35-017 Community Support: Substance Abuse Community Support is a rehabilitative and supportive service for individuals with primary Axis I Diagnosis of Substance Dependence. Community Support Interventions provide direct rehabilitation and support services to individuals in the community to assist the individual in maintaining abstinence, stabilizing community living, and preventing exacerbation of symptoms and admissions to more restrictive levels of care. This service is not available for individuals who are also receiving level III or greater substance abuse treatment services. Services are based upon medical necessity as identified in the client's treatment and recovery plan and shall be provided in 15-minute increments.

35-017.01 Program Components: The Community Support Program shall:

1. Facilitate communication and coordination among all health care professionals providing services to the client;
2. Ensure the participation in the completion of a strength-based needs assessment completed within 30 days of admission;
3. Develop and implement strategies to encourage the individual to become engaged and remain engaged in necessary substance use/abuse and mental health treatment services as recommended and included in the treatment/recovery plan;
4. Have access to the comprehensive substance abuse assessment including a biopsychosocial assessment conducted by a fully licensed practitioner practicing within his/her scope within 30 days of admission into the program;
5. Participate with and report to the treatment and recovery team on the individual's progress and response to community support intervention in areas of relapse prevention of substance use/abuse and application of education and skills in the recovery environment;
6. Review and update the treatment and recovery plan and discharge plan with the individual and other approved family supports every 90 days or more often as clinically necessary;
7. Coordinate with the providers of mental health when the client has a co-occurring diagnosis and receiving mental health services by a licensed practitioner either located in the agency or in a separate program;
8. Assist in facilitating the transfer to and the transition to other levels of treatment service;
9. Assist in the development, evaluation, and update in a crisis and relapse plan with the client;
10. Provide contact as needed with other providers, client family members and other significant individuals in the client's life to facilitate communication necessary to support the individual in maintaining community living;
11. When prescribed, monitor medication compliance and report compliance issues as necessary;
12. Assist the client with all health insurance issues; and
13. Assist in the discharge plan for the client and support development of community-based resources.

35-017.02 Program Availability: The community support program shall establish hours of service delivery that ensure program staff availability and accessibility to the treatment, rehabilitation, and recovery needs of the client. The frequency of face-to-face contacts with the client is based upon clinical need.

35-017.03 Staffing Requirements: Community support programs shall employ a licensed practitioner to provide supervision of the community support program. The licensed practitioner shall supervise any individualized treatment and recovery service interactions provided by a community support worker. The community support worker shall have a minimum of bachelor's degree in psychology, sociology, or related human service field or two years of course work in a human service field and two years experience/training or two years of lived recovery experience with demonstrated skills and competencies in the provision of substance abuse services and demonstrated skill and competency in working with chronic substance dependence is acceptable.

Direct care staff employed by the agency before the effective date of these regulations will be considered to meet staffing requirements when the provider submits documentation identifying the name, address and provider number of the provider, service provided, names of direct care staff employed before the effective date of the these regulations, and their date of hire. Documentation shall be submitted 30 days following the effective date of these regulations. Staff hired on or after the effective date of these regulations shall meet the specified requirements for direct care staff identified in the above paragraph;

35-017.04 Assessment and Treatment Planning: Outpatient substance abuse treatment shall be delivered following the completion of comprehensive substance abuse assessment. Prior to delivery of services, an individual treatment and recovery plan shall be developed with the client. The plan shall be individualized, reviewed and approved by the client and therapist, and adjusted as clinically necessary.

35-017.05 Documentation: Outpatient substance abuse treatment providers shall document in a summary the treatment service delivered in an individualized progress note. The note shall describe the treatment intervention provided, client's response to the intervention and the progress notes shall be placed in the client's clinical record. Documentation shall clearly reflect the implementation of the treatment and recovery plan. Discharge planning shall be an essential part of the treatment and recovery plan and the documentation of the progress toward discharge shall be documented in the clinical record.

35.017.06 Provider Enrollment: Outpatient adult substance abuse providers shall contact the managed care entity when requesting approval in the managed care network as an adult substance abuse provider. Following approval, a substance abuse provider shall enroll as a provider of Medicaid services. Medicaid enrollment is necessary in order to complete credentialing process in the managed care network. Providers of outpatient services shall provide annual cost information as a requirement by Medicaid at the time of enrollment and maintain any licensure requirements in order to continue participation with Medicaid.

35-017.07 Prior Authorization: All outpatient substance abuse treatment services shall be prior authorized by the Division of Medicaid and Long-Term Care or its designee before treatment service delivery.

35-017.08 Clients' Rights: Individual staff and the treatment and recovery team shall provide all services in a manner to support and maintain the client's rights with a continuous focus on client empowerment and movement toward recovery. Providers shall have written Client Rights and Responsibility policy and staff shall review client rights, responsibilities, and grievance procedures with each new client at admission and on an ongoing manner, and shall document this review in the clinical record. Substance Abuse Treatment providers shall comply with all State and Federal Clients' Rights requirements.

Client rights shall be observed when receiving substance abuse services through Medicaid. The client has the right to:

1. Be treated with respect and dignity regardless of state of mind or condition;
2. Have privacy and confidentiality related to all aspects of care;
3. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind;
4. Be part of developing an individual treatment and recovery plan and decision-making regarding his/her treatment and rehabilitative services;
5. Refuse treatment or therapy (unless ordered by a mental health board or court);
6. Receive care which does not discriminate and is sensitive to gender, race, national origin, language, age, disability, and sexual orientation;
7. Be free of any sexual exploitation or harassment; and
8. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed.

35-017.09 Payment for Community Support Abuse Treatment Services: Providers shall bill community support services in 15-minute increments for a maximum of 144 units for 180 days.