

**Delaware Division of Substance Abuse and Mental Health
Provider/Contractor Policy**

<u>POLICY TITLE:</u> DSAMH Capacity Management and Priority Populations	<u>POLICY #:</u> DSAMH010
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 08/14/2019
<u>RELATING POLICIES:</u>	<u>REFERENCE:</u> SAMHSA 45 CFR § 96.131 (a)
<u>DATES REVIEWED:</u>	<u>DATES REVISED:</u>
<u>APPROVED BY:</u>	<u>NOTES:</u>

- I. **PURPOSE:** The purpose of this policy is to provide specific requirements for DSAMH-contracted service providers and to delineate their contractual obligations in meeting these requirements.

- II. **POLICY STATEMENT:** It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to require that all contracted providers of services manage treatment capacity in order to ensure provision of care for certain priority populations. DSAMH acknowledges that there may be occasions that a client is accepted into a program but cannot be admitted immediately due to capacity issues. A wait list is a tool that can be used to manage this capacity. When this occurs and the client is placed on a wait or pending referral list, DSAMH expects certain actions to occur in order to ensure the client receives appropriate care.

III. DEFINITIONS:

“**ACT**” means Assertive Community Treatment Team.

“**CRISP**” means Community Reintegration Support Program.

“**Day**” means calendar day, unless business day is specified.

“**Discharge**” means closure from the contracted provider services, and/or from PROMISE services.

“**DSAMH**” means the Division of Substance Abuse and Mental Health.

“**EEU**” means the DSAMH Enrollment and Eligibility Unit.

“**Group Home (GH)**” means a residential facility licensed as a Group Home for Persons with Mental Illness by the Division of Long Term Care Clients Protection (DLTCRP), together with the legal entity to which the license was issued.

“**ICM**” means Intensive Case Management team.

“**PROMISE Program**” means Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program.

“**PAC**” means PROMISE Assessment Center.

“**SUD**” means Substance Use Disorder.

“**Waiting List**” means a log that identifies individuals who are seeking treatment when appropriate treatment slots are not available. A wait list identifies individuals who are actively seeking treatment and who meet eligibility criteria.

“**Waitlist Data Sheet**” means a record for each client waiting for services with required documentation.

IV. **PROCEDURE:**

- A. Substance Use Treatment:** The Substance Abuse and Mental Health Services Administration (SAMHSA) requires Substance Abuse Planning and Treatment Block Grant-funded States and programs to provide preference to specific priority groups for treatment, as indicated in 45 CFR § 96.131 (a) Treatment services for pregnant women.. As such, it is required for all DSAMH-funded substance use disorder treatment programs to give preference for the following categories of clients:

Priority Preference	Priority Population	Time Frame to be Admitted
First	Pregnant women who inject drugs;	14 Days, with interim services, when capacity is available. If no capacity is available, within 120 days with interim services.
Second	Pregnant women who abuse substances in other ways;	
Third	Other individuals who inject drugs.	

Individuals presenting for treatment who are in a priority category must be served prior to referred individuals in non-priority categories.

SAMHSA requires that priority populations be admitted within certain timeframes. If those timeframes cannot be met, SAMHSA requires that interim services be provided.

Wait List Eligibility: A waiting list shall only include applicants who meet the following criteria:

1. The applicant meets level of care criteria;

2. The individual would most likely be admitted to the treatment program, if space were available and/or the staff caseload permitted additional clients;
3. The applicant is not currently in treatment in any substance abuse program, nor in treatment in another program while awaiting transfer to a different level of care at the referred program.

Publicity: *Each treatment provider is required to publicize the availability of services for pregnant women, including that pregnant women get admissions preference. Social Media, Websites and other marketing materials are all avenues for including this language.*

B. Wait List Management: Once a client has been referred to the program and determined appropriate for the wait list, DSAMH requires each contracted provider to identify at least one person who will monitor the wait list. This includes, but is not limited to, adding and removing clients, updating the referral source on a client's status on the wait list, and providing DSAMH with wait list information, as requested.

For individuals placed on a wait list, the following actions must occur until the appropriate level of care is available and the individual is admitted:

1. Each program with a wait list must maintain a waitlist data sheet for each person on the list. Each data sheet should document the following:
 - a. Titled: Substance Use Disorder Wait list Data Sheet
 - b. Sequential number for each client;
 - c. Date of referral;
 - d. First and last name of referred client;
 - e. Address, phone number, and email (to extent available) for the identified client
 - f. Referring program name;
 - g. Screening method;
 - h. Priority category;
 - i. Wait list status;
 - j. Assessed level of care;
 - k. Documentation of attempts to find available and appropriate treatment options at alternate treatment programs, to prevent delay in treatment services;
 - l. Documented attempts to place client in an available treatment option, if found;
 - m. Dates of contacts with name of program staff who contacted the client while waiting for services;
 - n. Final disposition and plan for client (including client refusal of services). Includes how and when the person was informed of final disposition and follow-up contact with the referral agency with documented follow-up outcome; and
 - o. If client is removed from waitlist, documentation showing the client cannot be located, the client reports admission to another program, or the client refused treatment.
2. Programs must implement and follow a procedure for maintaining contact with individuals awaiting admission.
3. For priority client categories, treatment providers must document frequent contact, which confirms interim services are delivered as these clients wait for admission.

