



REGION 10 PIHP

SUBJECT SUD Waitlist	CHAPTER 05	SECTION 01	SUBJECT 04
CHAPTER Clinical Practice Guidelines		SECTION Access to Services	
WRITTEN BY Merindar Grant		REVIEWED BY April Torz / Tom Seilheimer	AUTHORIZED BY PIHP Board

I. APPLICATION:

- PIHP Board CMH Providers SUD Providers
- PIHP Staff CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of Region 10 PIHP to establish a waitlist policy in accordance with federal block grant rules. Reporting on programs providing treatment for pregnant women, injecting drug users and all other funded consumers is a federal requirement. This report monitors compliance with Sections 1923(a)(2) and 1927(b)(2) of Public Law 102-321, as amended.

III. DEFINITIONS:

None.

IV. STANDARDS:

- A. Region 10 PIHP may maintain a waiting list for individuals who meet criteria for substance use disorder but are not eligible for Medicaid or MIChild and for whom funding is not currently available. Admission preference is given to individuals who meet criteria as Federal Priority Populations.

Per the 1915(b)(c) concurrent Medicaid Waivers, Medicaid beneficiaries are not placed on a waiting list for medically necessary services.

Region 10 PIHP will apply the MDHHS Access Standards in determining priority for immediate Access to services per the Contract Schedule A-1 (E)(7), MDHHS Behavioral Health and Developmental Disabilities Access Standards. Walk-In Access Standards will be adhered to per contract and per Region 10 PIHP Access to Services Policy (05-01-01).

REGION 10 PIHP

SUBJECT	CHAPTER	SECTION	SUBJECT
SUD Waitlist	05	01	04
CHAPTER	SECTION		
Clinical Practice Guidelines	Access to Services		

Individuals who are eligible for public funded substance use disorder services without Medicaid who are not part of a priority population will be placed on a waiting list until funding is available.

Region 10 PIHP will apply the Priority Population Management Admission Priority Standards-Exhibit A.

V. **PROCEDURES:**

None.

VI. **EXHIBITS:**

A. Priority Population Management Admission Priority Standards

VII. **REFERENCES:**

- A. 1915(b)(c) concurrent Medicaid Waivers
- B. MDHHS/PIHP Contract Schedule A-1(E)(7) Access Standards
- C. Sections 1923(a)(2) and 1927(b)(2) of Public Law 102-321, as amended

Region 10 PIHPPriority Population Management Admission Priority Standards and Interim Service Requirements**PRIORITY POPULATION MANAGEMENT**

A. The following chart indicates the current admission priority standards for each population along with the current interim service requirements. The SABG requirements indicate that clients who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population. Priority population clients must be admitted to services as specified below. In a situation where a referred MDOC individual meets the criteria for one of the previous populations listed below, the admission standards for that population must be followed. Suggested additional interim services are in italics below.

Admission Priority Standards Population	Admission Requirement	Interim Service Requirement	Authority
Pregnant Injecting Drug User	1) Screened and referred within 24 hours . 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours .	<i>Begin within 48 hours:</i> 1) Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2) Referral for prenatal care. 3) <i>Early intervention clinical services.</i>	CFR 96.121; CFR 96.131; Tx Policy #04 Recommended

Pregnant Substance User	<p>1) Screened and referred within 24 hours.</p> <p>2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours.</p> <p>Other Levels or Care – Offer admission within 48 business hours.</p>	<p><i>Begin within 48 hours:</i></p> <p>1) Counseling and education on:</p> <ul style="list-style-type: none"> a) HIV and TB. b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. <p>2) Referral for prenatal care.</p> <p>3) <i>Early intervention clinical services.</i></p>	CFR 96.121; CFR 96.131; Recommended
Injecting Drug User	<p>Screened and referred within 24 hours. Offer admission within 14 days.</p>	<p><i>Begin within 48 hours – maximum waiting time 120 days:</i></p> <p>1) Counseling and education on:</p> <ul style="list-style-type: none"> a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. <p>2) <i>Early intervention clinical services.</i></p>	CFR 96.121; CFR 96.126; Recommended
Parent at Risk of Losing Children	<p>Screened and referred within 24 hours. Offer admission within 14 days.</p>	<p><i>Begin within 48 business hours:</i> <i>Early intervention clinical services.</i></p>	MI Public Health Code Sec. 6232 Recommended
Population	Admission Requirement	<i>Interim Service Requirement</i>	Authority
Individual Under Supervision of MDOC and Referred by MDOC or Individual Being Released Directly from MDOC Without Supervision and Referred by MDOC	<p>Screened and referred within 24 hours. Offer admission within 14 days.</p>	<p><i>Begin within 48 business hours.</i> <i>Recovery Coach Services</i> <i>Early intervention clinical services.</i></p>	MDHHS & PIHP Contract Recommended
All Others	<p>Screened and referred within 7 calendar days. Capacity to offer admission within 14 days.</p>	<i>Not required.</i>	CFR 96.131(

- B. It is the expectation that the PIHP provide SUD services to priority population clients before any other non-priority client is admitted for any other treatment services. Exceptions can be made when it is the client's choice to wait for a program that is at capacity.