State Systems Technical Reviews Project

# SAPT Block Grant
# Core Review Interviewer Guidelines

## WORKING COPY

## May 20, 2009

## Core Review Interviewer Guidelines: DO NOT PREPARE WRITTEN RESPONSE

The objective of this guideline is to assess the Single State Authority's (SSA) compliance with Substance Abuse Prevention and Treatment (SAPT) Block Grants requirements, readiness to collect and report National Outcome Measures (NOMs), and to use national outcome and other performance measures to improve the quality of the treatment system. This is accomplished by focusing on the following areas:

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# SECTION A
# ORGANIZATIONAL STRUCTURE

Section A describes the SSA's organizational structure, and how the structure enhances the State's ability to use performance measures and make data-driven decisions. The Section also assesses how the State's organizational structure impacts its readiness to collect, report, and use NOMs.

| Section | Legislation |
|---|---|
| **Section A: Organizational Structure** | **45 CFR 96.122 and 96.123 Heading: The Application and Assurances**<br><br>The funding agreements and assurances in the application shall be made through certification by the State's executive officer personally, or by an individual authorized to make such certification on behalf of the chief executive officer. If a delegation has occurred, a copy of the current delegation of authority must be submitted with the application.<br><br>**45 CFR 96.121 Heading: Definitions**<br><br>Principal Agency is the single State agency responsible for planning, carrying out and evaluating activities to prevent and treat substance abuse and related activities.<br><br>**45 CFR 96.132 Heading: Additional Agreements**<br><br>The State is to coordinate prevention and treatment activities with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services)...The Secretary believes that improving services coordination and integration of services is an important objective.<br><br>(vi) A description of the entities, their location, and the total amount the entity received from Block Grant funds with a description of the activities undertaken by the entity;<br><br>(viii) A detailed description of the State's programs for women and, in particular for pregnant women and women with dependent children,<br><br>(ix) A detailed description of the State's programs for intravenous drug users<br><br>**US Code Title 42, Chapter 6A, Subchapter III-A, Part B subpart 1, 290bb. Center for Substance Abuse Treatment (Director Duties)**<br><br>(14) Assess the quality, appropriateness, and cost of various treatment forms for specific patient groups |

A1. Which agency is the statutorily designated SSA?

A2. Where is the SSA placed in the State system?

A3. Does a sub-unit of the designated authority function in practice as the SSA?

❒ Yes
❒ No

**If Yes:**

A3a. Name sub-unit:

A4. Is the SSA a stand-alone State department or agency or is the SSA located within a multi-service parent agency?

❒ SSA is a stand-alone department or agency
❒ SSA is housed within a multi-service parent agency

A5. If the SSA is housed within a multi-service parent agency, does the parent agency also coordinate/provide the following services:

❒ Mental health
❒ Public health
❒ Medicaid
❒ Child welfare/child protection
❒ Self sufficiency (Temporary Assistance for Needy Families [TANF], food stamps)
❒ Other (Specify) _____

A6. Where is the SSA located in relation to the State Department of Health and State Mental Health authorities?

A7. To what extent does the SSA's organizational placement present barriers to its ability to affect positive clinical and administrative outcomes?

A8. How many employees (full-time equivalents [FTE]) does the SSA have? ___
(Please exclude from this count State employees at State-operated treatment facilities.)

A8a. If the substance abuse services functions are assigned to a specific unit or segment of the SSA, please estimate the number of FTEs assigned to substance abuse functions. ____

A8b. Please estimate the number of clinical/program management FTEs in the SSA responsible for substance abuse functions. _____

A9. Has the SSA articulated a mission statement?

❒ Yes
❒ No

**If Yes:**

Obtain copy.

**If No:**

A9a. What are the core values (e.g., clear communications, mutually understood goals, task accomplishment, client-centered services, etc.) of the organization?

A10. What means does the SSA use to develop and make known its mission and/or core values?

A11. Does the SSA use intermediaries to fund and/or administer substance abuse treatment services?

❒ Yes
❒ No

**If Yes:**

A11a. What roles do the intermediaries have?

A12. What is the State's total treatment capacity? (Fill in the following table.)

**Total State Treatment Capacity**

| Type | Definition of Capacity | Public | Private Non-Profit | Private For-Profit |
|---|---|---|---|---|
| Residential | | | | |
| Outpatient | | | | |
| Opioid Replacement | | | | |

A13. What is the total number of **providers funded** by the SSA? _____

A13a. What is the total number of **provider sites** at which services are provided? _____

A14. Please complete the table below to indicate for each type of service:

- The total number of sites at which this service is provided
- The location of the sites (urban or rural/frontier)
- Populations served at the sites (adult, adolescent, and specialized women's programs)

| Type of Service | Total Number of Sites | Urban Sites | Rural Sites | Adults | Adolescents | Women Only | Women with Children | Pregnant Women |
|---|---|---|---|---|---|---|---|---|
| Detoxification, 24-hour Hospital Inpatient | | | | | | | | |
| Detoxification, 24-hour Free-Standing | | | | | | | | |
| Detoxification Ambulatory | | | | | | | | |
| Rehabilitation, Residential Hospital | | | | | | | | |
| Rehabilitation, Residential Long-Term | | | | | | | | |
| Rehabilitation, Residential Short-Term | | | | | | | | |
| Rehabilitation, Intensive Outpatient | | | | | | | | |
| Rehabilitation, Non-Intensive Outpatient | | | | | | | | |
| Halfway/Transitional Housing | | | | | | | | |
| Opioid Replacement Therapy | | | | | | | | |
| Opioid Detoxification | | | | | | | | |

A15. Are data are available about the racial/ethnic representation among staff at the SSA/intermediary/provider agency? If yes, please provide below.

____Proportion or % White
____Proportion or % Black or African American
____Proportion or % Native Hawaiian/Other Pacific Islander
____Proportion or % Asian
____Proportion or % American Indian/Alaskan Native
____Proportion or % of persons reporting more than one race
____Proportion or % Unknown (Specify) _____
____Proportion or % Not Hispanic or Latino
____Proportion or % Hispanic or Latino

A16. Is the racial/ethnic representation among the clients served at the SSA/intermediary/provider agency as reported (available in Form 7b of the SAPT Block Grant) up to date? If not, are updates available?

____Proportion or % White
____Proportion or % Black or African American
____Proportion or % Native Hawaiian/Other Pacific Islander
____Proportion or % Asian
____Proportion or % American Indian/Alaskan Native
____Proportion or % of persons reporting more than one race
____Proportion or % Unknown (Specify) _____
____Proportion or % Not Hispanic or Latino
____Proportion or % Hispanic or Latino

A17. How does the State/SSA/intermediary ensure that the services provided by the funded agencies are culturally competent? (Definition of Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and consumers and enables that system, agency or those professionals and consumers to work effectively in cross-cultural situations. *Five commonly cited core elements of culturally competent agencies and systems include:* 1) values diversity, acknowledges differences; 2) conducts continuous cultural self assessments; 3) recognizes and addresses the dynamics of difference; 4) institutionalizes cultural knowledge; and 5) adapts policies, services, programs and agency structures.)

## Opioid Treatment

| Section | Legislation |
|---|---|
| **Section A: Opioid Treatment** | **42 CFR. Part 8. Heading: Certification of Opioid Treatment Programs**<br><br>*State Authority* is the agency designated by the Governor or other appropriate official designated by the Governor to exercise the responsibility and authority within the State or Territory for governing the treatment of opiate addiction with an opioid drug. |

A18. Is the State Methadone Authority within the SSA?

- ❒ Yes
- ❒ No

**If No:**

A18a. Which agency houses the State Methadone Authority?

A18b. How is collaboration ensured between the SSA and the State Methadone Authority?

# SECTION B
# POLICYMAKING STRUCTURE

This section addresses the State agency's policymaking structure and its input into the accomplishment of performance measurement, NOMs reporting, and data-driven management decisionmaking.

| Section | Legislation |
|---|---|
| **Section B: Policymaking Structure** | **45 CFR 96.122 and 96.123 Heading: The Application and Assurances.**<br><br>(iv) A description of the State's policies, procedures and laws regarding substance abuse…<br><br>**45 CFR 96.122 and 96.123 Heading: The Application and Assurances.**<br><br>The public is encouraged to formally comment on all of the information collection requirements contained in the standard form (meaning the SAPTBG application)…<br><br>**45 CFR 96.132 Heading Additional Agreements**<br><br>The secretary believes that improving service coordination and integration of services is an important objective. It is particularly important in the area of substance abuse, because many of the individuals involved are either served by or need to receive services from a variety of systems.<br><br>**Public Law 103-62 Heading: GPRA**<br><br>(3) Improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction; (purpose of the Act)<br><br>**42 U.S.C. 300x-21 x 59 Plans for Performance Partnerships**<br><br>(a) Development - The Secretary in conjunction with States and other interested groups shall develop separate plans for the programs authorized under subparts I and II for creating more flexibility for States and accountability based on outcome and other performance measures. The plans shall each include…(4) the obstacles to implementation of the plan and the manner in which such obstacles would be resolved |

B1. Who is responsible for making SSA policy?

B2. Does policymaking body review and make comments on the SAPT Block Grant application?

B3. Does the SSA have an advisory board or boards?

- ❒ Yes
- ❒ No

B4. Are commission/governing board/advisory body members representative of:

- ❒ Private industry
- ❒ Education
- ❒ Housing
- ❒ Treatment providers
- ❒ Consumers
- ❒ Clinical expertise
- ❒ Law enforcement
- ❒ Finance
- ❒ State political representation (from State, regional, and local levels)
- ❒ Minority groups
- ❒ Other (Specify)_____

B5. Complete table below:

| Type | Name | How Established | Where Located |
|---|---|---|---|
| Commission | | | |
| Governing Board | | | |
| Advisory Body | | | |

B6. Describe how the qualifications of the commission/governing board(s)/advisory body(ies) are advantageous to the State agency in accomplishing its objectives.

B7. Describe the policymaking body's methods used to solicit input from consumers and providers.

B8. How are performance measures used as part of the policymaking process?

B9. How are policy decisions made? What is the process?

B10. What technical or institutional barriers hamper the SSA from making data-driven management decisions based on performance measures?

- ❒ Aging/obsolete data systems

- ❒ Poor quality of archival data
- ❒ Poor quality of current data
- ❒ Staff for data management
- ❒ Staff for analysis and reporting
- ❒ Funding
- ❒ Competing priorities
- ❒ Ability to link data
- ❒ Lack of planning
- ❒ Politics/organizational culture
- ❒ Confidentiality
- ❒ Other (Specify)_____

# SECTION C
# EXTERNAL RELATIONSHIPS

This section addresses relationships and linkages among the SSA, other agencies, and stakeholders.

| Section | Legislation |
|---|---|
| **Section C: External Relationships** | **45 CFR. 96.132 Heading: Additional Agreements**<br><br>The State is to coordinate prevention and treatment activities with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services. The regulations specify that the Secretary in monitoring compliance with this section will consider such factors as the existence of memoranda of understanding between various service providers or agencies and evidence that the State has included prevention and treatment service coordination in its grants and contracts.<br><br>The Secretary believes that improving service coordination and integration of services is an important objective. It is particularly important in the area of substance abuse because many of the individuals involved are either served by or need to receive services from a variety of systems. |

C1. According to the SSA, who are the primary stakeholders in the delivery of substance abuse treatment?

C2. What sister agencies also provide alcohol and drug treatment services?

- ❒ Mental health
- ❒ Corrections
- ❒ Courts
- ❒ Medicaid
- ❒ Child Welfare/Protection
- ❒ Self Sufficiency (TANF)
- ❒ Public Health
- ❒ Other (Specify) _____

C3. What memoranda of understanding, interagency agreements, or interagency contracts exist with other stakeholder agencies? (Please fill in the following table.)

**Existing Agreements with Other Agencies and Organizations**

| Agency | Formal or Informal | Purpose | Source of Funds | Amount of Funding |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

C4. With what agencies and organizations would the alcohol and drug agency like to establish agreements or joint projects? (Please fill in the following table.)

**Desired Working Agreements with Other Agencies and Organizations**

| Agency/Organization | Goal or Purpose of Agreement/Project |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

C5. What interagency task forces or standing committees include SSA staff as members? (Please fill in the following table.)

**Interagency Task Forces/Committees Including SSA Staff as Members**

| Task Force/Committee | Goal or Purpose of Task Force/Committee |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

C6. How does the SSA determine external stakeholder satisfaction with the delivery of substance abuse treatment services?

