



BPA HEALTH

SUD Provider Manual Supplement

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BPA Health SUD Provider Manual Supplement

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BPA Health SUD Provider Manual Supplement

Welcome to the BPA Health Substance Use Disorder (SUD) Provider Network. This SUD Provider Manual Supplement is designed to augment the BPA Health Provider Manual, the WITS training you have already completed and the BPA Health Orientation webinar you have watched, in order to assist you in successfully implementing a quality SUD program that is compliant with State, Federal and BPA Health standards. Documents mentioned in the manuals and the webinar can be found in the Appendices or our website at www.bpahealth.com. We encourage you to review this information with all employees.

SUD Provider Overview

All providers in the BPA Health Substance Use Disorders (SUD) Network are required to comply with IDAPA code 16.07.17, as well as the BPA Health Provider Manual and supplements, terms of signed contract and any applicable addendums. These requirements cover administrative and clinical processes.

SUD Oversight Functions

The following State of Idaho Partners receive funding for SUD treatment and recovery support services: Idaho Department of Health and Welfare (IDHW), Idaho Department of Corrections (IDOC), Idaho Supreme Court (ISC) and Idaho Department of Juvenile Corrections (IDJC). SUD oversight functions, based on funding source, are as follows:

SUD SERVICES OVERSIGHT FUNCTIONS					
	Network Management	Eligibility Screening	Initial Authorization	Continued Stay Review	Claims
IDHW	BPA	BPA	BPA	BPA	BPA
IDOC	BPA	IDOC	IDOC	BPA	BPA
ISC	BPA	Courts	Courts	Courts	Courts
IDJC	BPA	IDJC	IDJC	IDJC	IDJC

Professional Licensure and Certification

Provider staff must meet the following criteria, as applicable, based on services to be provided:

- **Treatment providers** in the SUD Network must employ:
 1. Qualified Professionals (QP) as defined in IDAPA 16.07.17 section 200. They may also choose to utilize the services of Qualified Substance Use Disorders Professional Trainees (QPT) as defined in IDAPA 16.07.17 Section 210; **and a**
 2. Clinical Supervisor* who meets one of the following criteria:

- a. Master's Degree from an accredited, approved, and recognized college or university in health and human services and the equivalent of three (3) years paid full-time professional experience with two (2) years providing direct substance use disorders treatment; OR
 - b. Clinical Supervisor designation from the Idaho Board of Occupational Licensure and professional experience in provision of substance use disorders treatment; OR
 - c. Idaho Board of Alcohol/Drug Counselor Certification (*IBADCC*) Certified Clinical Supervisor; AND
 - d. If supervising individuals who provide services to children and adolescents, the clinical supervisor must have two (2) years of experience working with children and adolescents and knowledge of the effects of alcohol and drugs on child and adolescent growth and development.
- **Case Management providers** in the *SUD* Network must employ:
 - 1. Case Managers who meet one of the following criteria:
 - a. a QP per *IDAPA* 16.07.17 section 200, OR
 - b. a QSUDPT as defined above, OR
 - c. a person with a bachelor's degree or higher in Human Services or related field from a nationally-accredited university or college, OR
 - d. a person with a bachelor's degree plus 2 years of experience working as a case manager in a related field; **and a**
 - 2. Case Management Supervisor* who meets the following requirements:
 - a. Have a master's degree in social services field (unless also providing supervision for clinical staff this person is not required to be a clinical supervisor),
 - b. Have documented knowledge of working with *SUD* clientele, and
 - c. Have knowledge of the role of case managers and of community resources.
- **Recovery Coach providers** in the *SUD* Network must employ:
 - 1. *IBADCC* Certified Recovery Coach, Certified Provisional Recovery Coach, Certified Peer Recovery Coach, or Provisional Certified Peer Recovery Coach; **and a**
 - 2. *IBADCC* Certified Recovery Coach Supervisor*.
- * **Supervisors cannot supervise their own supervisors, business partners, or family members.**

Additional requirements for SUD agencies:

- Additional network specific requirements may be defined in contract and application documents, as needed.
- Provide proof of Criminal History Unit (CHU) Enhanced Background Check clearance for staff. This includes any staff member interacting face-to-face with, or accessing *Protected Health Information* for State Funded SUD clients.
- Once approved, SUD provider must complete WITS trainings and BPA Health New Provider Orientation prior to activation in SUD Network.

Staff and Office Updates

Providers must complete the appropriate form located on the BPA Health website as changes occur. The staff update form must be completed within 24 hours of a staff member being hired or leaving. Additionally, providers must notify the WITS Helpdesk within 24 hours of a staff member leaving to ensure WITS access is removed (form can be found on WITS website). Failure to comply with these may result in sanctions.

Claims

SUD claims are released to billing through WITS. They must be batched, billed and received by BPA Health 30 days of service. See WITS e-manual for more information. If at any time during the course of treatment a client obtains Medicaid the provider must discharge the client from SUD funding and send in NTA. If it is determined that a provider did not discharge from SUD funding after client obtained Medicaid, BPA Health will recoup SUD claims that had been paid. Provider may be able to request Medicaid-braided funding for some services. See Rate Matrices on BPA Health website for more information.

Please note: BPA Health pays IDHW and IDOC claims. IDJC and ISC claims are paid directly by IDJC and ISC.

Collection of Co-pays

Providers may collect all applicable co-payments directly from clients in accordance with BPA Health Provider agreements.

Clinical Practice Guidelines (SUD Specific)

Supervision Requirements

Supervision is an integral part of any quality assurance program. In order to bill for services, all clinicians, trainees, case managers, and recovery coaches are required to meet qualification criteria and receive regular supervision as outlined below:

SUD clinicians, case managers and recovery coaches in the *SUD* Network are required to participate in supervision with qualified supervisors as well as regular case consultation. Supervisors must use an evidence based model of supervision.

- **Supervision Documentation:** Supervision files must be maintained for a minimum of seven (7) years and should include:
 - a. Demographic information (name, date of hire, credentials, certifications, frequency of supervision, job title and supervisor's name)
 - b. Professional Development Plans (clinicians and case managers)
 - c. Forms required by licensure/certification boards as applicable (i.e. *Recovery Coach* supervision form)
 - d. Supervision notes must include date, time/length, method and content of supervision, and supervisor's signature.

- **Clinical and Case Management supervision** must include a combination of observation, review of *client* records, assistance with and review of written professional development plan (including measurable and time specific goals), and case consultation. Frequency of supervision is determined by the clinical supervisor, based on observed competencies and occur no less than one (1) time per year. All Qualified Professional Trainees must have a minimum of monthly supervision until they become licensed/certified and then frequency should be determined by the clinical supervisor, based on competencies and occur no less than one (1) time per year.

- **Recovery Coach Supervision** may include a number of methods such as observation, role plays, individual meetings, and case consultation. *Recovery Coach* Supervisors must follow *IBADCC* guidelines on frequency, process, and forms.

