



# SAMHSA Block Grant Training: Substance Abuse Prevention and Treatment and Community Mental Health

# SAMHSA Block Grant Agenda

- SAPTBG/CMHBMG overview and requirements
- Confidentiality/releases
  - Funding categories and restrictions
- NC-TOPPS
- Annual audit
- Preparing for the review
- Plan of corrections

# SAPTBG Overview

- States will use the Block Grant program for prevention, treatment, recovery supports, and other services that will supplement services covered by Medicaid, Medicare, and private insurance

# SAPTBG Overview

*Specifically, the Block Grant funds are directed toward four purposes:*

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low income individuals that demonstrate success in improving outcomes and/or supporting recovery

# SAPTBG Overview

*Specifically, the Block Grant funds are directed toward four purposes:*

- Fund primary prevention-universal, selective, and indicated prevention activities and services for persons not identified as needing treatment
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis

# SAPTBG Overview

- Division of MH/DD/SA Services must apply for federal block grant funding each year
- In order to receive these funds, the State must commit to matching these funds at a specific level-called maintenance of effort
- LME/MCOs must in turn commit to matching these funds at a specific level

# SAPTBG Overview

- Must assure that no less than 20% of the total funding is spent for Child SA Prevention services
- Must assure that providers abide by all block grant requirements
- Must assure the provision of a minimum of eight hours of Synar activities per month



# SAPTBG Requirements

- Priority admission preference – providers must have a POLICY in place to assures priority admission preference to these populations:
  - Pregnant, injecting drug users (applies to all females, regardless of age)
  - Pregnant women
  - Injecting drug users
- Providers must advertise and publicize these priority populations, as well as the admission preference



# SAPTBG Requirements

- Universal TB screening
  - Providers must have POLICY in place to assure ALL children and adults that present for substance use services are screened for tuberculosis
  - Screening can be part of the clinical assessment or a separate form
  - Documentation of the screening, results and follow-up, if indicated, must be in a standard location in the chart
  - Written referral must be made to the public health department or to the client's physician, if indicated

# SAPTBG Requirements

- Providers receiving Women's Set-Aside funding must ensure the following:
  - Women and their dependent children will be treated as a family unit
  - Referral for primary medical care and primary pediatric care
  - Child care services
  - Gender-specific treatment
  - Sufficient transportation to assure access to services

# SAPTBG Requirements

Providers receiving Women's Set-Aside funding must ensure the following:

- Sufficient case management to ensure all of the above are adequately addressed, secured or provided
- All of these requirements must be addressed and kept in a standard location in the chart

# SAPTBG Requirements

- IV substance users
  - Included in the ASCDR benefit plan (AKA target population)
  - Must provide and show evidence of an active outreach program for IV substance users
  - Must provide evidence of priority admission
  - Must provide evidence of a Drug-Free Workplace policy

# SAPTBG Requirements

- HIV early intervention funding
  - Funding specifically allocated for HIV-AIDS testing of individuals involved in addictions treatment
  - Testing must be conducted at SA treatment provider locations
- Services must include:
  - Pre-test counseling
  - Oral testing for HIV-AIDS
  - Post-test counseling
  - Referral and linkage to public health department for confirmatory blood testing, if oral test positive

# CASAWorks Requirements

- Designed to help participants become economically self-sufficient through the provision of an integrated gender-specific substance abuse treatment, job readiness, training, and employment program

# CASAWorks Requirements

- Model includes a concurrent twenty week SU treatment program and up to a twelve month residential program designed to:
  - Address substance use and domestic violence
  - Improve parenting skills
  - Provide a structured living environment
  - Teach job readiness skills
  - Provide a supportive atmosphere during the early stages of employment



# CASAWorks Requirements

- ASWOM Benefit Plan (target pop) is required
- Transportation, meals, and childcare also provided

# CMHBG Overview

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time
- Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery

# CMHBG Overview

- Fund prevention and early intervention activities and services for persons living with a mental illness or children and youth at risk for or experiencing a serious emotional disturbance and/or co-occurring disorders and their families and community supports
- Collect performance and outcome data to determine ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a statewide and national basis

