Overview:
Blair County Drug and Alcohol Program, Inc. (Single County Authority-SCA) has established guidelines to communicate the contract requirements for case management and treatment providers. These guidelines provide the initial parameters to manage the use of limited resources and to increase the quality of care provided to the Blair County Community. In order to improve the access to this information, the SCA is providing a web based access to Appendix E and all of its attachments/forms. You can find this policy and all its attachments at Any questions regarding these guidelines may be directed to the Blair County Drug and Alcohol Program, Inc. Office. Please see **Blair County Drug and Alcohol Program, Inc. contact list attachment 1** for a list of names and phone numbers of contacts at the Blair County Drug and Alcohol Program, Inc. Office.

NOTE: The provider is required to have staff sign off on the current version of Appendix E each year. The highlighted sections reflect the revisions in this current version of the document.

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Section 01: Network of Care:

The comprehensive system of care for drug and alcohol services is provided by a network of agencies both within the County of Blair and the State of Pennsylvania. A provider, for the purpose of this document, is an agency that is currently licensed by the Department of Drug and Alcohol Programs, (DDAP) Division of Licensing to perform drug and alcohol treatment services and has a contract with the County of Blair to provide treatment services. The agency network will change from year to year depending on the availability of service agencies and the type of services offered.

The network of care will include the following levels of care for drug and alcohol
Early Intervention (adult/adolescent);
Outpatient (adult/adolescent);
Intensive Outpatient (adult/adolescent);
Partial Hospitalization (adult/adolescent);
Clinically Managed Low-Intensity Residential Services (e.g. Halfway House) (adult/adolescent);
Withdrawal Management (adult);
Clinically Managed High-Intensity Residential Services (adult);
Clinically Managed Medium-Intensity Residential Services (adolescent);
Medically Monitored Intensive Inpatient Intensive Inpatient Services (adult) (currently not available in the Pennsylvania);
Medically Monitored Intensive High-Intensity Inpatient Services (adolescent);
Medically Managed Intensive Inpatient Services (adult/adolescent)

The ASAM Criteria, 2013 requires consideration of the following areas prior to placement in order to maximize retention in the appropriate level of service:
Withdrawal Management for all levels of care, not only inpatient;
Medication Assisted Treatment in an LOC;
Co-occurring Disorders;
Cultural/Ethic/Language Considerations;
Sexual Orientation and Gender Identity;
Women with Dependent Children;
Women's Issues;
Impairment (e.g. hearing, learning); and
Criminal Justice Involvement;

Agencies are required to inform individuals of the full network of agencies available for the level of care recommended. Agencies are required to ensure that their staff is knowledgeable of other agencies within the Blair County network of care and provide choice to individuals who are being recommended for drug and alcohol treatment services

With expansion of Medicaid and the need to provide a full continuum of services that meet the needs of the people we serve, it is important to provide choice to those who are in need of services. The network of care chart **Attachment 2** is located at the provider portal access provided in the contract. As contracts with agencies become available, this attachment will be updated.

Section 02: Eligibility Guidelines:

Eligibility is defined as an individual who meets the financial and county resident criteria to be eligible for public dollars. Public dollars paid to agencies for treatment services are to be considered the last source of payment and all other sources will be researched before requesting authorization for services through the SCA.

Residency

Criteria: Eligibility is defined as those persons who physically live within the borders of the County of Blair. The eligibility does not require a specific amount of time for residency.

Adults: Individual reports an address within the County of Blair. Confirmation of accuracy is obtained by having the individual sign a statement that they are a county resident. It is not the intent of this office or policy to have agencies verifying county residency. Individuals who falsify this information may be held responsible for reimbursement of their care. **Priority populations do not require to have a residency but coordination with the home SCA is required.**

Adolescents: Individual reports an address within the County of Blair or is attending a school within the county. It is not the intent of this office or policy to have agencies verifying county residency. Adolescents/parents/guardians will not be held responsible for reimbursement of services provided to youth when public funding is available and the provider has made every attempt to verify and exhaust other resources.

Liability

Criteria: Individual who meets the public funded financial criteria is eligible in part or whole for public funding when funding is available. The Blair County Drug and Alcohol Program, Inc. standardized financial criteria process **(Attachment 3)** is the required process for determining financial eligibility. Public funds are the last resort of payment. All other resources must be exhausted and financial criteria met prior to public funding being used. **(Attachment 3A Liability Determination Form)**

> Adults: If an uninsured adult has not applied for medical assistance the provider is required to assist with the completion of the medical assistance application and fax the application to the CAO office. CAO Fax #: 814-941-6813
>
> Adolescents: When possible parents of adolescents who meet public funding criteria are to be encouraged to have their family reviewed by the CAO for eligible services. If parents are unwilling to comply, the provider is required to document the outcome. This will not hinder the adolescent from receiving funding through the county.

Insured Individuals
Public funding is not designed to supplement services not reimbursed by private insurances. Individuals who are insured must be provided services offered within their policies. Individuals whose policies do not provide for substance abuse services and/or have exhausted services under their policies are eligible to be evaluated for public funding. Documentation of the verification of no benefits or exhausted benefits must be maintained in the chart. These individuals are required to meet the eligibility and clinical criteria established within this document to be eligible for public dollars. If the level of care is being denied, the provider is required to activate the ACT 106 reporting to the state. Providers may use the abatement form and checklist **Attachment 3B and 3C** to advocate for payments of uncovered cost.

Medical Assistance:
The provider will adhere to the Blair County Drug and Alcohol Program, Inc. Interface with **BH MCO policy** (**attachment 4).** The policy provides for the procedures to verify and confirm Medical assistance eligibility and interface with the BH MCO.

High Deductibles and Copays: Due to the industry changes of passing on high deductibles to the employee and the Affordable Care Act requirement for insurance companies to offer children covered through age 26, and high co pays for specialized care the SCA will consider on a case to case basis the abatement process for these cases. The individual must meet eligibility, clinical and liability criteria established by the Department of Drug and Alcohol Programs. All decision are based on the availability of public funding and priority populations.

EXCEPTION:
Adolescents who may or may not have parent involvement will be eligible for county funding if attempts to obtain insurance or medical assistance information from the parent and/or denial of services by the insurance company/BH MCO render the adolescent without a means to have services reimbursed. The provider must maintain documentation of the failed attempts. The county clinical criteria apply in all cases. Adolescents will be funded through the SCA. All applicable confidentiality laws must be adhered to in this process.

Section 03: Clinical Guidelines

The clinical guidelines establish the standards for determining clinical appropriateness of services provided with public funded dollars. In addition, it establishes the qualifications needed to perform level of care decisions.

Clinical Criteria

The clinical placement tool for public funds is governed by the contract between the Department of Drug and Alcohol Programs and the Blair County Drug and Alcohol Program, Inc. These clinical standards will be used to determine the level of services for an individual and the continued need for drug and alcohol services.

The provider is required to use the following placement criteria when assessing the individual for drug and alcohol treatment services and the continued need for services:

Adults and Adolescents:
The American Society of Addiction Medicine 2013 (hereby referenced as ASAM) is the required placement tool that will be used to determine the appropriate level of care and type of service. All treatment providers and case management providers are required to use this tool effective January 1, 2019.

Clinical Qualifications

The clinical qualifications vary depending on the services being provided. Staff hired after July 1, 2021 who are completing LOCAs or Continued Stay Reviews need to licensed or credentialed. If they are not, then they need to be working towards licensure or credentialing and must document the steps that are being taken towards this achievement. Case Managers conducting level of care assessments hired before July 1, 2021, do not need to be licensed or certified as long as they remain employed by the same SCA or contracted provider. In addition, the following provides the guideline for the qualification of contracted agencies staff when performing specific services:

Case Management Services
Providers subcontracted to provide screening, assessment or case coordination functions must meet the standards established by the most current version of the Department of Drug and Alcohol Programs Case Management and Clinical Services Manual, **Attachment 5A** (hereby incorporated and acknowledges receipt of the updated manual). **Attachment 5B** outlines the SCA requirements for these functions. Agencies will not be reimbursed for services performed by staff that do not meet these qualifications.

