



Date: May 19, 2020

DCTS Action Memo 2020-09

To: County Departments of Community Programs  
County Departments of Health and Human Services  
County Departments of Human Services  
Tribal Chairpersons/Human Services Facilitators

From: Rose Kleman, Administrator

**Applications for Awards to Address Behavioral Health Needs Arising  
from the COVID-19 Pandemic**

### Document summary

This memo outlines the process and requirements to request and apply for additional federal Community Mental Health Services Block Grant (MHBG) and/or Substance Abuse Prevention and Treatment Block Grant (SABG) funding from the Department of Health Services (DHS). These funds are to be utilized to supplement current community mental health and substance use services and address unmet needs or gaps in services arising from the COVID-19 pandemic. Applications received by May 29, 2020, will be prioritized. All funds awarded must be spent by September 30, 2020.

### Background

The purpose of this application opportunity is to enhance existing crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. This funding is for counties and tribal nations to address the needs unique to their behavioral health systems related to COVID-19 pandemic. This funding should be used to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders.

### Available funding

The Division of Care and Treatment Services (DCTS) is annually awarded a MHBG (CFDA# 93.958) and SABG (CFDA #93.959) from the federal Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment, respectively, within the Substance Abuse and Mental Health Services Administration (SAMHSA). The COVID-19 pandemic has placed additional financial burdens on the public behavioral health system. In response, DCTS is making available an anticipated additional funding of \$2,000,000 in MHBG and an additional \$1,000,000 in SABG funds to enable counties and tribal nations to address their unique needs in response to the COVID-19 pandemic. All services must comply with requirements of the funding source (MHBG or SABG). Proposals should show the specific amount of funding requested and explain the purpose of the funding. Awards will be made based on availability of funds and the number of applications.

### **Funding requirements**

This funding must be used to support service provision for people with serious mental illness (SMI), serious emotional disturbance (SED), or substance use disorders. Any services provided with these funds must comply with all MHBG and SABG requirements. Applicants should consider needs that have arisen as a result of COVID-19, gaps in current services, and the needs of the agency to continue providing services. Plans and proposals should focus on delivering community-based services while following current DHS guidance on safe practices for COVID-19. Funds should be used to address immediate needs to ensure access to services for those in need of behavioral health services as result of the COVID-19 pandemic.

### **Eligibility for funding**

All Wisconsin tribal nations, counties, and/or county consortia are eligible to apply for additional funding. Depending on the needs of the region being served, applicants may apply for funding from the MHBG, the SABG, or both.

### **Application process**

Applicants must submit the following documents:

- [DCTS Annual Grant/Contract Application: Condensed, F-21276C](#)
- [DCTS Summary Line Item Budget: Condensed, F-01601C](#)

All fields in each form must be completed. The DCTS Annual Grant/Contract Application: Condensed, F-21276C, must be received in Word document format. The DCTS Summary Line Item Budget: Condensed, F-01601C, must be received in Excel document format. Alternative versions of these documents will not be accepted. Applicants submitting requests for MHBG and SABG funding must complete F-21276C and F-01601C for each request. Only one application per funding source will be accepted from each agency.

Applicants should detail their needs, barriers, and gaps resulting from the COVID-19 pandemic. Applicants must also detail the populations they intend to serve with the funding. Specific plans and uses of the funding must be included.

Applications received by May 29, 2020, will be prioritized. Applications received after May 29, 2020, will be considered based on availability of funds. The processing of applications received after May 29, 2020, may be delayed. After review of the applications, staff from DCTS will contact successful applicants to discuss eligibility of funding and negotiate terms of the grant.

Applications must be emailed to [Cindy Matz](#) with the subject line: “Application for COVID-19 Funding”

### **Prohibitions on funding**

Any funds received through the MHBG and/or SABG must be utilized in accordance with all requirements associated with the funding requirements of each block grant. These funds may not be used for the purchase of personal protective equipment (PPE) for clients, though funds may be used to purchase PPE for provider staff. Funds also may not be used for the purchase of phones, laptops, and tablets to be used by clients. This restriction applies even in circumstances where the item remains the property of the agency. In addition, funds cannot be used to make cash payments to individuals, including unemployment compensation. However, if counties or tribes pay into the unemployment

insurance system, funds could be used to pay for that part of an employee's fringe benefit package.

