

Profile: 570
Appendix # W
Division of Mental Health and
Substance Abuse Services

Substance Abuse Prevention and Treatment Block Grant

It is further understood and agreed by both parties through this attachment to the CY 2015 "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, 2015 through December 31, 2015.

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

Scope of Services: All of these additional SAPTBG funds must to be used by the county for substance use/abuse services as follows: At least 20 percent must be expended on primary prevention programs for individuals who do not require treatment for substance abuse; and at least 10 percent must be expended for programs and services designed for women.

Primary Prevention

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) provides the following clarification concerning prevention expenditures. The SAPTBG requires that there is an agreement to spend at least 20 percent on primary prevention programs for individuals who do not require treatment for substance abuse. 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

http://www.dhs.wisconsin.gov/dsl_info/NumberedMemos/DMHSAS/CY2012/nm201209Action.pdf

Note that under the SAPTBG statute, early intervention activities should not be included as part of primary prevention. The SAPTBG also provides descriptions

of the types of preventative interventions and prevention strategies that are acceptable. This includes:

Institute of Medicine Classification: Universal Selective and Indicated:

Universal: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

- A. Universal Direct.—Interventions directly serve an identifiable group of participants but who have not been identified on the basis of individual risk (e.g., school curriculum, after school program, parenting class). This also could include interventions involving interpersonal and ongoing/repeated contact (e.g., coalitions)
- B. Universal Indirect.—Interventions support population-based programs and environmental strategies (e.g., establishing ATOD policies, modifying ATOD advertising practices). This also could include interventions involving programs and policies implemented by coalitions.

Selective: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Indicated: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels. (Adapted from the Institute of Medicine Model of Prevention)

Treatment Services for Pregnant Women, 45 CFR 96.131

The program gives 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.

Wisconsin 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.

Priority of Treatment Service

The program gives 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.

Requirements Regarding Tuberculosis, 45 CFR 96.127

- A. 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.
- B. 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.
- C. 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.
- D. 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.

Additional Requirements, 45 CFR 96.132

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

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 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.

- A. 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).

- B. 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)].
- C. 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)].
- D. 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)].
- E. 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)].
- F. 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).

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:

- A. 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.
- B. Secure from patients or clients’ payments for services in accordance with their ability to pay.

National Outcome Measurement System (NOMS) Language

The county and/or vendors/sub-contractors receiving SAPTBG funds, for the provision of providing substance abuse prevention, intervention or treatment services shall report and use data on federally required National Outcome Measurement System (NOMS) in accordance with guidelines provided through the Program Participant System (PPS) and/or the Substance Abuse Prevention-Services Information System (SAP-SIS). NOMS reporting is required in order to receive the full allocation of SAPTBG funds. 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.

§ 96.128 Requirements Regarding HIV

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).

- A. 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.
- B. 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.
- C. 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.
- D. 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.
- E. 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 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.

- F. 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.

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

- A. During the time period specified in I above and under the conditions outlined in II above.
- B. Accurate and complete client and expenditure data shall be reported to the Department on the Human Services Reporting System (fiscal and client utilization data) 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. Annual reports including fiscal reports shall be submitted to the Bureau of Prevention Treatment and Recovery (BPTR) by the date specified in the annual numbered memo. (F-22567, F-22567A, F-21199)
- E. 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.
- F. The Division of Mental Health and Substance Abuse Services deployed a Web-based substance abuse prevention services reporting system in March 2008. All organizations and agencies that provide substance abuse prevention services through the use of federal funds are required to report fiscal, program, individual and population data using the Substance Abuse Prevention-Services Information System (SAP-SIS). Collection of this data is required to meet SAPTBG and OMS. Reports are due by the date specified in the annual numbered memo.

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 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.