- ❒ Surveys
- ❒ Informal Discussions
- ❒ Complaint Log
- ❒ Other (Specify)

# SECTION D
# NEEDS ASSESSMENT AND STRATEGIC PLANNING

This section addresses the State's needs assessment and strategic planning processes, including stakeholder involvement and use of performance measures.

| Section | Legislation |
|---|---|
| **Section D: Needs Assessment and Strategic Planning** | **45 CFR 96.133 Heading: Submission to Secretary of Statewide Assessment of Needs**<br><br>Added to require a State to submit to the Secretary an assessment of the need in the State for authorized activities both by locality and by State in general as required by section 1929 of the PHS Act. The assessment must include the incidence and prevalence in the State of drug abuse and the incidence and prevalence in the State of alcohol abuse and alcoholism. Setting up information systems to obtain such data may take time and will likely require technical assistance from HHS.<br><br>**45 CFR 96.122 Heading: Application and content procedures**<br><br>A description of how the State carries out planning including how the States identifies substate areas with the greatest need, what process the State uses to facilitate public comment on the plan and what criteria the States uses in deciding how to allocate Block Grant funds.<br><br>**45 CFR 96.133 Heading: Submission to Secretary of Statewide Assessment of Needs**<br><br>For fiscal years 1994 and subsequent years, the Secretary requires that the report include a detailed description of the intended use of the funds relating to prevention and treatment as well as a description of treatment capacity.<br><br>The State is to submit information on treatment utilization to describe the type of care and the utilization according to primary diagnosis of alcohol or drug abuse or a dual diagnosis and alcohol abuse.<br><br>**45 CFR 96.133 Heading: Submission to Secretary of Statewide Assessment of Needs**<br><br>Section 1929 of the PHS Act requires the State to also describe in detail its efforts to improve substance abuse treatment and prevention activities. The Secretary requires that this report include the State strategy to improve existing programs as well as a description of the new programs created, activities taken to remove barriers and actions taken to improve such. |

D1. Does the SSA on a routine basis conduct formal treatment needs assessments?

- ❒ Yes
- ❒ No

**If No:**

D1a. Why not?

D2. How does the SSA define treatment "need?"

D3. How does the SSA determine treatment need?

D4. Describe the largest populations in need of treatment.

D4a. Cultural/ethnic populations:

D4b. Age groups:

D4c. Gender groups:

D4d. Other:

D5. Does the State's estimate of need vary significantly (i.e., more than 5 percent) from the most recent National State Drug Use Household Survey? (Is determined based on review of pre-site and onsite documents?

❒ Yes
❒ No

**If Yes:**

D5a. Why?

D6. Does the State's estimate of need vary significantly (i.e., more than 5 percent) from the most recent Block Grant application? (Is determined based on review of pre-site and onsite documents?

❒ Yes
❒ No

**If Yes:**

D6a. Why?

D7. How do clients in treatment compare to populations in need of treatment?

D8. Does the SSA have a current, active strategic plan?

❒ Yes (Proceed with this Section)
❒ No (Skip to Section E)

**Proceed with this Section only if the SSA has a strategic plan.**

D9. Who participated in the development of the strategic plan?

❒ SSA staff
❒ Governing/advisory board
❒ Other State agencies
❒ Providers
❒ Consumers
❒ Racial/ethnic groups
❒ Geographic areas of State
❒ Special populations (Specify)

D10. Describe how needs assessment findings are used in the development of the strategic plan.

D11. Does the strategic plan contain measurable performance indicators and targets, including NOMs?

D12. Describe the processes used to monitor and report on the strategic plan performance measures.

D13. Does the SSA communicate strategic plan performance indicators and targets to its funded providers?

❒ Yes
❒ No

**If No:**

D13a. Why not?

**If Yes:**

D13b. How does the SSA communicate strategic plan performance indicators and targets to its funded providers?

❒ Contracts
❒ Other (Specify)

D13c. Does the SSA produce regular (at least quarterly) reports showing providers' performance relative to the strategic plan indicators and targets?

# SECTION E
# DATA MANAGEMENT

This section addresses data management within the SSA by looking at clinical and fiscal reporting and the utilization of reports, management information system compatibility, collection and utilization of NOMs, data definitions for key element and processes, and practices that affect data quality.

| Section | Legislation |
|---|---|
| **Section E: Data Management** | **42 USC 201. SEC. 3303: Heading: Children's Health Act of 2000 SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT.**<br><br>(3) Core data set.--A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States.<br><br>**US Code Title 42, Chapter 6A, Part B, subpart 1 Section 290bb, Center for Substance Abuse Treatment (Director Duties)**<br><br>(6) collaborate with the Administrator of the Health Resources and Services Administration and the Administrator of the Centers for Medicare and Medicaid Services to promote the increased integration into the mainstream of the health care system of the US of programs for providing treatment services.<br><br>**45 CFR 96.132 Heading: Additional Agreements.**<br><br>With respect to any facility for treatment services or prevention activities that is receiving amounts from a Block Grant, continuing education in such services or activities (or both, as the case may be) shall be made available to employees of the facility who provide the services or activities. The States will ensure that such programs include a provision for continuing education for employees of the facility in its funding agreement.<br><br>**45 CFR 96.133 Heading: Submission to Secretary of Statewide Assessment Needs**<br><br>As to all treatment and prevention activities, including primary prevention, the state must provide the identities of the entities that provide the services and describe the services provided. |

E1. What type of relationship does the SSA have with the information systems department?

- ❒ SSA has internal information systems staff and receives no support from external information systems entity
- ❒ SSA is served by internal information systems as well as external information systems staff
- ❒ SSA is served by external information systems entity, but SSA staff has some control over information systems entity
- ❒ SSA is served by a separate information system and has little or no direct control over information systems entity

❒ Other (Specify) _____

E2. How are client data delivered to the SSA?

❒ Paper forms
❒ Diskettes
❒ Data files are collected by independent provider software and transferred to SSA
❒ Data are entered directly into SSA database by provider staff
❒ Other (Describe)

E3. How much advance notice must the SSA give to provider organizations before implementing changes in the client data collection such as adding new data elements? (e.g., adding a new data element to the client data collection system?)

❒ Less than a month
❒ 1 to 3 months
❒ 3 to 6 months
❒ 6 months to a year
❒ A year or more

E4. How does the SSA use client data?

❒ To meet mandatory reporting requirements?
  ❒ Federal
  ❒ State
  ❒ Local
❒ To support system improvement efforts?
❒ To plan for program development?
❒ To manage resources?
❒ Other (Specify) _____

E5. Is the client data system capable of producing real-time, custom queries?

❒ Yes
❒ No

**If Yes:**

E5a. To whom are real-time custom queries available?

- ❒ Provider agencies and/or intermediary
- ❒ SSA staff
- ❒ General public
- ❒ Other (Specify)

E6. Does the SSA generate regular (at least quarterly) reports that show:

- ❒ Client characteristics
- ❒ Services received
- ❒ Other services offered
- ❒ Cost of service
- ❒ Client progress
- ❒ Client outcomes
- ❒ Provider performance
- ❒ Other (Specify) _____

_____

E7. How are these reports distributed?

- ❒ Paper copy
- ❒ Electronic/Web
- ❒ Other _____

E8. How does the State ensure the timeliness of the client data collection?

- ❒ Regular reports distributed to:
  - ❒ SSA Management and Staff
  - ❒ Intermediary Management and Staff
  - ❒ Provider Management and Staff
  - ❒ Other _____

- ❒ Onsite monitoring
- ❒ Financial incentives and/or penalties
- ❒ Other _____

E9. How does the State ensure the accuracy of the client data collection?

- ❒ Regular reports distributed to:
  - ❒ SSA management and staff
  - ❒ Intermediary management and staff
  - ❒ Provider management and staff
  - ❒ Other _____
- ❒ Onsite monitoring
- ❒ Financial incentives and/or penalties
- ❒ Other _____

E10. How does the State ensure the completeness of the client data collection?

❒ Regular reports distributed to:

❒ SSA management and staff
❒ Intermediary management and staff
❒ Provider management and staff
❒ Other _____

❒ Onsite monitoring
❒ Financial incentives and/or penalties
❒ Other _____

E11. Does the SSA regularly compare management information system records to original provider records?

❒ Yes
❒ No (Why not?)

**If Yes:**

E11a. How frequently?

E11b. How are discrepancies resolved?

**If No:**

E11c. Why not?

E12. Does the SSA use a unique statewide client identifier?

- ❒ Yes
- ❒ No

**If Yes:**

E12a. How is it generated, including components?

E13. Does the SSA collect the following client identifiers:

- ❒ Social Security Number
- ❒ Name
- ❒ Partial name
- ❒ Date of birth
- ❒ Gender
- ❒ Race
- ❒ Ethnicity
- ❒ Other identifier(s) _____

E14. Is the State capable of producing NOMs data (i.e., client admission and discharge records for a client on an episode basis)?

- ❒ Yes
- ❒ No

**If Yes:**

E14a. How is it accomplished?

E14b. How are discharge data produced when a person does not return to a provider or is administratively discharged?

E15. Which settings are included in the State's client-level data collection system? (Please complete table below.)

| Service | Total Number of Funded Providers |
|---|---|
| TREATMENT EPISODE DATA SET | |
| Detoxification, 24-Hour, Hospital Inpatient | |
| Detoxification, 24-Hour, Free Standing | |
| Detoxification, Ambulatory | |
| Rehabilitation, Residential, Hospital | |
| Rehabilitation, Residential, Long-Term[1] | |
| Rehabilitation, Residential, Short-Term | |
| Rehabilitation, Intensive Outpatient | |
| Rehabilitation, Non-Intensive Outpatient | |
| OTHER SERVICES | |
| Opioid Replacement Therapy | |
| Opioid Detoxification | |
| Supported housing | |
| Early Intervention | |
| Peer and/or recovery support | |

**E15a. If State collects early intervention information,** how does the State screen this information out of Federal block grant and Treatment Episode Data Set (TEDS) reporting?

[1] More than 30 days

E16. Is the SSA's database linked to other data sets within the State?

- ❒ Mental health services
- ❒ Child welfare services
- ❒ Self sufficiency services
- ❒ Medicaid or other health care services
- ❒ Other human services
- ❒ Motor vehicle services
- ❒ Law enforcement services
- ❒ Other (Specify) _____

_____

E17. Has the SSA had problems arriving at data sharing agreements with external agencies? Please describe.

- ❒ Yes
- ❒ No

**If Yes:**
#17a. Please describe.

E18. Does the State require providers to supply information about the intensity or number of services received?

- ❒ Yes
- ❒ No

**If No:**

E18a. Does the State have future plans to capture this information?

- ❒ Yes (Describe)
- ❒ No

E19. Does the SSA have a regular training program for provider staff who collect and report client information?

❒ Yes
❒ No

If Yes:

E19a. Describe training program.

E19b. Who participates in the training?

❒ Provider/intermediary data entry staff
❒ Provider/intermediary clinical staff
❒ Provider/intermediary financial staff
❒ Other (Specify)_____

E19c. How frequently is training provided?

E19d. Does the SSA provide regular training to internal SSA staff who work with client data? (Please describe.)

❒ Yes
❒ No

**If Yes:**

E19d1. Please describe.

E20. What proportion of admission records that should have accompanying discharge records, actually do have accompanying discharge records?

E21. What NOMs indicators are currently being collected? (Check all that apply.)

- ❒ Abstinence
- ❒ Employment/Education
- ❒ Criminal justice
- ❒ Housing
- ❒ Access/Capacity
- ❒ Retention
- ❒ Social connectedness
- ❒ Perception of care
- ❒ Cost effectiveness
- ❒ Evidence-based practices

E22. What is challenging the State's ability to collect performance measures and NOMs?

- ❒ No Unique Client Identifier
- ❒ Difficulty Making Changes to Data System
- ❒ Provider "Buy-In"
- ❒ Other (Specify) _____

E23. Beyond the training and data quality assurance activities with providers, how does the State involve its provider community in its development and implementation of its performance management strategy?

E24. Is there a formal advisory body for the States data strategy and performance management plan?

- ❒ Yes
- ❒ No

E25. What is the scope of State client data reporting?

- ❒ All clients who receive care in the State are reported regardless of funding source.
- ❒ All clients who receive care from State-funded (any State agency) providers are reported, regardless of whether those individuals contribute the entire cost of their care.
- ❒ All clients who receive care from SSA-funded providers are reported, regardless of whether those individuals contribute the entire cost of their care.
- ❒ Only those clients whose care is funded in whole or in part by the State (any State agency) are reported.
- ❒ Only those clients whose care is funded in whole or in part by the SSA are reported.
- ❒ Other (Specify) _____

E26. Are client data linked to other data captured by the agency?

- ❒ Licensure/site review/inspection
- ❒ Training
- ❒ Counselor certification
- ❒ Financial
- ❒ Contracts
- ❒ Complaints
- ❒ Other (Specify) _____

E27. How are treatment providers identified?