## **Reporting requirements**

Recipients of this funding will be required to submit an online report at the conclusion of the contract period. The report will require the recipient to provide information on expenditures, including the use of the funding by the allowed program area categories specified in this memo. Recipients will also be required to provide a narrative detailing achievements and outcomes with the funds and how many people were served using the funds. Additional information regarding the process for completing this report will be provided at a later date.

Counties that use their allocation to fund sub-recipient agencies for services must implement fiscal monitoring and oversight to ensure the sub-recipient is in compliance with Public Law 102-321, Section 1911(b) and 1912(b), and Section 1921(b) and 1932(b), as outlined at the end of this memo.

## **CENTRAL OFFICE CONTACTS**

For questions pertaining to the MHBG:

Ryan Stachoviak  
Bureau of Prevention Treatment and Recovery  
Division of Care and Treatment Services  
Wisconsin Department of Health Services  
1 W. Wilson St., Rm. 736  
Madison, WI 53703  
608-261-9316  
[ryan.stachoviak@dhs.wisconsin.gov](mailto:ryan.stachoviak@dhs.wisconsin.gov)

For questions pertaining to the SABG:

Mike Derr  
Bureau of Prevention Treatment and Recovery  
Division of Care and Treatment Services  
Wisconsin Department of Health Services  
1 W. Wilson St., Rm. 736  
Madison, WI 53703  
608-267-7704  
[michael.derr@dhs.wisconsin.gov](mailto:michael.derr@dhs.wisconsin.gov)

### **Memo websites**

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## **MHBG supplemental awards expenditure requirements**

Federal and state requirements associated with the expenditure of these funds are described below. Some of these requirements include how the funds are to be used:

- For activities associated with community mental health services.
- For services to adults with SMI or children with SED.

### **Client eligibility for services**

With respect to [Public Law 102-321, Section 1911\(b\) and 1912\(b\)](#), CMHS established final definitions for the target populations that would be serviced by funds from the MHBG. These definitions apply directly to those county programs using these funds. Funds may be used only to provide services to mental health consumers who meet the following definitions. DHS is responsible to assure CMHS that these funds are appropriately used.

### **Definitions of children and adolescents with SED**

Pursuant to [Section 1911\(c\) of the Public Health Service Act](#) "children with a serious emotional disturbance" are (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. [Federal Register Volume 58 No. 96](#) published May 20, 1993, pages 29,422 through 29,425.

### **Definition of adults with an SMI**

Pursuant to Section 1912(c) of the Public Health Service Act, as amended by [Public Law 102-321](#), "adults with a serious mental illness" are people: (1) age 18 and over; (2) who currently have, or at any time during the past year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness; and (3) that has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. [Federal Register Volume 58 No. 96](#) published May 20, 1993, pages 29422 through 29425.

### **Allowable services**

The purpose of these funds is to expand the county-operated or contracted system of community-based services for adults with SMI and children with SED. These funds must be used to initiate new programs, or significantly strengthen existing programs for these population categories, refer to Public Law 102-321, Section 1916(a).

### **Program priority areas**

Funds from this award are to be used to expand a number of these services; specifically, the funds allocated to county programs may be used for the following program priority areas:

- Certified Community Support Programs (CSP) development and service delivery
- Supported housing program development and service delivery
- Initiatives to divert people from jails to mental health services
- Development and expansion of mobile crisis intervention programs
- Consumer peer support and self-help activities
- Coordinated, comprehensive services for children with SED
- Development of strategies and services for people with co-occurring mental health and substance

abuse disorders

- Mental health outcome data system improvement
- Certified Comprehensive Community Services (CCS) program development and service delivery
- Early intervention services for youth and young adults experiencing an early SMI

**Restrictions on funds**

The DHS Allowable Costs Manual states that capital equipment requests that exceed \$5,000 require a waiver from DCTS. All items that exceed \$5,000 should be justified in the appropriate section of the online reporting form. This section requires that a request for capital equipment be tied to the goals of the proposal.

