STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director, DHHS

AMY ROUKIE, MBA
Administrator, DPBH

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Management Oversight Team

Management Memorandum 17-010

DATE: 10/20/17

TO: Current and Eligible Subrecipients, Contractors and State Agencies

FROM: Kyle Devine, Bureau Chief

SUBJECT: Capacity and Waitlist reporting and Policy Update

This memo serves as official notification to all providers that the Bureau of Behavioral Health Wellness and Prevention has revised its capacity and waitlist policy. The new policy (attached) becomes effective 11/01/2017.

It is the policy of the Bureau to require its funded substance use treatment providers to report back to the Bureau of Behavioral Health Wellness and Prevention (BBHWP) within one day when any level of service to admit individuals to the program reaches 90% capacity or greater. The attached capacity report form must be completed and submitted to MOT_MM@health.nv.gov titled "90% Capacity Reporting – Agency Name". Weekly reporting is required until agency capacity falls below 90%.

Additionally, it is the policy of the Bureau to require its funded treatment providers to place clients in a wait list status when services cannot be provided by the individual organization. When placing clients on a wait list, treatment providers must first obtain assistance from the BBHWP for a referral by calling **775-400-0790**. A staff member will be available to assist you between regular business hours, Monday through Friday 8 am to 5 pm. If you are trying to reach staff outside of regular business hours, leave a detailed voice message with agency name, contact name, telephone number, clients recommended level of care, whether the client is male or female, and in which priority population the client falls. You will receive a return call by close of business on the following working day. The BBHWP is working on expanding phone coverage from 5 to 7 days a week to cover emergency placement needs. When expanded coverage becomes available the BBHWP will notify all agencies.

If placement cannot be secured via a BBHWP referral, the BBHWP may authorize and place a client on a master waitlist. No person may be placed on a wait list unless authorized by the BBHWP. Clients who are pregnant and/or persons who inject drugs placed in waitlist status must receive documented interim services. The master waitlist will be generated and maintained at the BBHWP level and worked daily.

Priority Admission Populations

a. Pregnant injecting drug users;
b. Pregnant substance abusers;
c. Injecting drug users;
d. Substance using persons with dependent children, including those who are attempting to regain custody

Effective 11/01/2017 funded treatment providers will no longer be required to utilize the point in time (PIT) survey for capacity and waitlist reporting unless needed due to temporary system issues with HavBed. If your agency is having reporting issues in HavBed, contact Sheri Haggerty at 775-684-4009 for assistance.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Bureau of Behavioral Health Wellness and Prevention
Policy

Control #	Rev.	Type	Title	Effective Date	Page
	1.0		Capacity Management and Wait List	2017-11-01	1 of 8

1.0 POLICY

It is the policy of the Bureau of Behavioral Health Wellness and Prevention (Bureau) to require its funded substance use treatment providers to report back to the Bureau within one day when any level of service to admit individuals to the program reaches 90% capacity or greater. Although per 45 CFR [§ 96.126 (a)], the requirement to report exceeding the 90% capacity to the State is seven days for programs that receive block grant funds and treat persons who inject drugs, the Bureau is requiring this reporting within 1 day for all substance use services to better serve the public and expedite access to services for those in need, including pregnant women seeking substance use services per 45 CFR § 96.131 (c).

Additionally, it is the policy of the Bureau to require its funded treatment providers to place clients in a wait list status when services cannot be provided by the individual organization or through referral to another treatment contractor. When placing clients on a wait list, treatment providers must first obtain assistance from the Bureau for a referral. If placement cannot be secured via a Bureau referral, the Bureau may authorize and place a client on a master waitlist. No person may be placed on a wait list unless authorized by the Bureau. Clients who are pregnant and/or persons who inject drugs laced in waitlist status must receive documented interim services.

The master waitlist will be generated and maintained at the Bureau level and worked daily.

2.0 PURPOSE

The following are the primary purposes of having and maintaining a waiting list and capacity management system:

1. Wait List
    a. Ensure that documented screening and intake procedures based on concepts of aligning and triaging priority populations, high-priority, and needy cases are occurring;
    b. Documentation of the current treatment demand and unmet needs are captured to help justify capacity expansion if needed;
    c. Identify gaps in services if characteristics of individuals are identified;
    d. Facilitate appropriate referrals to another provider.
    e. Comply with federal requirements per45 CFR [§ 96.126] and [§ 96.131].