- ❒ By license number
- ❒ By Tax Identification Number
- ❒ By contract number
- ❒ By Center for Substance Abuse Treatment (CSAT) Identification Number
- ❒ Other (Specify) _____

E28. At what points during the treatment interval does the SSA collect client-level information? (OBTAIN COPIES OF ALL CURRENT DATA COLLECTION FORMS/SCREENS. IF DOCUMENTS WERE PROVIDED PRE-SITE, VERIFY THAT THE DOCUMENTS ARE CURRENTLY IN USE.)

- ❒ Pre-admission
- ❒ Admission
- ❒ During treatment
- ❒ Discharge
- ❒ Post-discharge

E28a. If data are collected pre-admission, at what point?

- ❒ At first contact with program
- ❒ At assessment interview
- ❒ Other (Specify) _____

E28b. If data are collected during treatment, what is the interval?

E28c. If data are collected post-discharge, what is the interval?

E29. How does the State define discharge?

E30. How does the SSA define successful treatment at the time of discharge?

E31. How are data collected at discharge (i.e., are there transfer records for every transfer; are there records created by clinical recall or information from the last case notes if client does not complete treatment or is administratively discharged)?

E32. At what point in time is a discharge record completed after a client is administratively discharged or is last seen by a provider?

_____A-30 days
_____B-45 days
_____C-60 days
_____D-Other days

E33. How does the State define treatment completion?

E34. Does the definition of successful treatment at time of discharge or the definition of discharge vary by level of care or program?

❒ Yes (Describe differences.)
❒ No

E35. Does the State collect the following categories of reasons for discharge?

❒ Treatment completed
❒ Transferred to another level of care
❒ Client left against advice of program
❒ Client terminated by program
❒ Client incarcerated
❒ Client died
❒ Client hospitalized or institutionalized
❒ Client moved from service area
❒ Other (Specify) _____

E36. Does the State data system capture information about wraparound support services received by the client?

❒ Yes
❒ No

Notes:

E37. How many days are allowed between treatment events (admission, discharge, service delivery) and submission of State-required data (i.e., how much lag time between treatment event and data submission)?

E38. On a scale of 0 to 10, where 0 represents NO DATA USED and 10 represents USE DATA VERY EFFECTIVELY, how effectively does the SSA use data for the following items?

_____ General oversight
_____ Service quality improvement
_____ Provider performance comparisons
_____ Provider funding and contracting decisions
_____ Strategic planning
_____ Policymaking and policy decisions
_____ Advocacy and marketing
_____ Utilization review and managed care decisions
_____ Reporting from Federal, legislative, or executive mandates
_____ Internal initiatives
_____ Other (Specify)

E39. During the last State fiscal year, how many unduplicated admissions were there among each of the intermediaries or providers that will be interviewed by the Technical Review team?

**Unduplicated Admissions Among Intermediary and Providers**

| Name of Intermediary/Provider | Number of Unduplicated Admissions |
|---|---|
| | |
| | |
| | |
| | |

## Confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA)

*"The State is required to have in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such a system shall be in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2." —45 CFR Part 96; Interim Final Rule*

*The Health Insurance Portability and Accountability Act of 1996 includes Administrative Simplification provisions for the electronic exchange of certain administrative and financial transactions and for the security and privacy of health information. Regulations pertaining to healthcare providers establish Standards for Privacy of Individually Identifiable Health Information regarding the use and disclosure of protected health information. It also establishes some patient rights, including individuals' access to records.*

| Section | Legislation |
|---|---|

| Section | Legislation |
|---|---|
| **Section E: Confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA)** | **45 CFR 96.132 Heading: Additional Agreements**<br><br>(e) The State is also required to have in effect a system to protect from inappropriate disclosure patient records maintained by the State in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant and such system shall be in compliance with all applicable State and Federal laws and regulations, including 42 CFR part 2. This system shall include provisions for employee education on the confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosures. This requirement cannot be waived.<br><br>**45 CFR 96.128 Heading: Requirements regarding human immunodeficiency virus**<br><br>The State shall also ensure that such services will be undertaken voluntarily by, and with the informed consent of, the individual, and undergoing such services will not be required as a condition of receiving treatment services for substance abuse or any other services.<br><br>**21 CFR Part 291. and 42 CFR Part 8. Heading: Opioid Drugs in Maintenance and Detoxification Treatment of Opiate Addiction; Final Rule**<br><br>In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.<br><br>No person under 18 years of age may be admitted to maintenance treatment unless a parent, legal guardian, or responsible adult designated by the relevant State authority consents in writing to such treatment.<br><br>**45 CFR 96.122 and 96.123 Heading: The Application and Assurances**<br><br>The State is required to have in effect a system to protect from inappropriate disclosure patient records maintained by the state in connection with an activity funded under the program involved or by any entity which is receiving amounts from the grant. |
| **Section E: Confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) (continued)** | **42 CFR 2.22 Heading: Notice to patients of Federal confidentiality requirements**<br><br>(a) *Notice required.* At the time of admission or as soon threreafter as the patient is capable of rational communication, each program shall:<br>(1) Communicate to the patient that Federal law and regulations protect the confidentiality of alcohol and drug abuse patient records; and<br>(2) Give to the patient a summary in writing of the Federal law and regulations.<br>(b) *Required elements of written summary.* The written summary of the Federal law and regulations must include:<br>(1) A general description of the limited circumstances under which a program may acknowledge that an individual is present at a facility or disclose outside the program information identifying a patient as an alcohol or drug abuser.<br>(2) A statement that violation of the Federal law and regulations by a program is a crime and that suspected violations may be reported to appropriate authorities in accordance with these regulations.<br>(3) A statement that information related to a patient's commission of a crime on the premises of the program or against personnel of the program is not protected.<br>(4) A statement that reports of suspected child abuse and neglect made under State law to appropriate State or local authorities are not protected.<br>(5) A citation to the Federal law and regulations**.** |

| Section | Legislation |
|---|---|
| **Section E: Confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) (continued)** | **Confidentiality of Alcohol and Drug Abuse Patient Records Section 2.31**<br><br>(a) *Required elements.* A written consent to a disclosure under these regulations must include:<br>(1) The specific name or general designation of the program or person permitted to make the disclosure.<br>(2) The name or title of the individual or the name of the organization to which disclosure is to be made.<br>(3) The name of the patient.<br>(4) The purpose of the disclosure.<br>(5) How much and what kind of information is to be disclosed.<br>(6) The signature of the patient and, when required for a patient who is a minor, the signature of a person authorized to give consent under §2.14; or, when required for a patient who is incompetent or deceased, the signature of a person authorized to sign under §2.15 in lieu of the patient.<br>(7) The date on which the consent is signed.<br>(8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it. Acting in reliance includes the provision of treatment services in reliance on a valid consent to disclose information to a third party payer.<br>(9) The date, event, or condition upon which the consent will expire if not revoked before. This date, event, or condition must insure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.<br><br>**45 CFR 160 and 45 CFR 164.306 Heading: HIPAA Privacy Regulations Security standards: General rules.**<br><br>(a) ***General requirements***. Covered entities must do the following:<br>(1) Ensure the confidentiality, integrity, and availability of all electronic protected health information the covered entity creates, receives, maintains, or transmits.<br>(2) Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.<br>(3) Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under subpart E of this part.<br>(4) Ensure compliance with this subpart by its workforce. |

E40. How are confidentiality requirements conveyed and enforced:

E40a. To SSA staff?

E40b. To provider and/or intermediary staff?

E41. What information requires specific informed consent? (OBTAIN COPY OF WRITTEN REQUIREMENTS.)

E42. What are the requirements for a release of confidential information?

E43. Are HIPAA (e.g., notifying individuals regarding their privacy rights and how their Protected Health Information [PHI] is used or disclosed) and 42 Code of Federal Regulations (CFR) Part 2 requirements being met?

❒ Yes
❒ No

**If No:**

E43a: Describe.

E44. As indicated in the HIPAA Privacy Rule (45 CFR 164.514[b]), when sharing data with another entity, does the agency ensure that data are de-identified (e.g., the agency shares only aggregate statistical data stripped of individual identifiers) and, therefore, require no individual privacy protection and are not covered by the Privacy Rule and/or in a limited data set in which the health information is not directly identifiable?

❒ Yes
❒ No

E45. When sharing information in a limited data set (45 CFR 164.514), does the agency have a data use agreement that establishes who is permitted to use or receive the limited data set and provide that the recipient will:

- ❒ Not use or disclose the information other than as permitted by the agreement or otherwise required by law
- ❒ Use appropriate safeguards to prevent uses of disclosures of the information that are inconsistent with the data-use agreement
- ❒ Report to the covered entity any use or disclosure of the information in violation of the agreement which it becomes aware
- ❒ Ensure that any agents to whom it provides the limited data set agree to the same restrictions and conditions that apply to the limited data set recipient with respect to such information, and
- ❒ Not attempt to re-identify the information or contact the individuals

E46. What mechanisms does the State have in place to facilitate and protect information sharing?

- ❒ Ensuring that data are de-identified, e.g., aggregate statistical data stripped of individual identifiers and therefore require no individual privacy protection and are not covered by the Privacy Rule
- ❒ Data-use agreements
- ❒ Informal exchanges
- ❒ State statutes and regulations
- ❒ Interagency memoranda of understanding
- ❒ Judicial/court orders
- ❒ Other (Specify)

E47. How does the State monitor compliance with Federal confidentiality requirements?

- ❒ Program Licensing/accreditation/certification onsite reviews
- ❒ Other onsite reviews
- ❒ Other (Specify) _____

# SECTION F
# FINANCIAL MANAGEMENT

This section reviews fiscal management responsibility, systems capabilities, available documentation and established procedures including provider reimbursement systems, funding sources and trends, and SSA fiscal management capacity and practices, particularly as they relate to the SAPT Block Grant.

| Section | Legislation |
|---|---|
| **Section F: Financial Management** | **45 CFR 96.17 and 45 CFR 96.30 Heading: Fiscal and administrative requirements.**<br><br>(a) Fiscal control and accounting procedures. Except where otherwise required by Federal law or regulation, a State shall obligate and expend block grant funds in accordance with the laws and procedures applicable to the obligation and expenditure of its own funds. Fiscal control and accounting procedures must be sufficient to (a) permit preparation of reports required by the statute authorizing the block grant and (b) permit the tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of the statute authorizing the block grant.<br><br>**45 CFR 96.124 and 96.125 Heading: Certain Allocations and Primary Prevention**<br><br>Added to implement the provisions of Section 1922 of the PHS Act which requires States to expend the Block Grant on various programs. Specifically the State is required to expend no less than 35 percent of the Block Grant for prevention and treatment activities relating to other drugs. In addition, not less than 20 percent of the grant is to be expended for primary prevention activities. |

| Section | Legislation |
|---|---|
| **Section F: Financial Management (continued)** | **45 CFR 96.124 Heading: Certain allocations.**<br><br>(a) States are required to expend the Block Grant on various activities in certain proportions. Specifically, as to treatment and prevention, the State shall expend the grant as follows:<br><br>(1) Not less than 35 percent for prevention and treatment activities regarding alcohol; and<br><br>(2) Not less than 35 percent for prevention and treatment activities regarding other drugs.<br><br>(b) The States are also to expend the Block Grant on primary prevention programs as follows:<br><br>(1) Consistent with §96.125, the State shall expend not less than 20 percent for programs for individuals who do not require treatment for substance abuse, which programs—<br><br>(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.<br><br>**45 CFR 96.135 Heading: Restrictions on Expenditure of Grant.**<br><br>Added to implemented section 1931 of the PHS Act which requires that States not expend the Block Grant on a number of activities. |

| Section | Legislation |
|---|---|
| **Section F: Financial Management (continued)** | **CFR 96.121 Heading: Subpart L-Substance Abuse Prevention and Treatment Block Grant, Definitions.**<br><br>Fiscal Year unless provided otherwise means the Federal Fiscal Year.<br><br>**45 CFR 96.122 Heading: Application content and procedures.**<br><br>Section (2), subsection (i) A description of the amounts expended by the principal agency for substance abuse prevention and treatment activities, by activity and source of funds; and (ii) A description of substance abuse funding by other State agencies and offices, by activity and source of funds when available; and (iii) A description of the types and amounts of substance abuse services purchased by the principal agency.<br><br>**45 CFR 96.134 Heading: Maintenance of effort regarding State expenditures.**<br><br>(a) With respect to the principal agency of a State for carrying out authorized activities, the agency shall for each fiscal year maintain aggregate State expenditures by the principal agency for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the two year period preceding the fiscal year for which the State is applying for the grant. The Block Grant shall not be used to supplant State funding of alcohol and other drug prevention and treatment programs.<br><br>**45 CFR 96.122 and 96.123 Heading: The applications and Assurances**.<br><br>The application (in substantial compliance with the statutory and regulatory provisions) is to be submitted for fiscal year 1993 no later than ninety days after publication of these regulations and for subsequent years no later than March 31 of the fiscal year for which the State is applying for funds.<br><br>**45 CFR 96.135 Heading: Restrictions on expenditure of grant.**<br><br>Section (4) The State submits the following to support paragraphs (b) (1) (2) and (3) of this section: (vii) Documentation of the States commitment to obligate these funds by the end of the first year in which the funds are available and that such funds must be expended by the end of the second year (section 1914 (a) (2) of the PHS Act). |

