



Block Grant Requirements Manual for Managing Entities

Version 2.0

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***Florida Department of Children and Families
Substance Abuse and Mental Health Services***

I. PREGNANT WOMEN WITH DEPENDENT CHILDREN	4
I.A. Federal Law	4
I.B. Primary Medical Care	5
I.B.(1) Women	5
I.B.(2) Dependent Children of Women in Treatment	5
I.B.(3) Gender Specific Treatment	6
I.B.(4) Appropriate Therapeutic Interventions for Children	6
I.B.(5) Case Management and Transportation	6
II. COMMUNICABLE DISEASE SERVICES	8
II.A. Federal Law	8
II.A.(1) Tuberculosis Services	8
II.A.(2) HIV Services	8
II.B. Florida Law	8
II.C. Description of Required Services for Communicable Disease	9
III. CAPACITY MANAGEMENT	12
IV. INTERIM SERVICES.....	13
V. ADDITIONAL PROGRAM REQUIREMENTS	16
V.A. Peer Review Process	16
V.B. Continuing Education in Treatment Services	17
VI. SERVICE COORDINATION.....	18
APPENDIX A.....	19
APPENDIX B	22
APPENDIX C	26
APPENDIX D	28

Table 1. Description of Required Services for Communicable Disease	9
Table 2. Managing Entity Responsibility for Interim Services	14
Table 3. Peer Review Process.....	16
Table 4. Provider Checklist for Women and Dependent Children’s Services.....	19
Table 5. Questions in Selection of Referral Agency for Women’s and Children’s Services	21
Table 6. Provider Checklist for Communicable Disease.....	22
Table 7. Questions in Selection of Referral Agency for Communicable Disease Services	24
Table 8. Provider Checklist for Interim Services	26
Table 9. Guide to Choosing Referral Agencies for Interim Services	27
Table 10. Provider Checklist for Additional Program Requirements.....	28

Introduction

The Block Grant Requirements Manual for Managing Entities (Manual) is to offer direction as to the requirements for the Substance Abuse Prevention and Treatment Grant (Grant) administered by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).¹ The elements in this document are requirements that the Federal government has imposed on recipients of the Grant.

The Manual covers the following issues:

- Women and Dependent Children;
- HIV;
- Tuberculosis;
- Capacity Management;
- Interim Services;
- Peer Review Process;
- Continuing Education; and,
- Service Coordination.

I. Pregnant Women with Dependent Children

I.A. FEDERAL LAW

The State of Florida must meet statutory requirements related to treatment for women, women with dependent children, pregnant women and women who are trying to regain custody of their children.

To implement these requirements, SAMHSA has promulgated regulations at 45 C.F.R., s. 96.131. These regulations provide further direction for the statutory requirements set out in the U.S. Code. Managing entities will oversee providers receiving grant funds for these services to ensure that:

- Women receiving services funded by the set aside have no other financial means to obtain treatment;²
- Where appropriate, the family is treated as a unit, and both women and their children are admitted to treatment;³
- Pregnant women, women with dependent children, and women who are attempting to regain custody of their children receive the minimum array of services for:
 - Primary medical care, including referral for prenatal care;⁴
 - Primary pediatric care for their children;⁵
 - Gender specific therapeutic interventions for the women;⁶
 - Appropriate therapeutic interventions for the children in custody of women in treatment;⁷
 - Child care whilst the women are receiving services;⁸ and
 - Sufficient case management, and transportation, where required.⁹
- An admission preference for pregnant women is implemented, using the following hierarchy for admission:
 - Pregnant injecting drug users;

¹ 42 U.S.C. s. 300x-21.

² 45 C.F.R. s. 96.137.

³ 45 C.F.R. s. 96.124(e).

⁴ 45 C.F.R. s. 96.124(e)(1).

⁵ 45 C.F.R. s. 96.124(e)(2).

⁶ 45 C.F.R. s. 96.124(e)(3).

⁷ 45 C.F.R. s. 96.124(e)(4).

⁸ 45 C.F.R. s. 96.124(e)(1).

⁹ 45 C.F.R. s. 96.124(e)(5).