Assessments: Blair County Drug and Alcohol Program, Inc. has contract assessment services with licensed drug and alcohol outpatient treatment providers identified in our network of care chart **(Attachment 2).** The licensed treatment providers are required to use only counselor or counselor assistants per the DDAP Treatment Manual Guidelines to perform these functions. Staffs performing these functions are required to be supervised by the clinical supervisor for the drug and alcohol treatment facility.

Telehealth Assessments: Providers are not contracted to provide telehealth assessments. If a telehealth assessment is needed the provider is required to warm hand off the individual to the Blair County Drug and Alcohol Program Inc. case management unit.

This can be performed through a conference call with the individual to the case manager or calling and securing a date and time of a call with the SCA case manager.

Case Coordination: Treatment, Admission, Continued Stay Reviews Discharge (OP only) Functions:
The provider's counseling staff is required to meet the qualifications set by the Department of Drug and Alcohol Programs, Division of Licensing, for the level of services they are contracted to perform. In addition, the counseling staff must be trained in accordance with the Treatment Training requirements of this guideline. Agencies will not be reimbursed for services performed by staff who do not meet these qualifications. Case Coordination and Continued stay review functions will be monitored in accordance with the Blair County Drug and Alcohol Program, Inc. requirements in **Attachment 5B** Case Coordination Monitoring Requirements of this Appendix.

Certified Recovery Specialist (CRS) and Intensive Case Management/Resource Coordination Services (ICM/RC) coordination: The Blair SCA provides a care coordination team of ICM/RCs and CRS services for Blair County Residents.

Description of the services and how to make a referral is provided in **Attachment 5, Section 5C and 5D.** Referral forms can be located in the attachments:

5Ca: ICM/RC Referral Form and 5Cb Non Treatment Needs Screening Form (both need completed when making a referral for this service; and

5Da: CRS Referral Form

Section 04: Benefit Guidelines

The benefit guidelines establish the parameters of services available to an individual accessing a drug and alcohol treatment service within the county public funded system. They establish the initial parameters to manage the use of limited resources available to the Blair County Community. The following guidelines were established with the knowledge of the treatment systems available in our network of care and with the intent to always provide some level of service to individuals when funding is available. The benefits established by these guidelines are not an entitlement. They are limited by the availability of public dollars to the Blair SCA, the clinical appropriateness of the service, availability of the service, liability requirements and the authorization of the service. The following information details the parameters by which an individual's access to services will be determined.

The following levels of care are not limited but are subject to change as the amount of public funding becomes limited. Individuals must meet the Eligibility and Clinical Criteria to be admitted to the level of care (LOC) and Type of Service (TOS). If public funding becomes limited during the fiscal year, the provider network will be notified of the limitation and notification to the people receiving service will be in writing.

EXCEPTION: Services will not be limited to pregnant women or other priority populations. In addition, the Blair County Criminal Justice Assessment Team (BCCJAT) and Drug/DUI Court Teams will determine the utilization of the criminal justice grant funds.

> *__Episode of Service__: An episode of service is initiated when a person enters the drug and alcohol system through an initial screen. The person is then referred for an assessment. Upon completion of the assessment, if clinically appropriate, the person is admitted to an initial level of care (LOC) and type of service (TOS). The person is then subsequently evaluated for continued stay criteria at the LOC and TOS. Once the person does not meet the level of care, a referral is made to the next LOC and TOS without a break in service. This establishes an episode of service. If an individual, for whatever reason, does not complete a recommended level of care and disengages from drug and alcohol service for more than 30 days, the individual is considered discharged from the SCA drug and alcohol funding system and that episode of service ended.

Screening/Assessments:

Screenings and assessments are not limited but the provider will screen to insure the individual has not received an assessment within the last 30 days. See **Attachment 5, Section B** for details on assessments.

Treatment Services:

The following services identify a continuum of services available to individuals of the County of Blair. Treatment needs are based on an individual basis. It is felt that an individual may need more than one level of services for them to establish a strong recovery foundation. With this in mind, the following parameters will be used whenever an individual is being evaluated for services:

Priority Populations identified by DDAP must be admitted to the appropriate level of care immediately. All other individuals must be referred and admitted to the appropriate level of care available within 14 days of the LOCA. Individuals in need of withdrawal management must be admitted to treatment within 24 hours. If these time frames cannot be met, the case manager must document the reason in the individual's file.

Withdrawal Management

Individuals who are screened needing emergent care are to be referred and/or assisted to the local emergency room or crisis center. Intoxicated individuals in the custody of a county law enforcement officer may be referred to an in-county withdrawal management unit for emergency detoxification. Emergency room/Crisis referrals for withdrawal management will be for those individuals who meet the withdrawal management level of care and do not require hospital based monitoring. Individuals requiring emergency withdrawal management must be admitted within 24 hours. Individuals who do not meet a level of care for withdrawal management are to be referred to the SCA for a face-to-face assessment. The individual must meet the admitting criteria of the withdrawal management unit

Clinically Managed Low-Intensity Residential Services (e.g. Halway house) (adult/adolescent)
Clinically Managed High-Intensity Residential (adult);
Clinically Managed Medium-Intensity Residential (adolescent);
Medically Monitored Intensive Inpatient Services (adult);
Medically Monitored High-Intensity Inpatient Services (adolescent); and
Medically Managed Intensive Inpatient Services (adult/adolescent).

The number of admissions will be evaluated throughout the current fiscal year for the these services. If limitations are applied, the SCA will notify providers and individuals will be notified in writing of the limitation. The person must meet the ASAM clinical criteria for the LOC and liability guidelines.

Partial Hospitalization, Intensive Outpatient, Outpatient and Early Intervention
The number of admissions will be evaluated throughout the current fiscal year for these services. If limitations are applied, the SCA will notify providers and individuals in writing of the limitation. The person must meet the ASAM clinical admission and continued stay criteria for the LOC and liability guidelines.

Section 05: PRIORITY POPULATIONS

1. General Requirements of Priority Populations:

The SCA and its contracted providers who serve an injection substance use population and who receive SABG funds shall give preference to treatment as follows in the order outlined below:

(a) Pregnant women who inject drugs;

(b) Pregnant substance who use substances;

(c) Persons who inject drugs;

(d) Overdose survivors;

(e) Veterans; and

(f) All Others

All individuals in these priority populations must have a level of care assessment (LOCA) and be offered admission into the recommended level of care. If the SCA or contracted provider cannot ensure admission to the recommended level of care immediately, the individual must be offered case management services as well as admission to another level of care. Any individuals in need of emergency care must be admitted to the appropriate level of care immediately. All other persons must be referred and admitted to the appropriate level of care available with 14 days of the LOCA. Individuals in need of withdrawal management must be admitted to treatment within 24 hours. If these time frames cannot be met, the case manager must document the reason in the individual's file.

The providers shall ensure that the availability of preferential treatment services to pregnant women is publicized. 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.

2. Pregnant Women who inject and/or use substances:

Both the federal block grants and the DDAP Case Management and Clinical Service Manual (CMCSM) identify pregnant women who inject drugs and pregnant women who use substances as priority populations. The SCA and its contracted providers must adhere to the following steps:

A. Screen the woman for emergent care needs.

1) If emergent care needs are identified, make an immediate referral to the appropriate service.

B. If no emergent care needs are identified and a LOCA is necessary, then conduct a LOCA to determine the need for treatment.

C. If treatment is indicated, refer the woman to a treatment provider that has the capacity to provide treatment services to the woman immediately.

DDAP has provisions for narcotic treatment programs (NTP) that are at capacity but need to admit a pregnant woman for treatment of an opioid use disorder (OUD). DDAP's Division of Program Licensure will review exception requests to increase capacity for any NTP on a case-by-case basis. In the event this is necessary, contact DDAP's Division of Program Licensure at 717-783-8200.