Implementation of Evidence-based Programs (EBP)

All treatment providers are required to use evidence-based programs and are responsible for ensuring adequate staff training and adherence to EBPs. Providers must keep BPA Health informed of those being used by submitting an Evidence-Based Programs / Practices Form (located on BPA Health website) at time of application and whenever EBPs are added or discontinued. BPA Health will post these EBPs in the *provider* profiles on our website.

Documentation Standards

In order to bill for a service the encounter note must be entered into WITS. In addition to intake documentation, all encounter notes, plans, discharge summaries must be

clear, individualized, and reference evidence-based programs. Any documentation entered by an intern or trainee must include documentation that it was reviewed by and counter-signed by supervisor or Qualified SUD Professional (QP).

Required Documents – There are a number of required documents that need to be completed or reviewed at intake. All required forms, as well as sample templates, can be found in the attachments in the Provider Manual, this Supplement, WITS or the BPA Health website. The following are required:

- **Fee determination** (required for treatment providers only) - completed in WITS (generally by person entering the authorization), updated by treatment provider as changes occur and minimally once per year. This is not required for IDJC or ISC funded clients. It is important to note, all clients must first apply for and receive denial from Medicaid in order to receive an authorization for SUD funding.
- **Releases of Information:**
 - IDHW General Release Form, required form for all treatment and RSS providers (see [Appendix A](#)).
 - Releases of Information (ROI) for any other appropriate individuals to coordinate care (e.g. PO, Recovery Support Service providers, physician, etc.). This is required for all providers (see Sample in [Appendix B](#))
- **Informed consent**
- **Signed acknowledgement** that providers received or had made available to them the following:
 - **Notification of use of any trainees**, if applicable (treatment providers only) – this may be a part of a provider’s client handbook.
 - **Client Rights** (see BPA Health website).
 - **TB/HIV/Infectious Disease testing referrals** (treatment providers only)
 - **HIPAA and 42 CFR Part 2** confidentiality practices notification
- **Assessments** – identify the clients’ strengths and needs and serve as the basis of clients’ treatment and case management plans. For IDOC clients, it is important to also consider LSI-R score.
 - IDHW – Comprehensive Diagnostic Assessment (CDA) addressing ASAM dimensions and completed by someone trained in ASAM. See Idaho’s Behavioral Health Standards for specifics (<https://healthandwelfare.idaho.gov/Portals/Rainbow/Manuals/Mental%20Health/BHStandardseManual/NetHelp/index.html#!Documents/30assessment.htm>)
 - IDOC, IDJC and ISC – if authorized, a GAIN Assessment must be consented in WITS to funding partner. IDHW and IDOC GAIN

assessments must also be consented to BPA Health. If client transfers to another provider the GAIN needs to be consented in WITS to new provider as soon as written consent is obtained. GAINS should be completed and consented within 10 days of initial authorization. If unable to complete for any reason and the client is IDOC funded then this should be communicated with IDOC and the PSI (if applicable). If there is no assessment authorization providers are encouraged to conduct a clinical interview to determine dimensional needs and to develop service plan based on that interview.

- **Case Management (CM) assessments** must be completed for all clients receiving case management services prior to developing case management plan. See sample CM assessment in [Appendix C](#).
- **Service, Treatment and/or Case Management Plans** - must be developed with the client, be client centered and address all client strengths and needs. See [Appendix D](#) for sample form that can be used for service, treatment and/or case management plans. Plans must include:
 - Goals, objectives (SMART), and evidence based interventions
 - Frequency of each service/intervention being provided
 - Target dates for goals and objectives
 - Plan for family engagement and/or enhancing sober supports
 - Treatment plans should include all Recovery Support Services (RSS) and clearly identify if CM is providing intervention
 - Discharge criteria
- **Encounter Notes** - must be entered in WITS within five (5) business days of the date of service and released to billing within thirty (30) days. The note should be individualized and meet applicable requirements. Treatment notes of trainees/interns must be reviewed and co-signed by a qualified professional prior to releasing to billing (see WITS e-manual for more information).
 - **Group** notes for all treatment services must include documentation of EBP service. Providers are encouraged to consider using DAP or SOAP notes.
 - **Case Management** notes may be bundled for CM services provided throughout a day (exception is CM family without client present which has a separate billing code). Within the note break down by time that each service was provided during the day (i.e. "1:00 – 1:30 met with client and discussed 3:15 – 3:30 completed and submitted IDOC Status Update form"). If providing CM services there must be a minimum of one face-to-face or telehealth CM appointment each month with either the client or the client's family.

- **Residential, Transitional and SSH** providers may bundle up to five (5) days of service in one note. Group and individual notes for residential providers must be entered as Miscellaneous notes.
- **Discharge summary and closing the authorization** must be completed and entered by treatment provider in WITS within 15 calendar days of successful discharge or known termination. If client stops coming to treatment the provider has 45 calendar days from last billed date of service to discharge. Treatment providers must notify RSS providers when they are discharging a client. Upon discharge, all treatment and RSS providers must close out authorization by sending in a Note to Authorizer (NTA) to BPA Health for IDHW and IDOC clients. Providers work collaboratively with IDOC, IDJC and ISC probation officers or designees regarding discharges.

Additional documentation standards for treatment providers can be found in [Appendix E](#) and for RSS providers in [Appendix F](#).

SUD Service Specific Information

Safe and Sober Housing (SSH)

- SSH providers may collect Program Fees (see Rate Matrix for limits). The fees may be imposed to cover the following expenses:
 - Basic utilities
 - Telephone services
 - Cable/satellite T.V.
 - Internet services (if available to client)
 - Amenities fund to cover wear and tear on home living items (i.e. dishes, furniture, etc.)
 - Cleaning supplies provided by provider
- POs may grant up to a 3 day leave of absence for IDOC client in extenuating circumstances (i.e. hospital, serving discretionary time). The leave of absence allows SSH provider to bill for those days and hold the room for the client. Provider is required to maintain paperwork verifying the PO has approved the leave.

Drug Testing

- Observed urinalysis (UA) testing is the preferred method. If provider is unable to conduct observed UA (i.e. no same-sex testers available) then provider may do an observed oral collection. Provider must follow industry collection standards.

Child Care

- If a child care provider allows parent to leave premises while child(ren) are in childcare, the provider will need to obtain a child care license and comply with State and local child care guidelines.

