The age of consent for outpatient treatment for youth is 13 years of age.
7. The County shall ensure the maximization of Title XIX funding for youth in treatment. Youth who are ineligible for Title XIX must have their ineligibility documented within the patient case file.

ASSESSMENT SERVICES

The County shall ensure that each youth receives a multi-dimensional assessment per WAC 388-805

TREATMENT SERVICES

1. Youth outpatient services shall include treatment appropriate for substance abuse disorder in addition to treatment for substance dependency.

2. Youth outpatient services shall address the needs of those youth waiting for placement in youth residential treatment, and those youth requiring continuing care (aftercare) following youth residential treatment. Outpatient programs shall be involved in the continuum of services and the treatment planning for youth in residential treatment programs.
3. Urinalysis (UA) is an allowable cost only within the context of a treatment plan and not to exceed four UA's in a 31-day period of time per patient.

OUTREACH SERVICES

Outreach services may be provided as a youth outpatient treatment related cost, but outreach contacts may not be counted toward outpatient patients served or hours of outpatient treatment services provided.

MEDICAID ELIGIBILITY

The County shall ensure that all youth are screened for Title XIX financial eligibility and referred to the local DSHS Community Services Office (CSO) for Title XIX eligibility determination if the financial screen so warrants.

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SERVICES

To ensure that youth making application for services receive the full benefit of the department's EPSDT program, the County shall urge that each Title XIX eligible youth that has not previously received an EPSDT health screen be referred to an EPSDT primary health care provider for such services.

II. OPIATE SUBSTITUTION SERVICES

A. OPIATE SUBSTITUTION TREATMENT

In consideration of any Opiate Substitution Treatment (OST) funds identified in the SRP, the County shall provide treatment services as described below:

Chemical dependency service providers offering OST program maintenance and/or detoxification services must comply with the rules of:

1. WAC 388-805;
2. The federal Center for Substance Abuse Treatment (CSAT), 42 CFR, Part 8; 21 CFR 291.505,
3. The federal Drug Enforcement Administration, 21 CFR, Parts 1301, 1304, 1305 and 1306;
4. Washington State Board of Pharmacy WAC 246-887; as such regulations now exist or are hereafter amended. In addition, and
5. Maintain accreditation from a CSAT recognized opioid treatment program accreditation body.

The County shall ensure that OST patients utilizing the Medicaid transportation broker services will receive priority for filling a vacant slot at another publicly-funded OST facility if the transfer would result in a savings in transportation costs. The patient will not be required to transfer to a closer agency if there are clinical reasons to support not transferring the patient.

B. HIV OUTREACH SERVICES

1. Early intervention services for HIV disease and other blood borne pathogens are made available to individuals seeking treatment services.

These services include:

- Appropriate pretest counseling;
- Referral for testing and treatment; and,
- Referral for appropriate post-test counseling.

Provision of services requires informed consent of the recipient. Undergoing such services will not be required as a condition of receiving treatment services for substance abuse or any other services.

2. Individuals with HIV or Hepatitis C will be prioritized for admission to treatment services. Individuals placed on a waiting list to access services will receive interim services and documentation of activities will be required.

III. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) SERVICES

In consideration of any funds identified on the SRP for TANF patient treatment services, the County shall ensure that services are provided to TANF adults for alcohol and substance abuse assessment, outpatient treatment, treatment related services, and child care services for patients of the Department of Social and Health Services' Community Services Office (CSO) designated as TANF. The County shall:

- A. Select community outpatient treatment providers to provide assessment and outpatient treatment as part of the County's continuum of services and who are eligible to receive a Title XIX contract from DSHS.
- B. Ensure compliance with the guidelines entitled Procedures and Implementation of Chemical Dependence Services for WorkFirst Patients, printed by the Division of Alcohol and Substance Abuse.

