



COUNTY OF YOLO

HEALTH AND HUMAN SERVICES AGENCY

POLICIES AND PROCEDURES

SECTION 6, CHAPTER 1, POLICY 002

SUBSTANCE USE PREVENTION AND TREATMENT BLOCK GRANT STANDARDS

POLICY NUMBER:	6-1-002
SYSTEM OF CARE:	SUBSTANCE USE
FINALIZED DATE:	01/25/2024
EFFECTIVE:	01/01/2024
SUPERSEDES # :	Supersedes Policy #'s: N/A

A. PURPOSE: To establish uniform guidelines, requirements, and timelines for Yolo County Health and Human Services Agency (HHSA) and Substance Use Disorder (SUD) network providers receiving Substance Use Prevention and Treatment Block Grant (SUBG) funding (formerly known as the Substance Abuse Block Grant [SABG]).

B. RELATED DOCUMENTS:

1. N/A

C. DEFINITIONS:

1. **Beneficiary:** A Medi-Cal recipient who is currently receiving services from a Network Provider.
2. **Network Provider:** Any provider, group of providers, or entity that has a network provider agreement with Yolo County HHSA BH and receives Medicaid funding directly or indirectly to order, refer or render covered services as a result of the contract (Title 42 Code of Federal Regulations [42 CFR] § 438.2)

D. POLICY:

Compliance with the following is required for Yolo County HHSA and SUD network providers either partially or fully funded by Substance Use Prevention and Treatment Block Grant (SUBG).

1. Personnel Policies

- a. Personnel files shall be maintained on all employees and volunteers/interns and shall contain the following:
 - i. Application for employment and/or resume;
 - ii. Signed employment confirmation statement/duty statement;
 - iii. Job description;
 - iv. Performance evaluations;
 - v. Health records/status as required by program or Title 9;
 - vi. Other personnel actions (e.g., commendations, discipline, status change, employment incidents and/or injuries);
 - vii. Training documentation relative to substance use disorders and treatment;
 - viii. Current registration, certification, intern status, or licensure;
 - ix. Proof of continuing education required by licensing or certifying agency and program; and
 - x. Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well.

- b. Job descriptions shall be developed, revised as needed, and approved by the Program's governing body. The job descriptions shall include:
 - i. Position title and classification;
 - ii. Duties and responsibilities;
 - iii. Lines of supervision; and
 - iv. Education, training, work experience, and other qualifications for the position.

- c. Written code of conduct for employees and volunteers/interns shall be established which address at least the following:
 - i. Use of drugs and/or alcohol;
 - ii. Prohibition of social/business relationship with clients or their family members for personal gain;
 - iii. Prohibition of sexual contact with clients;
 - iv. Conflict of interest;
 - v. Providing services beyond scope;
 - vi. Discrimination against clients or staff;
 - vii. Verbally, physically, or sexually harassing, threatening, or abusing clients, family members or other staff;
 - viii. Protection of client confidentiality;
 - ix. The elements found in the code of conduct(s) for the certifying organization(s) the program's counselors are certified under; and
 - x. Cooperation with complaint investigations.

- d. If a program utilizes the services of volunteers and or interns, procedures shall be implemented which address:
 - i. Recruitment;

- ii. Screening;
 - iii. Selection;
 - iv. Training and orientation;
 - v. Duties and assignments;
 - vi. Scope of practice;
 - vii. Supervision
 - viii. Evaluation; and
 - ix. Protection of client confidentiality.
- e. Written roles and responsibilities and a code of conduct for the medical director (if applicable) shall be clearly documented, signed and dated by an authorized program representative and the medical director.

2. Clinical Documentation

a. Admission Criteria:

- i. Admission criteria shall include, at minimum:
 - 1. Use of alcohol/drug of abuse
 - 2. Physical health status; and
 - 3. Documentation of social and psychological problems.
- ii. Admission and Readmission criteria for determining client's eligibility and suitability for treatment shall be documented in network provider policies and procedures.

b. Assessment:

- i. Assessment for all clients shall include:
 - 1. Drug/Alcohol use history;
 - 2. Medical history;
 - 3. Family history;
 - 4. Psychiatric history;
 - 5. Social/recreational history;
 - 6. Financial status/history;
 - 7. Educational history;
 - 8. Employment history;
 - 9. Criminal history, legal status; and
 - 10. Previous SUD treatment history.
- ii. If a beneficiary does not meet criteria, the beneficiary shall be referred to an appropriate service provider.
 - 1. All referrals shall be documented in the client record

c. Treatment Planning:

- i. Treatment planning is required as part of SUBG funded SUD services. Treatment plans are not required to be documented in a specified format (e.g., a standalone

treatment plan template), as long as the federal requirements in 45 CFR §96.136 are observed.

