

Substance Abuse Prevention and Treatment Block Grant

It is further understood and agreed by both parties through this attachment to the CY 2016 "State and County Contract Covering Social Services and Community Programs" that:

I. Funds Provided/Period Covered

Funds are provided from the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG - 100%, CFDA# 93.959) Contract period is January 1, 2016 through December 31, 2016.

II. Purpose and Service Conditions on the Use of the Additional Funds

- A. Scope of Services: All of these additional SAPTBG funds must be used by the county for substance use disorder services as set forth in (B) below.
- B. Primary Prevention: At least 20 percent of the SAPTBG funds must be expended on primary prevention programs for individuals who do not require treatment for substance use disorder.

Primary prevention strategies must comply with the Division of Mental Health and Substance Abuse Services (DMHSAS) Action Memo requiring the use of evidence-based strategies. See <https://www.dhs.wisconsin.gov//DMHSAS/memos/nm201209Action.pdf>

Early intervention activities and SBIRT (Screening, Brief Intervention, and Referral to Treatment) activities should not be included as part of primary prevention.

- C. Treatment Services: At least 10 percent of the SAPTBG must be expended for programs and services designed for women.

All treatment programs must give preference in admission in the following order:

- To pregnant injecting drug users first.
- To other pregnant substance abusers second.
- To other injecting drug users third.
- To women with dependent children fourth.
- To homeless persons with co-occurring disorders fifth.
- To all others individuals.

1. Treatment Services for Pregnant Women, 45 CFR 96.131

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

- To pregnant injecting drug users first.
- To other pregnant substance abusers second.
- To other injecting drug users third.
- To all others individuals.

Programs receiving SAPTBG funds must publicize to women of services from the facilities and 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.

- The program refers pregnant women to the state when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.
- The program makes available interim services within 48 hours to pregnant women who cannot be admitted because of lack of capacity.

D. Counties must follow the State and Federal Requirements regarding Intravenous Substance Abusers, 46 CFR 96.126

1. In order to obtain Block Grant funds, the State must require programs that receive funding under the grant and that treat individuals for intravenous substance abuse to provide to the State, upon reaching 90 percent of its capacity to admit individuals to the program, a notification of that fact within seven days. In carrying out this section, the State shall establish a capacity management program which reasonably implements this section—that is, which enables any such program to readily report to the State when it reaches 90

percent of its capacity—and which ensures the maintenance of a continually updated record of all such reports and which makes excess capacity information available to such programs.

2. In order to obtain Block Grant funds, the State shall ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than—
 - (a) 14 days after making the request for admission to such a program; or
 - (b) 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.
3. In carrying out subsection (b), the State shall establish a waiting list management program which provides systematic reporting of treatment demand. The State shall require that any program receiving funding from the grant, for the purposes of treating injecting drug abusers, establish a waiting list that includes a unique patient identifier for each injecting drug abuser 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 State shall ensure that the program provide such individuals interim services as defined in § 96.121 and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission. The States shall also ensure that the programs consult the capacity management system as provided in paragraph (a) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.
4. In carrying out paragraph (b)(2) of this section the State 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 paragraph (c) of 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 persons 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.
5. The State shall require that any entity that receives funding for treatment services for intravenous drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities

to use outreach models that are scientifically sound, or if no such models are available which are applicable to the local situation, to use an approach which reasonably can be expected to be an effective outreach method. The model shall require that outreach efforts include the following:

- (a) Selecting, training and supervising outreach workers;
 - (b) Contacting, communicating and following-up with high risk substance abusers, their associates, and neighborhood residents, within the constraints of Federal and State confidentiality requirements, including 42 CFR part 2;
 - (c) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
 - (d) Recommend steps that can be taken to ensure that HIV transmission does not occur; and
 - (e) Encouraging entry into treatment.
6. The State shall develop effective strategies for monitoring programs compliance with this section. States shall report under the requirements of § 96.122(g) on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.

E. Counties must follow State and Federal Requirements Regarding Tuberculosis, 45 CFR 96.127

1. The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:
 - (a) Counseling the individual with respect to TB.
 - (b) Testing to determine whether the individual has been infected with mycobacterium TB to determine the appropriate form of treatment for the individual.
 - (c) Providing for or referring the individuals infected by mycobacterium TB appropriate medical evaluation and treatment.
2. 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.
3. The program has implemented the infection control procedures that are consistent with those established by the Department to prevent the transmission of TB and that address the following:
 - (a) Screening patients and identification of those individuals who are at high risk of becoming infected.

(b) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements 45 CFR parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR part 2.

(c) Case management activities to ensure that individuals receive such services.

4 .The program reports all individuals with active TB as required by state law and in accordance with federal and state confidentiality requirements 45 CFR Parts 160 & 164 Health Insurance Portability and Accountability Act, HIPAA, including 42 CFR Part 2.

