

South Carolina Department of Alcohol and Other Drug Abuse Services

Treatment Programs Manual FY2022

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Statewide Base Treatment Services

Subgrantee shall provide the following statewide base services:

- 1) Traditional Outpatient, Adolescent, Group, Individual, Family Counseling, Outpatient Services (Outpatient-Tx) (Level I) / Class Code 3001-30xx
 - a) *Definition:* Organized non-residential services, which may be delivered in a wide variety of settings. Addiction treatment personnel or addiction credentialed clinicians provide professionally directed evaluation, treatment, and recovery services to persons with substance use disorders or persons “at risk” for developing substance use disorders. Services should be designed to treat the individual’s level of illness severity and to achieve permanent changes in an individual’s alcohol- or other drug-using behavior.
 - b) *Special Conditions:* Subgrantee shall adhere to the following conditions:
 - i) Subgrantee shall comply with DAODAS reporting requirements to ensure that all pregnant/parenting women are identified at intake/admission and that all subsequent services delivered are appropriately documented.
 - ii) In addition to the direct service codes applicable to any person receiving services through the Traditional Outpatient component, Subgrantee shall also provide pregnant/parenting women, as appropriate, additional services to include appropriate referral and assistance in accessing prenatal care and child care.
 - iii) *Services to Adolescents* – Adolescents who use alcohol and other drugs differ from adults in significant ways. Adolescence affords a unique opportunity to modify risk factors that are still active and not yet complete in their influence on development. Adolescents must be approached differently from adults because of differences in their stages of emotional, cognitive, physical, social, and moral development. At every level of care, program services for adolescents should be designed to meet their developmental and other special needs. Strategies to engage adolescents, channel their energy, and hold their attention are especially critical. Treatment must address the nuances of adolescent experience, including cognitive, emotional, physical, social, and moral development, in addition to involvement with alcohol and other drugs. To this end, Subgrantee shall:
 - (1) Provide family-centered substance use disorder and co-occurring services.
 - (2) Use ASAM adolescent admission, continued stay, and discharge criteria. All patient cases should be staffed on a regular basis to determine patients’ status in services. The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM–5) or latest implemented edition will be used for diagnosing patients.
 - (3) Services should be individualized and culturally competent to meet the needs of diverse populations.
 - (4) Treatment services should be evidence based and proven effective with adolescents. To ensure the highest quality services for adolescents, it is highly recommended that staff working with this population pursue the Adolescent Workforce Development trainings offered by DAODAS. It is also recommended that each agency designate at least one staff person as the adolescent counselor for the agency.

- (5) Clinical supervision should be provided to adolescent treatment staff per the agency's policies and procedures. DAODAS contracts with a private provider to meet this need, and providers may seek that consultation as needed.
- (6) Subgrantee will use the common screening tool as identified by DAODAS for adolescent services.
- (7) DAODAS will conduct periodic reviews to ensure quality of care is being provided appropriately to adolescents.
- (8) Collaborate across agencies to meet the needs of the whole patient and their family.
- (9) Ongoing recovery support services should be provided as needed.

2) Alcohol and Drug Safety Action Program (INT-ADSAP) / Class Code 4001

- a) *Definition:* The South Carolina ADSAP provides assessment, education, intervention, and treatment services as mandated pursuant to § 56-5-2990 of the Code of Laws of South Carolina. In addition, certified ADSAP providers will adhere to the revised DUI laws specific to the ADSAP program that are defined in state law and require mandated treatment for all DUI offenders.
- b) All ADSAP client enrollment and termination information will be submitted to DAODAS. All completions of ADSAP clients determined to be financially able to bear the cost of services will be submitted to DAODAS once services are completed and fees are paid as agreed to by the client and the provider. Financial assessment is an ongoing process, and for those individuals who express an inability to pay at any time during the process, the provider shall adhere to the financial assessment guidelines and offer community services to eligible clients in lieu of payment. Therefore, DAODAS directs that community service options shall be made available for individuals found unable to pay. As the statute does not require the completion of community services for the completion of ADSAP, DAODAS recommends that providers use discretion and consider completion with any reasonable effort of an individual to engage in community service.
- c) All ADSAPs must be certified by DAODAS and re-certified every two years thereafter.
- d) *Special Conditions:* Subgrantee shall adhere to the following conditions:
 - i) Ensure compliance with all operational standards outlined in the ADSAP Standards Manual (incorporated by reference).
 - ii) Use only the ADSAP curriculum designated by DAODAS, which will be delivered in accordance with accompanying training and instructions. In addition, each program shall comply with the following requirements:
 - (1) Course delivery, content, and sequence shall be in accordance with the ADSAP designated group leader's manual with no deletions or additions of outside materials.
 - (2) No portion of the material contained in the curriculum shall be copied without written permission of Prevention Research Institute.
 - (3) Each participant shall be issued a student handbook at the beginning of the group.
 - (4) Group size shall not exceed 25 participants.

