



Statement of Work

Substance Use Disorder (SUD) Residential Pregnant and Parenting Women (PPW)

PURPOSE

Pregnant & Parenting Women (PPW) residential substance use disorder treatment is available for women and their children under the age of six for up to six months. Length of stay is variable and determined by the woman's needs using American Society of Addiction Medicine (ASAM) patient placement criteria. Structured clinical services are provided in a planned regimen of patient care in a 24-hour, live-in setting. PPW residential treatment offers an enhanced curriculum for women. Services may include a focus on domestic violence, childhood sexual abuse, mental health issues, employment skills and education, linkages to pre- and post-natal medical care, legal advocacy, and safe affordable housing. Therapeutic Intervention for Children is offered in residential treatment settings when one or more children accompany their mother to treatment. These services are offered for the continued bonding support vital in early childhood development between parent and child.

DEFINITIONS

American Society of Addiction Medicine (ASAM) Criteria

A set of standards for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.

Individual Service Plan (ISP)

A collaborative working document that describes the supports, activities, and resources required for a person to achieve personal goals.

PPW Residential Treatment Facility: A facility designed to meet the needs of pregnant and/or parenting individuals and their children with intervention that generally approximates ASAM Level 3.5 (high intensity, clinically managed) treatment but generally provided at ASAM Level 3.3.

Substance Use Disorder (SUD): A pattern of symptoms caused by using a substance that an individual continues taking despite its negative effects.

PRIORITY POPULATIONS

1. Non-Medicaid funded individuals.
2. Per the Substance Abuse Block Grant (SABG) requirements, North Sound Behavioral Health Administrative Organization (North Sound BH-ASO) and the Provider shall prioritize treatment admissions according to the following priority categories:
 - a. Women who are pregnant and injecting drugs
 - b. Women who are pregnant with SUDs
 - c. Individuals who are injecting drugs

SERVICES

General Program Requirements

The Provider shall provide access to services as follows:

1. The Provider shall ensure that treatment services are not denied to any individual solely on the basis of that individual's drug(s) of choice.
2. The Provider shall accept and make the necessary adjustments to continue treatment for any clinically-appropriate client actively taking an opiate substitution medication.
3. The Provider shall not have policies or procedures in place that deny treatment services to any individual solely on the basis that the client is taking prescribed medication(s). However, the Provider reserves the right to deny admission to any individual when the Provider determines that the individual is beyond the scope of the Provider's ability to safely or adequately treat.
4. The Provider shall ensure that access to treatment services is not denied solely on the basis that a client is using over the counter nicotine cessation medications or actively participating in a Nicotine Replacement Therapy regimen.
5. Services shall be provided according to all of the following values:
 - a. Cultural, linguistic and disability competent
 - b. Oriented toward promoting recovery and resiliency
 - c. Appropriate to the age and developmental stage of the resident
 - d. Preference for the most independent living setting
6. The Provider shall provide adult SUD residential services within the identified levels of care as defined in the WAC 246-341 and as described by ASAM. Services shall be provided in accordance with the Department of Health regulations as stated in WAC 246-337 or its successor for a Residential Treatment Facilities (RTF).
7. PPW residential services provide a concentrated program of SUD treatment, individual and group counseling, education, relapse prevention and related recovery activities, including room and board, in a twenty-four-hour-a-day supervised facility in accordance with WAC 246-341. This level of SUD treatment satisfies the level of intensity in ASAM Level 3.5 but is usually provided at Level 3.3.

Access to Services

Eligibility

1. Adult 18 years or older
2. Pregnant and/or parenting woman
3. Resides in North Sound regional county: Island, San Juan, Skagit, Snohomish, and Whatcom.
4. Diagnosed per DSM-5 criteria for Substance Use Disorder (SUD)
5. Meets specific ASAM placement criteria for residential level of care.
6. The individual's needs cannot be more appropriately met by any other formal or informal system of support.
7. Has been authorized by North Sound BH-ASO for this level of care.
 - a. The initial authorization for North Sound regional residents for residential services shall be procured by the community-based assessor or outpatient provider after verifying bed availability with Provider.
 - b. The Provider shall ensure there is an authorization in place prior to admitting the individual into the program.
 - c. North Sound BH-ASO shall not reimburse SUD residential services without documented authorization.

