POLICY AND PROCEDURE

POLICY TITLE: Contracted Provider Treatment Capacity Management and Priority Populations	**POLICY #:** DSAMH010
PREPARED BY: DSAMH Policy Committee	**DATE ISSUED:** 08/14/2019
RELATED POLICIES: DSAMH004 Community Access Standards	**REFERENCE:** SAMHSA 45 CFR § 96.126 SAMHSA 45 CFR § 96.131
DATES REVIEWED: 02/13/2023 11/06/2023 12/19/2024	**DATES REVISED:** 11/02/2022 09/30/2023 12/04/2024
APPROVED BY: DocuSigned by: Joanna Champney 1B71C05196B24CA... **DATE APPROVED:** 12/23/2024 | 7:20 AM PST	**NOTES:** ☐DSAMH Internal Policy ☐DSAMH Operated Program ☒DSAMH State Providers ☐Delaware Psychiatric Center ☐Targeted Use Policy (Defined in scope)

I. PURPOSE:

The purpose of this policy is to provide guidance to Division of Substance Abuse and Mental Health (DSAMH) contracted service providers regarding capacity requirements, specific to priority populations to be served, and their contractual obligations in meeting these requirements**.**

II. POLICY STATEMENT:

It is the policy of the DSAMH to require that all contracted service providers 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, DSAMH expects the actions outlined in this policy to take place in order to ensure the client receives timely and appropriate care.

III. DEFINITIONS:

"ACT Team" means Assertive Community Treatment Team, a multidisciplinary team that provides support to individuals with severe and persistent mental illness, who may also have co-occurring disorders, and are living in the community. The team has the responsibility to be knowledgeable about the individual's life, circumstances, and goals. Based on this information, the team collaborates with the individual to develop the treatment plans and to ensure that changes are made as an individual's needs change. The team advocates for the individual's wishes, rights, and

preferences in all life domains.

"ACT Plus Team" means Assertive Community Treatment Plus Team, a multidisciplinary team who provides support to individuals with severe and persistent mental illness, who may also have co-occurring disorders, and are living in the community. ACT Plus services incorporate highly individualized interventions that are fully recovery-oriented and based on the unique needs of each person enrolled. The program provides and assists clients in obtaining supplemental services to implement a specialized plan for clients to meet their individual needs. ACT Plus is designed to achieve flexible, individualized, but measurable, care for adults with serious mental illness, while allowing the ACT Plus Teams significant authority and flexibility for designing services.

"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 Eligibility and Enrollment Unit.

"Group Home" means a residential facility licensed as a Group Home for Persons with Mental Illness by the Division of Health Care Quality (DHCQ).

"ICM" means Intensive Case Management team.

"PAC" means PROMISE Assessment Center.

"Pending Referral List" means a log that identifies individuals who have been referred to a PROMISE service after a level of care assessment and EEU authorization.

"PROMISE Program" means Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program.

"SAMHSA" means the Substance Abuse and Mental Health Services Administration.

"SUD" means substance use disorder.

"Wait List" means a log that identifies individuals who are actively seeking treatment and meet eligibility criteria when appropriate treatment slots are not available.

"Wait List Data Sheet" means a record of required documentation for each client waiting for services.

IV. SCOPE: All DSAMH-contracted providers.

V. PROCEDURES/RESPONSIBILITIES:

A. **Priority Populations:** SAMHSA requires all states and programs receiving funds pursuant to the Substance Abuse Planning and Treatment Block Grant to give preference to specific priority groups for treatment, as indicated in 45 CFR § 96.131 (a) treatment services for pregnant people**.**

1. Individuals presenting for treatment who are in a priority category must be served prior to referred individuals in non-priority categories. Clients within the priority category must be served based on their priority level.
2. SAMHSA requires that priority populations be admitted within certain timeframes. If those timeframes cannot be met, SAMHSA requires that interim services be provided.
3. All DSAMH-funded substance use disorder treatment programs are required to give treatment preference for priority populations as follows:

Priority Category	Priority Population	Time Frame to be Admitted
First	Pregnant people 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 people who misuse substances in other ways	
Third	Individuals who inject drugs	
Fourth	All others	

B. **Publicity:** The provider shall, in carrying out this provision publicize the availability to such people of services from the facilities and the fact that pregnant people receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies.

C. **Capacity Management and Referral:** If a treatment facility has insufficient capacity to provide treatment services to any such pregnant person who seeks the services from the facility, the facility shall refer the person to another treatment provider. This may be accomplished by establishing a capacity management program, utilizing a toll-free number, an automated reporting system, or other mechanisms to ensure that pregnant people in need of such services are referred as appropriate.
   1. The provider shall maintain a continually updated system to identify treatment capacity for any priority population and, when the facility has insufficient capacity to treat the person, will establish a mechanism for matching the clients in need of services with a treatment facility that has the capacity to treat the client.
   2. If no other treatment facility has the capacity to admit the client, the provider shall make available interim services, including a referral for perinatal care if applicable, available to the client, no later than two business days after the client initially seeks the treatment services.

D. **Wait List Eligibility:** A wait list shall only include applicants who meet the following criteria:
   1. The applicant meets level of care criteria; and
   2. The individual would most likely be admitted to the treatment program if space were available and/or the staff caseload permitted additional clients.

E. **Wait List Management**: 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 wait list 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 referral received by provider;
    d. First and last name of referred client;
    e. Address, phone number, and email (if 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, if the provider is unable to admit the person immediately. Documentation shall include:
        i. Date and time,
        ii. Name of provider referred to,
        iii. Outcome of referral attempt,
        iv. Staff performing the referral, and
        v. Details of any follow-up required.
    l. Documentation of attempts to place client in an available and appropriate alternate treatment option, if found. Documentation shall include:
        i. Date and time,
        ii. Name of provider referred to,
        iii. Outcome of referral attempt,
        iv. Staff performing the referral, and
        v. Details of any follow-up required.
    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, 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 wait list without admission to program, 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, at minimum monthly.
3. For priority client categories, treatment providers must document at least monthly contact in the wait list data sheet, which confirms interim services are delivered as these clients wait for admission.
4. Both the referring provider and wait list provider must ensure that the 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 two business days of referral. Interim services must include, but are not limited to:
    a. Counseling and education about HIV and TB including steps to prevent transmission;

b. Counseling and education about the risks of needle sharing;
c. Counseling and education about the risks of disease transmission to sexual partners and infants;
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, those listed above in section V.E.5. and those listed below:
   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 level of care);
   c. Providing illness education;
   d. Transitional housing;
   e. Peer support;
   f. Referral to a facility with the capacity to admit the client sooner.
7. If the client is being retained by the current level of care, interim services are to be coordinated and documented by the current provider. If the client does not have a current provider, interim services are to be coordinated and documented by the wait list provider. Referrals to interim services should begin within two business days after placement on the wait list.

E. Priority Populations for PROMISE Services: While SAMHSA does not specify priority populations for mental health and PROMISE services, DSAMH requires its contractors to give preference to the following categories:
   1. Individuals being discharged from an acute care facility.
   2. Individuals requiring or receiving perinatal care.
   3. Individuals being discharged from the Department of Correction.

F. PROMISE Services Pending Referral List: 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. If a client cannot immediately be referred to a provider, they will be placed on a pending referral list for the appropriate level of care. A client is removed from the pending referral list when they are 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 clients to PROMISE services and removing clients from the pending referral list.

VI. POLICY LIFESPAN: This division policy supersedes all other policies, directives, or rules related to this subject. This policy shall be reviewed annually.

VII. RESOURCES: N/A