# CMHBG Overview

- Fund prevention and early intervention activities and services for persons living with a mental illness or children and youth at risk for or experiencing a serious emotional disturbance and/or co-occurring disorders and their families and community supports
- Collect performance and outcome data to determine ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a statewide and national basis

# CMHBG Target Populations

- Adults with serious mental illnesses
  - Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s *Diagnostic and Statistical Manual (DSM) of Mental Disorders*

# CMHBG Target Populations

- Their condition substantially interferes with, or limits, one or more major life activities
  - Basic daily living (for example, eating or dressing)
  - Instrumental living (for example, taking prescribed medications or getting around the community)
  - Participating in a family, school, or workplace

# CMHBG Target Populations

- Children with serious emotional disturbances
  - Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM)
  - Results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities



# CMHBG Requirements

- SAMHSA expects block grant recipients to satisfy the following performance requirements:
  - They must submit a plan explaining how they will use MHBG funds to provide comprehensive, community mental health services to adults with serious mental illnesses and children with serious emotional disturbances. SAMHSA also requires recipients to provide annual reports on their plans
  - They may distribute funds to local government entities and non-governmental organizations

# CMHBG Requirements

- SAMHSA expects block grant recipients to satisfy the following performance requirements:
  - They must ensure that community mental health centers provide such services as screening, outpatient treatment, emergency mental health services, and day treatment programs

# 42 CFR Part 2 – Confidentiality

- Applies to programs that are “federally conducted, regulated or directly or indirectly assisted in any way”  
AND
- Also applies to any recipient of client identifying information from a substance use provider
- Restricts the disclosure of information that reveals that a person is receiving, has received or has requested substance abuse treatment

# 42 CFR Part 2 – Confidentiality

- Such information cannot be disclosed without the individual's written consent – this applies to adults AND minors

# Required Components of Release Form

- Name of the program and individual disclosing the information
- To whom the disclosure is being made
- Name of the client
- Reason for/purpose of the disclosure
- Specific information to be released
- Client's signature

# Required Components of Release Form

- Date signed
- Statement regarding the client's right to revoke the consent to release at any time
- Expiration date of the consent – not to exceed one year
- Redisclosure statement

# Funding Restrictions

- Block grant funds CANNOT be used to:
  - Provide financial assistance to “for profit” entities-non-UCR funds are considered financial assistance
  - Make cash payments to recipients
  - Purchase or improve land
  - Purchase, construct or greatly improve buildings
  - Supplant State funding of prevention and treatment programs
  - Provide individuals with hypodermic needles/syringes for the use of illegal drugs



# Funding Categories – Prevention

- Target selective and indicated populations
- Universal prevention service
- Synar activities

# Funding Categories – Child SA Treatment

- Non-UCR CASP Detention Center funds
- Child Substance Abuse(CSMAJ) – JJSAMHP (Juvenile Justice/Substance Abuse/Mental Health Partnership)

# Funding Categories – Prevention Programs

- Prioritize youth that are at high risk for developing patterns of substance abuse
- Educate and counsel on substance use and addictions
- Ensure community-based strategies to discourage use, sale and/or distribution of alcohol and tobacco by individuals for whom it is illegal
- Develop and implement community-wide prevention plan with public or non-profit entities

# Funding Categories – Adult SA Treatment

- Generic funds –ASTER Treatment Alternatives for Safer Communities (TASC) –ASCJO
- Pregnant women/women with children – ASWOM
- IV drug users –ASCDR
- HIV early intervention grant

# NC-TOPPS

- North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS)
  - Used by NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) to measure quality of substance abuse and mental health services and their impact on consumers' lives
  - Provides data for meeting federal performance and outcome measurement requirements
  - Allows North Carolina to evaluate its service system in comparison to other states

# NC-TOPPS

- NC-TOPPS is a Block Grant requirement
- For providers receiving Block Grant funding, NC-TOPPS, while not a service requirement, is a funding requirement
- Access complete training module [NC-TOPPS Training For Contracted Providers](#)
- Remember to complete attestation at the end of the training
- Access additional NC-TOPPS resources