- Pregnant substance abusers;
- Injecting drug users; and
- All others.¹⁰
- A capacity management mechanism is in place prioritizing services for pregnant women and dependent children, including women who are attending to regain custody of their children;¹¹
- In the event there is insufficient capacity for a pregnant woman, an alternate referral is made. If there is no alternate, interim services are available within 48 hours; and¹²
- The availability of services from the facilities and the fact that pregnant women receive preference are publicized.¹³

The State's annual spending threshold for women's services is \$9,327,217. This amount is based on the amount spent in federal fiscal year 1994.¹⁴

These services required by the Federal government are discussed in the following paragraphs providing further direction for the statutory requirements set out in the U.S. Code.

I.B. PRIMARY MEDICAL CARE

Providers must meet the following requirements by either delivering or arranging for the following primary medical services.

I.B.(1) Women

- Pregnant women or women with dependent children who request services must be admitted without limitation based on her pregnancy or parenting status;
- Care that includes basic health screening; referral for prenatal care; monitoring and medication maintenance for chronic conditions; nursing intervention for minor injuries; physician care for acute illness; and emergency treatment as needed; and
- Postpartum care that includes check-ups for mother and infant at appropriate intervals; sufficient assistance with lactation if desired and assurance of meeting nutritional needs of mother and infant.¹⁵

I.B.(2) Dependent Children of Women in Treatment

- Pediatric care for the children that includes primary health care such as:
 - Regular check-ups;
 - Basic health;
 - Vision screening;
 - Dental screening;
 - Monitoring of chronic conditions; and,
 - Acute or emergency care as required.
- Pediatric treatment for perinatal effects of maternal substance abuse that includes medical and other therapeutic modalities; and
- Immunizations according to schedules recommended by the state health office and commonly accepted medical practice, for protection against childhood diseases.¹⁶

¹⁰ 45 C.F.R. s. 96.131(a).

¹¹ 45 C.F.R. s. 96.131(c).

¹² 42 U.S.C. s. 300x-27(b).

¹³ 45 C.F.R. s. 96.131(b).

¹⁴ 42 U.S.C. s. 300x-22(b)(1)(C).

¹⁵ 45 C.F.R. s. 96.124(e)(1).

¹⁶ 45 C.F.R. s. 96.124(e)(2).

I.B.(3) Gender Specific Treatment

Treatment must be provided in a gender specific manner, which includes:

- Training about the risks associated with substance use, developmental needs of children, community resources, appropriate discipline and health and safety issues;
- Counseling on domestic violence and sexual abuse that includes information about the connection between substance use and violence, for both victim and perpetrator, conflict resolution techniques and information about local anti-violence resources including emergency shelter;
- Promoting the appropriate involvement of parents and others in the treatment and rehabilitation process and in the ongoing support system of the client;
- Family counseling about substance use that provides information to all age-appropriate members of the family about the addiction process, treatment, relapse, aftercare and effects on the family;
- Employment skill building including the importance of graduating from a secondary school or obtaining a G.E.D., education and vocational assessment, skills development and counseling about seeking and maintaining a job;
- Planning for and counseling to assist reentry into society, both before and after discharge, includes making referrals to any private non-profit entities in the community which provide services appropriate for the women and their children; and
- An individualized treatment and service plan must be developed for each client. It should specify which of the required services are appropriate for the client, how those will be provided and how client progress or receipt of services will be tracked.¹⁷

I.B.(4) Appropriate Therapeutic Interventions for Children

Providers must deliver appropriate therapeutic interventions for the children who are in the custody of women in treatment including:

- An assessment of the appropriate services for the client and her children;
- Coordination of services, that are beneficial to the family;
- Assistance in establishing eligibility for assistance under federal, state and local programs providing health, mental health, housing, employment, educational or social services for either the woman or her child; and
- Where possible, coordination with other state and federal social services designed to assure comprehensive care for the woman and her children such as Medicaid, Head Start, free and reduced school lunch programs, etc.¹⁸

I.B.(5) Case Management and Transportation

Providers must arrange access to, or provide the following services:¹⁹

- Assessment of the appropriate services for the client and her children;
- Coordinating services;
- Assistance in establishing eligibility for assistance under federal, state and local programs providing health, mental health, housing, employment, educational or social services for either the woman or her child; and
- Coordination with other state and federal social services designed to assure comprehensive care for the woman and her children such as Medicaid, Head Start, free and reduced school lunch programs, etc.