Treatment

1. The Provider shall provide services according to individual need, and to each resident and her family or support system, in order to help the individual, achieve recovery and resiliency through mutually negotiated goals of treatment.
2. The Provider shall ensure residents have a voice in developing their Individual Service Plan (ISP).
3. The Provider shall ensure significant others, as identified by the resident, are involved in the service plan development and implementation.
4. The Provider shall ensure treatment goals are written in words understood by the resident.
5. The Provider shall ensure documentation related to progress toward treatment goals includes the resident's views on her progress.
6. PPW services include developmental assessments using recognized, standardized instruments; play therapy; behavioral modification; individual counseling; self-esteem-building activities; and family intervention to modify parenting behavior and the child's environment to eliminate or prevent dysfunctional behavior.

Clinical Records and Documentation

1. The Provider shall ensure that residential facility staff maintains individual clinical records and individualized clinical documentation.
2. Contain release of information forms (ROI) for care coordinating.
3. Include referrals to community support services.
4. An ISP is developed within five days of placement.
 - a. Personalized to the individual's unique treatment needs as identified on the SUD assessment.
 - b. The ISP is written in clear, straightforward language that is understandable to the individual and family (e.g., does not contain references, abbreviations and/or technical language that the individual may not understand or be familiar with).
 - c. Initiated with at least one goal identified by the individual during the initial assessment or at the first service session following the assessment.
 - d. Document at least weekly ISP reviews and progress towards goals and/or objectives.
 - e. Includes individual needs identified in the diagnostic and periodic reviews, addressing:
 - i. All substance use needing treatment, including tobacco, if necessary;
 - ii. Resident's bio-psychosocial identified needs and concerns;
 - iii. Age, cultural and/or disability issues relevant to treatment;
 - iv. Estimated dates or conditions for completion of each treatment goal;
 - v. Contains measurable goals or objectives or both, and interventions/approaches; and
 - vi. The interventions listed are aligned with the identified objective.
 - f. Documents are approved by a substance use disorder professional (SUDP) if the staff member developing the plan is not a SUDP.
 - g. Documents that the plan was updated to reflect any changes in the individual's treatment needs, status, ASAM dimensions, and progress towards goals, or as requested by the individual.
 - h. Demonstrates the resident's participation in the development of the plan and that plan was mutually agreed upon with copy provided to resident.
 - i. The ISP is strength-based.
 - j. If the ISP includes assignments of work to an individual, the assignment of work must be therapeutic in value.
5. Daily documentation of progress notes

- a. Progress notes must include the date, time, duration, participant names, and a brief summary of the session with the treatment goal, objection or intervention the session addressed, and the name of the staff person who provided it.
 - i. Progress notes document:
 - 1. Significant changes in the resident's clinical and health status;
 - 2. Implementation of interventions listed on ISP and progress towards meeting goals and objectives.
 - 3. Coordination and communication with outside providers;
 - 4. Medical appointments; and
 - 5. Contacts with family identified by the resident.
 - ii. Progress notes are documented in a timely manner and before any subsequent scheduled appointments of the same type of service session or group type occur or documentation as to why this did not occur.
 - 1. Provider must document at minimum one daily service encounter.
 - a. A service encounter consists of: individual sessions, group sessions, or other therapeutic interaction addressing ISP goals, objectives, or interventions.
 - 2. Provider must document at least a minimum weekly individual session.
6. Continuing Stay Criteria
- a. Continued stay assessments are person-centered based upon the resident's individual treatment needs and progress in residential treatment.
 - b. Continued stay eligibility criteria are:
 - i. The resident meets the ASAM placement criteria for the requested residential level of care.
 - ii. The resident has demonstrated progress toward achieving treatment goals during the initial authorization period.
 - iii. The resident's needs cannot be more appropriately met by any other formal or informal system or support.
 - c. The Provider shall request a continuation of an individual's stay by completing and forwarding the required written and electronic documentation to North Sound BH-ASO no later than five working days before expiration of initial authorization. Failure to provide complete information within this timeline may result in a rejection of the continuing stay request.
 - i. The required documentation must include:
 - 1. Updated ASAM evaluation by each dimension;
 - 2. Requested number of days for continuing stay with goals to be accomplished; and may include:
 - 3. Brief description of resident's progress on ISP goals, additional goals and interventions added, projected treatment goals, and the individualized reason and need for continued stay at the residential level of care.
 - d. North Sound BH-ASO shall make a decision on the continuing stay request and notify the Provider of disposition within two working days of receiving the continuing stay request submittal.
 - i. If it is determined that the resident does not meet continuing stay eligibility criteria, the resident and/or resident's family (if legal guardian) may appeal the disposition.