Agencies may not expend the funds to:

- Provide inpatient services or services in a community-based residential facility.
- Make cash payments to intended recipients of health services.
- Purchase or improve land; purchase, construct, or permanently improve a building or other facility; pay down payments or mortgage for property; or purchase major medical equipment.
- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of federal funds, that is, medical assistance match for CSP, CCS, or case management services.
- Provide financial assistance to any entity other than a public or nonprofit private entity.
- Supplant existing funding for services for adults with SMI or children with SED.

## **SABG supplemental awards expenditure requirements**

SABG funds must be used for substance use disorder services as set forth below.

### **I. Treatment services requirement**

#### **A. Priority populations**

Programs funded with SABG funds must give preference for admission to pregnant women who seek or are referred for and would benefit from SABG-funded treatment services. Further, all entities that serve women and who receive block grant funds must provide preference in the following order:

1. To pregnant women who inject drugs
2. To other pregnant women with substance use disorders
3. To other persons who inject drugs
4. To all other individuals

SABG funds may be expended for comprehensive substance use disorder treatment, recovery support, or general (non-primary) prevention programs and services designed for women and their dependent children, including pregnant and postpartum women and their dependent children.

All other comprehensive substance use disorder treatment, recovery support and general (non-primary) prevention programs and services serving populations other than women are “other treatment services.”

Programs receiving SABG funds must publicize to women and to the public the fact that pregnant women receive such preference. This may be done in the following ways: street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, brochures and 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.

#### **B. Treatment service requirements for pregnant women 45 C.F.R. § 96.131**

The county and/or vendor or subcontractor must offer priority admission, either through immediate admission or priority placement on a waiting list, to pregnant women. The county and/or vendor or subcontractor will provide interim services to pregnant women placed on a waiting list for treatment. If the county and/or vendor or subcontractor have insufficient capacity to provide interim services, the county and/or vendor or subcontractor will immediately notify [Andrea Jacobson](#) at 608-266-9485 to coordinate the provision of interim services. The amount set aside for women’s services shall be expended on individuals who have no other financial means of obtaining such services as provided in C.F.R. § 96.137.

The county must make **interim services available within 48 hours** to pregnant women who cannot be admitted because of lack of capacity.

#### **C. Interim services for pregnant women and persons who inject drugs 45 C.F.R. § 96.121**

A county or its subcontracted providers that provide any SABG funded treatment services must provide interim substance use disorder services to priority populations, including pregnant

women and individuals who inject drugs, when they cannot provide treatment services within the required time frames of 48 hours for pregnant women and within 14 days for an individual who injects drugs, after the individual makes a request for admission to a county substance use disorder treatment program.

Per Title 45 C.F.R. § 96.121(4), interim substance use disorder services means services that are provided until an individual is admitted to a substance use disorder treatment program. The purpose of the services are to reduce the adverse health effects of such disorders, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risk of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

**D. Counties must follow the state and federal requirements regarding people who inject drugs, 45 C.F.R. § 96.126**

In order to obtain SABG funds, the state requires counties and their sub-contracted programs that receive funding under the grant and treat individuals for intravenous substance use disorders to notify the State Opioid Treatment Authority within seven days of reaching 90 percent of its capacity to admit individuals to the program. In carrying out this section, the county and its subcontracted providers shall establish a capacity management program that reasonably implements this section—that is, it enables any such program to readily report to Wisconsin’s SABG planner when it reaches 90 percent of its capacity—and ensures the maintenance of a continually updated record of all such reports and makes excess capacity information available to such programs. Mike Derr is Wisconsin’s SABG planner ([email](#) or call 608-267-7704).

In order to obtain SABG funds, the county and its subcontractors shall ensure that each individual who requests and is in need of treatment for intravenous drug use disorders is admitted to a program of such treatment not later than 14 days after making the request for admission to such a program. Or such individual is admitted no later than 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services, including referral for prenatal care, are made available to the individual not later than 48 hours after such request.