    Only persons who cannot be admitted due to capacity limitations and are available to immediately accept treatment will be placed on the wait list after gaining Bureau's approval. The primary factor in using the wait list is to track and monitor the current Behavioral Health system capacity needs overall. When clients are placed on the wait list, the Bureau, in collaboration with treatment providers, shall assure that individuals waiting for admission receive interim services and that those interim services are appropriately documented and reported to the Bureau.

2. Capacity Management
    a. Facilitate access to care as quickly as possible;

b. Maintain access to care within prescribed timeframes;
c. Reduce risk and reduce the harm that continued substance use poses to substance-using populations, their loved ones, and their communities;
d. Document need by capturing reliable data about treatment demand versus capacity and to capture data about the unmet demand for services for specific levels of service;
e. Provide early intervention services for HIV and tuberculosis disease and slow the spread of infectious diseases among high risk substance users, their partners, their communities, and their children and loved ones;
f. Comply with federal requirements per 45 CFR [§ 96.126] and [§ 96.131].

The target populations and required activities outlined in this policy are intended to improve health and access to care for substance using populations in Nevada. Collection of capacity related data is necessary for budgetary and treatment services planning.

The Substance Abuse and Mental Health Services Administration (SAMHSA) requires Substance Abuse Planning and Treatment Block Grant-funded States and programs to provide preference to specific priority groups for treatment as indicated in 45 CFR § 96.131 (a). In addition to the priority groups defined by 45 CFR § 96.131 (a), this policy adds persons with dependent children as a preferential group to meet State priorities. As such, it is required for all treatment programs to give preference as follows:

1. Admit priority populations within prescribed timeframes, identified later in this policy:
    a. Pregnant injecting drug users;
    b. Pregnant substance abusers;
    c. Injecting drug users;
    d. Substance using persons with dependent children, including those who are attempting to regain custody of their children; and
    e. All others.
2. Coordinate with the Bureau and offer "interim services" as defined in [§ 96.121 (4)] to pregnant women and injection drug users if admission is not possible within the prescribed timeframes listed in section 4.0 below and the client is placed on a wait list as authorized by the Bureau;
3. Maintain mechanisms to effectively track, maintain contact with, and report on any of the individuals awaiting admission to treatment as described in section 4.0 Procedures.
4. Providers must at a minimum post notice within their facility that is clearly in view to the public which clearly identifies the priority populations as having admission preference and which specifies that no person will be turned away for lack of ability to pay.

3.0 SCOPE

This policy applies to all Division certified substance use programs that receive funding from the Bureau and to Bureau staff.

4.0 PROCEDURE

The rules governing the use of the wait list are critical to high-quality reporting and compliance with federal law [§96.126 (c) and (d)] and [§96.131]. Before determining whether a client should be placed in a waiting status, the following general rules must be adhered to:

- A person cannot be placed on the wait list until the Bureau has been contacted and has granted approval for the client to be placed on a wait list.
    - The capacity management system, HAvBED, can be used in attempting to locate alternate services for the client.
- A person cannot be placed on the wait list for one level of care if they are already admitted to treatment for a different service level, even if the level of care is lower than a recommendation from a screening.
- A person cannot be placed in a lower level of care due to a capacity issue unless prior approval has been granted from the Bureau.
- A person cannot be placed on the wait list if they belong to a managed care organization (MCO). A person who belongs to a managed care organization must be referred back to the managed care organization for further placement options with the following exceptions.
    - A waiver may be granted for a person seeking services who is within a priority group, including pregnant injecting drug users, pregnant substance abusers, injecting drug users, or substance using persons with dependent children, to allow for immediate access to services while working with the MCO's to coordinate care. The waiver may be obtained by contacting the Bureau. The initial authorization under a granted waiver for these priority populations will cover up to 10 days of care. Additional time may be granted with the submission of a written request to extend the time which must include details concerning the additional amount of time being requested, the reason for the extension, and a transition plan for the client to receive services from a provider within the MCO for which the client is a member.
    - For all other clients, a waiver of this policy may be issued if there is an undue hardship which is clearly justified and approved by the Bureau.
    - All waivers will be reviewed on a case by case basis.
- An incarcerated person who has been determined to need treatment but who is waiting for a release date is not eligible to be placed on the wait list.

- An incarcerated person who has been determined to need treatment but cannot be released because appropriate treatment services are not immediately available is eligible to be on the wait list.

Reporting of 90% capacity is critical to compliance with federal law, State policies, and to getting clients into needed treatment. To report capacity accurately, daily updates to the HAvBED reporting system are required for all treatment providers who offer residential services.