¹⁷ 45 C.F.R. s. 96.124(e)(3).

¹⁸ 42 C.F.R. s. 96.124(e)(4).

¹⁹ 42 C.F.R. s. 96.124(e)(5).

Appendix A, page 19, contains a checklist for these requirements

II. Communicable Disease Services

Given the correlation of communicable disease and substance use disorders, the federal government has determined that there is a priority to screen for tuberculosis and HIV. Requirements for these services are discussed in this section.

II.A. FEDERAL LAW

A provider, as a condition of receiving the Grant, is required to make available tuberculosis and HIV services for people receiving substance abuse treatment.²⁰

II.A.(1) Tuberculosis Services

Tuberculosis services have been defined as:

- Counseling, with respect to tuberculosis;
- Testing and determining the appropriate treatment; and
- Providing treatment for tuberculosis.

To implement this statutory requirement, SAMHSA has promulgated regulations at 45 C.F.R. s. 96.127. This requires managing entities to:

- Implement infection control strategies, in cooperation with the Department of Health;
- Make tuberculosis services available to people receiving substance abuse treatment; and
- Ensure compliance with Federal requirements.

II.A.(2) HIV Services

Early intervention services for HIV have been defined as:

- Appropriate pre-test counseling;
- Testing for the disease; and
- Appropriate post-test counseling.

To implement this statutory requirement, SAMHSA has promulgated regulations at 45 C.F.R. s. 96.128. This requires the State to:

- Implement infection control strategies, in cooperation with the Department of Health;
- Make early intervention services available to people receiving substance abuse treatment; and
- Ensure compliance with this section of the C.F.R.

II.B. FLORIDA LAW

Pursuant to s. 381.0031, F.S., providers are required to report communicable disease infections to the Department of Health.

The following providers are required to screen admissions and, where indicated, test for tuberculosis and HIV:²¹

- Addiction Receiving Facilities;
- Detoxification Facilities;
- Intensive Inpatient Treatment;
- Residential Treatment;

²⁰ 42 U.S.C. s. 300x-24.

²¹ Ch. 65D-30.004, F.A.C.

- Day or Night Treatment with Community Housing;
- Day or Night Treatment;
- Intensive Outpatient Treatment;
- Outpatient Treatment; and
- Medication Assisted Treatment (Methadone).

II.C. DESCRIPTION OF REQUIRED SERVICES FOR COMMUNICABLE DISEASE

Providers are required to deliver the services described in Table 1.

Table 1. Description of Required Services for Communicable Disease

Description of Required Services for Communicable Disease	
Tuberculosis and HIV services	<i>Tuberculosis:</i> Make tuberculosis services readily available to all clients receiving treatment, ensuring that clients who are infected will receive treatment in order to reduce the spread of infection. ²²
	<i>HIV:</i> Make early intervention services readily available to clients receiving substance abuse treatment. The ME must ensure that voluntary participation is undertaken by the client, allowing the client to consent to specific portions of early intervention and not to others. ²³ Early intervention services participation must not be required by the provider as a condition of receiving substance abuse treatment or other services. ²⁴
Screening	<i>Tuberculosis:</i> A screening process for people who are at risk of being infected or becoming infected due to both personal history and environmental conditions. Screening may be done as part of a regular nursing assessment or may be performed as a separate service.
	<i>HIV:</i> Informed consent by the individual is required to participate in provision of information about the types of services available, testing information and reporting requirements.
Identification and reporting	Protect from inappropriate disclosure of patient records. This includes provision for employee education on confidentiality requirements and disciplinary action imposed upon inappropriate disclosures. ²⁵
Waste procedures	Provider must practice communicable disease protocols including standard infection control and bio-hazardous waste procedures as well as compliance with all requirements for HIV related services which have been established by the State Health Officer. ²⁶
Counseling	<i>All individuals receiving interim services:</i> Provide HIV and tuberculosis counseling for individuals who are waiting for admission to a substance abuse treatment program to

²² 45 C.F.R. s. 96.127.