In carrying out this requirement, the county shall establish a waiting list management program that provides systematic reporting of treatment demand to the state. The county shall require that any program receiving funding from the SABG, for the purposes of treating people who inject drugs, establish a waiting list that includes a unique patient identifier for each injecting drug user seeking treatment, including those receiving interim services, while awaiting admission to such treatment. For individuals who cannot be placed in comprehensive treatment within 14 days, the county shall ensure that the program provide such individuals interim services as defined in 45 C.F.R. § 96.121 and in Section III (C) above, and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The county shall also ensure that programs consult the capacity management system as provided in this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within a reasonable geographic area. [Email Dennis Radloff](#) or call 608-267-1427 if you

need assistance with coordinating the provision of interim services or treatment for persons who inject drugs.

In carrying out this requirement, the county shall ensure that all individuals who request treatment and who cannot be placed in comprehensive treatment within 14 days are enrolled in interim services, and those who remain active on a waiting list in accordance with this section, are admitted to a treatment program within 120 days. If a person cannot be located for admission into treatment or, if a person refuses treatment, such persons may be taken off the waiting list and need not be provided treatment within 120 days. For example, if such people request treatment later, and space is not available, they are to be provided interim services, placed on a waiting list, and admitted to a treatment program within 120 days from the latter request.

The county shall require that any entity that receives funding for treatment services for intravenous drug use carry out activities to encourage individuals in need of such treatment to undergo such treatment. The county shall require such entities to use outreach models that are scientifically sound, or if no such models are available that are applicable to the local situation, to use an approach that can reasonably be expected to be an effective outreach method. The model should require that outreach efforts include:

- (1) Selecting, training and supervising outreach workers.
- (2) Contacting, communicating, and following up with those at high risk for substance use disorders, their associates, and neighborhood residents, within the constraints of federal and state confidentiality requirements, including 42 C.F.R. § 2.
- (3) Promoting awareness among persons who inject drugs about the relationship between injecting drug abuse and communicable diseases such as HIV.
- (4) Recommending steps that can be taken to ensure that HIV transmission does not occur.
- (5) Encouraging entry into treatment.

The county will comply with state monitoring and reporting to assure compliance with this section. Counties will report under the requirements of 45 C.F.R. § 96.122(g) on the specific strategies used to identify compliance and will follow any corrective actions to be taken to address identified problems.

**E. Certain allocations—service requirements for pregnant women and women with dependent children, 45 C.F.R. § 96.124**

Services required for programs receiving SABG funds set aside for pregnant women and women with dependent children. The program must meet the following requirements:

- Admits both women and their children into treatment services if appropriate.
- Provides or arranges for primary medical care (including prenatal care) for women who are receiving substance use disorder services.
- Provides or arranges for child care while women are receiving services.
- Provides or arranges for primary pediatric care for women's children, including immunizations.
- Provides or arranges for gender-specific substance use disorder treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, parenting, and child care while the women are receiving these services.



- Provides or arranges for therapeutic interventions for children in custody or women in treatment that may, among other things, address the children's developmental needs, their issues of sexual and physical abuse, and neglect.
- Provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services listed above.

**F. Counties must follow state and federal requirements regarding tuberculosis (TB), 45 C.F.R. § 96.127**

The county and any program funded by SABG funds must directly, or through arrangements with other public or nonprofit private entities, routinely make available the following TB services to each individual receiving treatment for substance use disorders:

- Counseling the individual with respect to TB.
- Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
- Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.

For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.

The program has implemented the infection control procedures that are consistent with those established by DHS to prevent the transmission of TB and address the following:

- Screening patients and identification of those individuals who are at high risk of becoming infected.
- Meeting all state reporting requirements while adhering to federal and state confidentiality requirements, 45 C.F.R. §§ 160 & 164 Health Insurance Portability and Accountability Act (HIPAA), including 42 C.F.R. § 2.
- Case management activities to ensure that individuals receive such services.

The program reports all individuals with active TB as required by state law and in accordance with federal and state confidentiality requirements, 45 C.F.R. §§ 160 & 164 HIPAA, including 42 C.F.R. § 2.

**G. Requirements regarding HIV, 45 C.F.R. § 96.128**

Wisconsin is not a designated state; therefore, counties may not use any SABG funds for HIV early intervention programs/services. As a non-designated state, users of illicit substances may receive HIV services through Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs. A report, Investigation of the Adequacy of the Community Planning Process to Meet the HIV Care Needs of Active Substance Users, provides recommendations on how more effectively to use Title I funds to meet the needs of the substance-using population.