1) If no treatment facility has the capacity to admit the woman immediately, then;

(a) Make support services such as case management or recovery support services available within 48 hours after the LOCA, and
(b) Make interim services available to the woman within 48 hours after the LOCA.

2) Interim Services are defined as services that are provided until an individual is admitted to a substance use treatment program. The purpose of interim services is to reduce adverse health effects of substance use, promote the health of the woman, and reduce the risk of transmission of a disease until the woman is admitted to a treatment program. Interim services for pregnant women must include:

(a) Counseling and education about Human Immunodeficiency Virus (HIV) and tuberculosis (TB);
(b) Counseling and education about the risks of needle sharing;
(c) Counseling and education about the risks of transmission to sexual partners and infants;
(d) Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur;
(e) Referral for HIV and TB treatment services, if necessary;
(f) Counseling on the effects of alcohol and drug use on the fetus; and
(g) Referral for prenatal care.

3) The SCA and contracted provider must educate the pregnant women on the resource list that clearly identifies, by physical address, phone number, and if applicable, website link, providers for each interim service **(Attachment 6A Interim Service Brochure).**

4) The SCA and subcontracted providers must comply with the Interim Services Policy that include the mechanism to maintain contact with the pregnant woman until admission into treatment occurs. Tracking of the pregnant woman must occur by the

SCA or its contracted provider regardless of whether the woman is receiving interim services. (**Attachment 6 Policies and 6A Interim Service Brochure**)

D. The SCA and subcontracted providers must publicize the availability of preferential treatment services to pregnant women. The SCA may use street outreach programs, ongoing public service announcements on radio or television, regular advertisements in local or regional print media, posters placed in targeted areas, and frequent notification to the local network of community-based organizations, health care providers, and social service agencies. DDAP-funded media posted on TikTok cannot contain live links to any DDAP or other Commonwealth websites or systems.

NOTE: The provider is also required to follow the SCA policy, which includes chart documentation of weekly documented phone calls of follow up with pregnant women and resources. (**Attachment 6 Policies and 6A Interim Service Brochure**)

3. Persons Who Inject Drugs (PWID)

The SCA and its contracted providers must address the needs of PWID as follows:
Note: *The following only pertains to non-pregnant PWID.*

A. Screen all PWID for emergent care needs.

1) If emergent care needs are identified, make an immediate referral to the appropriate service.

B. If no emergent care needs are identified and a LOCA is necessary, conduct a LOCA to determine the need for treatment.

C. If treatment is indicated, refer all PWID to a treatment provider that has the capacity to provide treatment services immediately.

1) If no treatment facility has the capacity to admit the individual, then;
(a) Make support services such as case management or recovery support services available within 48 hours after the LOCA, and
(b) Make interim services available to all PWID within 48 hours after the LOCA and arrange for admission to treatment no later than 120 days after assessment. During this waiting period for admission, a mechanism for maintaining contact with the individual must be in place.

2) The definition for "Interim Services" is outlined in Section 3.01 of the CMCSM. At a minimum, interim services for PWID must include:
(a) Counseling and education about HIV and TB;
(b) Counseling and education about the risks of needle sharing;
(c) Counseling and education about the risks of transmission to sexual partners and infants;

(d) Counseling and education about the steps that can be taken to ensure that HIV and TB transmission do not occur; and
(e) Referral for HIV and TB treatment service, if necessary.

3) The SCA and contracted provider must educate the PWID on the resource list that clearly identifies, by physical address, phone number, and if applicable, website link, providers for each interim service **(Attachment 6A Interim Service Brochure).**

4) The SCA and subcontracted providers must comply with the Interim Services Policy that include the mechanism to maintain contact with the pregnant woman until admission into treatment occurs. Tracking of the pregnant woman must occur by the SCA or its contracted provider regardless of whether the woman is receiving interim services. (**Attachment 6 Policies and 6A Brochure**)

D. Per contractual requirements all contracted facilities that provide services to the PWID (Persons Who Inject Drugs) population shall notify the Blair SCA upon reaching 90% of its capacity to admit individuals to their program. All facilities must identify a point person and provide that individual's contact information to In-house Case Management Supervisor, (Appendix E, Attachment 01, Blair SCA-CPOC contact list).

1. Notifications shall be made by notifying the Blair SCA In-house Case Manager Supervisor either by fax or e-mail within seven (7) days of reaching 90% capacity or if they have notified they have reached 90% when the return to below this percentage.
2. Once the In-house Case Management Supervisor receives this information, it will be shared by an email list serve with the Case Managers Departments, Executive Director, Assistant Director and Recovery Support Supervisor and contracted providers.
3. The information will be kept in a binder managed by the In-house Case Manager Supervisor

4. All Others: Requirements

Do to the increased public health risk of substance using individuals, it is the Blair County Drug and Alcohol Office's recommendation that all individuals presenting for drug and alcohol services be provided information on interim services.

A. At a minimum, interim services include:
   (1) Counseling and education about Human Immunodeficiency Virus (HIV) and Tuberculosis (TB);
   (2) Counseling and education about the risks of needle sharing;
   (3) Counseling and education about the risks of transmission to sexual partners and infants;
   (4) Counseling and education about steps that can be taken to ensure that HIV and TB transmission do not occur; and
   (5) Referral for HIV and TB treatment services, as necessary.

The provider will assist in the referral process to link the individual into community resources.

The provider is also required to follow the SCA policy, which includes chart documentation of weekly documented phone calls of follow up with all others and resources

The provider will follow the SCA policy. (Attachment 6 policy and 6A Brochure)

5. Women with Children:

A. Treatment providers will ensure that pregnant women and women with dependent children, and women who are seeking custody of their children, treat the family as a unit, when appropriate, and provide, or arrange for the provision of the following services :

(1) Primary medical care for women, including a referral for prenatal care as well as child care while the women is receiving medical care;
(2) Primary pediatric care, including immunization, for their children;
(3) Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, and parenting, as well as childcare while the women are receiving these services;
(4) family therapy, nutrition education and education to GED level;
(5) Therapeutic interventions for the children in the custody of the women receiving treatment services which may address, among other things, the children's developmental needs, issues of sexual and physical abuse, and neglect; and

(6) Case management and transportation to ensure that those women and their children have access to the services provided in the four bullets listed above.

B. Blair County Requirement:

Ancillary Services Screening Tool: **Attachment 7A**

The contractor is required to screen all pregnant women and/or women with children for the federal block grant required ancillary services. Contractors will use the Ancillary Service Tool (Attachment 7A of this appendix) when screening for these services. The contractor will maintain a completed copy of the tool.

Ancillary Services Brochure: **Attachment 7B**

The contractor is being provided a list of resources for the Blair County community that meets the needs of the required services. The provider will provide the Ancillary Service Brochure (**Attachment 7B of this appendix**) to all individuals screened for services.

6. Overdose Survivors

DDAP defines an overdose as a situation in which an individual is in a state requiring emergency medical intervention as a result of the use of drugs or alcohol. DDAP is identifying individual who have overdosed as an additional priority population to better facilitate access to care directly following an overdose event.

A. Admission to treatment for individuals who have overdosed must be considered in conjunction with the requirements delineated in Section 5, Special Population of this document and Section II Special Populations in the DDAP, CMCS Manual.

B. Warm Handoff Policy: Blair County Drug and Alcohol Program, Inc.(BDAP), has a warm hand policy for immediate access to referrals for treatment. Provider who screen individuals who have an overdose survivor can contact BDAP 24/7 (814-381-0921) for support in coordinating care for overdose survivors.

7. Veterans

A. BDAP has a full continuum of treatment services, case management and certified recovery specialist available to veterans.

B. Contracted providers will conduct screening and LOCA for veterans if they present for services at their agency.

C. Use the ASAM to determine the LOC.

D. Asses for funding and make referral to treatment.

E. Make referrals to BDAP for case management and certified recovery services when as appropriate.

F. If the facility operated by the U.S. Department of Veterans Affairs (VA) is determined to be the most appropriate facility to provide treatment for the veteran, the SCA or contracted provider must directly connect the individual to the admitting provider, and the SCA or contracted provider must confirm that the veteran was admitted as planned. The SCA and contracted provider is required to provide more than provide contact information to the veteran.