| Section | Legislation |
|---|---|
| **Section F: Financial Management (continued)** | **45 CFR 96.15 Heading: Waivers.**<br><br>Applications for waivers that are permitted by statute for the block grants should be submitted to the Director, Centers for Disease Control and Prevention in the case of the preventive health and health services block grant; to the Administrator, Substance Abuse and Mental Health Services Administration.<br><br>**45 CFR 96.41 and 96.31 Heading: Department of Health and Human Services Audits.**<br><br>(2) Determine whether the sub grantee spent Federal assistance funds provided in accordance with applicable laws and regulations. This may be accomplished by reviewing an audit of the sub grantee made in accordance with the Act or through other means (e.g., program reviews) if the sub grantee has not had such an audit.<br><br>**45 CFR 6.41 and 96.31 Heading: Audits of States, Local Governments and Non-Profit Organizations**<br><br>(2) Determine whether the sub grantee spent Federal assistance funds provided in accordance with applicable laws and regulations. This may be accomplished by reviewing an audit of the sub grantee made in accordance with the Act or through other means (e.g., program reviews) if Governments, and Non-Profit Organizations.'' The audits shall be made by an independent auditor in accordance with generally accepted Government auditing standards covering financial audits. (b) *Sub grantees.* State or local governments, as those terms are defined for purposes of the Single Audit Act Amendments of 1996, that provide Federal awards to a sub grantee, expending $300,000 or more (or other amount as specified by OMB) in Federal awards in a fiscal year, shall: (1) Determine whether sub grantees have met the audit requirements of the Act. Commercial contractors (private for-profit and private and governmental organizations) providing goods and services to State and local governments are not required to have a single audit performed. State and local governments should use their own procedures to ensure that the contractor has complied with laws and regulations affecting the expenditure of Federal funds; (2) Determine whether the sub grantee spent Federal l assistance funds provided in accordance with applicable laws and regulations. This may be accomplished by reviewing an audit of the sub grantee made in accordance with the Act or through other means (e.g., program reviews) if the sub grantee has not had such an audit; (3) Ensure that appropriate corrective action is taken within six months after receipt of the audit report in instances of noncompliance with Federal laws and regulations; (4) Consider whether sub grantee audits necessitate adjustment of the grantee's own records; and (5) Require each sub grantee to permit independent auditors to have access to the records and financial statements. |
| **Section F: Financial Management (continued)** | **45 CFR 96.31 Heading: Audits**<br><br>Basic rule. Grantees and sub grantees are responsible for obtaining audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. 7501–7507) and revised OMB Circular A–133, ''Audits of State, Local Governments, and Non-Profit Organizations.'' The audits shall be made by an independent auditor in accordance with generally accepted Government auditing standards covering financial audits.<br><br>**Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, Heading: Subpart C Auditees, .315 Audit findings follow-up**<br><br>(A) **General**. The auditee is responsible for follow-up and corrective action on all audit findings. As part of this responsibility, the auditee shall prepare a summary schedule of prior audit findings. The auditee shall also prepare a corrective action plan for current year audit findings. The summary schedule of prior audit findings and the corrective action plan shall include the reference numbers the auditor assigns to audit findings under **§___.510(c)**. Since the summary schedule may include audit findings from multiple years, it shall include the fiscal year in which the finding initially occurred. |

F1. What types of fiscal reports must providers or intermediaries submit to the SSA? What are the timelines for providers and intermediaries to submit fiscal reports to the SSA? (Please record below and obtain copies of all reports.)

**Fiscal Reports Providers/Intermediaries Submit to SSA**

| Type of Fiscal Report | Submitted to SSA by Provider (P) or Intermediary (I) | How Often Does Provider or Intermediary Submit Report? | Who Receives |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

F2. Which offices and individuals are responsible for:

F2a. Issuing and maintaining fiscal policy?

F2b. Procuring program services?

F2c. Tracking SAPT Block Grant funds?

F2d. Preparing State agency financial statements?

F2e. Ensuring compliance with SAPT Block Grant fiscal issues?

F2f. Performing Single State Audit?

F2g. Monitoring the SSA's finances?

F3. Who maintains the State accounting system?

F4. Who has access to the State accounting system?

F5. Is the accounting environment computerized or manual?

F6. Is the State's accounting system capable of tracking the SAPT Block Grants by Federal fiscal year?

- ❒ Yes
- ❒ No

F7. What SAPT Block Grant reporting requirements have specific account codes?

F8. Is the accounting system used to track specific SAPT Block Grant codes?

F9. Does the accounting system segregate costs for each grant?

- ❒ Yes
- ❒ No (Why not?)

F10. How does the system segregate costs?

- ❒ Job code
- ❒ Other (Specify)

F11. Does the State maintain a policy that identifies how costs are identified and charged as direct costs to a project?

- ❒ Yes
- ❒ No

**If No:**

F11a. Why not?

F12. Does the State maintain a policy that identifies and segregates unallowable costs?

- ❒ Yes
- ❒ No

**If No:**

F12a. Why not?

F13. Do the records indicate that the policies are being followed?

❒ Yes
❒ No

**If No:**

F13a. Why not?

F14. Does the accounting system segregate indirect costs?

❒ Yes
❒ No

**If No:**

F14a. Why not?

F15. Does the State monitor expenditures against budgets?

❒ Yes
❒ No

**If No:**

F15a. How does the State monitor expenditures?

F16. What controls are in place to ensure that fund advances (draw downs) do not exceed actual expenditures?

F17. How are costs for the Federal fiscal year reported in the financial statements (by State fiscal year)?

F18. Does the State reconcile reported State expenditures to the Federal awards?

❒ Yes
❒ No

**If No:**

F18a. Why not?

F19. Does the State accounting system capture SAPT Block Grant set-aside requirements?

❒ Yes
❒ No

**If No:**

F19a. Why not?

F20. Does the alcohol and drug agency run supplemental spreadsheets?

❒ Yes
❒ No

**If Yes:**

F20a. What is the source of the information used in supplemental spreadsheets?

F20b. Is information re-entered or transferred from an accounting system?

❒ Yes
❒ No

F20c. Are the spreadsheets reconciled to the accounting system?

❒ Yes
❒ No

F21. Does the State agency have a fiscal policies and procedures manual?

❒ Yes
❒ No

F22. Are SAPT Block Grant requirements included in the State agency fiscal policy and procedures manual?

❒ Yes
❒ No

F23. Does the State agency have a chart of accounts?

❒ Yes
❒ No

F24. What types of financial records and reports are prepared and used to manage the system?

F25. What is the basis of accounting?

- ❒ Cash
- ❒ Accrual
- ❒ Modified cash
- ❒ Modified accrual
- ❒ Other (Specify) _____

F26. How are alcohol and drug treatment providers selected?

- ❒ Bid process
- ❒ Historical funding patterns
- ❒ Other (Specify) _____

F27. What mechanisms are used to fund providers (i.e., contracts, agreements, grants, memoranda of understanding, fee-for-service, vouchers)?

- ❒ Contracts
- ❒ Agreements
- ❒ Grants
- ❒ Memoranda of understanding
- ❒ Fee-for service
- ❒ Vouchers
- ❒ Other (Specify) _____

F28. Do service records also serve as billing records?

- ❒ Yes
- ❒ No

F29. Are units of service coded by funding source?

- ❒ Yes
- ❒ No

F30. Do units of service have associated unit charges or cost estimates?

- ❒ Yes
- ❒ No

F31. What are the incentives for providers to report State required data?

F32. What are the incentives for providers to report successful NOMs?

F33. Are provider payment terms and conditions (rates, timeframes for payment, service definitions) clearly stated in the contract/grant?

- ❒ Yes
- ❒ No

F34. Do provider contracts/grants specify funding sources?

- ❒ Yes
- ❒ No

F35. Do provider contracts/grants specify reporting requirements (i.e., client data, NOMs, other performance reporting, fiscal reporting, placement patterns)?

- ❒ Client data
- ❒ NOMs
- ❒ Other performance reporting
- ❒ Fiscal reporting
- ❒ Placement patterns
- ❒ Other (Specify) _____

F36. Do provider contracts/grants define audit requirements?

- ❒ Yes
- ❒ No

**If No:**

F36a. Why not?

F37. Does the State know the costs of services delivered by providers?

❒ Yes
❒ No

**If Yes:**

F37a. How have costs been determined?

F37b. Identify those services for which costs have been determined?

❒ Detoxification, 24-Hour, Hospital Inpatient
❒ Detoxification, 24-Hour, Free-Standing
❒ Detoxification, Ambulatory
❒ Rehabilitation, Residential, Hospital
❒ Rehabilitation, Residential, Long-Term (More than 30 Days)
❒ Rehabilitation, Residential, Short-Term (Under 30 Days)
❒ Rehabilitation, Ambulatory, Intensive Outpatient
❒ Rehabilitation, Ambulatory, Outpatient

F38. Does the State manage provider contracts/grants and resource allocations based on clinical and fiscal performance requirements?

❒ Yes
❒ No

**If Yes:**

F38a. How?

F39. What interventions are made by the State when clients of funded providers fall below:

F39a The State's defined average or median length-of-stay for each modality?

F39b. The targeted contracted units of service?

F39c. Other process measure targets?

F39d. Outcome measure targets?

F40. What were the SSA expenditures by revenue source for the past two State fiscal years? (Complete table below.)

**Summary of State Alcohol and Drug Expenditures by Revenue Source**
**SSA and Other State Agencies**
(Two most current "closed book" years)

| Revenue Source | SFYXX | SFYXX | Change (#) | Change (%) |
|---|---|---|---|---|
| State General Fund | | | | |
| Other State Funds (specify) | | | | |
| SAPT Block Grant | | | | |
| Medicaid Funds | | | | |
| Other Federal Funds (specify) | | | | |
| Other (specify) | | | | |
| Total | | | | |

*ROUND OFF TO NEAREST DOLLAR - NO CENTS, PLEASE

F41. Have there been significant changes in funding and operating expenditures?

❒ Yes
❒ No

**If Yes:**

F41a. Please describe.

F42. Describe any barriers in accessing Medicaid, TANF, criminal justice, juvenile justice, children and family services, or any other fund source of interest?

F43. Has the State expended its entire State fund during the budget years under review?

F44. Has the SSA's base budget been reduced in any of the four years under review for maintenance of effort (MOE) compliance?

**If Yes:**

F44a. Complete table below:

**SSA Budge Reduction/Funds Transferred to Other Agency(ies)**

| State Fiscal Year | Amount of Reduction | Agency to Which Funds Transferred (if applicable) | Reason(s) for Budget Reduction | Reason(s) for Transfer of Funds |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

F45. Have State or other funds been transferred in from any other agency in any of the years under review?

❒ Yes
❒ No

**If Yes:**

F45a. Complete table below:

**Funds Transferred from Other Agency(ies) to SSA**

| State Fiscal Year | Amount of Transfer | Agency(ies) Transferring Funds | Reason(s) for Fund Transfer |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

F46. Are the transferred funds available for use by the SSA or merely a pass-through?

- ❒ Available for use by SSA
- ❒ Pass-through

F47. When was the most recent SAPT Block Grant application submitted?

F48. What was the date of the most recent SAPT Block Grant Notice of Grant Award?

F49. Has the State lapsed SAPT Block Grant funds during the time period under review?

- ❒ Yes
- ❒ No

**If Yes:**

F49a. How much?

F49b. Reasons for lapsed funds.

F49c. During what Federal fiscal year?

F50. Have there been any Federal citations or threatened withholding actions for the State's failure to comply with SAPT Block Grant requirements in the past 2 years?

❒ Yes
❒ No

**If Yes:**

F50a. Is the State currently implementing a Corrective Action Plan (CAP)?

❒ Yes
❒ No

F50b. What is the status of this CAP?

F51. Has the State requested and received any waivers from CSAT/Center for Substance Abuse Prevention (CSAP) regarding its SAPT Block Grant requirements?

❒ Yes
❒ No

**If Yes:**

F51a. Please describe.

F52. How are decisions made about SAPT Block Grant allocations?

