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

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**BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION**

**Emergency Admissions**

**Management Memorandum 20-005**

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**DATE:** May 20, 2020

**TO:** SAPTA Certified Providers

**FROM:** Brook Adie, LSW, MS, Bureau Chief  
Bureau of Behavioral Health Wellness and Prevention

**SUBJECT:** Emergency Referrals Utilizing Crisis Support Services of Northern Nevada

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**Purpose**

The purpose of this policy is to outline Bureau expectations and guidance around prioritizing admissions to those of higher risk, including pregnant women seeking care, and to provide guidance in seeking placement and billing for services through referrals utilizing Crisis Support Services of Northern Nevada.

**Overview**

The Federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, has identified certain populations that must receive priority admission to treatment when the cost of the services is covered by the Federal Substance Abuse Prevention and Treatment Block Grant (SABG).

The Bureau of Behavioral Health Wellness and Prevention (BHWP) would like to remind all SAPTA funded providers of the federal requirements involved with receiving SABG. This policy applies to all SAPTA certified providers and programs that receive funding for services under the SABG. The SABG program objectives are to help plan, implement, and evaluate activities that prevent and treat substance misuse. The SABG is authorized by Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act.

## **Priority Populations Identification**

Despite national attention on the effects of maternal drug and alcohol use on infants and dependent children, many pregnant women and women with dependent children, do not receive treatment for their substance use disorder that meets their needs. BHWP has partnered with Crisis Support Services of Nevada (CSSNV) to assist with reducing the acuity of crisis and provide resources to our most vulnerable population, pregnant women and women with dependent children who inject drugs and/or misuse substances. The policy below identifies the priority population, the interim services that must be made available, and the support that CSSNV is able to provide in order to better serve this priority population.

## **Priority Admissions Population**

- Pregnant women inject drugs;
- Pregnant women who misuse substances;
- Intravenous drug users; and
- Women with dependent children who misuse substances.

## **Interim Services**

The SAPTA funded providers must offer interim services within 48 hours when the following priority populations cannot be admitted or referred to other programs with sufficient capacity. Only persons who cannot be admitted due to capacity limitations and are available to immediately accept treatment will be placed on the waitlist after gaining the Bureau's approval. Prior to clients being placed on the waitlist, the provider, in collaboration with CSSNV, will seek to connect client to immediate treatment at another certified licensed facility that meets the needs of the client. If for some reason placement is unable to be met immediately the provider will place client on wait list, however, the provider shall ensure the individual waiting for admission receives interim services and those interim services are appropriately documented and reported to the Bureau. For additional information including full policy and procedure of capacity and wait list management, please visit [Management Memorandum 17-010](#).

According to SABG; Interim Final Rule 45 CFR 96.124(c)(e) Interim services must include:

- Primary medical care, including referral for prenatal care and, while the women are receiving such services, childcare
- Counseling and education on the effects of alcohol and drug use on the fetus
- Primary pediatric care, including immunizations, for their children
- Gender-specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse, parenting, and childcare while the women are receiving such services
- Counseling and education about Human Immunodeficiency Virus (HIV), education regarding the risks of needle sharing, risks of disease transmission to sex partners and infants, HIV prevention, and referrals for HIV testing
- Referral for Tuberculosis (TB) testing
- Trauma screening, housing support, social support enrollments (SNAPS, Medicaid), physical and reproductive healthcare, parenting skills, and re-establishing family relationships

Interim Services also include counseling, education, and/or referral to Medicated Assisted Treatment (MAT) if the patient is currently receiving or would benefit from this source of treatment.

***Interim services provide a valuable way to keep patients engaged and to provide vital services until appropriate treatment becomes available.***

## **Connecting Priority Populations to Treatment**

There is evidence to prove that treatment and prenatal care can make a difference in the health of a substance exposed infant and dependent children. There appears to be a large gap between the number of women who could benefit from substance misuse treatment and the number of available beds. BHWP has partnered with Crisis Support Services of Nevada (CSSNV), formerly known as the Crisis Call Center, to implement a statewide substance abuse hotline and case management program. CSSNV staff are an experienced highly trained team of advocates who provide immediate crisis intervention services. CSSNV is one of the longest continuously operating crisis centers in the country and is accredited by the American Association of Suicidology. CSSNV maintains certification through SAPTA.

CSSNV staff are also ASAM Certified through the Center for the Application of Substance Abuse Technologies (CASAT) and are best able to route priority populations and/or all patients seeking treatment, and providers to appropriate levels of care within reasonable geographic proximity. CSSNV is confidential and free to use, available 24 hours a day, 7 days a week to all who are in need of their services. As a SAPTA certified provider, you can either call [\(775\)784-8085](tel:7757848085) or text "SAPTA" to [839863](tel:839863) if you are seeking an emergency placement for a high-risk individual or an individual of priority population. You must first utilize CSSNV services prior to reaching out to the Bureau, and/or adding a patient to wait list.

CSSNV will prioritize emergency placement assistances to all SAPTA certified and funded providers. CSSNV will track internally and report to BHWP what emergency referrals were made, and which providers requested emergency placement assistance.

CSSNV can assist with emergency placement by directly contacting other providers for bed availability, as well as, connecting pregnant and parenting women with dependent children to treatment, childcare, social supports, budgeting, housing, transportation, food, and WIC services.

## **Special Coverage for Pregnant Women**

SAPTA should be considered as the "payer of last resort" and to be used only for clients who have no other financial means of obtaining these services. However, pregnant women seeking treatment should never be denied care due to inability to pay for services or pending authorization with third-party payer. Upon approval, SAPTA will cover up to 10 days of emergency services. The provider will need to receive Bureau approval for emergency admissions and should work with their assigned analyst and/or the BBHWP Women's Services Coordinator (contact information below) to receive Bureau approval.

For additional guidance on reimbursements please visit [Management Memorandum 20-002](#).

## **Additional**

The purpose of this communication is to ensure all providers made notified of the new procedures put in place by the Bureau for emergency placement and referrals when serving priority populations. The expectation is for providers to properly utilize the CSSNV for emergency placement of a client. The Bureau is requiring all providers who receive any financial support directly or indirectly from the Bureau, regardless of the amount, to utilize CSSNV when a patient is unable to be admitted. The goal and expectation are to never turn a pregnant patient away regardless of the situation. If your agency needs technical assistance or would like to receive additional guidance, please reach out to schedule a meeting with our team.

It is the goal of the Bureau to provide ongoing guidance to all certified treatment programs or Bureau-funded entities when serving priority population.

### **Key Program Contacts**

- BBHWP Bureau Chief: Brook Adie, LSW, MS, [badie@health.nv.gov](mailto:badie@health.nv.gov)
- Women's Services Program Coordinator: Aundrea Ogushi, [aogushi@health.nv.gov](mailto:aogushi@health.nv.gov)
- Treatment Health Program Analyst: J'Amie Webster-Frederick, [jwebster@health.nv.gov](mailto:jwebster@health.nv.gov)

### **Additional Resources**

- [Crisis Support Services of Nevada](#)
- [Sober Moms Healthy Babies](#)
- [Nevada 211](#)
- [Nevada Home Visiting Resource Directory](#)