SCA FUNDING: The SCA cannot deny funding to a veteran regardless of the veteran’s eligibility status for Veterans Affairs (VA) benefits.

Section 06: Communicable Disease Screening and Referral Services

Policy: Department of Drug and Alcohol Programs (DDAP) collaborated with the Department of Health, Bureau of Communicable Diseases to develop questions that assess the need for referral to appropriate communicable disease services specifically Tuberculosis, Hepatitis A, B, C and HIV services. The following procedures outlines the process to screen, refer, care coordinate and document the results of the screens and referrals for services. Blair Drug and Alcohol Program, Inc. (BDAP) has engaged in an agreement with TruCare Internal Medicine and Infectious Disease (TruCare) to provide on-site access to testing for the above identified communicable diseases. The Level of Care Assessment LOCA case manager at the contracted provider is required to adhere to this policy and procedure. SCAs and contracted providers preforming level of care assessments should use the "HIV and Hepatitis C Services in Drug and Alcohol Treatment Facilities" checklist, **Attachment 23**, for tracking clients who they assess and for those individuals who are receiving treatment services. This form, which was developed by DOH, meets all provisions associated with this section of the manual.

Procedure:

A. **Tuberculosis (TB)**: Department of Drug and Alcohol Programs (DDAP) collaborated with the Department of Health, Bureau of Communicable Diseases to develop questions that assess the need for referral to appropriate TB services. BDAP utilizes this screen to assess risk of TB.

1) At the time of the level of care assessment (LOCA), the case manager is required to complete the TB Screen-**Appendix E**, **Attachment 08A-TB Screen** and provide educational material on TB.

2) Any individual that responds with a "yes" to any of these questions is considered high risk for TB. Case manager will educate the individual on their risk assessment and make a referral to the County Department of Health or Monthly Infectious Disease Clinic. Case Manager will document on **Appendix E, Attachment 08A, TB Screen** form the acceptance/rejection by the person. A note will be documented in the WITs system the outcome of the screen. Paper copy will be maintained in the chart.

B. **Hepatitis:** Blair County Drug and Alcohol Program, Inc. (BDAP) follows current Centers for Disease Control and Prevention (CDC) guidelines for ensuring that hepatitis C testing is offered on-site or through a referral.

1) In 2020, the CDC hepatitis C testing guidelines were updated to include a recommendation that all adults, 18 and older, be tested for hepatitis C at least once in a lifetime. BDAP ensures that hepatitis C testing is available on-site through an agreement with TruCare Internal Medicine and Infectious Disease (TruCare). Additionally, the CDC recommends routine testing for the following groups with persistent risk factors:

(a) Persons who inject drugs and share needles, syringes, or other drug preparation equipment;

(b) Persons with selected medical conditions, including persons who ever received maintenance hemodialysis;

2) The case manager provides viral hepatitis education as well as coordination of services and/or referrals to testing, treatment and prevention services as appropriate. These services include:

(a) Education: Educational materials for clients that cover:

- Viral hepatitis general information
- Prevention and harm reduction methods
- Test result interpretation
- Treatment options and referral information Education and training on viral hepatitis for staff that covers:
- Viral hepatitis general information
- Prevention and harm reduction methods
- Test result interpretation
- Treatment options and referral information

(b) Educational materials are available through the Department of Health.

(c) Vaccination: BDAP offers hepatitis A and B vaccine through TruCare.

(d) Viral hepatitis B and C testing: BDAP provides hepatitis B testing for all clients who do not have documentation of hepatitis B status through a referral to TruCare. Case managers will assist in making arrangements of a warm handoff to off-site blood draws. Case Manager must screen and refer for testing of Hepatitis C for all clients who do not have documentation of hepatitis C status. Hepatitis C testing should be initiated with a Food and Drug Administration (FDA)-approved anti-HCV test (TruCare). People testing anti-HCV positive/reactive should have follow-up testing with an FDA-approved nucleic acid test (NAT) for detection of HCV RNA (TruCare). TruCare provides for rapid antibody testing on site and confirmatory testing.

(e) Viral hepatitis treatment: All hepatitis B and/or C positive clients should receive treatment. TruCare provides treatment through telehealth capacity for individuals testing positive. The client’s telehealth capacity is to be assessed by the case manager and assistance in arranging telehealth technology is to be coordinated by the case manager.

3) At the time of the level of care assessment (LOCA), is required to complete the HepC/HIV Screen-**Appendix E**, **Attachment 08B-HepC/HIV** the responses documented, prior to admission to treatment and provide educational material on Hepatitis.

4) Any individual that responds with a "yes" to any of these questions is considered high risk for HepC/HIV. Case manager will educate the individual on their risk assessment and make a referral to the Monthly Infectious Disease Clinic (TruCare). Case Manager will document on **Appendix E, Attachment 08B, HepC/HIV Screen** form the acceptance/rejection by the person. A note will be documented in the WITs system the outcome of the screen. Paper copy will be maintained in the chart.

5) Contracted providers must have written procedures in place to address how education, testing, vaccination, and referral for hepatitis services will be delivered. Simply handing out a pamphlet to an individual is not education. The procedures must also address how individuals identified as high risk will be referred to the clinic for testing and linkage to care. The provider must, at a minimum, with the individual's consent; make a call to Blair Drug and Alcohol Program, Inc., to make a referral to the TruCare Unit. The individual's acceptance/rejection of the referral must be document as discussed in Paragraph 2 above.

C. Human Immunodeficiency Virus (HIV) The case manager is required to provide HIV education as well referrals to testing, treatment and prevention services as appropriate. DDAP collaborated with the Department of Health, Bureau of Communicable Diseases and Bureau of Epidemiology to develop standards to address the need for education, testing, and linkage to care for HIV services.

1) Case managers will follow current CDC testing guidelines that recommend all individuals ages 13 to 64 be offered screening for HIV at least once as part of routine health care. Age based testing differs from the common practice of using risk-based screening assessments to determine who should be referred for an HIV test. Evidence indicates that risk-based screening questionnaires to determine who should receive an HIV test are not effective and should be replaced with opt-out screening. Opt-out screening increases the acceptance of HIV testing from 38% when clients are told that they can have a test if requested, to 66% when told the test will be offered unless the individual declines. The individual's acceptance or rejection of opt-out testing shall be documented in the client file.

2) In addition to the initial HIV screening, the CDC guidelines indicate that persons at a higher risk for acquiring HIV should be screened for HIV at least annually. Since those with substance use disorders have been identified as being at higher risk for HIV, SCAs must offer annual opt-out screening as described above to clients who have not already been screened during the past year.

3) More frequent than annual repeat screening should be performed on the basis of clinical judgment. Factors associated with greater vulnerability to HIV include:

(a) unprotected sexual activities with persons living with HIV or unknown HIV status, or any individual who has multiple sex partners

(b) sharing needles, syringes, or other drug preparation equipment with persons living with HIV or unknown HIV status,

(c) persons infected with, or recently treated for viral hepatitis or a STD such as syphilis, gonorrhea, or genital herpes

4) BDAP has made available on-site access to HIV services for all clients.

5) BDAP has engaged in an agreement with TruCare to ensure that appropriate measures are taken after test results are obtained. TurCare manages procedures that employ point of-care/rapid testing must refer individuals for a confirmatory test if the rapid test is reactive.

6) If the test is negative, PrEP (Pre-exposure Prophylaxis for HIV) TruCare provides education regarding PrEP as an effective biomedical intervention for reducing HIV transmission among populations at high risk for HIV infection and consists of two anti-HIV medications.

7) The Case Manager will ensure education and referral for testing are recommended upon screening results.

