

Working Together

Substance Use Disorder Treatment and Behavioral Health Organizations

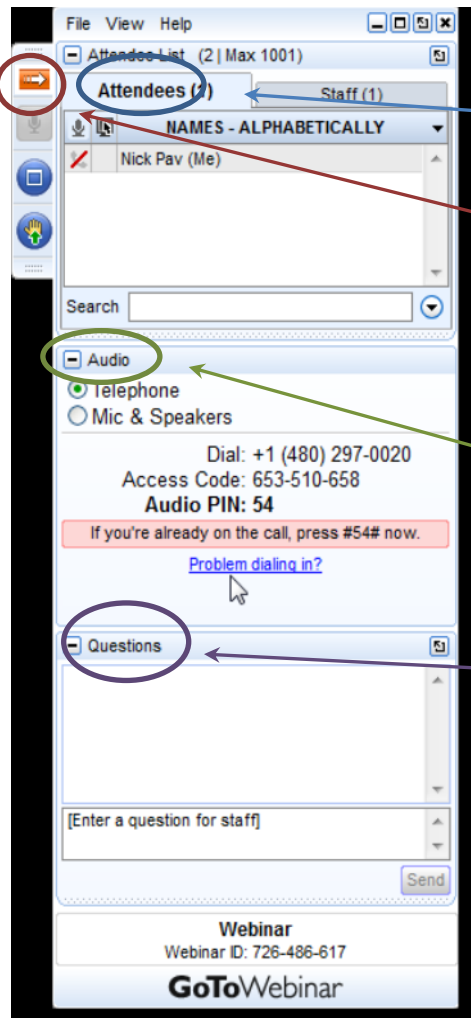
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Webinar Controls

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Welcome

- This webinar is number 3 in a three part series.
- The first webinar presented a general overview of Washington State's managed care system. The 2nd webinar provided information on how to work within a managed care system. Both webinars are available by going to "Developing Behavioral Health Organizations" in the "Improving Services" section of the DBHR website

Topics to be covered

- Legislative Authority
- Substance Use Disorders Treatment Certification
- Levels of Care
- Substance Use Disorders Services
- System Funding Structures
- Current Administration of Treatment Services
- Treatment Priorities
- Substance Abuse Prevention and Treatment Block Grant Requirements

Legislative Authority

Federal Law

- Title II, PL 102-321,
<http://history.nih.gov/research/downloads/PL102-321.pdf>
Establishes the authority in Health and Human Services (HHS) funding for federal grants including the Substance Abuse Prevention and Treatment Grant.
- 42 CFR, Part 8 , Certification of Opioid Treatment Programs
<http://www.dpt.samhsa.gov/pdf/regs.pdf>
Establishes final regulations for the use of narcotic drugs in maintenance and detoxification treatment of opioid addiction and creates a new regulatory system based on an accreditation model. In addition, this final rule shifts administrative responsibility and oversight from FDA to SAMHSA.
- Medicaid State Plan, Attachment 3.1-A and B, Rehabilitative Services
<http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx>
Provides description of alcohol and drug treatment services.

State Law

- RCW 70.96A, <http://apps.leg.wa.gov/rcw/default.aspx?cite=70.96A>
Allows the department to plan, establish, and maintain prevention and treatment programs as necessary or desirable. Includes the establishment of the Criminal Justice Treatment Account.

Legislative Bills

- 3ESSB 5043, Section 208(5), Budget Proviso, http://leap.leg.wa.gov/leap/Budget/Detail/2013/hoBill_0627.pdf
Provides for the transition of 128 beds of residential Substance Use Disorder Treatment to 8 - 16-Bed Facilities considered to be Non-Institutes of Mental Disease and eligible for Federal Medicaid Match.
- SSSB 6312, <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/Senate/6312-S2.SL.pdf>
Relating to state purchasing of mental health and chemical dependency treatment services primarily through managed care contracting.

Substance Use Disorders Treatment Certification

Certification Programs

Substance use disorder treatment services are certified by DBHR and are required to use *The American Society of Addiction Medicine (ASAM) Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions* when making placement decisions.

- DBHR certification and licensing activities:
 - Survey facilities within 12 months of initial approval and every 3 years thereafter.
 - Ensure compliance with applicable regulations.
 - Evaluate and handle patient complaints.