IV. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) AND CHILDRENS ADMINISTRATION OUTSTATIONED STAFF

In consideration of any funds identified in the SRP, the County shall contract with a certified assessment or treatment facility to provide a Chemical Dependency Professional (CDP), as defined in WAC 388-805, to act as an outstation liaison.

The County shall ensure chemical dependency counselors are outstationed for the purpose of providing services that will improve the access to chemical dependency treatment services.

The following list specifies the services/activities that may be provided by the outstationed staff:

1. Assist in screening patients for alcohol and drug use.
2. Facilitate patient referral for assessment and treatment.
3. Provide information on addictions, treatment, and the referral process.
4. Provide on-site training and understanding of the need for treatment.
5. Provide consultation to staff on cases where chemical dependency is suspected or known.
6. Assist in outreach with patients who are resistive to treatment.
7. Problem-solve referral and service delivery issues between the local assessment and treatment agencies.
8. Assist with training local treatment agencies on working with the Community Service Office (CSO) staff.

The County shall ensure a written working agreement between the County alcohol and drug treatment agencies and the CSOs within the County is pursued to address the working relationship established to jointly implement this coordination effort. Evidence that the working agreement has been pursued is required.

The County shall ensure the activities of the outstationed staff are reported in TARGET on the DASA TARGET Agency Activities (Non-Treatment) form. Outstationed staff may enter activities by date, time, services hours, staff ID, etc., or on an aggregate time frame.

For TANF Outstation Staff:

- Provide information/education to WorkFirst patients.
- Provide information/education to CSO subcontractors.

For Children's Administration Outstation Staff

The County shall provide to DASA, annually, a report which includes but not limited to: the number of clients referred for assessment, number assessed by CDP, number admitted to treatment, and number completing treatment.

V. **DETOXIFICATION**

In consideration of any Detoxification funds identified in the SRP, the County shall provide detoxification services to persons in programs approved in accordance with WAC 388-805.

Counties shall ensure that detoxification facilities have a protocol established on how they will deal with methadone patients who need detoxification from other substances.

- Counties also may use Detoxification funds for:
- Transportation to a detoxification facility;

Contracted detoxification services in another county (these services shall be over and above the services already contracted by the county in which the detoxification facility is located); and

- Medical detoxification services.

VI. CRIMINAL JUSTICE SERVICES

In accordance with the County's Criminal Justice Plan and in consideration of any Criminal Justice Treatment Account (CJTA) funds and/or State Drug Court funds awarded in this Program Agreement, and any County controlled participation and other participation included in the Program Agreement, the County shall provide alcohol and drug treatment and treatment support services per RCW 70.96A to the following offenders:

- Adults with an addiction or a substance abuse problem that, if not treated, would result in addiction, against whom a prosecuting attorney in Washington State has filed charges.
- Alcohol and drug treatment services and treatment support services to adult or juvenile offenders within a drug court program as defined in RCW 70.96A.055 and RCW 2.28.170.

A. DEFINITIONS:

1. **Criminal Justice Treatment Account Fund (CJTA)** is a state revenue source appropriated for drug and alcohol treatment and support services for offenders. There are three types of CJTA allocations. These are:
 - a. **Formula Driven:** Each county gets a percentage of the available CJTA funding based on these three factors:
 - 1/3 Weight- Percentage of "high-risk" adults in each county who are at or below 200% of federal poverty level
 - 1/3 Weight- The sum of non-traffic misdemeanors and felony filings (excluding homicide and sex crimes)
 - 1/3 Weight- Percentage of adults in each county who are at or below 200% of federal poverty level
 - b. **Innovative:** Additional non-competitive funds (over and above the Formula Driven allocations) that all counties receive for innovation or "research-based" best treatment practices. Funds are distributed in the same manner as the Formula funds.
 - c. **Special Project:** These are funds (over and above the Formula Driven or Innovative funds) that are through a competitive request for proposal process.
 - Applications are sought that show Innovation or "research-based" best treatment practices

- Up to four projects can be funded through this process. Counties may submit combined applications to double the amount of funding applied for.