Any SABG funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SABG funds to states. All Wisconsin programs and providers receiving SABG funds must ensure adherence to items 1 through 6.

1. SABG funds may not be used for any/or by any county and/or vendor/subcontractor to make appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance use disorders.
2. SABG funds may not be used for any/or by any county and/or vendor/subcontractor to make available, at the sites at which the individuals are undergoing treatment for substance use disorders, appropriate HIV/AIDS testing, including tests to diagnose the extent of the deficiency in the immune system and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease available.
3. SABG funds may not be used for any/or by any county and/or vendor/subcontractor to make available appropriate post-test counseling at the sites at which the individuals are undergoing treatment for substance use disorders.
4. SABG funds may not be used for any/or by any county and/or vendor/subcontractor to make available, at the sites at which individuals are undergoing treatment for substance use disorders, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
5. SABG funds may not be used for any/or by any county and/or vendor/sub-contractor that has established linkages with a comprehensive community HIV resource network of related health and social service organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.
6. SABG funds may not be used for any/or by any county and/or vendor/subcontractor to ensure that HIV early intervention services are provided with patients' informed consent, and are not required as a condition of receiving substance use disorder treatment or any other services.

**H. Additional requirements, 45 C.F.R. § 96.132**

The program makes continuing education in treatment services available to employees who provide the services.

The program has in effect a system to protect patient records from inappropriate disclosure, and the system:

- Is in compliance with all applicable state and federal laws and regulations, 45 C.F.R. §§ 160 & 164 HIPAA, 42 C.F.R. § 2, and Wis. Stat. § 51.30.
- Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

**I. Restrictions on the expenditure of the grant vendor/sub-contractor compliance, 45 C.F.R. § 96.135**

When a subcontract is issued by the county to purchase services utilizing SABG funds, conditions on prohibited expenditures and the condition of first priority of services to pregnant women, as well as other priority populations, must be adhered to and monitored by the county. Counties must develop a policy to ensure that all vendors/subcontractors comply with all of the requirements.

The program does not expend SABG funds to provide inpatient hospital substance use disorder services, except in cases when each of the following four conditions is met, 42 USC 300x-31(a) and (b), 45 C.F.R.:

1. The individual cannot be effectively treated in a community-based, non-hospital, residential program.

2. The daily rate paid to the hospital for providing the services does not exceed the comparable daily rate paid by a community-based, non-hospital, residential treatment program.
3. A physician makes a determination that the following conditions have been met:
  - The primary diagnosis of the individual is substance use disorder and the physician certifies that fact.
  - The individual cannot be safely treated in a community-based, non-hospital, residential treatment program.
  - The service can reasonably be expected to improve the person's condition or level of functioning.
  - The hospital-based substance use disorder program follows national standards of substance use disorder professional practice.
4. The service is provided only to the extent that it is medically necessary (for example, only for those days that the patient cannot be safely treated in a residential, community-based program).
5. The program does not expend SABG funds to make payments to intended recipients of health services, including use of funds for housing assistance such as room and board, and rent, 42 USC 300x-31(a), 45 C.F.R. § 96.135(a)(2).
6. The program does not expend SABG funds to purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment, 42 USC 300x-31(a), 45 CFR § 96.135(a)(3) and (d).
7. The program does not expend SABG funds to provide financial assistance to any entity other than a public or nonprofit private entity, 42 USC 300x-31(a), 45 CFR § 96.135(a)(5).
8. The program does not expend SABG funds to provide individuals with hypodermic needles or syringes, 42 USC 300x-31(a), 45 CFR § 96.135(a)(2).
9. The program does not expend SABG or county jails funds to provide treatment services in penal or correctional institutions of the state.
10. Purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana).