For more information: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/licensing-and-certification-behavioral-health-agencies>

Professional Licensing

Requirements and licensing to be a counselor is maintained through the Department of Health.

Counselors can be licensed as either a:

- Chemical Dependency Treatment Professional (CDP)
- Chemical Dependency Treatment Professional Trainee under the supervision of a CDP

CDPs can only provide services to publically funded clients through a Substance Use Disorder Treatment agency.

DOH Licensing requirements can be found at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/ChemicalDependencyProfessional.aspx>

Levels of Care

Patient Placement Criteria

The Patient Placement Criteria was developed by the American Society of Addiction Medicine (ASAM) to provide a standardized assessment process that is easily understood and consistent.

The ASAM Criteria recommends use of Diagnostic and Statistical Manual of Mental Disorders (DSM) in making diagnostic statements.

Key features the ASAM Criteria

- Is a multidimensional assessment
- Is clinically driven and outcomes driven treatment
- Provides variable lengths of service
- Has discrete levels of care to a broad and flexible continuum of care
- Uses an interdisciplinary, team approach to care
- Focuses on treatment outcomes

Levels of Care

Level of Care	Adolescent Title	Adult Title	Description
0.5	Early Intervention	Early Intervention	Assessment and Education for at risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies
2.1	Intensive Outpatient Services	Intensive Outpatient Services	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability
2.5	Partial Hospitalization Services (WA doesn't currently contract for this level of service)	Partial Hospitalization Services	20 or more hours of service/for multidimensional instability not requiring 24 hour care

Levels of Care, continued

3.1	Clinically Managed Low-Intensity Residential Services	Clinically Managed Low-Intensity Residential Services	24 hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	*this level of care not designated for adolescent populations	Clinically Managed Population Specific High Intensity Residential Services	24 hour care with trained counselors to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community.
3.5	Clinically Managed Medium-Intensity Residential Services	Clinically Managed High Intensity Residential Services	24 hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community.
3.7	Medically Monitored High-Intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24 hour nursing care and physician availability for significant problems in dimension 1, 2, or 3. 16 hour/day counselor ability.
4	Medically Managed Intensive Inpatient Services	Medically Managed Intensive Inpatient Services	24 hour nursing care and daily physician care for severe, unstable problems in dimension 1, 2, or 3. Counseling available to engage patient in treatment.
OTP (level 1)	*OTPs not specified here for adolescent populations	Opioid Treatment Program (Level 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

Substance Use Disorder Services

Types of Treatment Services

- Assessment
- Withdrawal Management/Detoxification
- Outpatient
- Residential
- Opiate Substitution Treatment

Accessing Treatment Services

Current -

People who qualify for Medicaid seek treatment from a DBHR certified treatment agency that is designated as a Medicaid Provider by holding a contract with a County for Outpatient Treatment or with the State for Residential Treatment.

Future Access -

In the future, people who qualify for Medicaid will be eligible for treatment services that are contracted through Behavioral Health Organizations in their designated Regional Services Area.

The BHOs will be required to have a provider network that is contracted to provide all medically necessary services for the Medicaid eligible population.

Assessment Services

Substance Use Disorder assessment services are provided to determine the individual's involvement with alcohol and other drugs and the appropriate course of care or referral.

The assessment must include:

1. A in-person diagnostic interview with the individual in order to obtain, review, evaluate, and document the following:
2. A diagnostic assessment statement, including sufficient information to determine the individual's diagnosis using:
3. A placement decision, using patient placement criteria (PPC) dimensions when the assessment indicates the individual is in need of services.
4. A GAIN Short Screen to identify any referrals to other services are necessary.

Driving under the influence (DUI) assessment services are diagnostic services requested by a court to determine an individual's involvement with alcohol and other drugs and to recommend a course of action.

Withdrawal Management/Detoxification

Youth Withdrawal Management/Crisis Stabilization Services (13-17) provide a safe, temporary, protective environment for homeless, at-risk/runaway youth who are experiencing the harmful effects of intoxication and/or withdrawal from alcohol and other drugs. Length of stay is typically three to five days. Longer stays must be approved by the program manager. 388-877B-0130

Adult Withdrawal Management Services assist patients in withdrawing from alcohol and other drugs including:

- (i) Acute detox, which provides medical care and physician supervision for withdrawal from alcohol or other drugs; and
- (ii) Sub-acute detox, which is nonmedical detoxification or patient self-administration of withdrawal medications ordered by a physician, provided in a home-like environment.