SUD Benefit Program Specific Information

IDHW receives funding from State General Funds, and Federal grants including the Substance Abuse Treatment and Prevention Block Grant (SABG), and the State Targeted Response Grant for the treatment and prevention of Opiate Use Disorders - Idaho's Response to the Opioid Crisis (IROC). See Provider Manual, Contract and addendums for additional information. Rate Matrices on **BPA Health website** benefit coverage and limits. IDHW specific benefit program information and requirements include:

- **Substance Abuse Block Grant (SABG)** –The SABG requires Providers to adhere to specific guidelines including Specialized Services for Pregnant Women and Women with Children (PWWC); Prioritized Services for Persons Who Inject Drugs (PWID); education on the effects of IV drug use, HIV, and TB and the risk of needle sharing; and screening and treatment for tuberculosis (TB). See [Appendix G](#) for details.
 - **PWWC Requirements:** treatment providers agree to treat the family as a unit, admitting both women and their children into treatment services, if appropriate. At a minimum, treatment program shall provide or arrange for the provision of an array of services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children. When providing services to a PWWC client, case manager must see client within first 14 days and complete PWWC Checklist (see [Appendix H](#)) within 30 days. The checklist should be updated as needed.
- **Idaho's State Opioid Response Grant (Referred to as IROC/SOR)** – the grant requirements for treatment providers include:
 - Utilizing clinically appropriate evidence-based practices (EBP) for Opioid Use Disorder treatment;
 - Developing a partnership with a Data 2000 Waivered Prescriber who may provide Medication Assisted Treatment (MAT);
 - Coordinating treatment and MAT services in close partnership with the client and prescriber;
 - Facilitating payment to the MAT prescriber and payment for the medications within the approved limits on the Rate Matrix (providers must maintain copies of invoices);

- Agreeing not to require clients to taper off or stop the use of MAT inconsistent with prescriber's recommendations OR require clients to use MAT;
 - Agreeing to work with pregnant women who identify as having an OUD to access appropriate care for themselves and their pregnancy;
 - Agreeing not to purchase, prescribe, or provide directly or indirectly, marijuana or treatment using marijuana; and
 - Providing clients with Naloxone training and encouraging them to obtain Naloxone kits, and must collect all outcomes data, including GPRA if required. Providers with Naloxone kits shall ensure staff receive training in administering Naloxone.
- **Idaho's Treatment and Transitions (TnT) Grant** – The funding from the 5 year TnT grant from SAMHSA is to expand access to Enhanced Safe and Sober Housing and behavioral health services to eligible clients with co-occurring mental health and substance use disorders. Authorized providers will receive authorizations for case management services (SOAR) to assist clients with Social Security/Disability Insurance Outreach, Access, and Recovery (SOAR).

IDOC receives funding from the State General Fund and Millennium Fund to treat qualified individuals with criminal justice involvement. See Provider Manual, Contract and addendums for additional information. See Rate Matrix for covered services. IDOC specific benefit program information and requirements include:

- Provider authorization requests that fall outside of the IDOC matrix are forwarded by BPA Health to IDOC for review and consideration.
- IDOC considers the following best practice services:
 - Utilize cognitive-behavioral based programming that addresses SUD and criminogenic thinking
 - Drug and Alcohol Tests up to two times per week (see Rate Matrix for limits)
 - Utilization of Case Management
 - Consideration of LSI-R score, found in the comment section of the initial referral, in establishing treatment plan
 - Consistent and regular contact with Probation/Parole Officer (PPO), identified in the comment section of the initial referral. IDOC encourages providers to submit the IDOC Status Report Form (see [Appendix I](#)) monthly to keep the PO apprised of client progress. Providers may bill staffing units to complete and submit the form.
 - POs may grant clients in SSH a leave of absence for up to 3 days, in unusual circumstances. Providers must maintain documentation from

PO granting the leave of absence in order to continue billing for those three (3) days.

- **19-2524 GAIN I assessments** must be completed within 10 days of referral unless otherwise specified in the comment section of the referral. If the provider is unable to meet this deadline, they must contact the Pre-Sentence Investigator (PSI) or District Clinician to transfer the authorization to another provider. The PSI contact information should be included in the authorization. If unable to reach the client or client is no-showing/rescheduling and the deadline will not be met the Provider must communicate this to the PSI and District Clinician as it will impact sentencing dates with the court. Documentation of this communication must be in the client file. All PSI GAINs must be consented and referred to IDHW. BPA Health screens all pre-sentence assessments, conducts indicated mental health assessments, and provides any mental health treatment recommendations to the courts. Treatment Providers are NOT to make any mental health treatment recommendations for the 19-2524 population.
- **Re-entry/Parolee Aftercare** – The purpose of services for this benefit programs is to focus on identification and intervention for issues related to motivation for change, relapse prevention and social support and environment during the community reintegration process.
 - Authorizes bundled therapy and RSS services. See Rate Matrix for details.
 - Provider shall engage client in treatment immediately (within 10 business days). IDOC has been granted a waiver from DHW to not require these clients to complete a GAIN. Providers are encouraged to conduct a dimensional assessment with clients to determine needs and to develop service plan based on that interview. Some clients may be engaged in aftercare groups at IDOC District offices. Collaboration with the PPO and required aftercare groups should be considered when developing the service plan with the client.
 - Authorization Change Request (ACR) may be submitted for review if client displays increased symptomology and meets admission criteria for a level of care or if client is not ready to commit/engage in services and could benefit from additional Parolee Aftercare services.

ISC receives funding from the State General Fund. Populations Served include individuals that have pled guilty and agreed to participate in a problem-solving court. Offenders admitted to a problem-solving court receive SUD services as necessary.

- **Problem Solving Court Providers** – District courts may choose to contract with a specific provider(s) to provide treatment services to individual enrolled in problem solving courts (e.g. Drug Court). BPA Health does not manage the court contracts.

IDJC receives funding from the State General Fund. Populations Served include justice-involved juveniles requiring SUD services at ASAM Level 1.0 or higher who are not engaged in a problem solving court.

- Providers must work collaboratively with referral sources, such as probation officers and others on the client's treatment team.
- Providers must keep juvenile probation officer (JPO) informed of client progress, generally weekly unless otherwise determined based on risk. Provider should communicate with JPO if believe additional or continued services are needed.
- Providers must attempt to engage client's family, with whom they have a close emotional connection, in treatment. If this is not clinically recommended, or client or family refuses this shall be clearly documented in WITS.
- The provider should work with JPO on appropriate discharges.

Utilization Management (SUD specific)

BPA Health uses American Society of Addiction Medicine (ASAM) criteria for *SUD utilization management*.

Prospective and Concurrent Review Process

SUD providers must notify BPA Health prior to initiating any non-emergency treatment to verify client eligibility and authorization. *Providers* must contact BPA Health care managers telephonically during business hours if they are submitting a request in WITS for urgent care.

Once eligibility is determined under the *client's SUD benefit program*, BPA Health will review the required clinical information from the *provider*, to determine if *client* meets *medical necessity* criteria for the treatment services and/or level of care being requested. BPA Health may seek clarification or additional information from the *provider* prior to authorizing or certify levels of care or services that are specified as under the *client's benefit program* (e.g., residential, intensive outpatient, or outpatient). *RSS* services are authorized in accordance with the listed limits in the *Rate Matrix*. *Authorizations* and *certifications* are for a specific number of units of services/days and for a specific time period based on the *client's* clinical needs and limits in *client's benefit program*.