²³ 45 C.F.R. s. 96.128.

²⁴ 42 U.S.C. s. 300x-24(b)(6) and s. 384.27(3), F.S.

²⁵ 42 U.S.C. s. 290dd-2; 45 C.F.R. s. 96.132(e); and, s. 456.057, F.S.

²⁶ 45 C.F.R. s. 96.128(a)(5).

Description of Required Services for Communicable Disease	
Counseling	<p>include:</p> <ul style="list-style-type: none"> • Information about the risk of signs and risks of infection; • Availability of testing and treatment services; • Methods of transmission; and • How to avoid spreading the disease.²⁷ <p><i>Section IV, page 13 contains detailed information about interim services.</i></p> <p><i>Tuberculosis:</i> As a part of high-risk services, provide counseling that helps the clients identify others in their households or families who are at risk of infection and who should also be tested and treated, including:</p> <ul style="list-style-type: none"> • Information about the disease; • Modes of transmission; • Availability and necessity of testing; and • Options for treatment. <p><i>HIV:</i> Provide counseling at the following levels:</p> <ul style="list-style-type: none"> • <i>Pre-test counseling:</i> Give the client information about the testing process itself, including <ul style="list-style-type: none"> ○ Confidentiality protections; ○ Information about interpretation of test results and ○ Planning for consequences of a possible positive result.²⁸ ○ Reporting protocol; and ○ Notification of other individuals who may be at risk of infection through contact with the client.²⁹ • <i>Post-test counseling:</i> Counsel clients regardless of the results of laboratory tests. Post-test counseling should include: <ul style="list-style-type: none"> ○ Education about risk behaviors; ○ Appropriate measures to avoid transmission and infection. • For clients with positive test results, post-test counseling should include specific plans for protecting partners and family members from infection and notification of others at risk.³⁰
Testing	<p><i>Tuberculosis:</i> Conduct, or arrange for testing. For individuals who are already infected, further testing to determine the form of treatment should begin immediately if possible. If there is a delay or the client must be referred off-site, appropriate counseling and infection control procedures should be provided.</p> <p><i>HIV:</i> Conduct, or arrange for HIV testing that includes both preliminary and follow-up tests to determine presence of HIV antibodies.³¹</p>
Treatment plan for clients	<p>Develop an individual treatment goal for each client and incorporate in the client's substance abuse treatment plan. If the client's anticipated substance abuse treatment stay is shorter than the course of recommended treatment, the treatment goal must be incorporated into discharge and referral planning. Planning for medical services</p>

²⁷ Refer to section **Error! Reference source not found.**, page 11 of this document for more information.

²⁸ 42 U.S.C. s. 300x-24(b)(7)(B).

²⁹ S. 384.26, F.S.

³⁰ *Id.*

³¹ *Id.*

Description of Required Services for Communicable Disease	
	should also include an assessment of the client's ability and willingness to comply with treatment protocols. ³²
Medical evaluation and treatment	Arrange for appropriate medication monitoring and regular checks of the client's health and infection status. All medical protocols included in the treatment plan must be monitored and documented.
Ensure availability of services	Ensure the availability of services for eligible clients including accessibility with regard to service location, hours and costs of services.
Referral for other services	In addition to services provided by or through the treatment facility, other appropriate local services should be identified and client referrals should be made if needed. Such referrals might include support groups, additional education, housing assistance, etc.
Coordination with health services	Additional health service needs for clients should be identified and a coordinated plan to address should be developed. In addition, information about the client's diagnosis and treatment should be provided (with client consent) to other health practitioners treating the client.

Appendix B, page 22, contains a checklist for these requirements.

