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BUREAU OF BEHAVIORAL HEALTH WELLNESS AND PREVENTION

Management Oversight Team

Management Memorandum 17-004

**DATE:** February 17, 2017  
**TO:** Current and Eligible Subrecipients, Contractors and State Agencies  
**FROM:** Kyle Devine, Bureau Chief  
**SUBJECT:** Federal Requirements for Women's Services

The Bureau of Behavioral Health Wellness and Prevention would like to remind all treatment providers of the federal requirements involved with Women's Services. Below are two of the federal policies under 45 CFR, Title 45, Subtitle A, Subchapter A, Part 96, Subpart L. Please ensure full compliance with all federal guidelines involved with Women's Services. An additional memo will be published on the federal regulations regarding IVDU populations.

§ 96.124 Certain allocations.

(c) Subject to paragraph (d) of this section, a State is required to expend the Block Grant on women services as follows:

(1) The State for fiscal year 1993 shall expend not less than five percent of the grant to increase (relative to fiscal year 1992) the availability of treatment services designed for pregnant women and women with dependent children (either by establishing new programs or expanding the capacity of existing programs). The base for fiscal year 1993 shall be an amount equal to the fiscal year 1992 alcohol and drug services Block Grant expenditures and State expenditures for pregnant women and women with dependent children as described in paragraph (e) of this

section, and to this base shall be added at least 5 percent of the 1993 [Block Grant](#) allotment. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year. [States](#) shall report the methods used to calculate their base for fiscal year 1992 expenditures on treatment for pregnant women and women with dependent children.

(2) For fiscal year 1994, the [State](#) shall, consistent with [paragraph \(c\)\(1\)](#) of this section, expend not less than five percent of the grant to increase (relative to fiscal year 1993) the availability of such services to pregnant women and women with dependent children.

(3) For grants beyond fiscal year 1994, the [States](#) shall expend no less than an amount equal to the amount expended by the [State](#) for fiscal year 1994.

(d) Upon the request of a [State](#), the [Secretary](#) may waive all or part of the requirement in [paragraph \(c\)](#) of this section if the [Secretary](#) determines that the [State](#) is providing an adequate level of services for this population. In determining whether an adequate level of services is being provided the [Secretary](#) will review the extent to which such individuals are receiving services. This determination may be supported by a combination of criminal justice data, the National Drug and Treatment Units Survey, statewide needs assessment data, waiting list data, welfare [department](#) data, including Medicaid expenditures, or other [State](#) statistical data that are systematically collected. The [Secretary](#) will also consider the extent to which the [State](#) offers the minimum services required under § 96.124(e). The [Secretary](#) shall approve or deny a request for a waiver not later than 120 days after the date on which the request is made. Any waiver provided by the [Secretary](#) shall be applicable only to the fiscal year involved.

(e) With respect to [paragraph \(c\)](#) of this section, the amount set aside for such services shall be expended on individuals who have no other financial means of obtaining such services as provided in § 96.137. All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The [State](#) shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- (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 address issues of relationships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
- (4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and

(5) sufficient case management and transportation to ensure that women and their children have access to services provided by paragraphs (e) (1) through (4) of this section.

(f) Procedures for the implementation of paragraphs (c) and (e) of this section will be developed in consultation with the [State Medical Director for Substance Abuse Services](#).

§ 96.131 Treatment services for pregnant women.

(a) The [State](#) is required to, in accordance with this section, ensure that each pregnant woman in the [State](#) who seeks or is referred for and would benefit from such services is given preference in admissions to treatment facilities receiving funds pursuant to the grant. In carrying out this section, the [State](#) shall require all entities that serve women and who receive such funds to provide preference to pregnant women. Programs which serve an injecting drug abuse population and who receive [Block Grant](#) funds shall give preference to treatment as follows:

- (1) Pregnant injecting drug users;
- (2) Pregnant substance abusers;
- (3) Injecting drug users; and
- (4) All others.

(b) The [State](#) will, in carrying out this provision publicize the availability to such women of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community based organizations, health care providers, and social service agencies.

(c) The [State](#) shall in carrying out [paragraph \(a\)](#) of this section require that, in the event that a treatment facility has insufficient capacity to provide treatment services to any such pregnant woman who seeks the services from the facility, the facility refer the woman to the [State](#). This may be accomplished by establishing a capacity management program, utilizing a toll-free number, an automated reporting system and/or other mechanisms to ensure that pregnant women in need of such services are referred as appropriate. The [State](#) shall maintain a continually updated system to identify treatment capacity for any such pregnant women and will establish a mechanism for matching the women in need of such services with a treatment facility that has the capacity to treat the woman.

(d) The [State](#), in the case of each pregnant woman for whom a referral under [paragraph \(a\)](#) of this section is made to the [State](#) -

- (1) will refer the woman to a treatment facility that has the capacity to provide treatment services to the woman; or

(2) will, if no treatment facility has the capacity to admit the woman, 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.

(e) Procedures for the implementation of this section shall be developed in consultation with the [State Medical Director for Substance Abuse Services](#).

(f) The [State](#) shall develop effective strategies for monitoring programs compliance with this section. [States](#) shall report under the requirements of § 96.122(g) on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.

This and other management memos are located on the Management Oversight Team webpage at <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/MOT/>.