2. **State Drug Court Fund:** Is a state revenue source appropriated for drug and alcohol treatment and support services for offenders within a drug court program. “Drug Court” means a court that has special calendars or dockets designed to achieve a reduction in recidivism and substance abuse among nonviolent, substance abusing felony and non-felony offenders, whether adult or juvenile, by increasing their likelihood for successful rehabilitation through early, continuous, and intense judicially supervised treatment; mandatory periodic drug testing; and the use of appropriate sanctions and other rehabilitation services.

B. ALLOWABLE SERVICES:

1. The County may provide any of the following services as described in the DASA BARS supplement:
 - a. Title XIX Set Aside
 - b. Community Outreach, Intervention, and Referral services.
Restriction: Although Alcohol/Drug Information School is a component of Community Outreach, Intervention, and Referral Services, CJTA funds cannot be used to purchase Alcohol/Drug Information School services.
 - c. Interim Services
 - d. Crisis Services
 - e. Detoxification Services
 - f. Outpatient Treatment, (adult and youth)
 - g. Opiate Substitution Treatment
 - h. Case Management, (adult and youth)
 - i. Intensive Inpatient
 - j. Long Term Care
 - k. Recovery House
 - l. Involuntary Commitment
 - m. Screening Tests (UA screen/breathalyzer testing). Limited to no more than eight tests per month for each patient.
2. The County shall use no more than ten percent of the total CJTA funds for the following services as described in the BARS manual and the DASA BARS supplement:
 - a. Transportation
 - b. Child Care Services

C. MEDICAID ELIGIBILITY

The County shall ensure that all patients are screened for Title XIX financial eligibility and referred to the local DSHS Community Services Office (CSO) for Title XIX eligibility determination if the financial screen so warrants.

D. ELIGIBLE PROVIDERS

All treatment services provided by these funds must be by DASA certified treatment providers.

E. SERVICE RATES

The rates paid shall not exceed the prevailing county rates for outpatient services or state rates for residential services.

VII. TREATMENT EXPANSION SERVICES

In consideration of any Treatment Expansion funds identified in the SRP and any County participation identified in the SRP the County shall provide alcohol and drug treatment services per RCW 70.96A to the following individuals:

Adults prioritized in the following order:

1. Blind/Disabled/GA-X Patient - 18 or Older at Admission and GA-X or SSI-eligible or SSI-Related Medical Assistance Only (But Not a Pregnant Female).
2. Aged Patient - 65 or Older at Admission and SSI-eligible or SSI-Related Medical Assistance Only (But Not a Pregnant Female).
3. GA-U Patient -18 or Older at Admission and GA-U.
4. Other Medicaid Patient - 18 or Older at Admission and Medical Assistance Only or TANF.

Youth prioritized as:

1. Medicaid Patient - Under 18 at Admission.
2. Non-Medicaid, low-income Patient - Under 18 at Admission.

A. ALLOWABLE SERVICES:

1. The County may provide any of the following services as described in the DASA BARS supplement:
 - a. Title XIX Set Aside
 - b. Outpatient Treatment, (for adult patients only)
 - c. Outpatient Treatment, PPW
 - d. Outpatient Treatment, Youth
 - e. Opiate Substitution Treatment
 - f. Group Care Enhancement
 - g. Other Services as approved by the Regional Administrator

VIII. PREVENTION SERVICES

In consideration of any funds identified on the SRP, The County shall use prevention funds to coordinate and provide prevention programs designed to prevent or delay the misuse and abuse of alcohol, tobacco, and other drugs.