- (5) All participants shall be required to attend group sessions for the entire 16-hour duration of the program.
 - (6) Only certified group leaders shall deliver the curriculum.
 - (7) Ensure that all certified group leaders comply with ADSAP curriculum delivery requirements.
 - iii) All programs will use only the common objective assessment instrument designated by DAODAS, which will be delivered in accordance with accompanying training and instructions.
 - iv) Subgrantee will adhere to General Terms and Conditions paragraph 106. (Fees/Financial Assessment).
 - v) Per 56-5-2990 (C) of the South Carolina Code of Laws, 1976, as amended, all certified ADSAPs will maintain a record of the number of community service hours performed and the amount of fee offset. This information will be submitted in writing to DAODAS at the end of each year (see deliverables list for specific date). All ADSAPs shall comply with state law and shall provide clients who, pursuant to a financial assessment were deemed unable to pay for services, an option for substituting payment with community service. All ADSAPs shall maintain an updated list of qualified community service organizations in their jurisdiction. ADSAP providers found to be out of compliance with this state law will be immediately notified of noncompliance and required to submit an action-plan. Further failure to comply with this state law may result in decertification of the ADSAP.
 - vi) Subgrantee shall ensure the attendance of an ADSAP representative or designee at a minimum of three (3) scheduled statewide ADSAP meetings.
 - vii) Subgrantee shall ensure timely handling of consumer complaints at the local level.
- 3) **Interstate ADSAP Management – Dorchester Alcohol and Drug Commission only / Class Code 4002**
- a) **Definition:** The South Carolina Interstate Alcohol and Drug Safety Action Program (IADSAP) Office provides administrative processing of out-of-state DUI offenders who wish to clear their driver record in South Carolina by meeting the ADSAP requirements.
 - b) **Service Activity:** Subgrantee shall adhere to the following conditions:
 - i) Provide and manage sufficient appropriate staff to provide administrative case management services for out-of-state DUI offenders who wish to clear their driver record in South Carolina by meeting their ADSAP requirement. Access to IADSAP staff via telephone must be available to clients during the operating hours of Subgrantee.
 - ii) Provide and manage all telephone, postage, office, and clerical services necessary to support the provision of administrative case management service to out-of-state DUI offenders.
 - iii) Collect the sum of no more than one hundred and fifty dollars (\$150) from each out-of-state DUI client using the code number “47” in the “County Enrolled” block on the form promulgated by DAODAS, client service center of “I-AD-IN-OP-N-N-A” and activity code number “198.”

- iv) On due date specified on the Contract Deliverable list and using report shell, submit to DAODAS an annual report of relevant financial transactions and client flow data, as well as a narrative discussion of program progress, problems, and plans.
- c) *Special Conditions:* Subgrantee shall adhere to the following conditions:
 - i) Inform all collaborating entities, both in-state and out-of-state, of the Dorchester Alcohol and Drug Commission (DADC)'s address and telephone number for managing out-of-state clients. Maintain a South Carolina IADSAP website.
 - ii) Provide telephone and in-person technical assistance to the DADC for case management of out-of-state DUI offenders.
 - iii) Collect and analyze client flow and program management data to determine program effectiveness and efficiency.
 - iv) Working with the State ADSAP Coordinator and ADSAP Information Coordinator at DAODAS, coordinate revisions to interstate procedures and policies, resolution of issues, and development of problem solutions.
 - v) Participation by the IADSAP coordinator and other appropriate staff in state, regional, and national educational conferences on DUI, interstate issues, laws, and treatment services.
- 4) *Youth and Adolescent Services (YAS), Intervention / Class Code 5501*
 - a) *Definition:* YAS is defined as a program for providing intervention services to high-risk youth, which may include grades kindergarten through 12 who are identified through the school system, human service providers, parents, or self-referrals and are experiencing a wide range of personal or behavioral problems. Through YAS, students and families are provided with the opportunity to learn new ways of coping with their problems in order to avoid the development of more serious problems in the future.
 - b) Subgrantee will comply with all DAODAS standards pertinent to this level of care.
- 5) *Alcohol Intervention Program (AIP)*
 - a) *Definition:* The AIP is required by Act 103, The Prevention of Underage Drinking and Access to Alcohol Act of 2007. This law requires an individual who violates the provision of this section to successfully complete a DAODAS-approved alcohol prevention education or intervention program.
 - b) *Services Activity:* Subgrantee shall provide AIP services to individuals, ages 17 to 20, referred to Subgrantee pursuant to state law.
 - i) Clients will be screened and placed in services using Motivational Enhancement Therapy – Cognitive Behavioral Therapy-5 (MET-CBT 5) as the intervention.
 - ii) Services should be a minimum of eight hours and cost no more than \$150.00.
 - iii) An exit conference will be conducted with all clients. Parents should be included, with client's permission, if at all possible.
- 6) *Gambling Services / Class Code 3701*
 - a) *Definition:* An approved therapeutic service designed to address the problems related to problem gambling. Services for clients who need additional services concurrently or

following the gambling-specific therapeutic service will be determined in accordance with the existing fee schedule.