Requests for additional *SUD* units or services and/or transferring to a different level of care will be reviewed by BPA Health as described above. The *benefit program* may in some limited instances approve services that exceed limits allowed on the *Rate Matrix*.

BPA Health Care Coordination Services for High Risk Clients

BPA Health Care Managers identify specialty populations and high risk *clients* to provide added support in the form of care coordination. Each of the *clients* is assigned a specific Care Manager to help navigate the challenges of recovery and to work on specific goals the *client* has for various areas of their life. This program is voluntary for the *client*, and can be engaged in or discontinued at any time.

Record Reviews and Audits (SUD specific)

BPA Health Network *providers* are required to cooperate with record reviews and *audits* conducted by BPA Health. Additionally, *providers* in the *SUD* Network agree to cooperate with any record reviews and *audits* conducted by *IDHW*, or other designated State Partner.

BPA Health may conduct record reviews and/or audits under any of the following circumstances:

- Routine quality and/or billing audit
- As a part of continuous quality improvement and/or monitoring activities
- Responding to a quality of care, professional competency, or professional conduct concern
- To verify compliance with *provider agreement*
- As required under a specific Network contract

At a minimum, BPA Health will conduct reviews of the following:

- **Adolescent Residential providers** (who are not CARF or JACHO accredited) - Quality and Effectiveness of Care (QEC) audit
- **Safe and Sober Housing** – annual facility walk-through and chart review

Record reviews and/or *audits* may be conducted on-site in the *provider's* office, virtually, or through review of electronic or hard copy of documents supplied by the *provider*. *Providers* must supply copies of requested records to BPA Health within the specified timeframes. BPA Health utilizes *HIPAA* compliant software for *providers* to upload copies of records.

Clinical record reviews and/or *audits* are conducted by licensed clinicians. *RSS* record reviews and/or *audits* are conducted by trained BPA Health staff. Tools used for routine

audits are reviewed by BPA Health at least annually. BPA Health reserves the right to update, discontinue, implement and/or replace tools at its discretion and without notice.

BPA Health will provide IDHW and the *provider* with the findings of record reviews and *audits*. If necessary, the findings will include notification of need for a *corrective action plan* to address deficiencies.

Adverse Events/Critical Incidents (SUD specific)

IDHW will also review all reported adverse events/critical incidents.

Complaints

Providers and clients may file complaints. For complaints regarding a provider or services contact DBH by calling (855) 643-7233, (208) 334-6870 or emailing DBHproviderquality@dhw.idaho.gov.

For complaints about a BPA Health determination contact BPA Health by calling (800) 688-4013, (208) 947-4393 or emailing BPAQuality@bpahealth.com. BPA Health may follow-up on complaints that have the potential of affecting status in the BPA Health network(s).

Appeals

BPA Health will process appeals for any decisions made by BPA Health. Otherwise, DBH will process appeals and may forward to specific Partner for processing depending on denial. BPA Health's appeals policy and form can be found on the **BPA Health website**.

Resources, Technical Assistance, and Training

BPA Health's website at www.bpahealth.com includes important resources including:

- BPA Health Provider Manuals
- Communications from Partners and BPA Health (these will also be emailed)
- Current Rate Matrices
- Training information and some archived training webinars and materials
- Required and sample forms
- List of contracted BPA Health providers, including specialties, hours of operation, and EBPs being offered
- Copies of audit and facility walk-through tools

WITS website at <http://wits.idaho.gov/> includes valuable information in their e-manual, user guides, and in their trainings. The WITS Helpdesk is available to assist you with any WITS related questions. In addition to the required New Provider Training, some of the additional WITS training and materials you will want to become familiar with include:

- Scheduler and Group Notes (treatment only)
- Consenting GAINs
- Authorization and clinical dashboards
- Submitting Authorization Change Requests and Notes to Authorizer

What happens next?

We recognize this is a lot of information. We encourage you to have your employees review the manual, supplement, and WITS trainings and complete the SUD Provider Orientation Checklist in [Appendix J](#). Please do not hesitate to contact the WITS Helpdesk with WITS specific questions and BPA Health Provider Relations with contract or technical assistance questions.

Once the SUD New Provider Orientation has been completed the Provider Network Management (PNM) department will complete contracting process and notify the WITS Helpdesk who will finalize your agency set-up in WITS. This can take up to two weeks to complete. Once that step is finalized you will be able to begin receiving authorizations. Please make sure to check in WITS daily for new referrals and authorizations, read important WITS announcements, and read communications that come from BPA Health!

Welcome aboard!

Appendix

Appendix A –IDHW General Release

Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions or concerns to:

Consent for Release of Information

I, _____, am requesting substance abuse services from Idaho's publicly funded substance abuse system of care. As such I voluntarily authorize BPA Health, those Substance Abuse Treatment and Recovery Support Services (RSS) providers who are contracted to provide Treatment and RSS under Idaho's publicly funded substance abuse system of care, and the Department of Health and Welfare (Department) to disclose my name, all necessary treatment information and my social security number to each other and the Department. This information will be disclosed for the following purposes: **1)** To assist with referring me to appropriate types of care and guiding my treatment and recovery support; **2)** To be entered into the Department's common client database so that I will have one client number for any services received from the Department; **3)** To process payment of costs for my treatment and recovery support services; **4)** For monitoring compliance in the program; **5)** For program audit and research including independent peer reviewers, contract monitors or researchers appointment by the Department; **6)** For investigations related to fraud.

Furthermore, I authorize the disclosure of personal substance abuse treatment and recovery outcomes data collected by contracted Substance Abuse Treatment and RSS Providers, BPA Health and the Department to the Federal Center for Substance Abuse Treatment and its contracted data collection Agents. _____ Client Initials

Informed and Voluntary Consent for Treatment

The purpose of my participation, as a client, in the Idaho publicly funded substance abuse treatment program is to acquire knowledge, skills and attitudes supportive of a sober and more satisfying lifestyle. In addition to the potential positive outcomes likely to occur as a result of my participation, the following reasonably foreseen risks may occur, as they would in any other alcohol and drug treatment program: breach of confidentiality; negative reactions of group members; emotional stress from requirements of group interaction, self-disclosure; stress to relationships resulting from open discussion of issues, past traumas; and, stress to relationships resulting from participant behavioral changes, positive or negative, need to attend recovery support meetings, spend time in group and doing assignments.