F53. Who approves these allocations?

## SAPT Block Grant Fiscal Management

F54. Please describe onsite fiscal monitoring reviews. (Fill in table below.)

**Onsite Fiscal Monitoring Reviews**

| Fiscal Onsite Review Conducted by (Dept/Org/ Section) | How Often | Is There a Protocol? | Are SAPT Block Grant Requirements Reviewed? | Is Information Used to Determine Necessity of Corrective Action Plans? |
|---|---|---|---|---|
| | | | | |
| | | | | |

F55. How does the State ensure that provider invoices are for services actually delivered?

F56. Describe the State's system for managing the Single State Audit.

F56a. Who conducts the audit?

F56b. What is the period covered by the latest audit?

F56c. Have findings been identified at the State level, which relate to the SAPT Block Grant?

F56d. What steps did the State take, if any, to address relevant problems that the audit report identified?

F57. Describe the State's system for managing the A-133 provider audits.

F57a. Which State agency is responsible for reviewing A-133 provider audits?

F57b. What findings for providers and intermediaries, if any, are related to the SAPT Block Grant?

F57c. Is there a plan to correct deficiencies identified in the audits?

- ❒ Yes
- ❒ No

F57d. How is the SSA involved in audit review?

F57e. If the responsible entity is other than the SSA, is information about the audit findings shared with the SSA?

# SECTION G
# FISCAL QUALITY MANAGEMENT

This section guides a broad review of quality management practices in the SSA beginning with the more typical quality assurance domains such as service system quality, credentials of providers and clinicians, and clinical monitoring and performance management. The latter section bridges the divide between the clinical and fiscal domains and reviews SAPT Block Grant compliance to both ascertain the extent of compliance and show how level of compliance may affect quality of care throughout the system.

## SAPT Block Grant Fiscal Compliance

Determine expenditures related to State compliance in each of the following core areas.

## Obligations and Expenditures

*SAPT funds "shall be available for obligation until the end of the fiscal year for which the amounts were paid, and if obligated by the end of such year, shall remain available for expenditure until the end of the succeeding fiscal year." SAMHSA defines an obligation as the following: "Obligations by Recipients – the amounts of orders placed, contracts and grants awarded, goods and services received, and similar transactions during a funding period that will require payment during the same or a future period." – Section 1952, Public Health Service Act.*

| Section | Legislation |
|---|---|

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**Obligations and Expenditures** | **45 CFR 96.30 Heading: Subpart C—Financial Management Fiscal and administrative requirements, Section C: Financial Summary of obligation and expenditure of block grant funds**<br><br>**(b) Financial summary of obligation and expenditure of block grant funds—(1) Block grants containing time limits on both the obligation and the expenditure of funds. After the close of each statutory period for the obligation of block grant funds and after the close of each statutory period for the expenditure of block grant funds, each grantee shall report to the Department: (i) Total funds obligated and total funds expended by the grantee during the applicable statutory periods; and (ii) The date of the last obligation and the date of the last expenditure. (2) Block grants containing time limits only on obligation of funds. After the close of each statutory period for the obligation of block grant funds, each grantee shall report to the Department: (i) Total funds obligated by the grantee during the applicable statutory period; and (ii) The date of the last obligation. (3) Block grants containing time limits only on expenditure of funds. After the close of each statutory period for the expenditure of block grant funds, each grantee shall report to the Department: (i) Total funds expended by the grantee during the statutory period; and (ii) The date of the last expenditure. (4) Submission of information. Grantees shall submit the information required by paragraph (b) (1), (2), and (3) of this section on OMB Standard Form 269A, Financial Status Report (short form). Grantees are to provide the requested information within 90 days of the close of the applicable statutory grant periods.**<br><br>**45 CFR 96.14 Heading: Time Period for obligation and expenditure of grant funds**<br><br>**Obligations. Amounts unobligated by the State at the end of the fiscal year in which they were first allotted shall remain available for obligation during the succeeding fiscal year for all.**<br><br>**45 CFR 96.122 and 96.123 Heading: Application and content procedures (96.122) and Assurances (96.123)**<br><br>**Added to describe what is to be provided in the application and the necessary assurances that States (which includes the District of Columbia and territories) will provide to ensure the Secretary that it will carry out the purposes of and expend the Block Grant in accordance with the law. In applying for Block Grants for fiscal year 1993 applicants must submit an application containing information which conforms to all the elements of the regulations.** |
| **Section G: Fiscal Quality Management**<br><br>**Obligations and Expenditures (continued)** | **45 CFR 96.122 Heading: Application and content procedures**<br><br>Section 1942(a) of the PHS Act requires the states to submit a report which describes the purposes for which the grant received by the State for the preceding fiscal years was expended, a description of the activities of the state under the program, and the recipients of amounts provided in the grant. 45 CFR 96.122 (f) sets forth the information that is to be submitted to the Secretary in the report. In addition, the regulations, applicable to the report, require States to submit information on the use of Block Grant funds over a several year period. |

G1. How does the State define “obligated” funds?

G2. Is the State's definition of "obligated" funds consistent with the CSAT's definition? Provide definition.

❒ Yes
❒ No

G2a. Notes:

G3. What is the obligating document?

G4. In the most recently complete Federal fiscal years, how much of the SAPT Block Grant has been obligated and how much was expended in the 2 years of the Grant? (Please fill in the following table.)

**Obligations and Expenditures**

| Federal Fiscal Year | Total Award | Obligation Period | Amount Obligated | Expenditure Period | Amount Expended |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

G5. How do these expended amounts compare to the amounts drawn down according to the Federal Grant Award report?

## State Maintenance of Effort

| Section | Legislation |
|---|---|

| | |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**State Maintenance of Effort (MOE)** | **45 CFR 96.134 Heading: Maintenance of effort regarding State expenditures**<br><br>Subsection (d) The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year.<br><br>**45 CFR 96.134 Heading: Maintenance of Effort regarding State expenditures**<br><br>To support the maintenance of effort requirement States must provide the dollar amount reflecting the aggregate State expenditures by the principal agency for authorized activities for each of the two State fiscal years preceding the fiscal year for which the State is applying for the grant. |

G6. What types of funds are included in the State's definition of MOE expenditures?

G7. Has the definition of MOE been applied consistently?

❒ Yes
❒ No

**If No:**

G7a. Explain.

G8. Do MOE expenditures include all SSA State funds identified in Summary of State Alcohol and Drug Expenditures?

❒ Yes
❒ No

**If No:**

G8a. Why not?

G9. Do MOE expenditures include State funds transferred to the SSA from other agencies?

❒ Yes

❒ No

G10. Do MOE expenditures include State funds, which do not flow through the SSA?

❒ Yes
❒ No

G11. What were the types and amounts of State alcohol and drug expenditures used to calculate the State MOE for the two most recently completed State fiscal years? (Please fill in the following table.)

**State Maintenance of Effort Expenditures**[1]

| Period[2] | State Expenditures | Previous 2-Year Average Expenditures | Percent Over/(Under) MOE Requirements |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

[1]Actual expenditures listed under the "State Expenditures" column are averaged, and the average of the 2-year period is placed in the "Previous 2-Year Average Expenditures" column on the line next to the fiscal year studied.

[2]The State fiscal year listed in this table should cover the 2 most recently completed State fiscal years.

G12. What is the source of the State MOE figures?

G13. How do the MOE numbers compare to the most recently submitted SAPT Block Grant application?

G14. Did the SSA meet the MOE requirement for all years under review?

❒ Yes
❒ No

**If No:**

G14a. Identify reasons for each year the MOE requirement is not met.

**Reasons State MOE Was Not Met**

| Reasons | SFY | SFY | SFY | SFY |
|---|---|---|---|---|
| Fill in Fiscal Year | | | | |
| Budget reductions | ☐ | ☐ | ☐ | ☐ |
| Hiring freeze | ☐ | ☐ | ☐ | ☐ |
| Staff attrition | ☐ | ☐ | ☐ | ☐ |
| Contract terminations | ☐ | ☐ | ☐ | ☐ |
| Inability to issue Requests for Proposal and/or issue contracts | ☐ | ☐ | ☐ | ☐ |
| State imposed expenditure curtailment | ☐ | ☐ | ☐ | ☐ |
| Other (Specify below) | ☐ | ☐ | ☐ | ☐ |

**Primary Prevention Services and Set-Aside**

*States must expend "not less than 20 percent of the SAPT Block Grant for primary prevention activities. Primary Prevention Programs are those directed at individuals who have not been determined to require treatment for substance abuse. Such programs are aimed at educating and counseling individuals on such abuse and providing for activities to reduce the risk of such abuse." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**Primary Prevention Services and Set-Aside** | **45 CFR 96.121 Heading: Definitions**<br><br>Primary prevention programs are those directed at individuals who have not been determined to require treatment for substance abuse. Such programs are aimed at educating and counseling individuals on such abuse and providing for activities to reduce the risk of such abuse. Source: March 31, 2993 Part XI: Department of Health and Human Services: 45 CFR Part 96: Substance Abuse Prevention and Treatment Block Grants, Interim Final Rule<br><br>**45 CFR 96.124 and 96.125 Heading: Certain Allocations (96.124) and Primary Prevention Regulation (96.125):**<br><br>In addition, not less than 20 percent of the grant is to be expended for primary prevention activities. |

G15. Provide a definition of primary prevention services:

G16. How much did the State expend for primary prevention services in the two most recently completed Federal fiscal years? (Please fill in the following table.)

**Twenty Percent Primary Prevention Set-Aside**

| Year | SAPT Block Grant Award | 20 Percent Set-Aside | Actual Expenditure | Difference |
|---|---|---|---|---|
| | | | | |
| | | | | |

G17. Was the amount of prevention expenditures above, below, or equal to the required minimum?

- ❒ Above required minimum
- ❒ Equal to required minimum
- ❒ Below required minimum

G18. How do prevention expenditures compare with the most recently submitted SAPT Block Grant application?

G19. Compare actual SAPT Block Grant prevention expenditures for the most recently complete Federal fiscal year and the previous Federal fiscal year with the 20 percent minimum requirement.

## MOE Expenditures for Pregnant Women and Women with Dependent Children

*"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 [for treatment services designed for pregnant women and women with dependent children]." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**MOE Expenditures for Pregnant Women and Women with Dependent Children** | **45 CFR 96.124 and 96.125 Heading: Certain Allocations (96.124) and Primary Prevention Regulation (96.125):**<br><br>(c) Subject to paragraph (d) of this section, a State is required to expend the Block Grant on women services as follows:<br><br>(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.<br><br>(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. |

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**MOE Expenditures for Pregnant Women and Women with Dependent Children (continued)** | **45 CFR 96.124 Heading: Certain allocations**<br><br>Subsection (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:<br><br>(1) primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;<br><br>(2) primary pediatric care, including immunization, for their children;<br><br>(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;<br><br>(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<br><br>(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.<br><br>(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. |

G20. What was the State's base for the most recently complete Federal fiscal year? (Please fill in the following table)

**Base Calculation for Pregnant Women and Women with Dependent Children**

| Period | Base From Prior Year | State Expenditures for Women's Services | SAPT Block Grant Expenditures for Women's Services | SAPT Block Grant Award | 5 Percent of Award | State Expenditures Above Previous Year Expenditures | Total Base for Following Year |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**MOE Expenditures for Pregnant Women and Women with Dependent Children**

| Period | Required Expenditure | Actual Expenditure | Difference | Percentage of Difference |
|---|---|---|---|---|
| | | | | |
| | | | | |

G21. What is the source of the base number?

G22. What was the methodology used to determine the base?

G23. How much did the State expend during the last two completed Federal fiscal years on pregnant women and women with dependent children services?

G24. Was the amount expended on pregnant women and women with dependent children more than, less than, or equal to the minimum required?

- ❒ More than required
- ❒ Equal to required
- ❒ Less than required

G25. How do the expenditures for pregnant women and women with dependent children compare with the most recently submitted SAPT Block Grant application?

G26. Of the amount expended, how much was:

State funds _____

SAPT Block Grant funds _____

Medicaid match _____

Other State funds _____

G27. What amounts were funded for each service by funding source? (Please complete the following table.)

**Services for Pregnant Women and Women with Dependent Children**

| | State | SAPT Block Grant | Medicaid Match | Other State | Total |
|---|---|---|---|---|---|
| Substance abuse treatment | | | | | |
| Primary medical care | | | | | |
| Prenatal care | | | | | |
| Childcare | | | | | |
| Primary pediatric care | | | | | |
| Gender specific treatment | | | | | |
| Treatment for children | | | | | |
| Case management | | | | | |
| Transportation | | | | | |

G28. What sources of State funds has the SSA been able to access as a result of the specialized services requirement?