4. For any client placed on a wait list, both referring provider and wait list provider must ensure client has a written document detailing resources to be used in the event of a behavioral health crisis.
5. For priority population categories, interim services are required to begin within 48 hour of referral. Interim services must include, but are not limited to:
 - a. Counseling and education about HIV and TB;
 - b. Counseling and education about the risks of needle sharing and risks of disease transmission to sex partners and infants;
 - c. Counseling and education about steps to prevent HIV transmission
 - d. Referrals for HIV and TB services, if necessary;
 - e. Referrals for prenatal care;
 - f. Referrals for counseling on the effects of alcohol and drug use on the fetus; and
 - g. Referral to a facility with the capacity to admit the client sooner.
6. For all persons on the wait list, interim services are required and documented, as applicable. Interim services can include, but are not limited to:
 - a. Retention by referring provider in current level of care;
 - b. Placement at lower level of care (while retaining place on wait list for higher LOC);
 - c. Referral for prenatal care;
 - d. Providing illness education;
 - e. Transitional housing;
 - f. Peer support;
 - g. Referral to a facility with the capacity to admit the client sooner.
 - h. Federally authorized methadone services that supplement, rather than supplant, comprehensive methadone service.
7. Unless the client is being retained in the current level of care by the referring provider, interim services are to be coordinated and documented by the wait list provider and, when applicable, the referring agency. Referrals to interim services should begin within two working days after placement on the waiting list.

C. PROMISE Services: Once the PROMISE care manager meets with the client and makes the level of care determination, the assessment information is sent to the EEU for review and authorization. In the event that a client cannot be immediately referred to a provider, they will be placed on either a waiting list or a pending referral list. The EEU maintains the waiting list for clients pending placement in a group home, CRISP, and, if necessary, the pending referral list for clients awaiting placement with an ACT or ICM team.

A client is removed from the CRISP or group home waiting lists when they are referred/admitted to a program, closed from the PROMISE program, or when that level of care is no longer needed. EEU staff are responsible for referring someone to CRISP or a group home and removing clients from the waiting list.

A client is removed from the pending referral list for ACT or ICM services when they are referred to a treatment team or closed from the PROMISE program.

D. Mental Health Services: While SAMHSA does not specify priority categories for clients seeking mental health services, DSAMH requires its contractors to give preference to the following categories:

1. Individuals being discharged from an acute care facility;
2. Individuals being discharged from the Department of Corrections.

Wait List Eligibility: A waiting list shall only include applicants who meet the following criteria:

1. The applicant meets level of care criteria;
2. The individual would most likely be admitted to the treatment program, if space were available and/or the staff caseload permitted additional clients.

Wait List Management:

For individuals placed on a wait list, the following actions must occur until the appropriate level of care is available and the individual is admitted:

1. Each program with a wait list must maintain a waitlist data sheet for each person on the list. Each data sheet should document the following:
 - a. Titled: Mental Health Services Wait List Data Sheet
 - b. Sequential number for each client;
 - c. Date of referral;
 - d. First and last name of referred client;
 - e. Address, phone number, and email (to extent available) for the identified client
 - f. Referring program name;
 - g. Priority category;
 - h. Wait list status;
 - i. Assessed level of care;
 - j. Documentation of attempts to find available and appropriate treatment options at alternate treatment programs, to prevent delay in treatment services;
 - k. Documented attempts to place client in an available treatment option, if found;
 - l. Dates of contacts with name of program staff who contacted the client while waiting for services;
 - m. Final disposition and plan for client (including client refusal of services). Includes how and when the person was informed of final disposition and follow-up contact with the referral agency with documented follow-up outcome; and
 - n. If client is removed from waitlist, documentation showing the client cannot be located, the client reports admission to another program, or the client refused treatment.
2. Programs must implement and follow a procedure for maintaining contact with individuals awaiting admission.
3. For priority client categories, treatment providers must document frequent contact, which confirms interim services are delivered as these clients wait for admission.
4. For any client placed on a wait list, both referring provider and wait list provider must ensure client has a written document detailing resources to be used in the event of a behavioral health crisis.

5. For priority population categories, interim services are required to begin within 48 hour of referral. Interim services must include, but are not limited to:
 - a. Counseling and education about community support resources including access to crisis services;
 - b. Referral to a program with the capacity to admit the client sooner to the same level of care.

6. For priority client categories, interim services are required and documented. Interim services can include, but are not limited to:
 - a. Retention by referring provider in current level of care;
 - b. Placement at lower level of care (while retaining place on wait list for higher LOC);
 - c. Referral for prenatal care;
 - d. Providing illness education;
 - e. Transitional housing;
 - f. Peer support;

7. Unless the client is being retained in the current level of care by the referring provider, interim services are to be coordinated and documented by the wait list provider and, when applicable, the referring agency. Referrals to interim services should begin within two working days after placement on the waiting list.