Outpatient Treatment Services

Adult Outpatient Treatment services provide chemical dependency treatment for patients in a non-residential setting. Outpatient treatment includes a concentrated program of individual and group counseling, education, and activities for detoxified clients with substance use disorders and their families; and medication assisted treatment (OST).

Youth Outpatient provides chemical dependency assessments and an alcohol/drug-free counseling program for adolescents and young adults ages ten (10) through 17. Outpatient treatment programs for youth are designed to diagnose, stabilize, counsel, and build family and social support systems, which promote abstinence and growth. Treatment services include assessment and referral to individual and group counseling or intensive counseling.

Youth Residential Treatment Services,

WAC 388-877B-0360

Taking into consideration the results of an assessment using ASAM Criteria makes determination of the need for inpatient treatment.

Level I services are designed for youth with primary Substance Use Disorder (SUD) problems, but without significant mental health or emotional problems.

Level II services are designed for youth, ages 13 through 17, with co-occurring Mental Health and Substance Use Disorder problems and specifically where, without mental health, emotional, and/or behavioral problems being addressed, the effectiveness of SUD treatment would likely be adversely affected.

Recovery House is for adolescents 12 to 18 years old who have completed residential chemical dependency treatment and who cannot immediately live with their legal guardians, parents, foster parents, or relatives, or other out-of-home placement and require continued but less intensive treatment services. The Recovery House Program is an extension of and transition from residential treatment

Adult Residential Treatment Service Types

WAC 388-877B-0200 and ***WAC 246-337***

Intensive Inpatient provides a concentrated program of individual and group counseling, education, and activities for clients who have completed withdrawal management services (formerly referred to as detox), and their families.

Long-Term provides treatment for adults with chronic impairment due to alcohol and/or drug dependency, needing personal guidance to maintain abstinence and good health.

Recovery House provides personal care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence, job training, employment, or other types of community activities

PPW Residential is available for women and their children under the age of 6. Services may include a focus on domestic violence, childhood sexual abuse, mental health issues, employment skills, and education.

Medication Assisted Treatment Services

WAC 388-877B-0400

Medication Assisted Treatment is a pharmacotherapy related to substance abuse. It combines pharmacological intervention with counseling and behavioral therapies. DBHR recognizes Methadone; Buprenorphine (Suboxone); Acamprosate (Campral); and Naltrexone (Vivitrol) or ReVia.

Opiate substitution treatment services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These services include detoxification treatment and maintenance treatment.

Juvenile and Criminal Justice

Community drug court may send low-risk, non-violent offenders to substance abuse treatment in lieu of incarceration.

Funding of the court supervision of a drug court comes from local city/county funds. The treatment services can come from either local, state, or Medicaid funds. In order to qualify for services funded by state or Medicaid services the person must be assessed as:

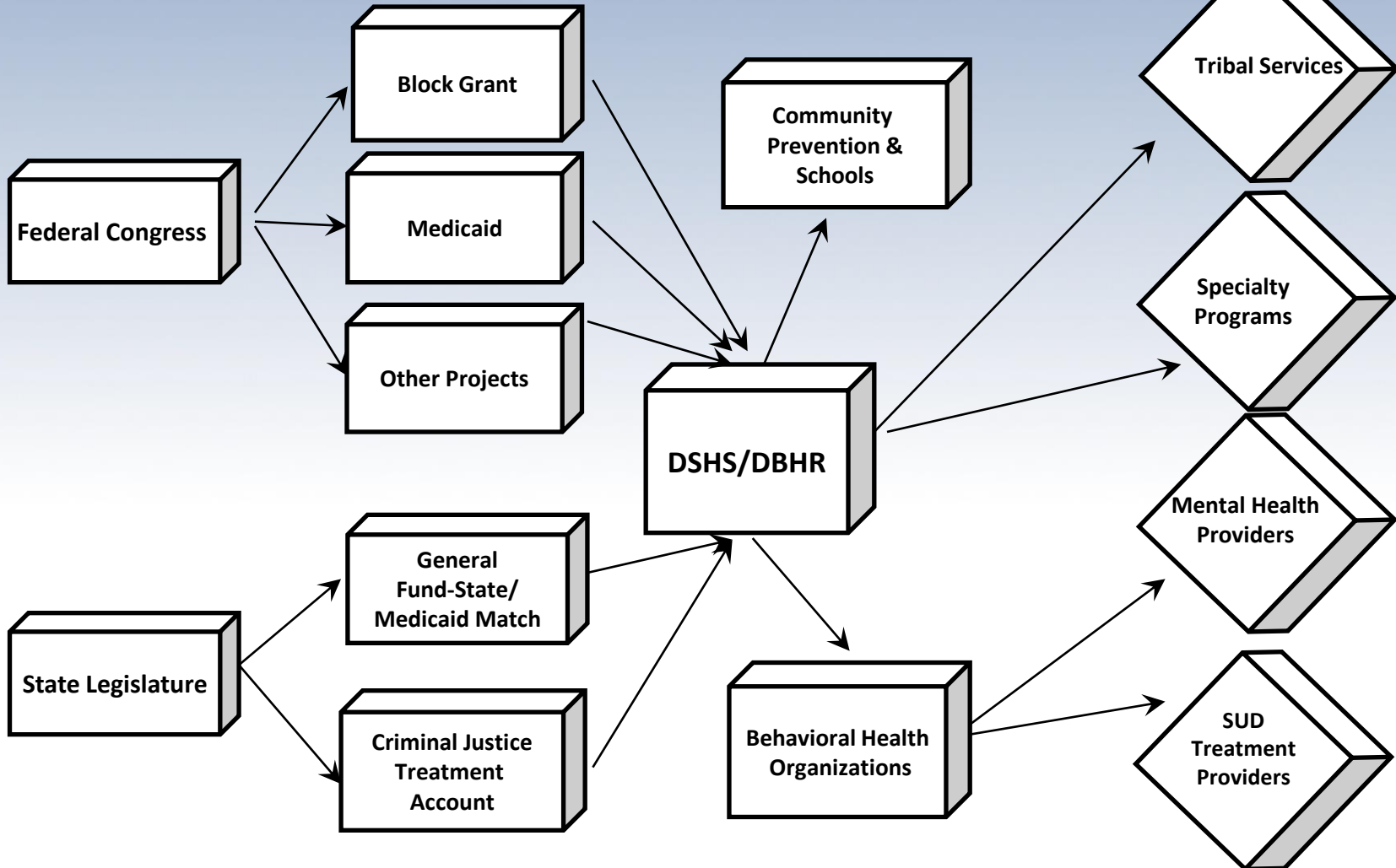
- having a substance use disorder by a state of Washington certified agency,
- be enrolled in a drug court, and
- be Medicaid eligible or with an income that does not exceed 220% of the federal poverty level.

Chemical Dependency Disposition Alternative (CDDA) is a collaboration between Juvenile Justice Rehabilitation Administration, County Juvenile Courts and DBHR