7. Discharge planning includes documentation to support the reason for discharge (planned or unplanned) in the clinical record.
 - a. The Provider collaboratively developed discharging planning with individual.
 - b. Discharge planning initiated during the first week of treatment.
 - c. Planned discharges identifies the Continuing Care Plan and recommendations by the Provider to assist in the successful transition to the next level of care:
 - i. SUD Outpatient is established with a set appointment date & time for the individual to return.
 - ii. Other follow up services both recommended and secured including, but not limited to: Housing, transportation, mental health services, education,
 - iii. Employment assistance, medical, dental, legal, other resources, or services in the discharge plan to meet the needs of the individual.
 - iv. Continuing Care Plan provided to individual/family and/or legal guardian.

Planned Leave

1. The Provider shall allow a resident to leave the facility for the purposes of obtaining medical treatment not available at the center, conducting personal business, visiting with family members or significant others and for other reasons that may be beneficial to the resident's treatment program. The outpatient program shall be informed of the need for a planned leave.
2. If a resident shall be absent from the Provider's facility on approved planned leave for more than 72 hours, the following applies:
 - a. Residential staff must notify North Sound BH-ASO and indicate the total number of days the resident will be absent and the reason for the absence.
 - b. Notification for planned absence shall occur prior to leave.
 - c. Staff shall complete and submit Residential Absence Authorization form.
 - d. The North Sound BH-ASO will review the planned leave request, determine if the SUD residential bed should remain open for the resident, and if so, approve payment for the bed days. North Sound BH-ASO will forward a copy of the approved absence authorization to the Provider within three business days.
 - e. All planned leaves must be consistent with the resident's Individual Service Plan (ISP).
3. Residential staff shall be responsible for providing ongoing case management at all times during a resident's planned leave, including crisis intervention and stabilization, until the individual has returned to the residential bed.
4. Residential staff shall be responsible for linking the resident to appropriate services if the resident will not be returning to facility developed in collaboration with the outpatient treatment facility that made the bed placement.

Unplanned Leave

1. The Provider may maintain a benefit for 24 hours without requesting North Sound BH-ASO's absence authorization for a resident's unplanned voluntary exit should the individual's return remain a possibility.
 - a. The termination date is the date of exit if the person does not return to the program.
2. If the Provider wants to maintain the benefit beyond 24 hours following a resident's unplanned, voluntary exit from the program, the following applies:

- a. Residential staff shall complete and submit to North Sound BH-ASO the Residential Absence Authorization form documenting the total number of days requested and reason(s) for the request.
- b. The North Sound BH-ASO will review the absence authorization request and notify the residential facility of the disposition.
- c. The North Sound BH-ASO will authorize a benefit for maximum of 72 hours from the date of the resident's unplanned, voluntary exit from the program.

Termination and Discharge

1. SUD residential benefit will terminate under the following circumstances:
 - a. The North Sound BH-ASO authorization period expires;
 - b. The resident permanently exits the program prior to the expiration date of the authorization period;
 - c. The resident dies;
 - d. The resident gains enough resources during the benefit to be treated as a private-pay client; or
 - e. Provider discharges resident to ensure the safety of other residents and staff.
2. A terminated benefit is payable to the date of termination.
 - a. For the required terminations above, the date of the termination is the date of the event, unless otherwise specified.
 - b. When a required termination is not submitted or is submitted with an incorrect effective date, payment for the benefit beyond the correct effective date may be recouped by North Sound BH-ASO

PROGRAM STAFFING

Documents are approved by a substance use disorder professional (SUDP) if the staff member developing the plan is not a SUDP.

COORDINATION

Planned discharges identifies the Continuing Care Plan and recommendations by the Provider to assist in the successful transition and care coordination to the next level of care.

DATA/REPORTING

Service data is expected to be submitted to North Sound BH-ASO.

DELIVERABLES

Capacity Management (SABG) Report (submitted quarterly to HCA)