(a) Education i. All clients must be offered educational materials at the time of LOCA. These materials should include information covering:

1. HIV overview
2. HIV testing options and procedures
3. Test result interpretation
4. PrEP overview
5. Treatment options and referral information
6. Trauma-informed and culturally responsive HIV prevention and care

8) At the time of the level of care assessment (LOCA), the case manager determines whether the individual is at high risk for TB. The case manager is required to complete the TB Screen-**Appendix E**, **Attachment 08B-HepC/HIV Screen** and the responses documented, prior to admission to treatment and provide educational material on HIV.

9) Any individual that responds with a “yes” to any of these questions is considered high risk for HIV. Case manager will educate the individual on their risk assessment and make a referral to the County Department of Health or

Monthly Infectious Disease Clinic (TruCare). Case Manager will document on **Appendix E, Attachment 08B, HepC/HIV Screen** form the acceptance/rejection by the person. A note will be documented in the WITs system the outcome of the screen. Paper copy will be maintained in the chart.

10) Contracted providers must have written procedures in place to address how education, prevention, testing, and referral for HIV services will be delivered. Simply handing out a pamphlet to an individual is not education. The procedures must also address how individuals identified as high risk will be referred to the clinic for testing and linkage to care. The provider must, at a minimum, with the individual's consent; make a call to Blair Drug and Alcohol Program, Inc., to make a referral to the TruCare Unit. The individual's acceptance/rejection of the referral must be document as discussed in Paragraph 9 above.

Section 07: Emergency Housing Services

The SCA may provide emergency shelter and housing assistance to homeless or near homeless individuals who agree to participate in drug and alcohol treatment, self-help groups, or other recovery support services.

The Blair County Drug and Alcohol Program, Inc. (BDAP) manages the referral process for emergency housing assistance program through the case management unit. BDAP shall ensure that when providing the services outlined in this Paragraph, funds awarded under this Agreement are used only when housing assistance from other agencies is not available.
Process: Drug and Alcohol treatment providers, upon identification of a homeless or near homeless need and the individual agrees to address that need, providers will make a referral to ICM/RC **(attachment 5Ca and 5Cb)** for these services. The provider is responsible to ensure a release of information for BDAP is completed prior to making the referral to BDAP.

Section 08: Performance Measure Requirements

The contracted provider for case management services (screening/assessment/referrals) must adhere to the following performance measures related to timely access to assessment and admission to treatment. Individuals are expected to be assessed or admitted to treatment within established timeframe requirements unless the person is incarcerated, hospitalized or otherwise incapacitated. Providers contracted for screening and assessment services must meet DDAP established benchmarks, as follows:

- 5% or less wait longer than 7 days for assessment.
- 7% or less wait longer than 14 days for admission to treatment*.

*Priority populations are required to be admitted to treatment, including withdrawal management, immediately. All other individuals requiring detox must be admitted within 24 hours of identifying the need for this level of care.

Section 09: Training Requirements

The following outlines the required trainings for contracted providers of case management services and contracted treatment providers.

A. Contracted Case Management: Screening/Assessment/Referrals: All persons providing adult/adolescent assessment and case coordination within treatment services and their supervisors must complete the following courses:

1. Addiction 101
2. Confidentiality
3. Online Case Management Module (Required for all staff regardless of hire date. *The online Case Management Overview training must be completed before the Case Management Skills training) No Exemptions allowed.*
   a. Case Management Overview-Online Module- https//www.train.org/pa/welcome; and
   b. Case Management Skills Training-In-person or Virtual
4. Screening and Assessment; (Screening & Assessment is required only for case manager who perform screening and assessment.)
5. Motivational Interviewing, Advancing the Practice (required for staff hired on or after July 1, 2020; however, it is recommended that all case managers complete training in Motivational Interviewing)
6. ASAM Criteria training, current edition

*If providing adolescent services

B. Contracted Treatment Providers: Provider staff and their supervisor are required to complete the following DDAP approved courses:

Addiction 101;
Confidentiality;
ASAM Criteria Training, current edition

C. WITS Treatment Data System Training: In addition to the required trainings noted above, it is recommended contracted treatment and treatment-related provider staff complete the online training modules for DDAP's Data System, PA WITS. The trainings are available online at http://www.ddap.pa.gov/Training/Pages/DataSYstem Training.aspx

D. All required courses must be completed within 365 days of hire.
All training certificates for required courses must be submitted to the SCA for case management functions (Screening/Assessment)

E. The SCA Administrator may permit an exemption for Addiction 101, and Screening and Assessment to contracted provider staff who have already had comparable education and training. The provider must provide written documentation, training certificates and educational documentation to the SCA to be consider and processed for approval

F. Supervision: Requirements of Case Management Supervision

1. Supervision of staff providing case management services should be designed to ensure the adequate provision of those services. Supervisors must meet the MET requirements established in the DDAP Case management and Clinical Services Manual (hereby incorporated)
2. The contracted provider must have policies regarding supervision.
3. The supervision f new staff performing case management functions without having received required core training must include a combination of job shadowing and direct observation of LOCAs.
4. The case management supervisor must document close supervision and review of written documentation, to include the LOCA and ASAM Summary Sheet, until the case manager has received all required trainings.

G. The ASAM Criteria, 2013:
Under ASAM Criteria, 3rd Edition, 2013, staff should have training to understand signs and symptoms of mental health disorders.

a) Clinical supervisor must acquire co-occurring education/training by December 29, 2023, Counselors, Counselor Assistant's, Case Managers, and Case Manager Supervisors must acquire co-occurring education/training by 7/1/2024.

b) Education/training can be either formal instructor led or self-paced e-Learning.

c) Training topics include signs and symptoms of mental disorders, information regarding psychotropic medications and their interactions with substance related disorders. Part V - Case Management CMCS Manual July 2023 V.16

d) Training may be provided by external sources, including: DDAP, SAMHSA and its affiliated Addiction Technology Transfer Centers (ATTC), National Institute of Health (NIH), National Institute on Drug Abuse (NIDA), ASAM or any of its training affiliates, accredited colleges and universities, and other recognized behavioral health associations.

e) Providers may train internally under the following conditions: the provider has a structured internal training and development program, Co-occurring curriculum meets the minimum content requirements listed above, and staff attendance is recorded.

f) Structured training and development programs include but are not limited to the following features: employee learning led by staffed facilitators, internal development of training materials and course assessments, access to a functional training venue, and a mechanism to register and record staff attendance.

g) Training conducted prior July 1, 2023, will be accepted if the training meets the minimum guidelines outlined in this section.

Section 10: Medication Assisted Treatment (MAT)

The SCA is working to adhere to a full continuum of services to include MAT for the uninsured person with an Opioid Use Disorder and/or Alcohol Use Disorder.

1. The Provider will educate individuals with an Opioid Use Disorder and/or Alcohol Use Disorder on MAT options;
2. The Provider will ensure that the individuals with an Opioid Use Disorder and/or Alcohol Use Disorder needs are met directly or through an appropriate referral to a prescriber;
3. The Provider will ensure that the individual's needs are met directly or through an appropriate referral to a prescriber;
4. The Provider will ensure the coordination of care, with proper consents occurs in situations where a prescriber and the SUD treatment provider are not the same; and
5. The Provider in order to be eligible for any DDAP funds must not exclude admission to any individual utilizing MAT for SUD.

The SCA has established protocols to support the referral, assessment and coordination of services.

Medicated Assisted Treatment Considerations- **Attachment 9**
CCBHO Alert #7- Attachment 9A
Medicated Assisted Treatment Consideration Form 9B
Vivitrol Protocols-Attachment 10
Buprenorphine Protocols-Attachment 11

In order to access the services, the following is required:
1) Have gone through a level of care assessment and be in the process of being placed into drug and alcohol treatment;
2) Be concurrently enrolled in substance abuse counseling; or,
3) Have successfully completed licensed drug and alcohol treatment.
4) Medical Assistance Application must be completed and submitted to the CAO office.
5) Meet liability eligibility

The SCA is **not** permitted to continue to pay for MAT services for individuals who are noncompliant with treatment recommendations. The SCA must ensure that all individuals receiving this service are notified of this and any other limitation on funding for MAT. Notification to individuals must be in writing (**Attachment 12, Blair Treatment Funding Brochure**) and individuals must sign off on the notification **(Attachment 13, Interim Services/Treatment Limitations/Grievance Notification/Client Choice Sign Off Form**).