³² *Id.*

III. Capacity Management

Upon reaching 90 percent capacity, providers receiving Grant funds to treat individuals for intravenous substance use must notify the managing entity within seven days.³³ Managing entities must ensure that providers can arrange interim services for a person:

- 14 days after making the request for admission to such a program; or
- 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.

Services should be offered based on the following hierarchy:

- Pregnant injecting drug abusers;
- Pregnant substance abusers;
- Injecting drug abusers; and
- All others.

Section IV offers more information on providing interim services.

³³ 45 C.F.R. s. 96.126.

IV. Interim Services

As a Grant recipient, a provider must offer interim services when the appropriate level of care is not available. Interim services are to reduce the adverse health effects of substance abuse, promote the health of the client and reduce the risk of transmission of disease.³⁴

Providers are required to deliver the services described in Table 2.³⁵

³⁴ 45 C.F.R. s. 96.121

³⁵ 45 C.F.R. s. 96.121

Table 2. Managing Entity Responsibility for Interim Services

Provider Responsibility for Interim Services	
Federal Law	Provider Responsibility
Pregnant Women	
Pregnant Women ³⁶	<ul style="list-style-type: none"> • Assign one of the following preferences to an individual seeking treatment: <ul style="list-style-type: none"> ○ Pregnant injecting drug abusers; ○ Pregnant substance abusers; ○ Injecting drug abusers; and ○ All others.³⁷ • Ensure that pregnant women are matched to a treatment facility that has the capacity to provide the appropriate treatment.
Interim Services ³⁸	<ul style="list-style-type: none"> • Coordinate with the managing entity in the event a woman cannot receive treatment within 48 hours for referral to an appropriate interim service, including prenatal care. • Maintain a waiting list to ensure that women who have been referred for interim services are given priority in receiving ongoing services.
Intravenous Drug Abusers	
IV Drug Abusers ³⁹	<ul style="list-style-type: none"> • Provide appropriate treatment within 14 days; or, • If treatment is unavailable, arrange interim treatment within 48 hours. If the patient has not been placed in a comprehensive treatment program within 14 days, they will go on a waiting list for 120 days. If the patient has not been placed in a treatment center within that period of time, the provider is considered to be out of compliance.
Outreach	<p>Providers are required to reach out to IV drug abusers encouraging them to seek treatment. The program will use a model that best suits the local situation. Minimally, it will include the following elements:</p> <ul style="list-style-type: none"> • Recruit and provide effective training and supervision for outreach workers. • Reach out and follow-up with high risk substance abusers, their associates and neighbors. • Promote awareness to IV drug abusers the relationship between IV drug abuse and communicable diseases such as HIV. • Recommend steps to prevent HIV transmission. • Encourage treatment.

³⁶ 45 C.F.R. s. 96.131(a).

³⁷ *Id.*

³⁸ 45 C.F.R. s. 96.131(d).

³⁹ 42 C.F.R. s. 96.126(b).

Provider Responsibility for Interim Services	
Federal Law	Provider Responsibility
Compliance Monitoring and Reporting Requirements ⁴⁰	Submit data to the managing entity for monitoring compliance and meeting reporting requirements that identifying compliance problems and corrective actions.

Appendix C, Page 26 contains helpful information checklists for use by managing entities and providers in reference to interim services.

⁴⁰ 45 C.F.R. s. 96.126(f).

V. Additional Program Requirements

In addition to requirements for specific types of clients covered in the previous sections, the block grant requires that all programs receiving funding under the Grant comply with the requirements discussed in this section. Some of these areas may overlap previously described services. Their inclusion in this section means that they are applicable for clients that do not fall under any of the categories previously discussed.