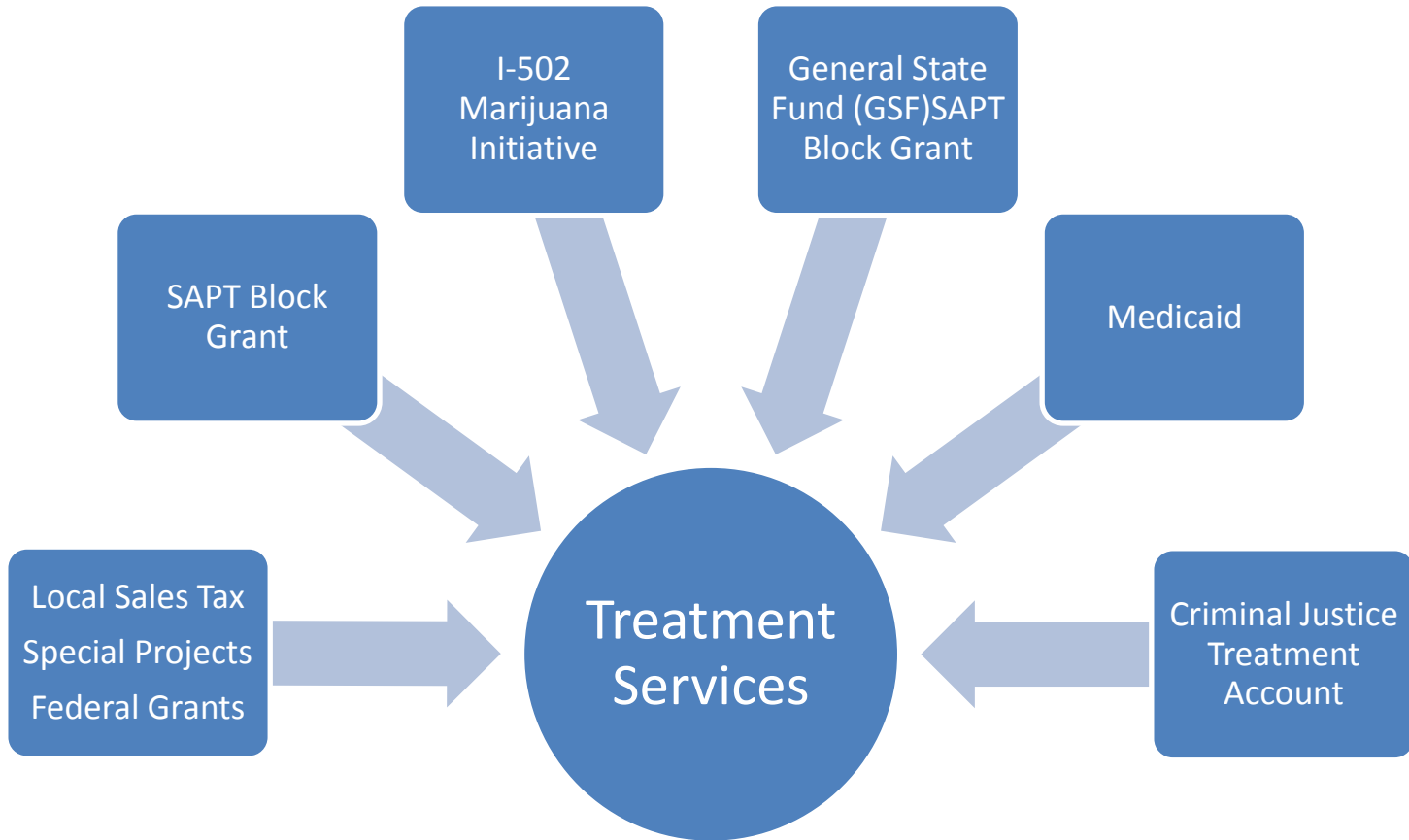
- For youth who have a local and/or committable sanction.
- This allows judges to order youth into treatment instead of confinement.

System Funding Structures

Future Funding Flow - All Sources



Substance Use Disorder Treatment Funding Types



Substance Use Disorder Treatment Allowable Funding Sources - Current

Service	SAPT	GF-S	Medicaid
County Program Administration		X	
Continuing Education/Training	X	X	
Direct Service Provider-Agency Administration		X	
Community Based Coordination	X	X	
CSAP Strategies	X	X	
Community Outreach, Intervention & Referral (Adult and Youth)	X	X	
Alcohol/Drug Information School		X	
Opiate Dependency/HIV Services		X	
Interim Services	X	X	
Brief Intervention (Medicaid for SBIRT only)	X	X	X
Crisis Services	X	X	
Detox Treatment Services –Acute /Sub-Acute	X	X	X
Sobering Services	X	X	
Involuntary Commitment	X	X	
Group Therapy	X	X	X
Individual Therapy	X	X	X
Opiate Substitution Treatment	X	X	X
Transportation	X	X	X
Case Management	X	X	X
Childcare Services (Including Therapeutic Intervention)	X	X	
PPW Housing Support Services	X	X	
Assessment	X	X	X
Urinalysis/Screening Test	X	X	X
TB Skin Test	X	X	X
Intensive Inpatient Residential Treatment Services	X	X	X
Long-Term Care Residential Treatment Services	X	X	X
Recovery House Residential Treatment Services	X	X	X
Group Care Enhancement		X	

Treatment Services Payment Structure

Current: Services are provided on a **fee-for-service basis**. The state sets the rates for bed days, hours of outpatient, or specific rates for assessments. Providers then bill the state directly for these services based on billing instructions and established payment codes.