F. Requirements Regarding HIV, 45 CFR 96.128

Wisconsin is not a designated state; therefore, Wisconsin may not use any SAPTBG 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 SAPTBG funds used for HIV early intervention programs will be subject to repayment to the Substance Abuse and Mental Health Services Administration, which provides SAPTBG funds to states. All Wisconsin programs and providers receiving SAPTBG funds must ensure adherence to items (A) through (F).

1. SAPTBG funds may not be used for any/or by any county and/or vendor/sub-contractor make appropriate pretest counseling for HIV and AIDS available at the sites at which the individuals are undergoing treatment for substance abuse.

2. SAPTBG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available, at the sites at which the individuals are undergoing treatment for substance abuse, 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. SAPTBG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available appropriate post-test counseling at the sites at which the individuals are undergoing treatment for substance abuse.

4. SAPTBG funds may not be used for any/or by any county and/or vendor/sub-contractor to make available, at the sites at which individuals are undergoing

treatment for substance abuse, therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.

5. SAPTBG 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 services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referral.

6. SAPTBG funds may not be used for any/or by any county and/or vendor/sub-contractor to ensure that HIV early intervention services provided with patients' informed consent, and are not required as a condition of receiving substance abuse treatment or any other services.

G. Additional Requirements, 45 CFR 96.132

1. The program makes continuing education in treatment services available to employees who provide the services.
2. The program has in effect a system to protect patient records from inappropriate disclosure, and the system:
 - (a) Is in compliance with all applicable state and federal laws and regulations 45 CFR Parts 160 & 164 HIPAA, 42 CFR Part 2, and Wis. Stat. 51.30.
 - (b) Includes provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure.

H. Restrictions on the Expenditure of the Grant Vendor/Sub-Contractor Compliance, 45 CFR 96.135

When a sub-contract is issued by the county to purchase services utilizing SAPTBG 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/sub-contractors comply with all of the requirements.

1. The program does not expend SAPTBG funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met [42 USC 300x-31(a) and (b), 45 CFR]:
 - (a) The individual cannot be effectively treated in a community-based, non-hospital, residential program.

(b) The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential treatment program.

(c) A physician makes a determination that the following conditions have been met:

1. The primary diagnosis of the individual is substance abuse and the physician certifies that fact.
2. The individual cannot be safely treated in a community-based, non-hospital, residential treatment program.
3. The service can reasonably be expected to improve the person's condition or level of functioning.
4. The hospital-based substance abuse program follows national standards of substance abuse professional practice.

(d) The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in a residential, community-based program).

2. The program does not expend SAPTBG funds to make payments to intended recipients of health services [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].

3. The program does not expend SAPTBG 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 section 96.135(a)(3) and (d)].

4. The program does not expend SAPTBG funds to provide financial assistance to any entity other than a public or nonprofit private entity [42 USC 300x-31(a), 45 CFR section 96.135(a)(5)].

5. The program does not expend SAPTBG funds to provide individuals with hypodermic needles or syringes [42 USC 300x-31(a), 45 CFR section 96.135(a)(2)].

6. The program does not expend SAPTBG funds to provide treatment services in penal or correctional institutions of the State (exceptions are based on statewide formulas).

I. Payment Schedule, 45 CFR 96.137

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

1. 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.

2. Secure from patients or clients' payments for services in accordance with their ability to pay.

III. Fiscal and Client Reporting on the Use of the Additional Funds

- A. National Outcome Measurement System (NOMS): The county and/or vendors/sub-contractors receiving SAPTBG funds shall report and use data on federally-required NOMS using the Program Participation System (PPS). All agencies receiving SAPTBG 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 SAPTBG 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.
- B. Accurate and complete client and expenditure data shall be reported to the Department using the PPS for clients served by the use of these funds.
- C. Use of these funds shall be reported to the Department on the F-00642 (Profile #570) and the F-20942 Form according to the schedule outlined in the State/County Contract.
- D. An SAPTBG annual report must be submitted via the online reporting system by the date specified in the annual numbered memo.
- E. All organizations and agencies that provide substance use disorder prevention services using SAPTBG funds must report fiscal, program, individual, and population data using the Substance Abuse Prevention-Services Information System (SAP-SIS). Reports are due by the date specified in the annual numbered memo.
- F. Charitable Choice reporting. As part of the annual SAPTBG report, counties must report the number of clients referred to alternative services to whom the client has no religious objection.
- G. Failure to report these funds and the clients served by them as specified above may result in the loss of these funds by the county and their repayment by the county to the department.

IV. Payment Procedures

These funds shall be paid in accordance with the State/County Contract.

V. Availability of Funds

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

VI. Additional Requirements

Requirements herein stated and in the base State/County contract apply to any sub-grants or grants. The contracting agency has primary responsibility to take constructive steps to ensure the compliance of its subcontractors. The county must inform the sub-grantees of the federal award information set forth herein.