V.A. PEER REVIEW PROCESS

For each fiscal year, managing entities are required to provide for independent peer review to assess the quality, appropriateness and efficacy of treatment services, ensuring that at least five percent of the providers delivering applicable services are reviewed.⁴¹

The areas described in Table 3 are examined during the peer review process

Table 3. Peer Review Process

Peer Review Process	
Admission criteria and intake process	<p>These policies should reflect the required prioritization for admission of clients:</p> <ol style="list-style-type: none"> 1. Pregnant, injecting drug users 2. Other pregnant substance abusers 3. Injecting drug users 4. All other clients <p>Policies should also reflect the required time frames for admission to treatment or provision of interim services. Intake procedures should include a description of how clients are placed on a waiting list for services and how the program will handle requests for admission of priority clients from other programs.</p>
Assessments	<p>Providers should include specific review of the client’s need for any service required under the mandates and document the level of that need. Screening for HIV and TB is of particular importance.</p>
Treatment planning	<p>Client treatment plans should include specific plans for acquiring ancillary services, including the location, duration, frequency and method of payment for those services.</p>
Documentation of implementation of treatment programs	<p>The client record must include verification that all services required under the block grant have been provided to the client and that these services have occurred within required time frames.</p>
Discharge and continuing care plans	<p>These plans should include documentation of how specific services will be maintained following discharge from the treatment program. For example, if a pregnant woman is discharged prior to delivery, what plans have been made to continue access to prenatal delivery and postpartum care?</p>

⁴¹ 45 C.F.R. 96.136

Peer Review Process	
Indicators of treatment outcomes	Client records should indicate how meeting identified target outcomes are measured.

V.B. CONTINUING EDUCATION IN TREATMENT SERVICES

Managing entities with providers who are under the Grant must assure that treatment staff receives continuing education in substance abuse treatment services.⁴² Specific requirements for this training in Florida are detailed in chapter 65D-30.003, F.A.C. and s. 381.0035, F.S.

Appendix D, Page 28, contains a checklist for these requirements.

⁴² 45 C.F.R. s. 96.132(b)

VI. Service Coordination

Under 45 C.F.R. section 96.132(c), managing entities shall ensure that network providers document their process for coordinating substance abuse treatment services with:

- Health service agencies
- Social service agencies
- Correctional and criminal justice agencies
- Educational and vocational rehabilitation services
- Employment Services

The MOU or other agreements between service entities should include, at a minimum:

- Description of the admission and eligibility requirements for services;
- Specific procedure for receiving and processing referrals for the substance abuse agency, including relevant time frames for delivery of services, location of services and hours of service availability;
- Specific requirements that the referral agency abide by confidentiality regulations and restrictions regarding disclosure of information to third parties;
- Detailed list of service to be provided, including process for obtaining client's informed consent for services, if applicable;
- Commitment that all services will be provided by qualified professionals or paraprofessionals as required by law;
- Description of how services will be paid for, if applicable, including a statement that the block grant will be the payor of last resort;
- Specific process for reporting client information back to the Department;
- Delineation of resolving disputes, including those regarding client rights;
- Process for continuation of services, if necessary, after the client leaves substance abuse treatment;
- Description of the training regarding substance abuse that is received by staff or referral agency;
- Assurance that the referral agency abides by all relevant non-discrimination policies and laws;
- Specific date on which the agreement should be reviewed and renewed, if desired by both parties; and
- Other terms, conditions and agreements as necessary.

Other considerations for the MOU include:

Location and accessibility of services;

- Cultural competence of the service provider;
- Ability of referral agency to make services available to family members, including children of the client;
- Degree of provider staff's knowledge and experience in serving substance abusing clients;
- Ability of the provider to provide more than one service;
- Evidence of the service provider's ability to network with other agencies; and,
- Overall quality of the services which can be provided through the agency.

It is significant to remember that general program mandates may supplement or duplicate requirements for serving specific types of clients.

Appendix A

Table 4 summarizes the description of the corresponding services discussed in Section I, page 4 of this document for delivering services to women and dependent children required by the Federal government for States receiving Grant funds.