Future: Behavioral Health Organizations (BHO's) will manage and contract directly with providers and establish rates and payment mechanisms.

Tribes: Services provided by Tribal programs are paid on a fee-for-service basis, and are paid the federal encounter rate rather than the state established rates. This will not change with the establishment of the BHO's.

Future Contract Structure

Behavioral Health Organizations

- Traditional Outpatient
- Intensive Outpatient
- Opiate Substitution
- Residential Services
- Withdrawal Management

Division of Behavioral Health and Recovery

- Prevention
- PCAP/Safe Babies Safe Moms
- Recovery Support (Access to Recovery Grants)
- Tribes – Prevention & Treatment

Substance Abuse Prevention and Treatment Block Grant Requirements

Block Grant Purpose

Public Health Service Act 42 USC 300x-21 through 300-66

The current Block Grant regulations were released in the Federal Register in March 1993. Annual allotments are for the purpose of planning, carrying out and evaluating activities to prevent and treat substance use disorders which include the abuse and/or illicit use of alcohol and other drugs. Also:

- Fund ... treatment and support services for those without insurance or for those with intermittent coverage.
- Fund ... treatment and support services not covered by Medicaid ... for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Fund primary prevention - universal, selective and indicated prevention activities and services....
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services.

Treatment Service Requirements

- Maintain continuum of SUD Treatment services. ***42 USC 300x-22(b)(1)(c) and 45 CFR 96.124(c)(e)***
- Provide continuing education for employees that provide prevention activities or treatment services. ***42 USC 300x-28(b) and 45 CFR 96.132(b)***
- Coordinate prevention activities and treatment services with other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services. ***42 USC 300x-28(c) and 45 CFR 96.132(c)***
- Ensure that BG funds will not be used to support hypodermic needles or syringes. ***42 USC 300x-31(a)(1)(F) and 45 CFR 96.135(a)(6)***
- Have a system in place to protect patient record from inappropriate disclosure. ***45 CFR 96.132(e) and 42 CFR Part 2***

All requirements are to be passed down to sub-contractors receiving block grant funds.

OMB Circular A-133

Treatment Priorities

45 CFR 96.126 and 45 CFR 96.131

Medicaid Eligible individuals in need of treatment are the first priority followed by:

Federal Block Grant:

- Pregnant injection drug users
- Pregnant substance abusers
- Injection drug users

State Population Priorities in addition to the above:

- Postpartum women
- Parents involved with Child Protective Services
- Youth
- Offenders (as defined in ***RCW 70.96A.350***)

Needs Assessment

42 USC 300x-29 and 45 CFR 96.133

A needs assessment for both treatment and prevention is to be submitted for each locality. Currently, these plans are submitted by the Counties. Beginning April 2016, the Behavioral Health Organizations will be responsible. The plans must include:

- the incidence and prevalence data which is supported by quantitative studies;
- a summary describing the weaknesses and bias in the data and descriptions regarding;
 - how the State plans to strengthen the data;
 - activities to remove barriers; and
 - strategies to improve existing programs.

BHOs must also identify the entities that provide substance use disorders services, and describe those services.

Pregnant Women and Women with Dependent Children

42 USC 300-27 and 45 CFR 131

Pregnant and parenting women and women with dependent children are given priority access to block grant funded treatment services.

availability of services for pregnant women, including the fact that such women receive admissions preference.

Services should also provide or arrange for:

- Primary medical care including prenatal care and child care;
- Primary pediatric care including immunizations;
- Gender specific SUD treatment;
- Therapeutic intervention for children;
- Sufficient case management; and
- Transportation services.

Block Grant funds must be used as the “payment of last resort” and only for those who have no other financial means for obtaining services.

Therapeutic Intervention Services

45 CFR 96.124

These services are provided to the children of parents receiving residential substance use disorder services. Services are for the care, protection, and treatment of children who are at risk of abuse, neglect, and eventual substance abuse.

Services may include:

- 1) developmental assessments;
- 2) play therapy;
- 3) behavioral modification;
- 4) individual counseling;
- 5) self-esteem building; and
- 6) family intervention to modify parenting behavior and/or the child's environment to eliminate/prevent the child's dysfunctional behavior.

Childcare is provided at a minimum of four hours per day, five days per week.