Providers will take steps to minimize or protect participants against potential risks by adhering to standards of confidentiality found both in Federal and State Code, and by informing and verifying client understanding of group rules. And, by intervening in and guiding appropriate disclosure, confrontation and resolution in group and in family conflict. Providers will assist clients in accessing sober support services and self-help groups where acceptance and stress reducing support is available. _____ Client Initials

Revocation Clause

This release may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on the release. I acknowledge that some information may include material that is protected by State and Federal regulations including Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Information Portability and Accountability Act (HIPAA). Unless revoked as stated above, this consent expires automatically on: _____ Client Initials

I have read the above Consent to Release of Information, Informed and Voluntary Consent for treatment and the Revocation Clause. I agree I have been given the opportunity to question the above disclosures and consent for care and hereby do agree to the above identified Disclosures and Consent to Treatment.

Client Printed Name

Client Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Witness Printed Name

Witness Signature

Date

PC-240-11/4/2016

BPA Health Required Form - IDHW Release General

Client ID: _____
Revised: 10/14/2016

Appendix B – Release of Information (Sample)

Agency name, address, phone

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, _____ authorize **[enter Agency name]** to:
(Client Name or Parent/guardian of client)

____ Release to: _____ Exchange with:

(Name of Agency or Individual)

(Address)

the following information pertaining to _____
(Client Name) (Date of Birth)

(initial all that apply):

<input type="checkbox"/> Substance Abuse Records <input type="checkbox"/> Case Management Records <input type="checkbox"/> Recovery Support Services <input type="checkbox"/> Substance Abuse Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Mental Health Records <input type="checkbox"/> Progress Reports <input type="checkbox"/> Laboratory Data (Drug Testing)	<input type="checkbox"/> Medication Records <input type="checkbox"/> History & Physical Exam <input type="checkbox"/> Medical Record <input type="checkbox"/> HIV/AIDS Related Information <input type="checkbox"/> Legal Services <input type="checkbox"/> Court Related Information <input type="checkbox"/> Admission/Discharge Summary <input type="checkbox"/> Other: _____
---	---

for the purpose of (initial all that apply):

Care Coordination
 Other: _____
(Be as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, as well as the Health Information Portability and Accountability Act (HIPAA) of 1996, 45 CFR Parts 160 and 164 Subparts A and E, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent any time, by either written or verbal notification, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: _____
(Date or event)

I also understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that this agency may not condition treatment, payment, enrollment or eligibility for benefits whether or not I sign this authorization, unless allowed by law. I understand that I may inspect or copy any information used or disclosed under this authorization.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Agency Witness: _____ Date: _____

Appendix C – Case Management Assessment (Sample)

Case Management Assessment

NAME _____ DATE _____

Who will help me with my sobriety?

Who will help me when I need a ride, financial help, or that I can turn to when feeling overwhelmed?

My skills and strengths I have learned throughout my lifetime thus far include:

Please check all the areas that have been identified as focus of possible assistance

EDUCATION

GED Vocational College Other _____

EMPLOYMENT

Job Search Applications Cover Letters and Resume
 Interviewing Interview Clothing/Uniforms
 Other _____

HEALTH CARE

Medical Insurance/ Medicaid/Healthcare Exchange Disability Application
 Physician Prescription assistance Dental Vision
 Mental health counseling Other _____

FINANCIAL

Budgeting Banking Balance check book
 TAFI Consumer Credit Services

Other _____

TRANSPORTATION

- Bus tokens Driver's License Insurance
 Transportation providers Other _____

HOUSING

- Emergency / Temporary Housing Adult Safe and Sober Housing
 Subsidized Housing Deposits Utilities
 Other _____

BASIC NEEDS

- Food stamps Food bank WIC Clothing
 Other _____

CHILDREN

- WIC Formula Diapers Childcare Immunizations
 School supplies/fees Clothing Parenting
 Other _____

LEGAL

- Legal Aid Other _____

MISCELLANEOUS

- Time Management Hobbies Support Groups
 Other _____
 Other _____
 Other _____
 Other _____
 Other _____

Client Signature/Date: _____

Case Manager Signature/Date: _____

Appendix D – SUD Service, Treatment or Case Management Plan (Sample)

Provider Name/Location

Comprehensive Service, Treatment or Case Management Plan

Client Name: _____

Date: _____

Diagnoses: _____

Strengths:

1. _____
2. _____
3. _____

Directions: All problems identified in assessment(s) must be addressed, referred, or deferred with justification. When appropriate, plans should include involvement of family and/or social supports. All plan should include building social support networks in dimension 6. Use the following grid for each of the six dimensions.

Dimension _____

Problem(s):	List all problems, needs and concerns identified for this dimension in assessment	Expected Completion Date	Review Date	Completion Date
Goal: 1	SMART goal addressing problem. Include expected completion date.			
Objective(s): 1	List all measurable objectives that will lead to goal attainment. Include frequency and expected completion dates for each objective.			
Intervention(s): a	List all interventions that provider will be offering to assist in goal attainment. Include frequency, expected completion date and when applicable, EBPs being provided for each intervention.			

Updates: include date of review, status of goals/objectives/and interventions, as well as any changes to plan if not attained by expected completion date.

Discharge Criteria:

Projected Discharge Date: _____

(Measurable indicators that client is ready for discharge from services):

- 1. _____
- 2. _____
- 3. _____

Recovery Planning Team:

(Who participated in the development of this service plan with the client: family, social supports, clinician, case manager, other service systems)

- 1. _____
- 2. _____
- 3. _____

These services have been agreed upon with the client and/or his/her/their Parent/Guardian and are deemed clinically necessary to facilitate this client's recovery.

I, _____, the client for whom this Service Plan was created, was involved with development and agree with the Plan content. I am aware that I have the freedom of choice among any qualified providers of services that I may receive as under the guidelines of this plan.

By signing this document, I indicate that I was actively involved in its development and that I received a copy for my records.

Client Signature

Date

Parent/Guardian (Required if under 16)

Date

Clinician (Name and credentials)

Date

Case Manager (Name and credentials)

Date

Clinical Supervisor (Name and credentials)

Date

Appendix E – Additional Treatment Provider Documentation Standards

STANDARD	
A. TREATMENT RECORD-KEEPING PRACTICES	
1	Documentation is legible.
2	<i>Client</i> demographic information is documented (name, date of birth, address, telephone number, marital status and spouse's name, and guardianship if relevant)
3	Paper records include <i>client's</i> name or unique identifier on every page.
4	Informed consent
5	Individualized <i>encounter</i> note for each billed service/session. Notes should include content of session, and <i>client's</i> progress towards goals. Group notes should include <i>EBP utilized</i> .
6	All entries are signed and dated by author and include credentials. Electronic signatures are permitted in EHRs.
B. ASSESSMENT (THESE REQUIRED ELEMENTS MAY BE COMBINED IN ONE OR MORE ASSESSMENT TOOLS)	
7	<i>SUD providers</i> are required to use these specific assessments: CDA including ASAM dimensions for IDHW SUD funded treatment, or GAIN for IDOC, IDJC, and ISC funded SUD treatment services.
8	Presenting problem including history, current symptoms and behaviors.
9	Past behavioral health treatment history including any psychiatric hospitalizations and residential programs.
10	Medical history, including any significant illnesses or conditions, name of current physician(s), current medications, and any known allergies.
11	Risk assessment for suicidal and homicidal thoughts.
12	History of and risk assessment for victimization and/or trauma.
13	Substance use assessment for those over the age of 12, including substance used, amount, frequency, route, and any prior treatment history.
14	For children and adolescents, a developmental history that includes prenatal, and perinatal events, physical, psychological, social, intellectual, and educational history.
15	Additional assessments completed or updated if symptoms or presenting problems change.
C. TREATMENT/SERVICE PLANS	