Table 4. Provider Checklist for Women and Dependent Children's Services

Provider Checklist for Women and Dependent Children's Services			
	Within treatment facility	By referral	
Pregnant/Postpartum Women's and Dependent Children's Services			
Admission of women and their children if requested to residential treatment services			
Primary medical care for women			
Prenatal care			
Pediatric health care	Primary pediatric care		
	Pediatric treatment for perinatal effects of maternal substance abuse		
	Screening regarding the physical and mental development of infants and children		
	Children's counseling and other mental health services		
	Comprehensive social services		
Supervision of children	During periods in which the woman is engaged in therapy		
	During periods in which the woman is engaged in other necessary health or rehabilitative activities		
Training in parenting			
Counseling	HIV and AIDS		
	Domestic violence and sexual abuse		
	Obtaining employment include importance of secondary degree		
Efforts to preserve and support the family units	Promoting the appropriate involvement of parents and others		
	Counseling the children of the woman		

Provider Checklist for Women and Dependent Children's Services			
		Within treatment facility	By referral
Planning for and counseling to assist reentry into society	Before discharge		
	After discharge		
	Referrals to any public or nonprofit private entities in the community which provide services appropriate for women and the children of the women		
Case management services	Assessing extent to which authorized services are appropriate for the woman and child		
	Ensuring that appropriate services are provided in coordinated manner		
	Assistance in establishing eligibility for assistance under federal, state and local programs providing health, mental health, housing, employment, educational or social services		
Postpartum care			
Child care			
Children's immunization			
Individualized treatment and service plan for pregnant and postpartum women			
Family counseling regarding substance abuse			
Sexual and physical abuse			
Parenting skills			
Other			
Developmental			
Abuse			
Other			
Case management for women and their dependent children			
Transportation for women to services			
Transportation for children to children's services			

Table 5 lists questions to be considered when making referrals to outside agencies for women and dependent children.

Table 5. Questions in Selection of Referral Agency for Women's and Children's Services

Questions in Selection of Referral Agency for Women's and Children's Services
Can the agency be easily reached by public or private transportation?
Are services provided in age, gender and culturally appropriate ways?
Can multiple services be provided by the agency in order to minimize transportation time and reduce confusion for the client?
Are services provided free of charge or on a sliding scale?
Are the hours of service convenient for women and children?
Will the referral agency treat and provide services to the family as a unit?
Does the referral agency have clear policies and procedures regarding confidentiality and referrals of your clients to another (third) agency?
Does the referral agency provide training to its staff on substance abuse issues? Do staff members demonstrate an understanding of how substance abuse may affect the services they are providing for your client?
Are child care services available while clients are receiving other services?
Are the service location and facility designed appropriately for children if they will be present?
Are appropriate policies and practices in place to document services that are provided?

Appendix B

Table 6 summarizes the description of the corresponding services discussed in Section II, Page 8, of this document for delivering tuberculosis and HIV services by providers receiving Grant funds.

Table 6. Provider Checklist for Communicable Disease

Provider Checklist for Communicable Disease		
	Within treatment facility	By referral
Tuberculosis Services		
Tuberculosis services must be readily available to each person receiving substance abuse treatment		
Screening		
Identification and reporting		
Tuberculosis counseling for those receiving interim services		
Counseling for those admitted for substance abuse treatment		
Tuberculosis testing		
Tuberculosis treatment plan for those with tuberculosis		
Medical evaluation and treatment		
To ensure tuberculosis services are provided		
Referred to other tuberculosis services		
Coordination with health services		
HIV Services		
Informed consent to participate		
Voluntary participation by clients		
Ensure that early intervention services are not a condition of treatment or other services		
Implementation of communicable disease of information regarding services		
Dissemination of information regarding services		
Linkages with comprehensive community resource network		
Pre-test counseling		

Provider Checklist for Communicable Disease		
	Within treatment facility	By referral
HIV testing		
Post-test counseling		
Extent of immune system deficiency testing		
Tests and plans for appropriate medical intervention		
Delivery of medical services		

Table 7 lists questions to be considered when making referrals to outside agencies for treatment for communicable disease.