In order to ensure staff are familiar with the use of evidence based medicated assisted treatment practices and current information on the use of medicated assisted treatment the following materials are recommended to support the education of staff and their ability to assess and make recommendation for use of these medication assisted treatments.

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction-
TIP 40

Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs
A Treatment Improvement Protocol TIP43

Incorporating Alcohol Pharmacotherapies into Medical Practice: A Review of the Literature—Updates*A Treatment Improvement Protocol TIP 49

Naltrexone for Extended-Release Injectable Suspension for Treatment of Alcohol Dependence
Substance Abuse Treatment Advisory, spring 2007, Vol. 6, No. 1

An Introduction to Extended-Release Injectable Naltrexone for the Treatment of People with Opioid Dependence
SAMHSA Advisory, Winter 2012

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
https://www.samhsa.gov/medication-assisted-treatment

Section 11: Coordination of Services

DDAP defines Coordination of Services as a function of case management through which the SCA establishes an organized approach to coordinating service delivery to ensure the most comprehensive process for meeting an individual's treatment and non-treatment needs throughout the recovery process. Through Coordination of Services, the SCA ensures that individuals with complex, multiple problems receive the individualized services they need in a timely and appropriate fashion. The process of Coordination of Services is intended to promote self-sufficiency and empower the individual to assume responsibility for his or her recovery.

Coordination of Services is a collaborative process that includes the following activities: engagement, evaluation of needs, establishing linkages, arranging access to services ensuring enrollment in the appropriate healthcare coverage, advocacy, monitoring, and other activities to address client needs throughout the course of treatment. Coordination of Services includes communication, information sharing, and collaboration, and occurs regularly with case management and/or provider staff serving the client within and between agencies in the community. The ASAM criteria should be applied throughout the course of treatment to ensure individualized person-centered care throughout the individual's course of treatment.

Contracted providers providing the LOCA must offer this service as a separate and distinct service from treatment intake/treatment. The treatment provider may not perform both treatment and case management services during a therapy session.

Case Management Recovery Plan must be completed at assessment and every sixty days thereafter, All initial and updated plans must be completed in PA WITS.

The provider must ensure that coordination of services for non-treatment needs is provided to each adult and adolescent receiving treatment services that are paid by the SCA.

- **Guidelines for how and when non-treatment needs will be identified and the documentation:**

  Assessment:
  The assessment provider will complete the non-treatment needs screening form (Recovery Plan-WITS system) at time of assessment. The form will be shared with the initial admitting treatment provider through the WITS system.

  Documentation: The completed form will be shared with the Blair County Drug and Alcohol Program, Inc. Case management Unit with assessment/authorization paperwork.

  If the individual accepts Resource Coordination or Intensive Case Management and/or Certified Recovery Specialist services the provider will also complete the

referral form for RC/ICM and/or CRS (**Attachment -05Ca & 05Cb ICM/RC Referral form and Screening tool, and/or Attachment 05D CRS Referral Form**), and fax it to the Blair County Drug and Alcohol Program, Inc.

Sharing of information must meet confidentiality requirements.

Treatment:
The admitting treatment provider must review the CM Recovery Plan in the WITS system upon admission will be responsible for the ongoing assessment of non-treatment needs throughout the course of treatment for the individuals who refuse RC/ICM services. EXCEPTION: Detoxification

At a minimum, non-treatment needs must be re-evaluated by the admitting treatment provider according to the following timeframes and an update completed in the PA WITS system:
Every 60 days from the time of admission.

• **Guideline for how to address identified non-treatment needs are addressed (i.e. resource list)**
The provider will make available through resources list, websites, brochures and other venues resources to address the identified non treatment needs. The documentation must include which resources were provided to the individual.

Section 12: Culturally and Linguistically Appropriate Services (CLAS)

Cultural Competence Background

Requirements

Contracted providers must provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices, preferred languages, health literacy levels, and other communication needs.

Cultural competence is the ability to interact effectively with people of different cultures. Both individuals and organizations can be culturally competent. "Culture" is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups.

Being respectful means recognizing and valuing cultural differences, such as the health beliefs, practices, and linguistic needs of diverse populations. Being responsive means:

Knowing something about the culture of the group that programs/services focus on;

Customizing prevention and promotion in a way that respects and fits within the group's culture
involving people from the targeted cultural group in assessing needs, developing resources, planning; and
Implementing programs/services, and evaluating their effectiveness.

CLAS Standards

The National Culturally and Linguistically Appropriate Services (CLAS) Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and organizations to implement culturally and linguistically appropriate services. For more information on CLAS standards, please go to:
https://www.thinkculturalhealth.hhs.gov/.

Requirements

SCAs and their contracted providers must provide services that are respectful of and responsive to cultural and linguistic needs, cultural health beliefs and practices, preferred languages, health literacy levels, and other communication needs.

Section 13: Central Point of Contact Guidelines

The following information establishes the standards and identifies the requirements of agencies in regards to the communication with the Central Point of Contact (CPOC) through the Blair County Drug and Alcohol Program, Inc. Office (SCA). The Central Point of Contact Guidelines includes the activities of screening, assessment, placement, admission, continued stay reviews, and transfers/discharges. Agencies contracted with the County of Blair are required to adhere to the following guidelines. Information provided by agencies will be within the parameters of the confidentiality guidelines. Please see **Attachment 1** for a list of contacts and numbers at the Blair County Drug and Alcohol Program, Inc. Office. The Blair SCA utilizes the PA WITs system to coordinate the flow of information between the SCA and contracted provider. Unfortunately, the WITs system has limitation in sharing of needed documentation for coordinating the authorization and continued stay documentation. The Blair SCA has worked to minimize the amount of information being requested outside of the WITs system.

Screening:

Communication:
Contact with the Central Point of Contact Case Manager (CPOC-CM) is not required at the time of the screening process.

Documentation:

Documentation to the CPOC-CM is not required at this time for this activity though the agency will maintain documentation of screening activities.

Assessments:

Blair County Drug and Alcohol Program, Inc. contracts with licensed drug and alcohol outpatient facilities to provide a face-to-face assessment. The assessment function includes the activities of LOC assessment, placement determination, level of case management determination, Tuberculosis Screen, communicable disease screen and referral service and client liability determination. Assessment functions must meet the criteria established by the Department of Drug and Alcohol Programs and detailed in Appendix E (**Attachment 5**). During the assessment appointment the individual will be provided a copy of the Blair County Funding Brochure (**Attachment 12**).

The issue of clinical independence in the process of assessment and subsequent placement is paramount. Competing and vested interests in the outcome (placement decision) may not be part of this process. The assessor is explicitly encouraged to complete an independent and objective assessment.
The individual is to be presented with a choice of available agencies that meet the placement decision (**Attachment 14, Client Placement Choice Form**).

Upon the completion of the assessment, the provider will follow the Interim Services Requirements (**Attachment 6)** of this guideline.

For those individuals who are determined to meet care coordination through intensive case management and certified recovery specialist guidelines, the provider will make a referral to the Blair County Drug and Alcohol Program, Inc. The provider will use the referral process identified in **Attachment 5Ca &5C ICM Referral forms and and/or 5D CRS Referral form.**

Communication

Assessments do not at this time require preauthorization by the CPOC-CM. It does require the agency to complete the documentation requirements within the allotted time frame for assessments listed below.

All assessments that result in a residential *detoxification referrals/admissions)* level of care recommendation require a two-way verbal conversation with the CPOC-CM prior to making placement recommendations. The communication will include the following information:

A review of the assessment information within the five points allowed within confidentiality guidelines that indicate this level of care decision;

The CPOC-CM will review past history of placements for the individual and benefit limitations;

The CPOC-CM will review Blair County funding resources.