16	Diagnosis consistent with assessment
17	Plans completed within the following time frames: 72 hours or 30 days outpatient and intensive outpatient.
18	Evidence that the treatment plan is individualized and was developed in collaboration with the client, and when appropriate, with significant others, family members and/or other service providers.
19	Plan is strengths based and addresses, refers, or defers all needs identified in the assessment(s). For <i>IDOC</i> and <i>ISC</i> funded <i>clients SUD provider</i> must also consider <i>LSI-R</i> assessment completed by <i>IDOC</i> .
20	SMART (specific, measurable, attainable, realistic and time limited) goals and objectives
21	Evidence-based interventions, including the frequency of each intervention/service
22	Reflects active involvement of the <i>client</i> , and when appropriate, significant others
23	Includes discharge planning from time of admission and measurable discharge criteria (<i>for EAP providers this may mean ongoing assessment to determine if further treatment beyond EAP sessions are needed</i>)
24	Plan is updated as changes occur and at a minimum of every 90 days for OP/IOP and every 14 days for residential levels of care. Updates should include documentation of progress and if lack of progress any necessary changes to improve outcomes.
25	Dates and signatures of <i>client</i> , clinician, and when appropriate, significant others involved in client's care, and guardian on all plans and updates.
D. DISCHARGE SUMMARY	
26	The discharge summary includes the client's status at the beginning of treatment, the progress made in each dimension, the status at the end of treatment, and a summary of referrals or services to be provided after discharge. This is to be completed in WITS by clinician within 15 days following known discharge or 30 days of inactivity.
E. COORDINATION OF CARE	
27	<i>ROIs</i> for all persons and organizations that the clinician is collaborating with to ensure quality care (e.g. physician, <i>RSS providers</i> , <i>POs</i> , other service providers), as well as one for an emergency contact and the required <i>IDHW</i> General Release form. <i>ROIs</i> must meet <i>HIPAA</i> and <i>42 CFR Part 2</i> standards.
28	Documentation of all coordination of care activities that occurred, including dates, method and what was discussed.

F. ADDITIONAL BENEFIT PROGRAM SPECIFIC REQUIREMENTS	
29	Education on the increased risk for HIV, TB, and other infectious diseases if using illicit substances and referrals for testing.
30	Random drug and alcohol testing.
31	Completed PWWC Checklist (see Appendix 2 in Provider Manual) for PWWC funded clients.
32	<i>Halfway House providers</i> must maintain documentation that <i>client</i> was in the house on all dates billed. This documentation does not have to be kept in the <i>client</i> file. It does need to be maintained for seven (7) years.
33	Maintain prescriber and pharmacy invoices for clients receiving SUD funded MAT services.

Appendix F – Additional RSS Provider Documentation

RSS PROVIDERS	
A. RECORD-KEEPING PRACTICES (ALL RSS PROVIDERS)	
1	Documentation is legible.
2	<i>Client</i> demographic information is documented
3	Paper records include <i>client's</i> name or unique identifier on every page.
4	Individualized <i>encounter</i> note for each billed service/session. Notes should include content of session, and <i>client's</i> progress towards goals.
5	ROIs for all persons and organizations that the <i>RSS provider</i> is collaborating with to ensure quality care (e.g. physician, other <i>RSS providers</i> , <i>POs</i> , clinician, other service providers) as well as one for an emergency contact and the require IDHW General Release. ROIs must meet <i>HIPAA</i> and <i>42 CFR Part 2</i> standards.
6	Documentation of all coordination of care activities that occurred, including dates, method and what was discussed.
7	All entries are signed and dated by author and include any credentials. Electronic signatures are permitted in EHRs.
8	Discharge completed in WITS by within 15 days following known discharge or 30 days of inactivity.
CASE MANAGEMENT PROVIDERS (IN ADDITION TO SECTION A)	
1	<i>Case Management Assessment</i> completed within 30 days of first appointment. Exception: if <i>client</i> is <i>PWWC</i> funded must complete assessment within 14 days of first <i>CM</i> appointment <i>clients</i> and complete <i>PWWC</i> Checklist within 14 days of first <i>CM</i> appointment.
2	<i>Case Management Assessment</i> includes at a minimum medical, social, psychosocial, legal, educational, housing and financial needs of the client as well as any barriers to accessing treatment. If client is <i>PWWC</i> funded the assessment must include all areas of the <i>PWWC</i> Checklist.
3	Completed <i>case management plan</i> within 14 days of assessment. This plan may be incorporated with treatment plan.
4	Evidence that the <i>case management plan</i> is individualized and was developed in collaboration with the client, and when appropriate, with significant others, family members and/or other service providers.

5	Case management plan is strengths based and addresses, refers, or defers all needs identified in the assessment(s).
8	Case management plan includes SMART (specific, measurable, attainable, realistic and time limited) goals and objectives and Interventions and includes the frequency of each intervention/service and how it will be monitored
7	Case management plan reflects active involvement of the <i>client</i> , and when appropriate, significant others
8	Case management plan is updated as changes occur and at a minimum of every 90 days. Updates should include documentation of progress and if lack of progress any necessary changes to improve outcomes.
9	Dates and signatures of <i>client</i> , <i>case manager</i> , and when appropriate, significant others involved in client's care, and guardian should be on all plans and updates. If plan is combined with treatment plan, must also have clinician's signature.
CHILD CARE PROVIDERS (IN ADDITION TO SECTION A)	
1	Sign-in sheet for each billed service. The sheet must include date and time in and out, child(ren) name and ages, parent name, and where parent was during service. This does not need to be kept in individual client files. It does need to be maintained for seven (7) years.
DRUG AND ALCOHOL TESTING PROVIDERS (IN ADDITION TO SECTION A)	
1	Documentation that results of tests and no-shows are shared with <i>clinician</i> , <i>SUD treatment provider</i> and/or <i>case manager</i> .
RECOVERY COACH PROVIDERS (IN ADDITION TO SECTION A)	
1	Completed <i>Wellness Recovery Action Plan (WRAP)</i> within 30 days of first visit. The WRAP must be updated at least every ninety (90) days. Wellness Recovery Action Planning is a collaborative process that should be completed with the client, taking into consideration the client's strengths, needs, and culture.
2	Dates and signatures of <i>client</i> and <i>Recovery Coach</i> should be on all plans and updates.
SAFE AND SOBER HOUSING PROVIDERS (IN ADDITION TO SECTION A)	
1	<i>Safe and Sober Housing providers</i> must maintain documentation that <i>client</i> was in the house on all dates billed (exception: PO's may grant a three day leave of absence. This must be documented in the client file). This documentation does not have to be kept in the <i>client</i> file. It does need to be maintained for seven (7) years.