- ❒ Childcare
- ❒ Transportation
- ❒ Medical services funded by another entity
- ❒ Other (Specify)

**HIV MOE (as required, for designated States only)**

*If a State has 10 or more HIV cases per 100,000 population (referred to as a "designated State"), "the State is to maintain statewide expenditures (rather than expenditures only through the principal agency) of non-Federal amounts for such services at a level that is not less than the average level of such expenditures maintained by the State for a 2-year period preceding 1993, or the first year in which a State became an HIV-designated State." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**HIV MOE (as required, for designated States only)** | **45 CFR 96.128 Heading: Requirements regarding human immunodeficiency virus.**<br><br>Subsection: f) With respect to services provided for a State for purposes of compliance with this section, the State shall maintain Statewide expenditures of non-Federal amounts for such services at a level that is not less than the average level of such expenditures maintained by the State for 2-year period preceding the first fiscal year for which the State receives such a grant. In making this determination, States shall establish a reasonable base for fiscal year 1993. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year. |
| **Section G: Fiscal Quality Management**<br><br>**HIV Set-Aside** | **45 CFR 96.128 Heading: Requirement regarding human immunodeficiency virus.**<br><br>The State shall maintain Statewide expenditures of non-Federal amounts for such services at a level that is not less than the average level of such expenditures maintained by the State for 2-year period preceding the first fiscal year for which the State receives such a grant. In making this determination, States shall establish a reasonable base for fiscal year 1993. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently. |

G29. Is the State currently an HIV-designated State?

- ❒ Yes
- ❒ No

**Complete the following Section only if the State is currently HIV-designated.**

G30. What year did the State become designated for HIV?

G31. How does the State define MOE?

G32. Has the definition of MOE been consistently applied over the period of the review?

❒ Yes
❒ No

**If No:**

G32a. Why not?

G33. What is the State's required MOE for HIV early intervention services? (Fill in the following tables.)

**HIV Maintenance of Effort Base Calculation**

| Period | State HIV Expenditure | Percent of HIV Clients Who Are Substance Abusers | Amount of HIV Expenditures for Clients Who are Substance Abusers | MOE Base |
|---|---|---|---|---|
| | | | | |
| | | | | |

**HIV Maintenance of Effort Expenditures**

| Period | State HIV Expenditures | Percent of HIV Clients that are Substance Abusers | State HIV Funds for Substance Abusers | MOE Base | Difference |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

G34. Has the definition of MOE been consistently applied over the period of the review?

❒ Yes
❒ No

**If No:**

G34a. Why not?

G35. What is the source of the MOE figures?

G36. Does the State use Centers for Disease Control and Prevention (CDC) HIV surveillance data to calculate the percentage?

❒ Yes
❒ No

**If No:**

G36a. Why not?

G36b. What is the source of the data used to calculate the HIV percentage?

G36c. How does the State's percentage of HIV clients who are substance abusers compare with percentages reported through the CDC Web site?

G37. Is the State Accounting System the source of these expenditures?

❒ Yes
❒ No

**If No:**

G37a. Why not?

G38. How much did the State expend from State funding sources for HIV early intervention services for each of the years studied? Was it more than, less than, or equal to the required minimum?

- ❒ More than required minimum
- ❒ Equal to required minimum
- ❒ Less than required minimum

G39. How do determined expenditures for the most recently completed 2 years compare with the expenditures reported in the most recent SAPT Block Grant application?

**HIV Set-Aside**

G40. Was the State HIV-designated for the 2 years under review?

- ❒ Yes
- ❒ No

**If No:**

G40a. Did the SSA expend SAPT Block Grant funds for HIV early intervention services for any of the 2 years under review that the State was not HIV-designated?

- ❒ Yes
- ❒ No

Complete the following section only if the State was HIV-designated for the 2 years under review.

**HIV Set-Aside (as required, for designated States only)**

> *"(ii) The amount specified in this clause is the amount that was reserved by the designated State involved from the allotment of the State under section 1912A for fiscal year 1991 in compliance with section 1916(c)(6)(A)(ii) (as such sections were in effect for such fiscal year). "(B) If the percentage determined under subparagraph (A) for a designated State for a fiscal year is less than 2 percent (including a negative percentage, in the case of a State for which there is no increase for purposes of such subparagraph), the percentage applicable under this paragraph for the State is 2 percent. If the percentage so determined is 2 percent or more, the percentage applicable under this paragraph for the State is the percentage determined under subparagraph (A), subject to not exceeding 5 percent. —45 CFR Part 96; Interim Final Rule*

G41. How does the State calculate its set-aside percentage? (Please complete the following tables.)

**HIV Set-Aside Percentage Calculation**

| SAPT Block Grant Award Year | Award Amount | Substance Abuse Portion of FFY1991 Award | Difference | Percentage Change | HIV Set-Aside Percentage |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## HIV Set-Aside Expenditures

| Period | SAPT Block Grant Award | Required Percentage | Required Expenditure | Actual Expenditure | Difference |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

G42. What is the source of the set-aside figures?

G43. How do the set-aside numbers compare with the most recently submitted SAPT Block Grant application?

## Tuberculosis (TB) MOE

*States must require any entity receiving SAPT Block Grant funds to provide services or referrals for TB counseling, testing, or treatment to ATOD clients. To meet this requirement, States must maintain State expenditures for TB services at a level that is not less than the average level of expenditures maintained by the State for the 2-year period preceding the first year in which the State received the SAPT Block Grant. In making this determination, States were to establish a base for FFY93, after which they must maintain the same level of State spending for TB services for substance abusers in order to continue to receive SAPT Block Grant funding.*

| Section | Legislation |
|---|---|
| **Section G: Fiscal Quality Management**<br><br>**Tuberculosis (TB) MOE** | **45 CFR 96.127 Heading: Requirements regarding tuberculosis**<br><br>(c) With respect to services provided for by a State for purposes of compliance with this section, the State shall maintain Statewide expenditures of non-Federal amounts for such services at a level that is not less than an average level of such expenditures maintained by the State for the 2-year period preceding the first fiscal year for which the State receives such a grant. In making this determination, States shall establish a reasonable funding base for fiscal year 1993. The base shall be calculated using Generally Accepted Accounting Principles and the composition of the base shall be applied consistently from year to year. |

G44. How does the State define the TB MOE?

G45. Has this definition been consistently applied over the period of the review?

❒ Yes
❒ No

**If No:**

G45a. Explain.

G46. What is the State's required base for Federal fiscal year XXX for TB services to substance abusers? (Please fill in the following tables.)

**TB MOE Base Calculation**

| Period | State TB Expenditures | Percent of TB Clients Who Are Substance Abusers | Amount of TB Expenditures for Clients Who Are Substance Abusers | MOE Base |
|---|---|---|---|---|
| SFY91 | | | | |
| SFY92 | | | | |

**TB Maintenance of Effort Expenditures**

| Period | State TB Expenditure | Percent of TB Clients Who Are Substance Abusers | State TB Funds for Substance Abusers | MOE Base | Difference |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

G47. What is the source of the TB MOE figures?

G48. Does the State use CDC TB surveillance data to calculate the percentage?

❒ Yes
❒ No

**If No:**

G48a. Why not?

G48b. What is the source of the data used to calculate the TB percentage?

G49. How much did the State expend from State funding sources for TB services to substance abusers for each of the years studied?

❒ More than required minimum

- ❒ Equal to required minimum
- ❒ Less required minimum?

G50. What is the source of these expenditures?

- ❒ State accounting system
- ❒ Other accounting system

**If "Other accounting system:**

G50a. Why?

G51. How do expenditures for the most recently completed 2 years compare with the SAPT Block Grant application?

# SECTION H
# CLINICAL QUALITY MANAGEMENT

This section guides a broad review of quality management practices in the SSA beginning with the more typical quality assurance domains such as service system quality, credentials of providers and clinicians, and clinical monitoring and performance management. The latter section bridges the divide between the clinical and fiscal domains and reviews SAPT Block Grant compliance to both ascertain the extent of compliance and show how level of compliance may affect quality of care throughout the system.

## CLINICAL QUALITY ASSURANCE

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**Clinical Quality Assurance** | **45 CFR 96.132 Heading: Additional Agreements**<br><br>The Secretary believes that improving service coordination and integration of services is an important objective. It is particularly important in the area of substance abuse, because many of the individuals involved are either served by or need to receive services from a variety of systems<br><br>**45 CFR 96.122 Heading: The Application and Assurances**<br><br>(7) The State will improve the process in the State for referrals of individuals to the treatment modality that is most appropriate for the individuals, will ensure that continuing education is provided to employees of any funded entity providing prevention activities or treatment services, and will coordinate prevention activities and treatment services with the provision of other appropriate services as provided by Sec. 96.132; page 508<br><br>**45 CFR Section 96.136 Heading: Independent Peer Review**<br><br>As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2. The reviewers shall examine the following:<br>(1) Admission criteria/intake process;<br>(2) Assessments;<br>(3) Treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;<br>(4) Documentation of implementation of treatment services;<br>(5) Discharge and continuing care planning; and<br>(6) Indications of treatment outcomes. Page 522<br><br>**45 CFR 96.122 Heading: The Application and Assurances**<br><br>(3)(vii) For applications for fiscal year 1995 and subsequent fiscal years, a description of the strategies used for monitoring program compliance with Sec. 96.126(f), Sec. 96.127(b), and Sec. 96.131(f), as well as a description of the problems identified and the corrective actions taken |

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**Clinical Quality Assurance** | **US Code Title 42, Chapter 6A, Subchapter III A, Part B, subpart 1, Section 290bb Heading: Center for Substance Abuse Treatment**<br><br>(b) Duties: The Director of the Center shall (5) collaborate with the Director of the National Institute on Drug Abuse , with the Director of the National Institute on Alcohol Abuse and Alcoholism and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services.<br><br>**US Code Title 42, Chapter 6A, Subchapter III-A, Part B subpart 1, 290bb. Center for Substance Abuse Treatment (Director Duties)**<br><br>(14) Assess the quality, appropriateness, and cost of various treatment forms for specific patient groups<br><br>**45 CFR 96.122 and 96.123 Heading: The Application and Assurances**<br><br>(1) (v) A description of the amounts expended for activities relating to substance abuse such as planning, coordination, needs assessment, quality assurance, training of counselors, program development, research and development and the development of information systems. And 20) A description of how the State intends to monitor and evaluate the performance of substance abuse service providers in accordance with Sec. 96.136 (peer review);<br><br>**42 USC 201 Children's Health Act of 2000" SEC. 3303. SUBSTANCE ABUSE PREVENTION AND TREATMENT PERFORMANCE PARTNERSHIP BLOCK GRANT**.<br><br>Core data set.--A State that receives a new grant, contract, or cooperative agreement from amounts available to the Secretary under paragraph (1), for the purposes of improving the data collection, analysis and reporting capabilities of the State, shall be required, as a condition of receipt of funds, to collect, analyze, and report to the Secretary for each fiscal year subsequent to receiving such funds a core data set to be determined by the Secretary in conjunction with the States."<br><br>**45 CFR 96.122 and 96.123 Heading: The Application and Assurances**<br><br>(vi) For applications for fiscal year 1995 and all subsequent fiscal years, a description of the State's procedures and activities undertaken to comply with the requirement to develop capacity management and waiting list systems, as provided by Secs. 96.126 and 96.131, as well as an evaluation summary of these activities; |

H1. Does the SSA fund the following wraparound/support services for substance abuse treatment clients?

- ❒ Outreach
- ❒ Therapeutic Community-Direct treatment
- ❒ Continuing Care-Direct treatment
- ❒ Partial Hospitalization/Day Treatment-Direct treatment
- ❒ Early Intervention-Direct treatment
- ❒ Treatment of Co-Occurring Disorders
- ❒ Homeless Services
- ❒ Housing
- ❒ Transitional Housing
- ❒ Case Management
- ❒ Crisis Services
- ❒ Treatment of HIV/AIDS
- ❒ Family Support
- ❒ Living Skills
- ❒ Transportation
- ❒ Childcare
- ❒ Acupuncture
- ❒ Job Counseling/Training or Education
- ❒ Screening, Brief Intervention,

Referral, and Treatment (SBIRT)
- ❒ ACT
- ❒ Peer support/recovery mentoring
- ❒ Drop in centers
- ❒ Recovery housing/Oxford type homes

❒ Other (specify) _____

## Adolescent Treatment

As of 2005, the following States had received Adolescent Treatment Coordination Grants from CSAT: AZ, CT, DC, FL, GA, IL, KY, MA, NC, OH, SC, TN, VA, VT, WA, WI. The purpose of the Grants was to build States' capacity to provide effective, accessible, and affordable treatment for adolescents and their families. Each grantee was to hire or dedicate a full-time employee with authority to convene and coordinate State agencies and other service systems for the benefit of service coordination to the target population.

