

RIDER E
PROGRAM REQUIREMENTS

(SUBSTANCE ABUSE SERVICES)

CLIENT ELIGIBILITY

1. All individuals experiencing problems with substance abuse are eligible for treatment services without regard to income. A fee may be charged in accordance with an approved fee schedule or residential rate established by the Provider.
2. Providers shall give preference to pregnant women and women with dependent children who seek treatment and shall publicize the availability of such services. The Provider also agrees to refer the woman to OSA if the treatment facility is at 90% capacity.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT (SAPTBG) FUNDS

3. For Providers receiving SAPTBG funds for pregnant women and women with dependent children:
 - (a) The Provider agrees to refer pregnant women to prenatal care while they are in treatment.
 - (b) The Provider agrees that childcare will be made available to women with dependent children while they are in treatment, either through on-site care or through arrangements with an off-site legal childcare provider.
4. For Providers receiving SAPTBG funds:
 - (a) In order to comply with Federal regulations, the Provider agrees to accept admissions for services on the following basis: (1) pregnant injection drug users, (2) pregnant substance abusers, (3) injection drug users (IDU), (4) all other substance abusers (male and female).
 - (b) The Provider agrees that if a client in the first three categories listed above cannot be accepted within specific time frames, interim services must be provided. Interim services for pregnant women must include counseling on the effects of alcohol and drug use on the fetus, referrals for prenatal care, and counseling and education about HIV and tuberculosis. Interim services for injection drug users must also include counseling and education in the risks of needle sharing, about the risks of transmission to sexual partners and infants, and referral for HIV, Hepatitis C and tuberculosis screening/testing.
 - (c) The Provider agrees to comply with the time frames established by Federal regulations for admission to treatment and/or provision of interim services: For pregnant women, admission to treatment and provision of interim services must occur within 48 hours. Persons in need of treatment for intravenous drug use must be admitted within 14-20 days or if treatment is not available must be provided with interim services within 48 hours and continuing until admission occurs, or for up to 120 days.

(d) The Provider agrees to maintain a waiting list and include information on dates of requests for admission to treatment, provision of interim services and source for those services, referrals made for treatment or interim services, and disposition of clients on the waiting list.

(e) The Provider agrees to submit a copy of its waiting list to OSA by the fifteenth of each month for the preceding month.

5. For Providers receiving SAPTBG funds:

The Provider agrees to make available tuberculosis services (defined as counseling, testing, and treatment) directly or through other providers, to each client receiving treatment. In the case of an individual denied admission due to lack of capacity, the substance abuse treatment provider will refer the individual to another provider of tuberculosis services.

6. For Providers receiving SAPTBG funds:

The Provider agrees to use the SAPTBG funds as the payment of last resort.

7. For Providers receiving SAPTBG funds for substance abuse prevention:

The Provider agrees that Federal funds received for substance abuse prevention shall be used only for primary prevention programs and not for services for individuals in need of substance abuse treatment.

AMHI CONSENT DECREE

8. The Provider agrees to comply with the requirements of the AMHI Consent Decree by:

(a) Having policies to assure class members of the AMHI Consent Decree are informed of their right to receive the services of a community support worker and other individualized support services; and

(b) Providing written material explaining the client's rights as an AMHI Consent Decree class member to the services of a community worker and other individualized support services upon admission.

CO-OCCURRING DISORDERS

9. Co-occurring Disorders (MH/SA)

In support of the DHHS statewide initiative to create a system that is welcoming to patients with Co-occurring Mental Health and Addiction Disorders, the agency agrees to the following:

1. The Provider shall not deny services to any person solely on the basis of the individual's having a known mental illness along with a known substance use/abuse disorder or because that individual takes prescribed psychoactive medications or participates in medication assisted treatment of their substance use.

2. The Provider shall develop a written protocol or policy that describes its service approach to people with co-occurring mental illness and substance abuse or other co-occurring conditions.
3. The Provider shall document the implementation of a training plan for staff in the interrelationship of mental illness and mood altering substances, the identification of available co-occurring resources, and the referral and treatment process.
4. The Provider shall institute a discrete screening process for identifying people with complex, co-occurring needs and diagnoses using a standard tool to be provided by the Department, currently the AC-OK.