A. COORDINATION OF PREVENTION SERVICES

Coordination of Preventions Services includes the following:

1. Sub-contractor monitoring using a DASA-approved protocol that:
 - Includes annual on-site reviews of programs that include interaction with children and/or families.
 - May include written prior approval of products, e.g., training and public education materials created by the sub-contractor.
 - May include written prior approval of single-event plans and written documentation that the event happened according to the plan, e.g., sign-in sheets and participant's evaluations.
2. Attendance of at least one staff person at two DASA Prevention Provider Meetings per fiscal year. One meeting shall be in conjunction with the annual Prevention Summit; the other shall be held in Spring, usually in April or May.
3. News media notifications, as applicable, when sub-contractors are awarded DASA funds. Counties are encouraged to develop articles on their prevention programs and acknowledge DASA as the funding source. The funding source shall be cited as: Washington State Department of Social and Health Services - Division of Alcohol and Substance Abuse.

B. PROVISION OF PREVENTION PROGRAMS

Counties shall choose which programs to provide based on their priorities, goals, and objectives as described in their (6-year) plan and on the following standards:

1. Fifty percent of programs supported by DASA funds will be replication or adaptation of "Best Practices" substance abuse prevention programs as identified on the Western Center for the Application of Prevention Technologies (WCAPT) website or its replacement. In the event that there is not a "Best Practice" that will meet the needs, the county may negotiate with their Regional Administrator to use a "Promising Practice" as identified on the WCAPT website.

2. All of the programs supported by DASA will meet the Center for Substance Abuse Prevention's (CSAP) Principles of Effective Substance Abuse Prevention as presented on the Western Center for the Application of Prevention Technologies website.

IX. CHILDREN'S TRANSITION INITIATIVE

In consideration of funds identified on the SRP for the Children's Transition Initiative (CTI), counties participating in the CTI must provide intensive prevention services to multiple youth, ages 9-13, for a minimum of ten consecutive months. Participating counties will negotiate the exact nature of those services with their Regional Prevention Manager and the CTI Lead, and detail their plan in the Performance Based Prevention System (PBPS). The County shall collect data as negotiated with DASA and report in the PBPS with the same frequency as required for other prevention services. The County shall also participate in statewide planning efforts.

Direct cash incentives are not allowed according to federal guidelines and are not billable. CTI participants can only receive incentives via stipends and these stipends cannot be open-ended. Stipends must target food or other items.

The County shall:

1. Enroll children whose lives include multiple risk factors; provide evidence-based mentoring services for them for a minimum of 10 consecutive months; include parents, caregivers, and other family members as appropriate, in Strengthening Families 10-14, or other DASA approved program.
2. Administer DASA-issued participant assessments prior to service delivery and at the end of services; retain individual participant information and provide it to DASA upon request.
3. Participate in the DASA CTI learning community meetings.

X. COMMUNITY PREVENTION TRAINING SYSTEM

In consideration of funds identified on the SRP for the Community Prevention Training System (CPTS);

- A. The County shall use its CPTS training allocation solely for training opportunities that will increase county capacity to implement science-based substance abuse prevention programming as negotiated with their Regional Administrator. It is expected that training dollars will be used to support the county's stated goals and objectives as identified in their needs assessment process.
- B. Due to budget limitations, the County is encouraged to collaborate with other counties whenever possible in the planning of local or regional training events.
- C. The County shall receive a biennial prevention training allocation based on its current "Counties Like Us" classifications in the Risk and Prevention Profile for Substance Abuse Prevention.
- D. The County shall report training events in the DASA Performance Based Prevention System.
- E. The County shall ensure that their prevention services providers are effectively trained to implement the programs they agree to provide.
- F. Training Funds shall only be used to support training of staff or providers in Best Practices or Promising Approaches (evidence-based programs) or practices, or to increase capacity to implement Best Practices or Promising Approaches (evidence-based programs). "Increasing capacity" means activities like grant writing training, board training, and community organizing or volunteer recruitment training. Training funds shall not be used to support employee wages or benefits, or program implementation. Training that requires travel must follow state travel reimbursement guidelines. These can be accessed at:
<http://swfs.ofm.wa.gov/travelhelp/perdiem.htm>