

 <p>Deputy</p>	<p>Date Approved: <u>2.23.17</u></p> <p>By: <u>James Wagner</u>  James Wagner, LMFT/LPCC  Behavioral Health Deputy Director</p>
<p>Policy Title:</p> <p><b>Expending the Substance Abuse Prevention and Treatment Block Grant</b></p>	<p>Policy No: <u>1350-1-1</u></p> <p>Date Effective: 02/21/17</p>

**PURPOSE**

Define the County's process for determining an allowable or appropriate expense under the Substance Abuse Prevention and Treatment Block Grant (SABG).

**AUTHORITY**

Ensure compliance with the terms of the Substance Use Disorder (SUD) State/County Contract Exhibit B, A3, Part 1, Section 1, G, 3.

**SCOPE**

All programs receiving SABG funding under a subcontract with Alameda County, in addition to Alameda County Behavioral Health Care Services administration.

**POLICY**

Establish a process for determining whether the activities of a program comply with the statutes, regulations, and terms and conditions of the SABG.

**PROCEDURE**

The County controls allocation of funding streams based on appropriate programmatic purposes. This process is managed by Operations, the Network Office, Quality Assurance, and the Finance Department. Staff from these groups determine if a new or modified program can be funded with SABG based on the program as described in Subcontract Exhibit A:

- A. Determine if the purpose of the program is for planning, carrying out, and evaluating activities to prevent and treat substance abuse and related activities as authorized by 42 USC 300x-21.
- B. If condition (A) is satisfied, then ensure the program will not perform any of the activities prohibited by 45 CFR 96.135. Subcontract Exhibit B, Section I, A-C communicates prohibited activities to providers, who must agree to all provisions to receive SABG funds.
- C. For further clarification about activities allowed under the SABG, refer to the examples listed in OMB A-133 Compliance Supplement (this information has not be found in the new Uniform Guidance).

- D. If ambiguity still exists about an expense, then request guidance from the appropriate contact at the Department of Health Care Services.
- E. Verify SABG is the payment of last resort as required by 45 CFR 96.137.
- F. Determine whether direct and indirect costs are allowable by following OMB Uniform Guidance, Part 200.
- G. For categorical funding, ensure the following criteria are met:
- i. SABG Prevention Set Aside is expended on services for individuals who do not require treatment for substance abuse. Per 45 CFR 96.125, primary prevention activities follow six strategies: Information Dissemination, Education, Alternatives, Problem Identification and Referral, Community-based Process, and Environmental. Programs receiving this funding source must be capable of entering data into the CalOMS system and reporting costs by strategy.
  - ii. SABG Perinatal Set Aside is expended on treatment services for pregnant women and women with dependent children as described by 45 CFR 96.124(c), (d), (e) and the Perinatal Services Network Guidelines FY 2016-17.
- H. All programs must provide services as defined by Subcontract Exhibit A and submit monthly invoices as required by Subcontract Exhibit B. The Network Office reviews invoices, and must approve them before payment. The Network Office, Operations, and Quality Assurance monitor activities. If they discover a program is invoicing for services outside of their Exhibit A, then they will determine whether the activities are necessary and if the activities are allowed under SABG. Alameda County Behavioral Health Care Services management will make the final determination about any noncompliant activities:
- i. If the activities are necessary, then Finance must find other funding for the noncompliant portion of the program.
  - ii. If the activities are not necessary, then the Network Office and Operations will ensure the activities are discontinued and not reimbursed.

**HISTORY****Original Author** *Jill Louie***Original Date of Approval:** xx/xx/xxxx by (Name of Behavioral Health Director)**Revisions:**

<b>Revise Author</b>	<b>Date of Approval by (Name)</b>

**DEFINITIONS – citations in this policy**

**Substance Use Disorder (SUD) State/County Contract Exhibit B, A3, Part 1, Section 1, G, 3**

If the allowability or appropriateness of an expense cannot be determined by DHCS because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles, and generally accepted governmental audit standards, all questionable costs may be disallowed and payment may be withheld by DHCS. Upon receipt of adequate documentation supporting a disallowed or questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

**42 USC 300x-21. (b) Authorized activities**

A funding agreement for a grant under subsection (a) of this section is that, subject to section 300x-31 of this title, the State involved will expend the grant only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities authorized in section 300x-24 of this title.

**45 CFR 96.135 – Restrictions on expenditure of grant.**

The State shall not expend the Block Grant on the following activities:

- (1) To provide inpatient hospital services, except as provided in paragraph (c) of this section;
- (2) To make cash payments to intended recipients of health services;
- (3) To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- (4) To satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- (5) To provide financial assistance to any entity other than a public or nonprofit private entity; or
- (6) To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.

**45 CFR 96.137 – Payment of Last Resort.**

(a) The Block Grant money that may be spent for §§ 96.124(c) and (e), 96.127 and 96.128 is governed by this section which ensures that the grant will be the "payment of last resort." The entities that receive funding under the Block Grant and provides services required by the above-referenced sections shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to:

- (1) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
- (2) Secure from patients or clients payments for services in accordance with their ability to pay.

**OMB A-133 Compliance Supplement 4-93.959-1**

Examples of SABG activities are:

- a. Alcohol Treatment and Rehabilitation – Direct services to patients experiencing primary problems for alcohol, such as outreach, detoxification, outpatient counseling, residential rehabilitation, hospital based care (not inpatient hospital services), abuse monitoring, vocational counseling, case management, central intake, and program administration.

- b. Drug Treatment and Rehabilitation – Direct services to patients experiencing primary problems with illicit and licit drugs, such as outreach, detoxification, methadone maintenance and detoxification, outpatient counseling, residential rehabilitation, hospital based care (not inpatient hospital services), abuse monitoring, vocational counseling, case management, central intake, and program administration.
- c. Primary Prevention Activities – Education, counseling, and other activities designed to reduce the risk of substance abuse. The SABG funds are allocated to the States according to a formula legislated by Congress. States may then distribute these funds to cities, counties, or service providers within their jurisdictions based on need. Of the SABG funds dispensed to each State annually, Congress has specified that the State will expend not less than 20 percent for programs for individuals who do not require treatment for substance abuse. The programs should (1) educate and counsel the individuals on such abuse; and (2) provide for activities to reduce the risk of such abuse by the individuals. SABG statutory “set asides” were established to fund programs targeting special populations, such as services for substance using pregnant women and women with dependent children, and, in certain “designated States,” for screening for human immunodeficiency virus (HIV).

**2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Sections 200.412 – 200.415****45 CFR 96.125 Primary Prevention**

Each State/Territory shall develop and implement a comprehensive prevention program which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment... The comprehensive primary prevention program shall include activities and services provided in a variety of settings for both the general population, as well as targeting sub-groups who are at high risk for substance abuse.

In implementing the prevention program the State shall use a variety of strategies, as appropriate for each target group, including but not limited to the following:

- (1) Information Dissemination
- (2) Education
- (3) Alternatives
- (4) Problem Identification and Referral
- (5) Community-Based Process
- (6) Environmental

**45 CFR 96.124(e) Women Services**

All programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The State shall ensure that, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

- (1) Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
- (2) Primary pediatric care, including immunization, for their children;
- (3) Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of realtionships, sexual and physical abuse and parenting, and child care while the women are receiving these services;
- (4) Therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and

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

**Perinatal Services Network Guidelines FY 2016-17**