Table 7. Questions in Selection of Referral Agency for Communicable Disease Services

Questions in Selection of Referral Agency for Communicable Disease Services		
	Within treatment facility	By referral
Tuberculosis Services		
Tuberculosis services readily to each person receiving substance abuse treatment		
Screening		
Identification and reporting		
Tuberculosis counseling for those receiving interim services		
Counseling for those admitted for substance abuse treatment		
Tuberculosis testing		
Tuberculosis treatment plan for those with tuberculosis		
Medical evaluation and treatment		
To ensure tuberculosis services are provided		
Referred to other tuberculosis services		
Coordination with health services		
HIV Services		
Informed consent to participate		
Voluntary participation by clients		
Ensure that early intervention services are not a condition of treatment or other services		
Implementation of communicable disease of information regarding services		
Dissemination of information regarding services		
Linkages with comprehensive community resource network		
Pre-test counseling		
HIV testing		

Questions in Selection of Referral Agency for Communicable Disease Services		
	Within treatment facility	By referral
Post-test counseling		
Extent of immune system deficiency testing		
Tests and plans for appropriate medical intervention		
Delivery of medical services		
Does the referral agency have the capacity to track the client and coordinate services after the client is discharged from substance abuse treatment?		
For HIV patients, are family members and significant others included in pre- and post-test counseling?		
If the referral is for an HIV patient, is the agency part of a community resource network for HIV services?		

Appendix C

Table 8 summarizes the description of the corresponding services discussed in Section IV, Page 13, of this document for delivering interim services required for providers receiving Grant funds.

Table 8. Provider Checklist for Interim Services

		Within treatment facility	By referral
Tuberculosis Screening			
Counseling and education, specifically:	HIV		
	Tuberculosis		
	Risks with needle sharing		
	Risks of transmission to sexual partners and infants		
	Preventative measures against HIV transmission		
HIV screening			
HIV testing			
Referral for HIV treatment			
Referral for tuberculosis treatment			
Counseling for pregnant women on effects of alcohol and drug use on fetus			
Referral for prenatal care			

Table 9 lists questions to be considered when making referrals to outside agencies for interim services.

Table 9. Guide to Choosing Referral Agencies for Interim Services

Guide to Choosing Referral Agencies for Interim Services
Can the agency provide more than one service in order to minimize client confusion and eliminate barriers to acceptance of service?
Does the agency provide training for its staff on substance abuse, particularly for staff who will interact directly with your clients?
Is the agency's philosophy about substance abuse consistent with the philosophy of your treatment program?
Will the agency abide by applicable confidentiality regulations?
Will the agency sign and honor an MOU?
Are the agency's facilities conveniently located to both the client's current residence and the treatment location? If now, how will transportation be arranged?
Does the agency have a waiting list that will prevent meeting timelines under block grant regulations?
Are services provided free of charge or on a sliding scale? If your agency will be paying for services, are rates reasonable and within commonly accepted guidelines?
Is the agency required under statute to provide these services? If so, how will you make certain your client receives all services to which they are entitled?
Is the agency licensed, certified or otherwise credentialed to provide the services you are requesting?

Appendix D

Table 10 is a provider checklist to be used as a quick reference in meeting the additional program requirements discussed in Section V, page 16.

Table 10. Provider Checklist for Additional Program Requirements

Provider Checklist for Additional Program Requirements	
Requirement	Description
Outreach Programs	
	Selection, training and supervision of outreach workers
	Contact and communication with: <ul style="list-style-type: none"> • High risk substance abusers • Their associates • Neighborhood residents • Women in the community who are substance abusers
	Follow-up with high risk substance abusers
	Promoting awareness among IV drug users about relationship between IV drug use and HIV and other diseases
	Recommendations for steps to ensure that HIV transmission does not occur
	Encouraging entry into treatment
Programs Serving IV Drug Users	
	Notification to the Department when 90% of the capacity is reached
	Admission within 14 days of treatment request or interim services within 48 hours and admission within 120 days
Peer Review	
	Admission criteria and intake process reflect priorities for clients and required timeframes
	Assessments
	Treatment planning
	Documentation of implementation of treatment services
	Discharge and continuing care planning
	Indications of treatment outcomes readily documented in client files and programs reports
Service Coordination	
	Continuing education in treatment services provided for treatment staff
	Coordination with: <ul style="list-style-type: none"> • Health service agencies

Provider Checklist for Additional Program Requirements	
Requirement	Description
<ul style="list-style-type: none">• Social service agencies• Correctional and criminal just agencies• Educational and vocational rehabilitation services• Employment Services	