It is important that this data be collected so the Bureau can assist with referrals when access to care is a problem. Furthermore, treatment providers should ensure procedures are in place and appropriate staff assignments are made so capacity reporting is routinely reported and reviewed. Technical assistance on these requirements can be obtained by contacting the Bureau.

In accordance with 45 CFR subsection L and as further required by Bureau policy, all treatment providers must follow stipulations as follows:

1) Pregnant Injection Drug Users
   a. Provide immediate services, and if unable to do so, the provider must contact the Bureau immediately to notify the Bureau of the need for client placement. If available resources are known, the provider may refer the client to an alternate provider but must also call the Bureau as indicated above. The Bureau will assure that appropriate referrals are made and the client obtains needed services, including interim services as defined in [§ 96.121 (4)].

   b. After being notified and if the Bureau determines that no treatment facility has the capacity to admit the woman, the Bureau may authorize the woman to be placed on a wait list and will work with appropriate providers to make available interim services, including a referral for prenatal care, available to the woman not later than 48 hours after the woman seeks the treatment services. The woman must receive priority admission as soon as capacity becomes available.

   c. If the woman is placed on a wait list, the provider must maintain a mechanism to effectively track, maintain contact with, and report on any individual awaiting admission to treatment in accord with 45 CFR § 96.126(f). The provider must report weekly to the Bureau on contact efforts and assurance that the woman is receiving interim services.

2) Pregnant Substance Abusers
   a. Provide immediate services, and if unable to do so, the provider must contact the Bureau of Behavioral immediately to notify the Bureau of the need for client placement. If available resources are known, the provider may refer the client to an alternate provider but must first call the Bureau as indicated above. The Bureau will assure that appropriate referrals are made and the

client obtains needed services, including interim services as stated below and as defined in [§ 96.121(4)].

b. After being notified and if the Bureau determines that no treatment facility has the capacity to admit the woman, the Bureau may authorize the woman to be placed on a wait list and will work with appropriate providers to make available interim services, including a referral for prenatal care, available to the woman not later than 48 hours after the woman seeks the treatment services. The woman must receive priority admission as soon as capacity becomes available.

c. If the woman is placed on a wait list, the provider must maintain a mechanism to effectively track, maintain contact with, and report on any individual awaiting admission to treatment. The provider must report weekly to the Bureau on contact efforts and assurance that the woman is receiving interim services.

3) Injecting Drug Users

a. Provide comprehensive services within 14 days after initial request, or if unable to provide services within the 14 day period, the provider may refer the client to an alternate provider and contact the Bureau to notify of the client placement. If the provider is unable to refer the client to an alternate provider, they must notify the Bureau immediately. The Bureau will facilitate placement with another provider if available. If treatment services are not available, the Bureau may authorize the provider to place the individual on a wait list and must assure that interim services are provided in accord with [§ 96.121]. Priority admission for treatment must be made as soon as space becomes available but no longer than 45 days.

b. If the individual is placed on a wait list, the provider must maintain a mechanism to effectively track, maintain contact with, and report on any individual awaiting admission to treatment in accord with 45 CFR § 96.126(f). The provider must report weekly to the Bureau on contact efforts and assurance that the individual is receiving interim services.

4) Substance Using Persons with Dependent Children, Including those who are Attempting to Regain Custody of their Children

a. Provide services within 14 days after the initial request, or if unable to provide services within the 14-day period, the provider may refer the client to an alternate provider and contact the Bureau to notify of the client placement. If the provider is unable to refer the client to an alternate provider, they must notify the Bureau immediately. The Bureau will facilitate placement with another provider if available. If no other provider is available to deliver services, the Bureau may authorize the client to be placed on a wait list.

b. If a parent with dependent children is placed on a wait list, the provider must maintain a mechanism to effectively track, maintain contact with, and report on the parent awaiting admission to treatment per Bureau policy. The provider must report weekly to the Bureau on contact efforts.

5) All Others

a. Provide services within 21 days after initial request, or if unable to provide services, the provider must refer client to an alternate provider and notify the Bureau;

b. If the provider can't provide services and is unable to locate other resources, they must contact the Bureau. The Bureau will attempt to facilitate an appropriate placement. If a placement can't be found, the Bureau may authorize the individual to be placed on a wait list.

c. Maintain mechanisms to effectively track, maintain contact with, and report on any of these individuals awaiting admission to treatment.