TRANSPORTATION PROVIDERS (IN ADDITION TO SECTION A)

1	Documentation of dates of pick-up and drop-off, miles driven. This does not need to be in individual client files. It does need to be maintained for seven (7) years.
---	---

Appendix G – SABG Requirements

These regulations apply to substance abuse treatment funded services. In addition to the provider responsibilities below, BPA Health also has responsibilities including monitoring networks for capacity and waitlist management (when needed) and referrals for interim services for those on waitlists.

Services for Individuals with Co-occurring Disorders [42 USC § 300x-66]

If the provider uses MHBG or SABG funds for treatment of individuals with co-occurring mental health and substance use disorders, it can demonstrate that such funds are used for the purposes for which they were authorized by law and can be tracked for accounting purposes.

Tuberculosis Requirements and Definitions [42 U.S.C. §300x-24(a), 45 C.F.R. §96.121 and 45 C.F.R. §96.127]

The provider directly or through arrangements with other public or nonprofit private entities, routinely make available the following TB services to each individual receiving treatment for substance use:

- Counseling the individual with respect to TB
- Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual
- Appropriate medical evaluation and treatment for individuals infected by mycobacterial TB

For clients denied admission to the program on the basis of lack of capacity, the program refers to such clients to other providers of TB services.

The provider has implemented infection control procedures that are consistent with those established by the District Health Department to prevent the transmission of TB and that address the following:

- Screening patients and identifying those individuals who are at high risk of becoming infected
- Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR Part 2
- Case management activities to ensure that individuals receive such services

The provider reports all individuals with active TB to the District Health Department as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR Part 2.

Capacity of Treatment for Intravenous Drug Users [42 U.S.C. §300x-23 and 45 C.F.R. §96.126]

Within 7 days of reaching 90% of its treatment capacity, the provider notifies the BPA Health within 7 days of reaching 90% of its treatment capacity.

The provider admits each individual who requests and is in need of treatment for intravenous drug abuse up to its capacity:

- Not later than 14 calendar days after making the request, or
- Notifies BPA Health who may authorize services to another agency, or if necessary, offer immediate community resources and place client on wait list until they can be admitted into care.

The provider carries out activities to encourage individuals in need of treatment services for intravenous drug use to undergo such treatments by using scientifically sound outreach models such as those outlines below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach method:

- The standard intervention model as describe in the NIDA Standard Intervention Model for Injection Drug Users: Intervention Manual, National AIDS Demonstration Research (NADR) Program, National Institute on Drug Abuse, (Feb. 1992)
- The health education model as described in Rhodes, F., Humfleet, G.L. et al., AIDS Intervention Program for Injection Drug Users: Intervention Manual, (Feb. 1992)
- The indigenous leader model as described in Wiebel, W., Levin, L.B., The Indigenous Leader Model: Intervention Manual, (Feb. 1992)

Treatment Services for Pregnant Women and Definitions [42 U.S.C. §300x-27, 45 C.F.R. §96.131, and 45 C.F.F §96.121]

The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services.

The provider publicizes the availability of such services and that pregnant women receive admission preference.

If the provider receives funds to serve an injecting drug abusing population, the provider gives preference to treatment in the following order:

- Pregnant injecting drug users
- Other pregnant drug users
- Other injecting drug users
- All others

The provider refers pregnant women to BPA Health when the program has insufficient capacity to provide services to any such pregnant women who seek services of the program. BPA Health who may authorize services to another agency who can admit within 48 hours, or if necessary, will offer immediate community resources and place client on wait list until they can be admitted into care.

Specialized Services for Pregnant Women and Women with Dependent Children (PWWDC) [42 USC §300x-22(b)(3) and 45 C.F.R. §96.124]

If the provider receives SAPT Block Grant funds set aside for special services for pregnant women and women with dependent children (including women attempting to regain custody of their children), complete items in this section.

The provider treats the family as a unit and therefore will admit both women and children into their treatment services, if appropriate. The provider must provide or arrange for the provision of the following services:

1. Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
2. Primary pediatric care, including immunization, for their children;
3. Gender specific substance abuse treatment and other therapeutic interventions for women which may
 - a. address issues of relationships,
 - b. sexual and physical abuse, and
 - c. parenting;
4. Child care while the women are receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which may, among other things:
 - a. Address their developmental needs,
 - b. Their issues of sexual and physical abuse, and neglect;
6. Sufficient case management and transportation to ensure that women and their children have access to services provided above.

The program also provides to PWWDC directly or through community-based organizations, a comprehensive range of services that includes the following:

- Case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments
- Employment and training programs
- Education and special education program
- Drug-free housing for women and their children
- Prenatal care and other health care service
- Therapeutic day care for children
- Head Start
- Other early childhood programs

Coordination of services [42 USC §300x-1(b) (1)(A)(iii) and 42 USC §300x-28 (c) and §96.132(c)]

The provider coordinates with the following to maximize the efficiency, effectiveness, quality and cost-effectiveness of services to produce the best possible outcomes:

- Health services
- Rehabilitation services
- Employment services
- Social services
- Correctional and criminal justice

Training [42 USC §300c-28 and §96.132]

Treatment and recovery personnel receive on-going training concerning:

- Recent trends in substance use disorders in the State
- Improved methods and evidence-based practices for providing substance use disorder treatment services
- Performance-based accountability
- Data Collection and reporting requirements
- Other matters related to further improve substance use disorder treatment

The provider has in effect a system to protect patient records from inappropriate disclosure, and the system:

- Complies with all applicable State and Federal laws and regulations, including 42 CFR Part 2
- Includes provisions for employee education on confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure

Additional Requirements [42 USC §300x-53(a) and §96.132]

The provider agrees to participate, if selected in the Independent Peer Review required of the State.

The provider agrees to permit and cooperate with federal investigations into the use of the MHBG and SABG.

The provider submits such data and reports as required by the State to meet block grant reporting requirements.

Charitable Choice [42 USC §300x-65(c)]

If the provider is a religious organization/faith-based program, agrees to the following:

The organization does not use SAPT Block Grant funds for activities involving worship, religious instruction, or proselytization. In delivering Block Grant-funded services, including outreach activities, the organization does not discriminate against current or prospective program participants based on:

- Religion
- Religious belief
- Refusal to hold a religious belief
- Refusal to actively participate in a religious practice

Otherwise eligible clients who object to the religious character of SAPT Block Grant-funded services are referred to alternative providers within a reasonable period of time of the objection.

