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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH BH-ASO Central Office and its functions.
- The requirements herein apply, verbatim, to GCBH BH-ASO and its network providers².
- The requirements herein apply both to GCBH BH-ASO and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To specify how GCBH BH-ASO services funded through GFS/FBG are administered and prioritized.

DEFINITIONS:

- I. **General Fund State/Federal Block Grants (GFS/FBG):** The services provided by the Contractor under this Contract and funded by Federal Block Grants or General Fund State (GFS).
- II. **Interim Services:** Services to Individuals who are currently waiting to enter a treatment program to reduce the adverse health effects of substance abuse, promote the health of the individual, and reduce the risk of transmission of disease. Services include referral for prenatal care for a pregnant individual, brief screening activities, the development of a service plan, individual or group contacts to assist the individual directly or by way of referral in meeting his/her basic needs, updates to advise him/her of treatment availability, and information to prepare him/her for treatment, counseling, education, and referral regarding HIV and tuberculosis (TB) education, if necessary referral to treatment for HIV and TB.
- III. **Priority Population:** Populations of individuals needing services who are identified by SABG in contract as needing prioritized access to SABG funded services.
- IV. **Substance Abuse Block Grant (SABG):** The Federal Substance Abuse Block Grant Program) authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service Act.
- V. **Waiting List:** A list of Individuals who qualify for SABG-funded services for whom services have not been scheduled due to lack of capacity.

POLICY:

GCBH BH-ASO and its Network Providers complies with contract requirements around SABG priority populations and waiting lists to determine which individuals are given prioritized access to SABG funded services.

PROCEDURE:

1. SABG services shall be provided in the following priority order to:
 - a. Pregnant Individuals injecting drugs
 - b. Pregnant Individuals with SUD
 - c. Women with dependent children
 - d. Individuals who are injecting drugs or substances
2. GCBH BH-ASO Network providers shall give SABG services in no particular order to the following additional populations:
 - a. Postpartum women (for up to one (1) year, regardless of pregnancy outcome)
 - b. Individuals transitioning from residential care to outpatient care
 - c. Youth
 - d. Offenders
3. GCBH BH-ASO service providers shall provide non-crisis behavioral health services funded by GFS, within available resources, to individuals who meet financial eligibility standards (if they do not qualify for Medicaid and have income up to two-hundred-twenty percent (220%) of the federal poverty level, and meet the medical necessity criteria for all services provided to them) and meet one of the following:
 - a. Are uninsured
 - b. Have insurance, but are unable to pay the co-pay or the deductible for services
 - c. Are using excessive Crisis Services due to inability to access non-crisis behavioral health services
 - d. Have more than five (5) visits over six (6) months to the emergency department, detox facility, or a sobering center due to a SUD
4. Access to SABG Services are provided within available resources and services are not denied to any eligible Individuals regardless of:
 - a. Individual's drug of choice
 - b. The fact that an Individual is taking medically-prescribed medications
 - c. The fact that an individual is using over the counter nicotine cessation medication or actively participating in nicotine replacement therapy
5. GCBH BH-ASO network providers shall implement and maintain SABG Waiting Lists and provide Interim Services for members of SABG priority populations (in priority order), who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources.
6. GCBH BH-ASO will, as require by the SABG Block Grant, ensure Interim Services are provided for Pregnant and Post-partum women and individuals using intravenous drugs (IUID).

- a. Interim Services shall be made available within forty-eight (48) hours of seeking treatment. GCBH BH-ASO will document the provision of Interim Services. Interim Services will include, at a minimum:
 - i. Counseling on the effects of alcohol and drug use on the fetus for pregnant women.
 - ii. Referral for prenatal care.
 - iii. Human immunodeficiency virus (HIV) and tuberculosis (TB) education.
 - b. TB treatment services if necessary IUID
 - c. Admission to treatment services for the intravenous drug user shall be provided within fourteen (14) calendar days after the individual makes the request, regardless of funding source.
 - d. If there is no treatment capacity within fourteen (14) calendar days of the initial individual request, offer or refer the individual to Interim Services within forty-eight (48) hours of the initial request for treatment services.
7. A pregnant individual who is unable to access residential treatment due to lack of capacity and is in need of withdrawal management, can be referred to a Chemical Using Program (CUP) for admission, typically within 24 hours.
8. GCBH BH-ASO includes priority population and waiting list criteria on the authorization request form that providers complete and submit. GCBH BH-ASO ensures that all network providers implement these requirements to prioritize priority populations and maintain waiting lists by reviewing the authorization requests that indicate priority populations, and following up with providers to ensure that they were prioritized to receive GCBH BH-ASO-funded services.
9. GCBH BH-ASO maintains a waitlist and coordination of interim services with Providers as needed, this includes assuring that the Providers as providing Interim Services (within available resources) for members of SABG priority populations, who are eligible but for whom SUD treatment services are not available due to limitations in provider capacity or Available Resources.
10. Provider capacity and waitlist management will be routinely reviewed and addressed as part of the Quality Management Oversight Committee and also within the Clinical Crisis Provider Committee.
- a. If indicated, the QMOC can make recommendations to the CCP around possible gaps in service or the need to seek additional treatment options within available resources.

APPROVAL



Karen Richardson or Sindi Saunders, Co-Directors

2/15/2023
Date