Denial or agreement and reason for decision will be communicated to the provider.

If denied, alternate level of care will be recommended;

*If the individual is in disagreement with the recommendation, the grievance and appeal process will be initiated. CPOC-CM will be notified of all grievances.

*If denied due to financial resources being exhausted for the level of services or a waiting list for the level of service, the agency will follow the protocols established by the Blair County Drug and Alcohol Program, Inc. Office**. (Attachment 15, Waiting List Policy)**

If CPOC-CM and agency are in agreement with residential referral, the agency will proceed with placement activities.

The agency is required to complete the documentation requirements within the allotted timeframe for assessments listed below.

If the assessment results in a recommendation of partial hospitalization, intensive outpatient, outpatient, or the individual does not meet the level of care requirements for

drug and alcohol services, the case does not require verbal communication with the CPOC-CM at this time. It does require the agency to complete the documentation requirements within the allotted timeframe for assessments listed below.

Documentation:

CPOC-CM receipt of all documents is required before an authorization will be effective. All SCA funded assessment are required to be completed in the WITS system. If documentation is not received, the service will not be authorized. The following documentation is required at time of assessment and will be forwarded to the CPOC-CM within the allotted timeframes:

***ASAM admission narrative summary page. -WITS**
***Blair County Drug and Alcohol Authorization to Release Information (Attachment 16-ROI Funding Release); Fax**
***Client registration form (Attachment 17**) Fax
***Grievance/Treatment Limitations/Interim Services Notification (Attachment 13) Maintain in chart**
***Client Liability Information Form (Attachment 3A Section 5.09) Fax**

Receipt of the documentation is required within 72 hours working hours of the assessment.

(**Exception**: If the individual is assessed as needing residential, the release of information **(Attachment 16 ROI)** for the SCA to speak to the assessing agency is needed at the time of the review call.)

Admissions:

The admission process includes the information gathering process that formally enters an individual into a specific program or service, the development of the treatment plan and confirmation of admission to the CPOC-CM. All admissions, whether a transfer or an admission to the initial level of care for an episode of service (except for detoxification Emergency Rooms and Law Enforcement Referrals), must be authorized by the CPOC-CM. The admitting agency is responsible for notifying the CPOC-CM of the admission date.

Communication:

Verbal communication with the CPOC-CM is not required at time of admission unless the admitting agency disagrees with the level of care at time of intake. In this case, the agency is required to have a two-way verbal review of the case with the CPOC-CM.

Documentation:

CPOC-CM receipt of all documents is required before an authorization for admission will be effective. If documentation is not received, the service will not be authorized. The

following documentation is required at time of admission and will be forwarded to the CPOC-CM within the allotted time frames:

*The agency will use the Blair County **Admission/Re-Authorization Notification Form** (**Attachment 18**) to communicate the admission to the CPOC-CM.-Fax
***Blair County Drug and Alcohol Authorization to release information (Attachment 16 –ROI Funding)** so the SCA can communicate with the admitting facility. Fax
ASAM summary page with concurrence of the LOC-WITS

Receipt of the documentation is required within 10 calendar days of the admission.

Exception:
*Detoxification only admissions) that were not preauthorized are required to call the 24/7 on call case manager at 814-381-0921, option 2 to register the patient with our office.

In addition to the above documentation:
*Authorization for services will be completed according to the **Authorization Guideline (Attachment 19**). A report of all authorizations will be sent to the agency by Blair County Drug and Alcohol Program, Inc. Office on a weekly basis.

If documentation is not received, the services will not be authorized.

Continued Stay Reviews:

Agencies are responsible for adhering to treatment standards and protocols. Agencies will do ongoing monitoring and review of all open cases to insure that individuals are receiving the appropriate level of services. In addition, the agency will establish a system to insure that on-going communication and documentation to the CPOC-CM for continued stay review is satisfied.

Agencies will be notified of the authorized time period and number of units the individual has been authorized. It will be the agency's responsibility to establish a system to insure that services are not being provided beyond the authorized amounts, timeframes and clinical appropriateness. It will also be the provider's responsibility to notify the CPOC-CM of any changes to the individual's authorization. If the individual requires additional services beyond the authorized time frame or units, the provider is responsible for notifying the CPOC-CM of the criteria for continued services.

Communication

Detoxification/Residential:

Verbal two-way communication with the CPOC-CM is required for all detoxification/residential services requiring additional time beyond the authorization time

frame and units. The verbal two-way communication will include the following information:

A review of the continued stay recommendation within the five points allowed within confidentiality guidelines that indicate this level of care decision;

The CPOC-CM will review past history of placements for the individual and benefit limitations;

The CPOC-CM will review Blair County funding resources.

Denial or agreement and reason for decision will be communicated to the provider.

If denied, alternate level of care will be recommended;

*If the individual is in disagreement with the recommendation, the grievance and appeal process will be initiated. CPOC-CM will be notified of all grievances.

*If denied due to financial resources being exhausted for the level of services or a waiting list for the level of service, the agency will follow the protocols established by the Blair County Drug and Alcohol Program, Inc. Office**. (Attachment 15 Waiting List Protocol)**

If CPOC-CM and agency are in agreement with the continued stay, the CPOC-CM will authorize the units and timeframe.

The provider is required to contact the CPOC-CM, at a minimum of, 24-48 working hours prior to expiration of the authorization of services if additional services are going to be required.

All other Services

Verbal communication with the ACM is not required for all other levels of care beyond the authorization time frame/units. The provider is required to adhere to all documentation requirements listed below.

Documentation:

Detoxification/Residential:
The following documentation is required:

*The continued stay ASAM narrative form. WITS

Receipt of the documentation is required within 24-48 working hours of the phone contact with the CPOC-CM.

If documentation is not received, the service will not be authorized.

***All other services*:**

*The continued stay ASAM narrative form is required only when the timeframe of the original authorization will be expiring. WITS
* Blair County Drug and Alcohol Client Admission/Re-authorization Form **(Attachment 18) Faxed**

Receipt of the documentation is required within 10 calendar days of expiration of authorization/units.

If documentation is not received, the service will not be authorized.

Referral and Discharge

An agency providing drug and alcohol service funded by the county is responsible for notifying the CPOC-CM of all referrals and discharges. A referral is defined as the movement of an individual from one level of care and/or facility to another within an episode of service. A discharge is defined as an individual who disengages from drug and alcohol services and ends their episode of service within the county system. Agencies that are referring individuals to another level of care are responsible for placement activities associated with the referral. See placement activities listed in the placement section of the Central Point of Contact.

Communication

Referrals:

Detoxification/Residential

The agency is required to have verbal communication with the CPOC-CM within 24-48 hours prior to all referrals to detoxification/residential services**, with the exception of emergent referrals to detoxification at which time they should be sent immediately for services.**

Referrals to residential level of care:

*Individuals who are being referred from a residential, a partial hospital, intensive outpatient, outpatient level of care to a residential level of care, requires verbal two-way communication with the CPOC-CM. The verbal communication will include the following information:

-A review of the referral recommendations within the five points allowed within confidentiality guidelines that indicate this level of care decision;

-The CPOC-CM will review past history of placements for the individual and benefit limitations;

-The CPOC-CM will review Blair County funding resources.

Denial or agreement and reason for decision will be communicated to the provider.

If denied, alternate level of care will be recommended;

*If the individual is in disagreement with the recommendation, the grievance and appeal process will be initiated. CPOC-CM will be notified of all grievances.

*If denied due to financial resources being exhausted for the level of services or a waiting list for the level of service, the agency will follow the protocols established by the Blair County Drug and Alcohol Program, Inc. Office**. (Attachment 15 Waiting List Protocol)**

If CPOC-CM and agency are in agreement with referral, the agency will proceed with placement activities and documentation requirements listed below.

All Other Levels of Care:
Verbal communication is not required for referrals to other levels of care. Agencies are required to follow documentation requirements listed below.