The organization uses generally accepted auditing and accounting principles to account for SAPT Block Grant funds. The organization segregates Federal funds from non-Federal funds. The organization subjects Federal funds to an audit by the government.

Non-Smoking [Public Law 103-227, Pro-Children Act of 1994]

The provider demonstrates that it prohibits smoking in any facilities owned, leased or contracted for the provision of health, day care, early childhood development services, education, or library services to children under the age of 18, if the services are funded by Federal programs.

Prohibitions regarding receipt of funds [42 USC §300x-56 and Title 31, USC §1352]

The provider requires that a person associated with the provider shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made from the MHBG or SABG.

The provider requires that a person associated with the provider with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made from the MHBG or SABG shall not conceal or fail to disclose any such event with an intent to fraudulently secure such payment either in a greater amount than is due or when no such amount is due.

The provider can demonstrate that it does not use federal funds to lobby the Executive or Legislative Branches of the State or Federal Government in connection with the MHBG or SABG.

If applicable, the provider can provide documentation that it a) receives federal funds in excess of \$100,000 and b) whether and how much it uses any non-federal funds for lobbying.

Non-discrimination [42 USC §300x-57]

The provider has and implements non-discrimination policies in hiring and service provision using language consistent with the following:

- Programs and activities receiving federal financial assistance, including programs funded in whole or in part by the MHBFR or the SABG, must have prohibitions against discrimination on the basis of the following: (1) age under the Age Discrimination Act of 1975 [42. USC §6101 et seq.]; (2) handicap under section 504 of the Rehabilitation Act of 1973 [29 USC §794]; (3) sex under title IX of the Education Amendments of 1972 [20 USC §1681 et seq.]; or (4) race, color, or national origin under title VI of the Civil Rights Act of 1964 [42 USC §2000d et seq.]

No person shall on the ground of sex (including, in the case of a woman, on the grounds that the woman is pregnant), or on the ground of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available through the MHBG or SABG.

Salary Limitations [HHS Acquisition Regulations 331.101-70]

The provider demonstrates that it does not use the block grant funds to pay salaries in excess of Level II of the Federal Senior Executive pay scale.

Government-Wide Debarment and Suspension [13 CFR 400.109]

The provider agrees to participate in the government-wide exclusion of suspended or debarred personnel and has policies to that effect.

Appendix H – PWWC Checklist



SUD IDHW PWWC Provider Checklist

Directions: First case management appointment to be scheduled within the first 14 days of treatment. A completed checklist should be filed in each client file within 14 days of first case management appointment and updated as changes occur. If client declines a referral or service, does not need a service, or services are not available in the community, it should be noted on the checklist and in a case management encounter note. Provision of and/or linkages to services for each child should be documented separately (i.e. a 4 year old may need speech therapy while their 10 year old sibling may not). Case manager should obtain ROI's to coordinate provision of services for the family.

Client Name: _____

Names and ages of children in client's custody (update if custody changes): _____

Definitions and documentation needed	PWWC Requirement and Documentation needed (each worth 1 point in audit)	Date of CM encounter note that addresses requirement	ROI in file ✓
Health care: Identification or linkage to a physician or medical agency (community health, local health district, etc.)	1. Primary medical care for women, including referral to prenatal care if woman is pregnant <i>[Name of doctor/clinic]</i>		

	2. Primary pediatric care, including immunization, for the client's child(ren) <i>[Name of doctor/clinic]</i>		
Gender Specific Treatment (individual or group) addressing the needs identified in the assessment or through the course of treatment as reflected in the individual & group treatment notes, or service plan	3. Relationships [Group or individual]		
	4. Sexual or Physical abuse [Group or individual, enter "NA" if client hasn't experienced]		
	5. Parenting [Group or individual]		
Childcare while women are in services	6. Where are children during services [Document name of provider(s)/school(s)]		
Child(ren) needs: Developmental Assessment and follow-up of identified needs. Referral for counseling as indicated for neglect or abuse. Identification of who has done or linkage to who will be doing (infant toddler program, school districts, pediatrician, specific certified staff, counseling, etc.)	7. Developmental Assessment [Document where has been or will be done]		
	8. Address needs identified in assessment [Document where has been or will be done, or "NA" if no dev. needs identified]		
	9. Child counseling [Document counselor name, or "NA" if not needed]		
Case Management: Client is authorized and receiving monthly PWWC case	10. 1st CM appointment within 14 days of entering		


management to address needs of clients and children	treatment [Encounter note]		
	11. Checklist completed <i>[Encounter note]</i>		
	12. Transportation for women and their children accessing services <i>[Document who is providing]</i>		

Case Manager Signature Date Completed

Appendix I – IDOC Status Report

3/9/2020

Monthly Status Report



IDAHO
DEPARTMENT OF
CORRECTION

CLIENT STATUS REPORT

Click [here](https://forms.idoc.idaho.gov/Forms/ClientReporterIssues?formIssue=client) (https://forms.idoc.idaho.gov/Forms/ClientReporterIssues?formIssue=client) if you forgot your passcode or are having issues with the form.

IDOC Number *

Client Name *



Provider Name *

Location *

Provider Email *

Passcode *

PPO's Email *

From *  **To** 

Primary Funding Source * (?)

<https://forms.idoc.idaho.gov/Forms/clientReport>

1/3

Compliance Drug Testing

Date Scheduled	Appt. Results	Type	Substance Found
<input type="text"/> 	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼
<input type="text"/> 	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼
<input type="text"/> 	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼
<input type="text"/> 	<input type="text"/> ▼	<input type="text"/> ▼	<input type="text"/> ▼

Add additional test results

APPOINTMENTS ATTENDED

	Client Attended*	Out Of*
Group Sessions	<input type="text"/>	<input type="text"/>
Individual Sessions	<input type="text"/>	<input type="text"/>
Case Management Sessions	<input type="text"/>	<input type="text"/>
Psychiatric MED Management	<input type="text"/>	<input type="text"/>

Progress Summary* (?)

Hide passcode to submit form

hide

Save as Draft

Appendix J – SUD Provider Orientation Checklist

New Employee/Agency BPA Provider Orientation Checklist



Resource / Topic	Date Covered
BPA Health Provider Manual and SUD Supplement	
• BPA Health Overview	
• Electronic Resources	
• Network Providers	
• Credentialing and Recredentialing	
• Sanctions	
• Provider Office Procedures	
• Provider Rights and Responsibilities	
• Complaints	
• Claims Procedures	
• Clinical Practice Guidelines	
• Utilization Management Program	
• Appeals	
• Quality Management	
• SUD Provider Manual Supplement	
State Rules and Guidelines	
• IDAPA Rules (16.07.17)	
• ASAM Criteria	
• Evidence-based Practice and Programs	
• WITS Resources and Website	

Employee Signature

Date