**J. Charitable Choice, 42 USC §300x-65 and 42 C.F.R. §§54.8 (c) (4) and 54.8 (b).**

The county must comply with 42 USC §300x-65 and 42 C.F.R. §§54.8(c) (4) and 54.8 (b), Charitable Choice Provisions and Regulations. Charitable Choice statutory provisions ensure that religious organizations are able to equally compete for federal substance use disorder funding administered by SAMHSA, without impairing the religious character of such organizations and without diminishing the religious freedom of beneficiaries. Charitable Choice statutory provisions of the Public Health Service Act enacted by Congress in 2000 are applicable to the county SABG program and services. No SABG funds provided directly to organizations may be expended for inherently religious activities, such as worship, religious instruction, or proselytization. If an organization conducts such activities, it must offer them separately, in time or location, from the county and/or vendor/subcontractors or services for which it receives SABG funds under any applicable program, and participation must be voluntary for the county and/or vendor/subcontractor beneficiaries. The term "alternative services" means services determined by the state to be accessible and comparable and provided within a reasonable period

of time from another substance use disorder provider (alternative provider) to which the program beneficiary (services recipient) has no religious objection. The county must report information to the state regarding the number of persons provided alternative services as noted in Section III (F). This information is used to ensure compliance with this requirement.

**K. State statutory and administrative rule requirements**

Counties and their subcontractors must follow all Wisconsin statutory requirements for substance use disorder treatment programs, including Wis. Stat. § 51.42(3)(ar)4m, “If state, federal and county funding for alcohol and other drug use treatment services provided are insufficient to meet the needs of all eligible individuals, ensure that first priority for services is given to pregnant women who suffer from alcoholism or alcohol abuse or are drug dependent.”

In addition, the following state statutes and administrative rules must be followed in providing all treatment services funded through state and federal SABG funding:

1. Legal status of consumer: Wis. Stat. chs. 51, 54, 55, and 155.
2. Patient/client rights:
  - Wis. Stat. ch. 51
  - Wis. Admin. Code ch. DHS 94

**Note:** Patients/clients may have additional rights under applicable provider federal/state statutes and regulations.
3. Confidentiality requirements:
  - Wis. Stat. §§ 146.81-146.84
  - Wis. Stat. § 252.15
  - Wis. Stat. § 51.30
  - Wis. Admin. Code ch. DHS 92
  - Wis. Stat. § 134.97
  - Wis. Stat. ch. 137
4. Provider regulations: Wis. Admin. Code chs. DHS 12, 13, 62, 66, 70, 75, 82, 83, and 88

**L. Payment schedule, 45 C.F.R. § 96.137**

The program uses the SABG as the “payment of last resort” for services for pregnant women and women with dependent children and TB services and, therefore, makes every reasonable effort to do the following:

- Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX; any state compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program.
- Secure from patients or clients’ payments for services in accordance with their ability to pay.

**II. Fiscal and client reporting on the use of the additional funds**

- National Outcome Measurement System (NOMS): The county and/or vendors/subcontractors receiving SABG funds shall report data on federally required NOMS using the Program Participation System (PPS). All agencies receiving SABG funds through this contract are required to have in place the mechanisms to report timely, accurate, and complete NOMS data. If the state should receive a reduction in the SABG allocation due to failure to report NOMS, contract agencies that have not met the NOMS reporting requirements may be subject to a funding reduction and required to refund part of payments already made.

- Complete, accurate and timely client and expenditure data shall be reported to DHS using the PPS for clients served by the use of these funds as well as for all clients served by the county or its subcontractors.
- Use of these funds should be reported to DHS on CARS Expenditure Report (Profile #533165), F-00642, and Total Expenses All Sources by Target Group and Standard Program Cluster Worksheet, F-20942, according to the schedule outlined in the state/county contract.
- An SABG annual report must be submitted online as required by DCTS by the date specified in the annual DCTS Action Memo.
- All organizations and agencies that provide substance use disorder prevention services using SABG funds must report fiscal, program, individual, and population data using SAP-SIS. Reports are due by the date specified in the annual DCTS Action Memo.
- Charitable Choice reporting. As part of the annual SABG report, counties must report the number of clients referred to alternative services to which the client has no religious objection.
- Failure to report these funds and the clients served as specified above may result in the loss of these funds by the county and their repayment by the county to DHS.

### **III. Availability of funds**

DHS shall pay the county for the services it provides or purchases as set forth in this contract within the limits of funds appropriated.

### **IV. Additional requirements**

Requirements herein stated apply to any subgrants or grants. The contracting agency has primary responsibility to take constructive steps to ensure the compliance of its subcontractors. The county must inform the subgrantees of the federal award information set forth herein and monitor compliance of these requirements.