# NC-TOPPS

- Implement workflow checks to ensure NC TOPPS is completed during scheduled intervals
- Alliance Health LME-MCO NC-TOPPS assistance requests can be sent to Helena Taylor at [htaylor@AllianceHealthPlan.org](mailto:htaylor@AllianceHealthPlan.org)
- NC-TOPPS Helpdesk
  - E-mail: [nctopps@ncsu.edu](mailto:nctopps@ncsu.edu)
  - Phone: (919) 515-1310

# Annual Block Grant Audit

- Federal funds audited annually by DMH/DD/SAS
- Prevention and treatment categories audited through chart reviews using checklist designed for each specific type of funding or program:
  - Women's Set-Aside
  - CASAWorks
  - Work First
  - IV Drugs
  - JJSAMHP
  - Generic-Individual and Program
  - CMHBG



# Preparing for the Review

- Plan ahead
- Stay-up-to date on BG standards
- Assess change in activities
- Learn from past audits
- Develop a timeline and assign responsibility
- Organize data
- Ask questions

# Preparing for the Review

- Perform a self review and evaluate the results
- To ensure agencies have the same amount of time to prepare:
  - Review your contract
  - Confirm your contact information with Alliance
- If it is inaccurate according to our records, you will be asked to complete a Notice of Change form and submit it to the Credentialing Department

# Preparing for the Review

- Implement Quality Management strategies now within your organization
  - Conduct regular record reviews
  - Agencies should consider conducting peer reviews within HIPAA guidelines
- Explore Alliance website
  - Look under the “For Providers” tab for provider monitoring
  - Website contains tools and other trainings

# Preparing for the Review

- Once you receive the list of consumer names:
  - Organize the medical records so that information is easily accessible
  - Some choose to flag items in the file to make the review flow smoothly

# Preparing for the Review

- If your practice uses electronic records:
  - Consult with the Provider Network Development Specialist to come up with a plan for the review of records
  - For example, printing out information, ensuring equipment (laptops) will be able to access information from Alliance – Alliance IT staff will not be available to resolve provider error

# Preparing for the Review

- NC TOPPS

- If the program your agency oversees requires NC TOPPS these MUST be included in the member record
- Bring evidence of NC TOPPS completion to the audit
- If there were challenges in completing the NC TOPPS also include evidence of what the program did to remedy the situation

# Benefit Plan (Target Pops)

- Access [assistance with appropriate selection of target populations](#)
- *Disclaimer: this information is specific to the Alliance region and may not apply to other LME/MCOs outside this catchment area*

# During the Initial Review

- Have staff available to help navigate records/documentation if needed
  - Have all records and documentations available in an organized matter for easy access
  - Staff will need to stay for the entire scheduled review time



# SAPTBG Plan of Correction

- Common areas of deficiency:
  - NC-TOPPS continues to not be completed on a timely basis
  - Ensuring that there is evidence that an individual has a PCP or that a referral was made for primary health care
  - TB screenings aren't occurring as part of the intake process
  - ASAM's not completed or completed incorrectly

# Additional Assistance

- Contact the Provider Network Development Specialist assigned to your agency
- If you do not know who is assigned to your agency, contact:

Provider Network Operations, (919) 651-8500

[ProviderNetwork@AllianceHealthPlan.org](mailto:ProviderNetwork@AllianceHealthPlan.org)

or [www.AllianceHealthPlan.org/providers/](http://www.AllianceHealthPlan.org/providers/)

[CLICK HERE TO COMPLETE YOUR ATTESTATION NOW!](#)

# References and Resources

## APSM 45-2 Records Management and Documentation Manual

- <https://www.ncdhhs.gov/apsm-45-2-records-management-and-documentation-manuals>

## Substance Abuse Prevention and Treatment Block Grant

- <https://www.samhsa.gov/grants/block-grants/sabg>
- <https://www.samhsa.gov/grants/block-grants/mhbg>

# References and Resources

## Community Mental Health Services Block Grant

- <https://www.samhsa.gov/grants/block-grants/mhbg>

## NC TOPPS

- <https://nctopps.ncdmh.net/Nctopps2/Login.aspx>

## NC DHHS

- <https://www.ncdhhs.gov/>