9.A. Co-occurring Disorder Capability Development:

The goal of the Department is that all providers become Co-occurring Capable. (COD-C) This expectation is reflected in Department policy and current OSA regulation. A COD capable program "is organized to welcome, identify, engage and serve individuals with co-occurring MH disorders and to incorporate attention to these issues in all aspects of program content and documentation. Such programs provide services that incorporate understanding of and approaches to mental health problems as they relate to and affect the substance abuse disorder." For more information, please refer to the Regulations for Licensing and Certifying of Substance Abuse Treatment Programs 14-118 CMR Chapter 5, Effective February 29, 2008, specifically sections 1.15-1.17.1, section 1.75, and section 5.1.

Providers are expected to achieve full COD capability as of **June 30, 2011** by implementing the following:

- a. Providers will create and communicate a formal statement of intent to become COD capable to all staff.
- b. Providers will organize a formal Continuous Quality Improvement (CQI) process that addresses this goal.
- c. Providers will perform an organizational self assessment of COD capability for each program using either the Maine Co-occurring Self Assessment Tool or the COMPASS EZ.
- d. Providers will develop an action plan based on this self assessment with measurable and achievable targets determined by the program.
- e. Providers will demonstrate that their CQI process tracks outcomes related to COD-C targets.
- f. Providers will demonstrate that their policies and procedures reflect attention to welcoming people with co-occurring diagnoses, improved screening, assessment, documentation, and treatment planning for people with COD, improved coordination of care for people with COD, and improved staff competency in providing services for people with COD.

OSA will provide assistance with and tracking of requirements in this Rider section at site visits of Block Grant contracted agencies. Requirement of a brief narrative related to COD-C progress will be added to the year end reporting requirement.

DRIVER EDUCATION AND EVALUATION PROGRAM (DEEP)

10. All Providers shall admit Driver Education and Evaluation Programs (DEEP) clients who meet their admissions criteria.

SUBSTANCE ABUSE SERVICES AT CORRECTIONAL FACILITIES

11. For Agreements with Providers providing substance abuse treatment services at Maine Department of Corrections (DOC) correctional facilities:

The licensed Provider of the substance abuse services shall maintain custody of substance abuse treatment program records. Because the Provider shall be the custodian of the substance abuse treatment records, it shall also be the accountable party for ensuring that the confidentiality requirements of CFR42, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, are met. Closed substance abuse treatment program records may be stored at a correctional facility along with client medical and classification records. However, substance abuse records must have a cover sheet with a disclaimer stating that they are protected by CFR42. Only those persons who are authorized in accordance with CFR 42 shall have access to them. All closed substance abuse records must be maintained for a minimum of seven years. If a Provider discontinues operations or is taken over or acquired by another Provider disposition of patient identifying information and/or records shall be accomplished in accordance with CFR42.

LICENSE

12. Only substance abuse programs with a current license/certificate of approval are eligible to receive Office of Substance Abuse Treatment funding.

NON-DISCRIMINATION

- a. Providers receiving grant funds from OSA will not discriminate against clients who are using legitimate medications to assist their recovery and will not have policies that allow them to refuse admission to treatment or to discharge clients from treatment based on the use of legitimate addiction medications.
- b. Providers receiving grant funds from OSA will not discriminate against clients based on (third party) payor source. This is inclusive of Maine Care and Private Insurance. Providers will not have policies to refuse admission to treatment or to discharge clients from treatment based on their payor source.

BONDING

13. The Provider shall obtain and maintain at all times during the term of this Agreement a fidelity bond covering the activities of all employees who handle funds of the Provider in an amount equal to at least 20% of the total amount of this Agreement. This provision does not apply to Agreements whose purpose is to authorize billing MaineCare services.

STAFFING

14. The Provider shall supply all staff training, clinical and administrative supervision, and

evaluation appropriate to the performance of services under this Agreement. The Provider's staffing of all service programs contracted herein shall be in accordance with its final approved budget submission for the Agreement period.

OPIATE TREATMENT PROGRAMS

16. For Agreements with Providers who conduct opiate replacement treatment, the Provider shall be required to utilize the Prescription Monitoring Program.