Documentation: ***All levels of care***

*The Discharge/Referral ASAM narrative form is required to be updated to the CPOC-CM prior to or on the referral/discharge date. Date should reflect the last day of service at this level of care. WITS

*The following information must be sent to the SCA:

*Clients first name, last initial
*Units Authorized
* Units Used
Receipt of documentation is required within 10 calendar days of referral/discharge.

Section 14: Medical Assistance Coordination

Blair County has contracted for Behavioral Health Choices with the Department of Public Welfare. They currently partner with Community Care Behavioral Health Organization to manage the medical assistance funding. The following coordination is required by providers to ensure that the medical assistance status is communicated to the Central Pont of Contact at Blair County Drug and Alcohol.

Communication and Documentation:

Individual Becomes Inactive for Medical Assistance during an episode of service: When an individual becomes inactive for medical assistance during an episode of service and the agency is seeking county funding to support the services, the agency is required to follow all requirements set forth in this appendix. The agency will communicate with the CPOC in accordance with the assessment portion of the Central Point of Contact guidelines.

Individual Becomes Active for Medical Assistance during a county funded episode of service:

When an individual becomes active for medical assistance during a county funded episode of service
the agency will submit a **Blair County Funding Transfer form (Attachment 20)** to the CPOC.

Section 15: Grievance and Appeal Guidelines

Contractor shall adhere to the grievance and appeal procedure issued by the SCA. It is as follows:

The Blair Single County Authority establishes the following procedures to process grievances and appeals on behalf of the individuals receiving services as a result of a contract between the county and the provider of treatment services. The Grievance and Appeals Process will apply to all treatment agencies currently contracted with the County of Blair for Drug and Alcohol Treatment Services.

A grievance is defined as a written complaint by an adolescent/adult of the decision made by the SCA and/or provider relative to the four areas identified below. An appeal is the process utilized to resolve a grievance. As a minimum, individuals must be able to file a grievance in the four areas listed below.

I. Grievance and Appeal Notification

A. A contracted provider will provide the individual with a copy of the **grievance/appeal policy brochure (Attachment 21).** The brochure advises the individual regarding the following areas:

1. The grievance and appeal policy that outlines the four areas that a individual can grieve with the SCA;
2. The need for a signed consent form from the client so confidential individual information relating to the appeal can be provided to an independent review board for the purpose of rendering a decision on the appeal;
3. Their rights to have access to all documentation pertaining to the resolution of the grievance
within the confines of the state and federal regulations;
4. The right to be involved in the process and have representation by means of a client advocate, case manager, or any other individual chosen by the client at each level of appeal.

B. The individual will be informed of this policy each time he or she is admitted to episode of service through the assessment process within the county system.

C. The individual is required to sign and date the **Grievance and Appeal Notification form (Attachment 13)** and a copy of this signed document will be sent to the CPOC-CM and the original placed in the individual's record at the provider's location.

D. In the event an individual grieves a treatment funding decision related to a reduction or termination of services or length of stay in treatment, the SCA is required to continue funding treatment services at the current level of engagement until the appeal is resolved. This applies to all treatment services, including the provision of Medication Assisted Treatment (MAT).

II. Grievance and Appeal Review Process

A. The following shall be subject to the grievance and appeals procedure:

Denial or termination of services
Level of care determination
Length of stay in treatment
Violation of a client's human or civil rights

B. The individual has the right to be involved in the Grievance and Appeal process and have representation by means of a client advocate, case manager or other individual identified by the client

C. If at any time during the individual's treatment experience, the individual is in disagreement of the decision regarding the above identified areas, the individual may contact the Single County Authority to discuss their complaint. Due to the urgencies of the above issues, it is the intent of the Single County Authority to minimize the amount of time it takes to process these complaints. The following is a guide to filing a complaint:

The individual needs to verbally notify the Clinical Supervisor at the provider level of their concerns relating to the decision regarding the above-mentioned areas. If a response is not established by the provider within 24 hours, the provider will re-educate the individual regarding the Blair County grievance process.

First level – Grievance

1. If upon an attempt to resolve the grievance issue with the provider, the individual is dissatisfied with the outcome, the individual may contact the Single County Authority (Blair County Drug and Alcohol Program, Inc) Case Management Supervisor in writing. The SCA and staff reviewing the complaint may not be directly involved with the dispute.

2. The individual needs to identify the area of disagreement to the Single County Authority. The individual's concerns need to be identified. The individual will make their request for a review in writing. The provider of service will provide the individual with the **Blair County Drug and Alcohol Complaint form** to complete. **(Attachment 22)**

3. Access to the individual's records will be accordance with state and federal regulations to include the use of valid consents

4. The Single County Authority will render a decision within seven (7) days of receipt of the grievance. The Single County Authority will inform the individual and Department of Drug and Alcohol Programs (SCA is required to use the DDAP notification form to notify DDAP) of the decision regarding the outcome within (7)

days. The SCA will ensure that individual identifying information is not included or attached to the DDAP form.

Second Level - Appeal Process

1. If upon the completion of the first level of the grievance process the individual is not satisfied with the Single County Authority's decision, the individual may appeal the decision to the second level of the grievance process.

2. Upon the request for an appeal of the grievance process by the individual, the Single County Authority will notify the Independent Review Board. This group includes an odd number of members (no less than 3) who have no financial, occupational, or contractual agreement with the Single County Authority. The members will consist of at least three members, two from Personal Solutions, Inc., administration, case management supervisor and/or case managers with knowledge of case management practices and the Executive Director of PSI.

3. Access to client records shall be in accordance with state and federal confidentiality regulations to include the use of valid consents.

4. The Single County Authority will render a decision within (7) seven days of the written notification of the appeal. The Single County Authority will inform the individual and Department of Drug and Alcohol Programs of the outcome of their appeal with (7) seven days (SCA is required to use the DDAP notification form to notify DDAP). The SCA will ensure that individual identifying information is not included or attached to the DDAP form.

It is the intent of the Single County Authority to be an advocate to the individual in any concerns relating to the care they are receiving by a treatment provider. It is the Single County Authority's intent to advocate for the individual, to help educate the individual/family in the process used to make decision regarding their care and to use established guidelines when making decisions regarding an individual’s grievance/appeal in order to maintain a fair and consistent decision making process.

Section 16 WITS Case Management Requirements

WITS Case Management and Treatment Requirements

A. The SCA's its contracted Assessment providers are required to complete the following components in PA WITS for every individual receiving a LOCA:

1) Client Profile;

2) Intake;

3) Screening Tool;

4) TAP (Assessment Tool)

5) Case Management Service Plan/Recovery Plan

6) Gambling Note

7) TB Note

8) HIV Note

9) Hepatitis C Note

10 Consent

11 Referral

12) ASAM

B. The SCA's contracted treatment provider receiving referrals from the SCA are required to complete the following components in PA WITS:

1) Program Enrollment

2) An encounter notes

3) Documentation of interim services using miscellaneous notes, if applicable;

4) Admission and Discharge Notes to include:

(a) Information gathered about the individual;

(b) Analysis of the information to identify the individual's treatment and treatment-related needs; Part V - Case Management CMCS Manual July 2020 V.10

(c) Action to be taken to meet the individual's treatment and treatment-related needs; and

(d) Case manager's signature or initials and date.

C. Items 1-12 must be entered into PA WITS within 7 calendar days of the date the service was delivered.

D. In addition to the documentation required in PA WITS, the SCA's contracted assessment providers must include the following information as part of an individual's file to satisfy the PA DDAP WITS requirement:

1) Signed consent to release information forms;

2) LOCA (electronic copy is allowable);

3) Acknowledgement of receipt of grievance and appeal policy;

4) Liability forms;

5) Case Management Service Plan/Recovery Plan

E. Files that are maintained electronically in a system other than PA WITS must contain all required components, and a hard copy must be available to DDAP staff upon request. Information maintained in a paper file, including signed consent to release information forms, and liability forms, must be made available to DDAP upon request.

The contracted provider is responsible to contact the BDAP Case Manager Program Manager to have their agency register in the WITS system **(Attachment 1, BDAP Contact List).**