Interim Services Defined [§ 96.121]

Interim Services or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include:

1. Counseling and education about HIV and tuberculosis (TB);
2. Counseling and education about the risks of needle-sharing;
3. Counseling and education about the risks of transmission to sexual partners and infants;
4. Counseling and education about steps that can be taken to ensure that HIV and TB transmission does not occur;
5. And must also include a referral for HIV or TB treatment services if necessary.

For pregnant women, interim services include the interim services listed above in 1-5 and must also include:

1. Counseling on the effects of alcohol and drug use on the fetus;
2. And must include a referral for prenatal care.

Wait List Follow Up Activities

Bureau staff will follow-up daily on all waitlist clients receiving interim services until appropriate placement is secured. While the federal guideline for the wait list is 120 days, the Bureau requests that individuals be on the wait list for no more than 45 days. Wait list follow-up activities will include:

- Interim services for pregnant women and persons injecting drugs must be provided as listed previously in this policy;
- A minimum of weekly contact with the individual is to be documented in the provider's Electronic Health Rerecords. For higher risk individuals needing residential or detoxification service, more frequent contact is encouraged;
- Every treatment contractor must have internal written policies and procedures specifically defining any additional requirements they may have for client follow-up;
- Individuals must be updated on the wait list when they are admitted for treatment, decline treatment, or when client contact is no longer possible after making reasonable efforts to do so.
    - In the event a current phone number is not available, no contact is achieved with the client within 5 days after leaving a message, or following 2 phone call attempts, a letter must be sent via first class mail to the individual at the last known address. The letter must indicate to the client that unless they respond within 10 working days they will be dropped from the waiting list; and
- Client(s) on the wait list must be contacted and offered awaited services within 24 hours after capacity becomes available.

Furthermore, treatment providers must ensure procedures are in place and appropriate staff assignments are made so wait list and capacity reporting are routinely reviewed quarterly at a minimum. At a minimum, a program's review process must ensure:

- Priority populations are being served correctly;
- Weekly chart notes are being entered correctly in the Electronic Health Records (EHR);
- Clients are being updated on the wait list weekly; and
- Clients who have been on the wait list for 45 days or more must have their cases reviewed by a Program or Clinical Director; if after that review, a client continues to await services a second weekly chart note will be entered in the EHR stating the Director agreed with the decision. The Bureau must be contacted to report the decision to retain the client on the wait list.

5.0 Policy Review

This policy will be reviewed and revised if necessary on an annual basis. This review must at a minimum include the Chief Medical Officer and the Chief of the Bureau of Behavioral Health Wellness and Prevention.

RELATED DOCUMENTS

Robertson, L., & Serra, C. (2009). *Capacity Management for Substance Abuse Treatment Systems.* Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

CFR, Title 45, Subtitle A, Subchapter A, Part 96, Subpart L, *Substance Abuse Prevention and Treatment Block Grant.*

6.0 REFERENCES

HAvBED Training Guide Nov 2015.pdf

BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION
CAPACITY REPORTING FORM

Every BBHWP-funded program must report, within 1 day, to the BBHWP when they reach 90% capacity or greater. Please fill out the following form and email it to BBHWP at MOT_MM@health.nv.gov titled "90% Capacity Reporting – Agency Name".

Program Name_____Person Filling out Report_____ _

As of _____(time of day) on _____ (date of report), the following service levels have reached 90% capacity.

	A	B	C	D
LEVELS/TYPE OF SERVICE	Number of Clients Currently Served	Number of Clients on Waiting List	Of those on the Waiting List Number of Pregnant Women and IVDU Clients	Type of Interim Services Provided to Pregnant Women and IVDU Clients
ASAM Level I Outpatient Services				
ASAM Level II Intensive Outpatient/Partial Hospitalization				
ASAM Level II.5 Partial Hospitalization				
ASAM Level III.1 Residential				
BADA Level III.2 High Intensity Residential.				
ASAM Level III.3 Medium-Intensity Residential Treat				
ASAM Level III.5 Med/High-Intensity Residential				
ASAM Level III.2-D Clinically-Managed Detoxification				
ASAM Level III.7-D Medically-Monitored Inpatient Detoxification				
ASAM Opioid Maintenance Therapy				
Transitional Housing				
Other				
Other				

Please email this information to the BBHWP at MOT_MM@health.nv.gov titled "90% Capacity Reporting – Agency Name" weekly until the service level falls below the 90% capacity rate. Thank-you for your cooperation.