



Operational Policy and Procedure

Policy: Admission Policy for AAPS Priority Populations	
Division: Disability and Behavioral Health Services Policy Number: BG 401	
Contact: Addiction and Prevention Services Director	
Status: Approved	Date Approved: 10/01/09
Date Reviewed/Revised: 09/07/11	Effective Date: 10/01/09
Department: Addiction and Prevention Services (AAPS)	Page: 1 of 4

POLICY: Federal Priority populations shall be identified **before all others** for admission into treatment services.

Note: Priority assessment and admission are different than AAPS funding eligibility.

PURPOSE: To ensure assessment and treatment are available for those individuals identified as Federal priority populations.

PROCEDURE:

A) Federal Block Grant Priority Populations (in order of priority):

- 1) Pregnant women who are IVDU, *
- 2) Pregnant women, and *
- 3) Intravenous Drug Users (IVDU). **

* May access treatment services directly. Authorization will be based upon medical necessity criteria.

** Documented IVDU within the last six months.

B) Pregnant Women:

- 1) Federal law requires all public substance abuse treatment programs to serve pregnant women.
- 2) Pregnant women shall be given a choice of providers, which **must** include the State designated women's programs.
- 3) Providers shall provide treatment to Pregnant Women who are Intravenous (IV) drug users and all other pregnant substance users within twenty-four (24) hours of an assessment. When it is not possible to admit the client within this timeframe, SAPT interim services shall be made available within forty-eight (48) hours of initial contact, including prenatal care.



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4) Providers shall refer pregnant women to the Kansas Department of Social and Rehabilitation Services/Addiction and Prevention Services and/or designated managed care entity when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.

C) Intravenous Substance Users:

- 1) Federal law requires specified services for individuals treated for intravenous (IV) substance abuse.
- 2) Each individual who requests and is in need of treatment for IV drug abuse shall be admitted to the program not later than fourteen (14) days after making the request for admission to such a program.
- 3) The program shall provide or arrange for the provision of SAPT interim services, within forty-eight (48) hours of initial contact, to IV drug users who cannot be admitted because of lack of capacity.

D) Access Time Frames:

- 1) Treatment Providers shall comply with access time frames by offering appointments to complete assessments for priority populations according to the following standards:
 - a) Pregnant women within twenty-four (24) hours, and
 - b) IV Drug Users must have assessment and be admitted into treatment within fourteen (14) days.
- 2) Treatment Providers shall have a system in place to respond to client phone calls twenty-four (24) hours a day, seven (7) days a week.



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- 3) Treatment Providers shall comply with Federal law requiring a capacity management and waiting list system for pregnant women and IVDU by:
 - a) Developing, implementing and complying with policies and procedures, creating a mechanism for maintaining contact with priority population individuals awaiting admission,
 - b) Monitoring their priority population wait list weekly,
 - c) Removing individuals no longer waiting for treatment from their wait list, and
 - d) Following up with individuals who have no showed for appointments.

E) Interim Services for Special Populations:

- 1) All Providers shall ensure that SAPT interim services that are clinically appropriate are offered if treatment services are not immediately available for:
 - a) Pregnant IVDU women, pregnant women, and women with children, and
 - b) IV drug users.

- 2) SAPT interim services means services that are provided until an individual is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the individual and reduce the risk of transmission of disease.
 - a) At a minimum SAPT interim services include counseling and education about HIV and Tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referrals for HIV or TB treatment services, if necessary.
 - b) For pregnant women, SAPT interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care



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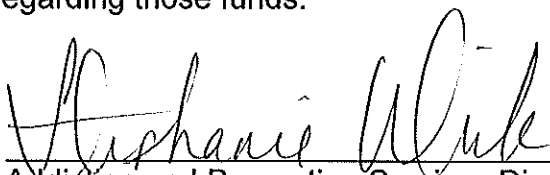
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Note: SAPT interim services described above are different than Substance Abuse Interim Services which is considered providing a lower level of care until the individual can get into the recommended level of care.

F) Treatment Programs receiving SRS/AAPS Funds are required to develop, implement and comply with policies and procedures that document implementation and maintenance of SRS/AAPS policies regarding those funds.

Approved by:


Addiction and Prevention Services Director

Sept. 7, 2011
Date