- d. **Progress Notes:**
 - i. Progress notes shall document the client's progress toward completion of activities and achievement of goals on the treatment plan.
- e. **Discharge & Continuing Care Planning:**
 - i. Discharge and Continuing Care Planning are a required part of SUBG funded SUD services. They are not required to be documented in a specified format (e.g., standalone discharge plan), as long as the federal requirements in 45 CFR §96.136 are observed.
- f. **Additional Documentation Requirements:**
 - i. If a beneficiary is admitted to treatment, a consent to treatment form shall be signed by the client.
 - ii. Copies of the following documents shall be provided to the client upon admission:
 - 1. Client rights, client fee policies, and consent to treatment.
 - iii. Copies of the following shall be provided to the client or posted in a prominent place accessible to all clients:
 - 1. A statement of nondiscrimination by race, religion, sex, gender identity, ethnicity, age, disability, sexual preference, and ability to pay;
 - 2. Grievance procedures;
 - 3. Appeal process for involuntary discharge; and
 - 4. Program rules, expectations and regulation.
 - iv. Where drug screening by urinalyses is deemed appropriate, the program shall document urinalysis results in the beneficiary's file.
 - 1. Network providers must establish procedures which protect against the falsification and/or contamination of any urine samples.
- 3. **Hatch Act:** Limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds (USC, title 5, Part III, subpart F., Chapter 73, Subchapter III).
- 4. **No Lawful Use or Unlawful Use Messages Regarding Drugs:** Information produced through these funds and which pertains to drugs and alcohol-related programs shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program.
- 5. **Limitation on Use of Funds for Promotion of Legalization of Controlled substances:** SUBG funding shall not be utilized for any activity that promotes the legalization of any drug or other substance included in Schedule I of section 202 of the controlled Substances Act (21 USC 812).
- 6. **Debarment and Suspension:** Subcontracting with or employing any party listed on the government wide exclusions in the System for Award Management (SAM) is prohibited.

Programs shall comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

- a. If a program subcontracts or employs an excluded party, the Department of Health Care Services (DHCS) has the right to withhold payments, disallow costs or issue a CAP as appropriate pursuant to HSC Code 11817.8 (h).

- 7. Restriction on Distribution of Sterile Needles:** SUBG funds shall not be utilized to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.
- 8. Health Insurance Portability and Accountability Act (HIPAA) of 1966:** Perform the work in compliance with all applicable provisions of HIPAA.
- 9. Nondiscrimination and Institutional Safeguards for Religious Providers:** Comply with the provisions of USC, Title 42, Section 300*65 and CFR, title 42, Part 54.
- 10. Counselor Certification:** Any counselor or registrant providing intake, assessment of need of services, treatment or recovery planning, individual or group counseling to participants, patients or residents in a DHCS licensed or certified program shall be registered or certified as defined in CCR, title 9, Division 4, Chapter 8.
- 11. Cultural and Linguistic Proficiency:** In order to ensure equal access to quality care by diverse populations, adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined on the US Department of Health and Human Services Office of Minority Health Webpage.
- 12. Intravenous Drug Use (IVDU) Treatment:** Individuals in need of IVDU treatment shall be encouraged to undergo Alcohol and Other Drug (AOD) treatment (42 USC 300*23 (45 CFR 96.126 9e)).
- 13. Tuberculosis (TB) Treatment:**
 - a. Routinely make available TB services to individuals receiving treatment.
 - b. Reduce barriers to patients accepting TB treatment.
 - c. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment by disseminating information through educational bulletins and technical assistance.
 - d. Refer to Yolo County's TB Policy for more information.
- 14. Trafficking Victims Protection Act of 2000:** Comply with the trafficking Victims Protection Act of 2000 (USC, title 22, Chapter 78, Section 7104).
- 15. Tribal Communities and Organizations:** Regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight on potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area.

- 16. Marijuana Restriction:** SUBG funds shall not be used, directly or indirectly to purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder.
- 17. Practice Guidelines:** Comply with the following practice guidelines and related Yolo County policies. These guidelines shall be utilized to develop and implement treatment. The current versions of these guidelines can be found online on the DHCS webpage.
- a. Adolescent Best Practices Guidelines
 - b. Perinatal Practice Guidelines
- 18. Byrd Anti-Lobbying Amendment (31 USC 1352):** Federal appropriated funds shall not be utilized to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, Officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352.
- 19. Nondiscrimination in Employment and Services:** Certify that under the laws of the United States and the State of California, county will not unlawfully discriminate against any person.
- 20. Information Access for Individuals with Limited English proficiency:** Comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.
- 21. State Reporting Requirements:** Submit the following reports as outlined below:
- a. California Outcomes Measurement system for Treatment (Cal-OMS-TX)
 - i. Submitted in Avatar within 45 days after the end of the report month.
 - b. Drug and Alcohol Treatment Access Report (DATAR):
 - i. Submitted monthly in an electronic format as provided by DHCS by the 10th of the month following the report activity month.
 - ii. Providers who reach or exceed 90 percent (%) of their dedicated capacity shall report this information to DHCS's identified email address within seven days of reaching capacity.
 - c. Charitable Choice
 - i. Submitted annually to Behavioral Health Quality Management email by faith-based providers.
 - ii. This report shall include the total number of referrals necessitated by religious objection to other alternative SUD providers.
 - iii. Refer to Yolo County's Charitable Choice Policy for more information.
 - d. In addition to the data reporting requirements outlined above, the County may request additional data as required by regulation.
- 22. SABG Enclosure 2:** Comply with all State and Federal Law Requirements as listed in SABG Enclosure 2.

E. PROCEDURE:

1. Network providers shall develop internal policies and procedures which meet the requirements outlined in this policy and their executed contracts with Yolo County HHSA.

F. REFERENCES:

1. Minimum Quality Drug Treatment Standards for SABG
2. Substance Abuse Prevention and Treatment Block Grant (SABG) Policy Manual
3. Perinatal Practice Guidelines
4. Adolescent Best Practice Guidelines
5. United states code (USC), title 42, section 300x
6. 45 C.F.R.
7. 42 C.F.R.
8. 9 C.C.R., Division 4, Chapter 8.

Approved by:



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1/26/2024

Date

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