Intravenous Drug Users

42 USC 300x-23 and 45 CFR 96.126

- Block Grant-funded programs that treat individuals for intravenous substance abuse must admit each individual who requests and is in need of treatment for intravenous drug abuse not later than 14 days.
- When programs cannot admit individuals for intravenous substance abuse within 14 days, the program must:
 - Admit these individuals within 120 days
 - Have a mechanism for maintaining contact with individuals awaiting admission
 - Make interim services available within 48 hours
- Interim services must include counseling and education about:
 - HIV and TB
 - The risks of needle sharing
 - The risks of transmission to sexual partners and infants
 - Steps that can be taken to ensure that HIV transmission does not occur

Capacity Management/Wait List/Interim Services

45 CFR 96.122(f)(3)(vi), 45 CFR 96.126(c) and 45 CFR 96.131(c)

A continuously updated capacity management system which tracks all open treatment slots must be maintained, to include:

- A waiting list which provides systematic reporting treatment demand, and
- A mechanism for maintaining contact with individuals awaiting admission

If an individual is not able to be admitted to treatment within 14 days, interim services must be provided within 48 hours after request and continued until an individual is admitted for treatment services.

At a minimum, interim services include:

- Counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, as well as referral for HIV or TB treatment services if necessary.
- For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

Outreach

*42 USC 300x-22(b)(1)(c), 42 USC 300x-23, 45 CFR 96.124.(c)(e)
and 45 CFR 96.126*

- SUD treatment providers for intravenous substance abusers and pregnant and parenting women must conduct outreach activities to encourage individuals to participate in such treatment. Providers must use outreach models that are scientifically sound, or if no such models are available use an approach which reasonably can be expected to be an effective outreach method.
- Outreach efforts must:
 - Consist of contacting, communicating with, and following up with high-risk substance abusers, their associates, and neighborhood residents
 - Adhere to Federal and State confidentiality requirements
 - Promote awareness about the relationship between injecting drug abuse and communicable diseases
 - Recommend steps that can be taken to prevent HIV transmission
 - Address the selection, training, and supervision of outreach workers
 - Encourage entry into treatment

Tuberculosis Services

42 USC 300x-23 45 96.127

- Programs receiving funds to treat substance abuse are to make TB services available to each individual receiving treatment for substance abuse. Required TB services include:
 - Counseling individuals with respect to TB
 - TB testing
 - Appropriate medical evaluation and treatment for individuals with TB
- Programs can provide the required TB services either directly or through arrangements with other public or non-profit private entities.
- Each provider must implement infection control procedures that are consistent with those established by the Principal State Agency for the SAPT Block Grant.

Charitable Choice

45 CFR Part 54(a)

- According to Charitable Choice regulations, programs cannot discriminate against an organization that is, or applies to be, a program participant on the basis of the organization's religious character or affiliation.
- In delivering services, including outreach activities, religious organizations cannot discriminate against current or prospective program participants based on:
 - Religion
 - Religious belief
 - Refusal to hold a religious belief
 - Refusal to actively participate in a religious practice
- Block Grant-funded faith-based organizations cannot use these funds for inherently religious activities such as worship and religious instruction.
- If a client objects to the religious character of a program, the client shall be referred to an alternative provider.

Independent Peer Review

42 USC 300x-53(a) and 45 CFR 96.136

- The peer review system must review a minimum of five percent of the State's Block Grant-funded treatment programs each year. Assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers.
- Peer Review Process is NOT an audit. Review Process is completed by peers in the field.
- Two-way process that provides the chance for professionals:
 - ✓ to share successes,
 - ✓ acknowledge strengths,
 - ✓ identify areas for growth, and
 - ✓ provide guidance for improving the effectiveness of care provided.

Restrictions on Expenditure of the Grant

45 CFR 96.135

States cannot expend the Block Grant to:

- Provide inpatient hospital services except under those conditions outlined in the regulations
- Make cash payments to intended recipients of health services
- Purchase or improve land
- Purchase, construct, or permanently improve buildings or other facilities
- Purchase major medical equipment
- Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds
- Provide financial assistance to any entity other than a public or nonprofit private entity
- Provide individuals with hypodermic needles or syringes
- Expend more than the amount of Block Grant funds expended in FFY91 for treatment services provided in penal or correctional institutions of the State

Questions?



For more information

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