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**Clinical Quality Assurance**<br><br>**Adolescent Treatment** | **US Code Title 42: Chapter 6A,Subchapter III-A, Subpart 1, Section 290bb-7 Heading: Substance abuse treatment services for children and adolescents**<br><br>(a) The Secretary shall award grants, contracts, or cooperative agreements to public and private nonprofit entities, including Native Alaskan entities and Indian tribes and tribal organizations, for the purpose of providing substance abuse treatment services for children and adolescents (b) Priority: (2) coordinate the provision of treatment services with other social service agencies in the community, including educational, juvenile justice, child welfare, and mental health providers<br><br>**Public Law 103-62 Heading: GPRA**<br><br>(3) Improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction; (purpose of the Act)<br><br>**US Code Title 42: Chapter 6A, Subchapter III-A, Subpart 1, Section 290bb-7 Heading: Substance abuse treatment services for children and adolescents**<br><br>(b) Priority – in awarding grants, contracts, or cooperative agreements …the Secretary shall give priority to applicants who propose to (1) apply evidenced-based and cost effective methods for the treatment of substance abuse among children and adolescents<br><br>As of 2005, the following States had received Adolescent Treatment Coordination Grants from CSAT: AZ, CT, DC, FL, GA, IL, KY, MA, NC, OH, SC, TN, VA, VT, WA, WI. The purpose of the Grants was to build States' capacity to provide effective, accessible, and affordable treatment for adolescents and their families. Each grantee was to hire or dedicate a full-time employee with authority to convene and coordinate State agencies and other service systems for the benefit of service coordination to the target population. |

H2. Did the State receive funding from CSAT for an adolescent treatment coordinator position?

❒ Yes
❒ No (Skip to Policymaking Structure.)

**If Yes:**

H2a. Where was the position located?

❒ In the SSA?

❒ In another agency (which one?)_____

H2b. If position was located in another agency, why?

H2c. What role did the adolescent treatment coordinator play in the development, implementation, and assessment of adolescent substance abuse treatment programming?

H2d. What role did the adolescent treatment coordinator play in developing linkages with other State agencies providing services to adolescents?

H2e. Please list and describe any committees/task forces dealing with services to adolescents in which the adolescent treatment coordinator participates.

H3. Does the State fund any substance abuse services specifically for adolescents?

❒ Yes
❒ No

**If Yes:**

H3a. What substance abuse services are funded specifically for adolescents?

❒ Detoxification
❒ Residential
❒ Intensive outpatient
❒ Outpatient
❒ Outreach
❒ Therapeutic Community
❒ Continuing Care
❒ Partial Hospitalization/Day Treatment
❒ Early Intervention
❒ Treatment of Co-Occurring Disorders
❒ Homeless Services
❒ Housing
❒ Transitional Housing
❒ Case Management
❒ Crisis Services
❒ Treatment of HIV/AIDS
❒ Family Support
❒ Living Skills
❒ Transportation
❒ Childcare
❒ Acupuncture
❒ Job Counseling/Training or Education

❒ Other (specify)_____

H4. Does the State have standards of care specifically for adolescents?

❒ Yes
❒ No

**If Yes:**

H4a. Describe (and get copy).

H5. Does the State require or encourage the use of evidence-based practices by its publicly funded adolescent programs?

❒ Required
❒ Encouraged
❒ Neither required nor encouraged

**If required or encouraged:**

H5a. Are specific evidence-based practices required or encouraged?

❒ Yes
❒ No

**If Yes:**

H5a1. Describe.

H6. Does the State require that programs provide adolescents with screening, assessment, or placement services that are different from those used or required for adults?

❒ Yes
❒ No

**If Yes:**

H6a. Describe.

H7. Does the SSA require providers to use a uniform assessment instrument?

❒ Yes
❒ No

**If Yes:**

H7a. Which instrument?

❒ Addiction Severity Index

❒ Other (Specify) _____

_____

H8. Does the SSA require providers to use a uniform client placement instrument?

❒ Yes
❒ No

**If Yes:**

H8a. Which instrument?

❒ American Society of Addiction Medicine, Patient Placement Criteria

❒ Other (Specify) _____

_____

H9. Does the substance abuse treatment system (the State, intermediaries, provider agencies) use information gained from the client placement instruments in management decisionmaking?

❒ Yes
❒ No

**If Yes:**

H9a. What kinds of management decisions are made based on information from client placement instruments?

H10. Does the SSA monitor the level of care assessed compared to the level of care received?

❒ Yes
❒ No

**If Yes:**

H10a. What interventions, if any, are made?

H11. How does the State use provider clinical reports to determine the overall quality of services being provided (e.g., treatment plans, discharge summaries, assessments)?

H12. What types of clinical reports must providers submit to the SSA? (Fill in the table below.)

Clinical Reports Submitted to SSA

| Type of Clinical Report | Submitted to SSA by Provider (P) or Intermediary (I) | How Often Does Provider or Intermediary Submit Report? | Is There a Protocol? | Who Reviews Report? (Title of Reviewer) | How Are Data Collected? (fax, paper, mailed, disk mailed, emailed, real-time) | Are SAPT Block Grant Requirements Collected and Reviewed? | What Is Done with Information Collected? |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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| | | | | | | | |

H13. Has the State adopted or developed evidence-based practices or programs?

❒ Yes
❒ No

**If adopted:**

H13a. Whose evidence-based practices? Specify whose standard.

**If developed:**

H13b. Based on what standard or criteria (e.g., SAMHSA, etc.)?

H14. Has the State required that providers use evidence-based practices or programs?

❒ Yes
❒ No

**If Yes:**

H14a. What are the evidence-based practices/programs?

H15. Has the State required that providers use specific treatment protocols?

❒ Yes
❒ No

**If Yes:**

H15a. Please describe.

H16. Does the State have standards of care?

❒ Yes
❒ No

**If Yes:**

H16a. Describe and GET COPY.

H16b. How are the standards used to manage the quality of services provided throughout the system?

H17. Does the SSA measure consumer satisfaction or perception of care?

- ❒ Yes
- ❒ No

**If Yes:**

H17a. How is the survey administered (sample, census of all clients, other)?

H17b. Who conducts the survey (State, intermediary, provider)?

H17c. Do all providers use the same instrument?

- ❒ Yes (Obtain copy of instrument.)
- ❒ No

H17d. When is the survey administered?

- ❒ At admission
- ❒ During treatment
- ❒ At discharge
- ❒ Post discharge

H17e. How is it administered?

H17f. Does the survey determine any of the following?

- ❒ Client perception of quality of care
- ❒ Quality of communication with clinicians
- ❒ Client's perceived usefulness of treatment
- ❒ Client's perceived appropriateness of treatment
- ❒ Client's perception of fit of services
- ❒ Client's perception of cultural relevancy of treatment
- ❒ Clients perception that individual needs were addressed
- ❒ Other (Specify) _____

H17g. How does the SSA use this information to improve the quality of service?

H18. How does the SSA ensure that providers maintain cultural specificity in their clinical interventions?

H19. How does the State accomplish:

| Licensure/Certification/Accreditation | By State-level entity (specify) | By Other organization (specify) |
|---|---|---|
| Licensure/certification/accreditation of provider agencies | | |
| Licensure/certification/accreditation of counselors | | |

H20. Who develops the criteria for State licensure/certification of provider agencies?

❒ The SSA

❒ The SSA in collaboration with another agency (Specify)

_____

❒ Another agency (Specify)

_____

H21. Who develops the criteria for State licensure/certification of counselors?

❒ The SSA

❒ The SSA in collaboration with another agency (Specify)

_____

❒ Another agency (Specify)

_____

H22. Does State licensure/certification of provider agencies include an onsite review?

❒ Yes
❒ No

**If Yes:**

H22a. How often?

H23. Does the State require provider agencies to become accredited by a nationally recognized accrediting body?

❒ Yes
❒ No

**If Yes:**

H23a. Are accredited providers agencies granted deemed status with the State licensure/certification body?

❒ Yes
❒ No

H24. Does your State have reciprocity for counselor licensure/certification?

❒ Yes
❒ No

**If Yes:**

H24a. List States.

H25. Does the State conduct on-site clinical monitoring reviews of provider/intermediary agencies?

❒ Yes
❒ No

**If Yes:**

H25a. Please fill in the following table.

| Provider | Intermediary |
|---|---|
| ❒ Yes (complete the following table) | ❒ Yes (complete the following table) |
| ❒ No | ❒ No |

| Onsite Review Conducted by (Dept/Org/ Section) | Provider (P)/ Intermediary (I) | How Often? | What Data and QA Mechanisms Are Examined? | Is There a Protocol? | Are SAPT Block Grant Requirements Reviewed? | *Are Opioid Treatment Standards Reviewed for Compliance? | How Is Information from Onsite Monitoring Used? | Is Information Used to Determine Necessity of Corrective Action Plans (CAPs)? |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

***Opioid treatment standards (for reference):**

Patient admission criteria
Diversion control plan
Treatment requirements
Medical, counseling, vocational, and educational services
Initial and periodic assessment reflected in treatment plan
Take-home policies—eligibility and procedures
Services for pregnant women
Drug testing
Initial dosage levels
Initial medical examination

H25b. Are there specific validation efforts undertaken by the State or its intermediaries?

❒ Yes
❒ No

**If Yes:**

H25b1. Describe.

H26. How does the State monitor adolescent programs and services?

❒ Onsite
❒ Through clinical reports
❒ Other (Specify)_____

H26a. What does the State monitor at/from/about adolescent programs?

**If the State/SSA conducts no onsite monitoring:**

H26b. How is clinical monitoring of your funded providers accomplished?

H26c. What data and quality assurance mechanisms are examined?

H26d. Are SAPT Block Grant requirements reviewed?

❒ Yes
❒ No

**If Yes:**

H26d1. Describe.

H26e. Is information used to determine whether CAPs will be required?

❒ Yes
❒ No

H27. Has the SSA developed a workforce development plan?

❒ Yes
❒ No

H28. What workforce development activities have been conducted to improve the quality of treatment services?

❒ State-sponsored training
  ❒ Contracted with university to develop/plan training curriculum
  ❒ Contracted with university to provide training
  ❒ Includes evidence-based practice
  ❒ Conference
  Other (Specify) _____

❒ Improved supervision
❒ Increased supervision
❒ Performance plan revisions
❒ Other (Specify) _____

❒ SAMHSA-supported training (e.g., Process Improvement, Evidence-Based Practices, Addition Technology Transfer Center [ATTC] training)

H29. Does the SSA have continuous quality improvement (CQI) teams or initiatives?

❒ Yes
❒ No

**If Yes:**

H29a. What are the current goals of the CQI teams within the SSA?

H30. How does the SSA use performance data to improve the quality of services?

H31. Does the State have a process for managing utilization?

❒ Yes
❒ No

**If Yes:**

H31a. How does it function? (For example, are intermediaries used?)

H32. How do utilization management activities impact service delivery?

H33. What methods are used by the State in setting benchmarks (i.e., do States set their own benchmarks or do they compare themselves with national standards)?

# SAPT Block Grant Clinical Compliance

## HIV Early Intervention Services and Pre- and Post-Test Counseling

*Designated States must provide "(1) appropriate pretest counseling for HIV and AIDS; (2) testing of individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; (3) appropriate post-test counseling; and (4) the therapeutic measures described in Paragraph 2 of this definition." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**SAPT Block Grant Clinical Compliance**<br><br>**HIV Early Intervention Services and Pre- and Post-Test Counseling** | **45 CFR 96.128 Heading Requirements Regarding HIV: (7) Definitions For purposes of this subsection**:<br><br>(A) The term "designated State" means a State described in paragraph (2)<br>(B) The term "early intervention services", with respect to HIV disease, means--<br>(i) appropriate pretest counseling;<br>(ii) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease;<br>(iii) appropriate post-test counseling; and<br>(iv) providing the therapeutic measures described in clause (ii).<br><br>**45 CFR 96.128 Heading Requirements Regarding HIV**<br>(a) (4) the State shall require programs participating in the project to establish linkages with a comprehensive community resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services.<br><br>**45 CFR 96.128 Heading Requirements Regarding HIV**<br>(a) In the case of a designated State as described in paragraph (b) of this section, the State shall do the following- (1) with respect to individuals undergoing treatment for substance abuse, the State shall, subject to paragraph (c) of this section, carry out one or more projects to make available to the individuals early intervention services for HIV disease as defined in Sec. 96.121 at the sites at which the individuals are undergoing such treatment; (d) If the State plans to carry out 2 or more projects under paragraph (a) of this section, the State shall carry out one such project in a rural area of the State, unless the requirement is waived<br><br>**45 CFR 96.122 and 96.123 Heading: The Application and Assurances**<br>(iii) For applications for fiscal years 1994 and 1995 only, a description of the State's progress in the development of protocols for and the implementation of tuberculosis services, and, if a designated State, early intervention services for HIV; |

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**SAPT Block Grant Clinical Compliance**<br><br>**HIV Early Intervention Services and Pre- and Post-Test Counseling (continued)** | **45 CFR 96.127 and 96.128 Heading: Requirements Regarding TB and HIV**<br><br>5) The State shall require any entity receiving amounts from the Block Grant for operating a substance abuse treatment program to follow procedures developed by the principal agency of a State for substance abuse, in consultation with the State Medical Director for Substance Abuse Services, and in cooperation with the State Department of Health/Communicable Disease Officer.<br><br>**45 CFR 8.12. Heading: Federal Opioid Treatment Standards**<br><br>(14) Treatment of Other Diseases and Conditions of Public Health Interest (a**)** Programs should treat patients diagnosed with disorders that require reporting to public health departments or refer those patients for further evaluation and treatment elsewhere. Examples of these types of diseases include TB and STDs. Programs should ensure that each patient has access to low-cost or free immunizations recommended by the CDC. |

H34. Which HIV early intervention testing and counseling services did these projects provide?

