

Bulletin

July 10, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- CCDTF Coordinators
- CCDTF Providers

ACTION/DUE DATE

Read and continue admissions preference and capacity reporting requirements.

EXPIRATION DATE

July 10, 2009.

DHS issues program capacity reporting requirements and other federal block grant requirements for CCDTF providers

TOPIC

Capacity reporting for Consolidated Chemical Dependency Treatment Fund (CCDTF) providers and other federal block grant requirements.

PURPOSE

To inform counties, tribal governments and CCDTF providers of preference procedures for treatment of intravenous drug users and substance abusing pregnant women as well as program capacity reporting requirements. This bulletin replaces Bulletin #02-51-05.

CONTACT

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BACKGROUND

Sections 1921 and 1954 of the Public Health Service Act authorize block grants to states for the prevention and treatment of substance abuse and provide a number of provisions which states must meet in order to qualify for a block grant award. Requirements for services for pregnant women and intravenous drug users as well as capacity management requirements are addressed in 45 C.F.R., Part 96. These regulations apply to any entities that receive federal block grant funds. Because Minnesota includes federal block grant funds within the allocations for the CCDTF, these regulations apply to counties, tribal governments, and licensed chemical dependency treatment providers participating in the CCDTF. Actions to meet these federal requirements are specified in 45 C.F.R., Part 96. This bulletin replaces bulletin #02-51-05, "DHS updates program capacity reporting requirements and other federal block grant requirements for CCDTF providers," dated June 17, 2002.

SCOPE AND AUTHORITY

These requirements affect all county/tribal government assessment and placement units or county/tribal government designated assessors responsible for client placement and all chemical dependency treatment providers who receive CCDTF or block grant funds. The actions specified in this bulletin are mandated by 45 C.F.R. Section 96.126 to implement Section 1923 of the Public Health Services (PHS) Act and by 45 C.F.R. Section 96.131 to implement section 1927 of the PHS Act.

ADMISSIONS PREFERENCE AND CAPACITY REPORTING

Beginning immediately, all counties, tribal governments and CCDTF providers must comply with the following:

1. Counties and tribal governments must give preference in assessments and placements to each pregnant woman in the state who seeks services.
2. Counties, tribal governments and CCDTF providers must ensure that each pregnant woman in the state who seeks or is referred to treatment services is given preference in admissions.
3. CCDTF providers which serve an injecting drug abuse population and pregnant substance-abusing women shall give preference to treatment as follows:
 - a. pregnant injecting drug users;
 - b. pregnant substance abusers;
 - c. injecting drug users; and
 - d. all others.
4. Counties and tribal governments must give preference in assessments and placements using the order of preference as stated in item 3.

5. Counties and tribal governments should require in their host county/tribal contracts with CCDTF providers that:
 - a. providers will notify the state upon reaching 90 percent capacity;
 - b. providers serving substance abusing pregnant women and intravenous drug abusers will maintain waiting lists of clients needing treatment when at capacity;
 - c. preference in admissions will be as required by item 3; and
 - d. clients on waiting lists receive interim services, as specified in item 9 below.
6. CCDTF providers are to inform the state when they reach 90 percent capacity by sending a fax to the Chemical Health Division of the Minnesota Department of Human Services at 651/431-7449. In the fax, include the name of the program, the name and telephone number of a contact person, and the date when 90 percent capacity was reached. CCDTF providers do not need to report when they go back under 90 percent capacity.

Methadone programs (OTPs) shall continue to report capacity information to the State Methadone Authority at DHS.methadone@state.mn.us.

7. CCDTF providers are to notify the placing county or tribal government when they are at 100 percent capacity and unable to accept a referral.
8. Counties and tribal governments are to ensure that each individual who requests and is in need of treatment for intravenous drug abuse or who is pregnant and substance abusing be admitted to a program not later than 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 are made available to the individual no later than 48 hours after such request.
9. Interim services are services that are provided until an individual is admitted to substance abuse treatment. Both intravenous drug abusers and substance abusing pregnant women must receive the following minimum interim services:

Counseling and education about HIV and tuberculosis, about the risks of needle-sharing, about the risks of HIV transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV transmission does not occur, as well as referral for HIV and tuberculosis treatment services, if necessary.

Interim services for pregnant substance abusing women must also include counseling on the effects of alcohol and drug use on the fetus, as well as referrals for prenatal care.

10. Counties, tribal governments, and CCDTF providers serving pregnant women are to ensure that the availability of treatment for and preference in admission of pregnant women is publicized by such means as street outreach programs, ongoing public services announcements, regular advertisements in local/regional print media, 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.

11. CCDTF providers treating intravenous drug users must establish a waiting list, which includes a unique patient identifier for each intravenous 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 placing county or tribal government must ensure that these individuals receive interim services and that the county maintains contact with the individuals awaiting admission.

12. If a person cannot be located for admission into treatment or if a person refuses treatment, such individuals may be taken off the waiting lists, and CCDTF providers are not obligated to provide treatment to those individuals within 14 or 120 days.

SPECIAL NEEDS

This information is available in other forms to people with disabilities by contacting us at 651/431-2460 (voice) or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).