- ❒ Laboratory tests to determine the presence of HIV/AIDS
- ❒ Counseling services, consisting of:
  - ❒ Counseling at the time of testing and at the time of receipt of test results regarding HIV/AIDS and risk reduction
  - ❒ Individualized, multi-session HIV risk-reduction counseling to assist in initiating or sustaining behaviors or practices that eliminate or reduce the risk of acquiring or transmitting HIV
  - ❒ Counseling HIV-infected individuals regarding notifying sex and needle sharing partners of the risk of infection and the need to seek counseling and testing services
  - ❒ Counseling regarding decreasing the risk of perinatal transmission
  - ❒ Counseling HIV-infected individuals regarding treatment options
  - ❒ Other _____

H35. What services related to medical management of HIV/AIDS are provided?

H36. Are HIV services delivered at treatment programs?

- ❒ Yes
- ❒ No

H37. Does the State offer early intervention services at more than one location?

❒ Yes
❒ No

**If Yes:**

H37a. Are there rural sites?

❒ Yes
❒ No

**Specific to HIV Pre-test and Post-test Counseling**

H38. Does the State have written protocols for pre- and post-test counseling and an informed consent form for testing?

❒ Yes
❒ No

**Specific to HIV Services and Testing**

H39. What is the State policy regarding confidentiality or testing and reporting of HIV results?

H40. Does the State require programs to establish linkages with other service providers to provide early intervention services?

❒ Yes
❒ No

H41. Is there a State Medical Director available for consultation for HIV services?

❒ Yes
❒ No

H42. What services are provided to HIV-infected individuals by referral?

H43. Does the State require or encourage the provision of HIV early intervention services above and beyond the federally mandated services?

**Sexually Transmitted Diseases (STD) and Other Infectious Diseases**

H44. Does the State require or encourage programs to screen for or treat the following STDs and other infectious diseases?

| Type | Screening Yes/No | Treatment Yes/No | Treatment by Referral Yes/No |
|---|---|---|---|
| Hepatitis A | | | |
| Hepatitis B | | | |
| Hepatitis C | | | |
| Hepatitis D | | | |
| STDs (e.g., syphilis, gonorrhea, chlamydia) (specify) | | | |
| Tuberculosis (the Mantoux tuberculin skin test is the most sensitive screening test and should be used. A multiple-puncture test (Tine Test) should not be used as a screening test). | | | |
| Women's issues (e.g., obstetrical or gynecological screenings) | | | |

H45. Does the State require or encourage programs to follow any best practices in screening for TB, STDs, and other infectious diseases?

| Practice | Yes | No |
|---|---|---|
| Use of CSAT's (Treatment Improvement Protocol [TIP] 11) Simple Screening Instrument for Infectious Diseases, which assesses for risk factors. | | |
| Encouraging clients to provide information for contact tracing and partner notification.<br>If YES, do you facilitate contact tracing and partner notifications? | | |
| Practicing universal precautions when coming into contact with body fluids. | | |
| Establishing a liaison with agencies that treat infectious diseases? | | |
| Screening and treatment of program staff, as appropriate, for tuberculosis. If YES, does the program screen for Hepatitis B and provide or refer staff for a vaccination if not previously vaccinated for or infected with Hepatitis B. | _____ | _____ |
| Collaborating with local public health contacts for infectious diseases in order to establish and maintain effective disease screening programs? | | |
| Use of local epidemiological data to identify trends in the prevalence of particular diseases and in developing screening and counseling priorities. | | |

**Admission Preferences for Pregnant Substance-Abusing Women**

*States must assure that "pregnant women are provided preference in admission to treatment centers as provided by §96.131, and are provided interim services as necessary and as required by law." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|

| | |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**SAPT Block Grant Clinical Compliance**<br><br>**Admission Preferences for Pregnant Substance-Abusing Women** | **US Code Title 42: Part B--Block Grants Regarding Mental Health and Substance Abuse subpart ii--block grants for prevention and treatment of substance abuse Sec. 300x-21. Formula grants to States Sec. 300x-27.**<br><br>Treatment services for pregnant women<br>(a) In general<br>A funding agreement for a grant under section 300x-21 of this title is that the State involved--(1) will 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; and<br>(2) will, in carrying out paragraph (1), publicize the availability to such women of services from the facilities and the fact that the women receive such preference.<br><br>**45 CFR 96.131. Heading: Treatment Services for Pregnant Women**<br><br>(c) The State shall in carrying out paragraph (a) of this section (this section requires admission preference) 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…….the State is to then refer the pregnant woman to a treatment facility that has the capacity to provide treatment services to the pregnant women, or, if the treatment facility can not admit the woman, to make available interim services as defined in 96.121 to the pregnant woman not later than 48 hours after she seeks the treatment services.<br><br>**45 CFR 96.131 Heading: Treatment Services for Pregnant Women**<br><br>This means that the State is required to have a capacity tracking system which tracks all open treatment slots available to pregnant women in the State. Such a system must be continually updated to identify treatment capacity for any such pregnant women…The State is also to develop effective strategies for monitoring program compliance with Section 96.131. |

H46. How does the State make programs aware of the requirement to provide admission preferences to pregnant substance-abusing women?

- ❒ Licensing/accreditation requirements
- ❒ Grants/contracts/performance agreements/memoranda of agreement
- ❒ Other rules and regulations
- ❒ Legislative mandate
- ❒ Web site posting
- ❒ Memos
- ❒ Other (Specify) _____

H47. How do programs make clients aware of the admission preferences?

H48. How does the State make programs aware of the requirement that pregnant substance-abusing women receive "interim" services within 48 hours after being put on a waiting list?

- ❒ Licensing/accreditation requirements
- ❒ Grants/contracts/performance agreements/memoranda of agreement
- ❒ Other rules and regulations
- ❒ Legislative mandate
- ❒ Web site posting
- ❒ Memos
- ❒ Other (Specify) _____

H49. How are SAPT Block Grant admission preferences requirements for pregnant substance-abusing women monitored?

- ❒ Program licensing/accreditation/certification onsite reviews
- ❒ Other onsite reviews
- ❒ Management information system entries
- ❒ Capacity management monitoring
- ❒ State's onsite clinical reviews
- ❒ Intermediary reviews
- ❒ Clinical reporting to the State
- ❒ Other (Specify) _____

H50. What State policies and procedures, regulations, statutes, and formal and informal agreements address SAPT Block Grant admission preferences requirements for pregnant substance-abusing women?

H51. Are sanctions, incentives, or some combination of both used to ensure compliance with SAPT Block Grant admission preferences requirements for pregnant substance-abusing women?

- ❒ Sanctions
- ❒ Incentives
- ❒ Combination of sanctions and incentives
- ❒ Other (Specify) _____

**Special Services for Pregnant Substance Abusing Women and Women with Dependent Children**

> *"At a minimum, States are required to ensure that treatment programs receiving funding from the Block Grant set aside for pregnant women and women with dependent children for such services also provide or arrange for the following: (1) primary medical care for women who are receiving substance abuse services, including prenatal care, and while women are receiving such treatment, child care; (2) primary pediatric care for their children including immunizations; (3) gender-specific substance abuse treatment and other therapeutic interventions for women that 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, and their issues of sexual and physical abuse and neglect; and (5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4)." —45 CFR Part 96; Interim Final Rule*

| Section | Legislation |
|---|---|

| Section | Legislation |
|---|---|
| **Section H: Clinical Quality Management**<br><br>**SAPT Block Grant Clinical Compliance**<br><br>**Special Services for Pregnant Substance-Abusing Women and Women with Dependent Children** | **45 CFR 96. 124 and 96.125. Heading: Certain Allocations and Primary Prevention**<br><br>(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 Sec. 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:<br>(1) primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;<br>(2) primary pediatric care, including immunization, for their children;<br>(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;<br>(4) therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental<br>needs, their issues of sexual and physical abuse, and neglect; and<br>(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.<br>(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.<br><br>**45 CFR 96.131 Heading: Treatment Services for Pregnant Women**<br><br>This means that the State is required to have a capacity tracking system which tracks all open treatment slots available to pregnant women in the State. Such a system must be continually updated to identify treatment capacity for any such pregnant women…The State is also to develop effective strategies for monitoring program compliance with Section 96.131. |
| **Section H: Clinical Quality Management**<br><br>**SAPT Block Grant Clinical Compliance**<br><br>**Special Services for Pregnant Substance-Abusing Women and Women with Dependent Children (continued)** | **US Code Title 42, Chapter 6A, Subchapter III A, Part B, subpart 1, Section 290bb Heading: Center for Substance Abuse Treatment (b) Duties**<br><br>**The Director of the Center shall (5) collaborate with the Director of the National Institute on Drug Abuse , with the Director of the National Institute on Alcohol Abuse and Alcoholism and with the States to promote the study, dissemination, and implementation of research findings that will improve the delivery and effectiveness of treatment services**<br><br>**45 CFR 96.122 and 96.123 Heading: Application and Assurances**<br><br>**(vi) For applications for fiscal year 1995 and all subsequent fiscal years, a description of the State's procedures and activities undertaken to comply with the requirement to develop capacity management and waiting list systems, as provided by Secs. 96.126 and 96.131, as well as an evaluation summary of these activities;……..and(viii) A detailed description of the State's programs for women and, in particular for pregnant women and women with dependent children,** |

H52. Specialized treatment for pregnant substance-abusing women and women with dependent children is insured by:

- ❒ Legislative mandate
- ❒ Grant/contract
- ❒ Memorandum of agreement requirements
- ❒ Intermediary
- ❒ Provider
- ❒ State policies and procedures
- ❒ Other (Specify) _____

H53. Are the programs for pregnant substance-abusing women and women with dependent children located so as to ensure service coverage for most of the women who need these services?

- ❒ Yes
- ❒ No

H54. How is capacity for services for pregnant substance-abusing women and women with dependent children managed?

H55. Is there a waiting list for services for pregnant substance-abusing women and women with dependent children?

- ❒ Yes
- ❒ No

**If Yes:**

H55a. How does the SSA/intermediary monitor the waiting list?

H56. Are there access issues or barriers to service provision?

- ❒ Yes
- ❒ No

**If Yes:**

H56a. Please describe.

H57. Provision of specialized services is monitored by:

- ❒ Special onsite monitoring
- ❒ Licensure/accreditation
- ❒ Contract monitoring
- ❒ Formal program reports
- ❒ Management information system documentation
- ❒ Other (Specify) _____

H58. Do women's programs use evidence-based or innovative strategies?

- ❒ Yes
- ❒ No

**If Yes:**

H58a. Describe.

H59. Were State staff aware of the SAPT Block Grant admission preferences requirements for pregnant substance-abusing women?

- ❒ Yes
- ❒ No

H60. Review with respondent the number of specialized programs for women, women with dependent children, and pregnant women in the State (the form that was received at JBS prior to the Technical Review). (Note that the information received on site is often different from the information received prior to the visit.) Record updated/corrected responses below.

**Specialized Programs for Women, Women with Children, and Pregnant Women**

| Service Type | Women Only | Women with Children | Pregnant Women | Number of Urban | Number of Rural | Total Number of Programs |
|---|---|---|---|---|---|---|
| Detoxification | | | | | | |
| Residential Treatment | | | | | | |
| Outpatient Treatment | | | | | | |
| Intensive Outpatient Treatment | | | | | | |
| Therapeutic Community | | | | | | |
| Halfway/Transitional Housing | | | | | | |
| Other | | | | | | |