b) *Special Conditions:*

- i) Subgrantee shall provide an approved therapeutic service for identified problem or pathological gamblers and related services for family members. Treatment includes bundled services and additional discrete services as indicated on the individual's treatment plan.
- ii) All persons age 13 or older will be administered the electronic health record screening questions pertinent to gambling. Evidence of compliance with this core service requirement will be monitored during the annual oversight visit. If found to be noncompliant, Subgrantee must submit a corrective action plan to DAODAS for approval. If an individual indicates they have engaged in gambling activities, they will be given a full gambling assessment. The gambling screen will be placed in the clinical file with the assessment. If the assessment indicates the individual meets the criteria for a Pathological Gambling diagnosis, they will be entered into the appropriate level of treatment.

c) *Utilization Review (UR) is required for all gambling services:*

- i) Upon completion of the assessment, Subgrantee shall contact DAODAS' Utilization Review (UR) Case Manager to obtain prior authorization of services to be billed, and a prior authorization number. The prior authorization number must accompany any services billed in the appropriate block of the billing form. Failure to obtain the prior authorization shall result in non-payment for services. The following procedures will be followed for utilization review:
 - (1) Clinicians will perform periodic reviews with DAODAS' UR Case Manager, as scheduled, to report progress and receive authorization for continuation of services. Upon completion of services, the clinician will call the UR Case Manager and move the patient into case management status. If the patient requires additional treatment services during the case management period, the UR Case Manager must be contacted to authorize the services.
- ii) Clinicians will call the UR Case Manager to report completion of all services and discharge. Failure to perform all UR activities shall result in non-reimbursement of services.
- iii) Additional gambling assessment is required for all patients receiving gambling services at time of discharge and at 90-days post-discharge.

d) *Physical Treatment Components:* The basic approach to treatment will be to use all available and clinically appropriate services that apply to any given patient. Thus, any person who presents for treatment will be provided with a complete biopsychosocial assessment to ascertain all probable diagnoses, to include Pathological Gambling as defined in the DSM-5. The possible alternatives and corresponding actions at this stage will be:

- i) Patient does not meet the full criteria for Pathological Gambling but may still be experiencing problems.

- (1) Problems are linked to gambling. **Action:** Subgrantee may choose to provide treatment services on a private-pay basis or refer the patient to another provider.
 - (2) Problems are related to a substance use disorder. **Action:** Subgrantee will provide appropriate substance use disorder (SUD) services in accordance with current Substance Abuse Prevention and Treatment Block Grant, Medicaid, and DAODAS policies and procedures.
- ii) Patient meets the full criteria for Pathological Gambling.
- (1) Patient is appropriate for bundled services. **Action:** Subgrantee will complete the Individualized Treatment Plan (ITP) and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide the approved therapeutic service; complete the continuing care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case management services during the continuing care phase and administer the outcomes survey during the final case management session at 90 days following the treatment phase. Subgrantee may provide individual and/or family counseling sessions as necessitated by patient needs and documented in the ITP.
 - (2) Patient is appropriate for gambling services but Subgrantee does not have a sufficient number of patients for group counseling. (The clinically appropriate group size is a minimum of two and a maximum of 25.) **Action:** Subgrantee will complete the ITP and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide the approved therapeutic service, which may include the family unit as appropriate; complete the continuing-care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case management services during the continuing-care phase and administer the outcomes survey at the final case-management session at 90 days following the treatment phase. Subgrantee may provide additional individual and/or family counseling sessions as necessitated by patient needs and documented in the ITP.
 - (3) Patient is not appropriate for gambling services. **Action:** Subgrantee will complete the ITP and administer the first outcomes survey; provide appropriate crisis- and case-management services during the treatment phase; provide individual counseling, which may include the family unit as appropriate; complete the continuing-care plan and administer the outcomes survey again during the patient's exit counseling session; and provide scheduled case-management services during the continuing-care phase and administer the outcomes survey at the final case management session at 90 days following the treatment phase. Subgrantee may provide additional individual and/or family counseling sessions as necessitated by patient needs and documented in the ITP.
- iii) For consistent and equitable application, Subgrantee shall use rates as outlined on Form "Gambling Contract Service Rates," the DAODAS Policy on Indigence and Fee Assessment, and the DAODAS Financial Assessment Form.

- e) *Gambling Registry*: Each county alcohol and drug abuse authority must have at least one staff member who is authorized to provide an approved therapeutic service for problem or pathological gambling. The DAODAS Utilization Review Case Manager will implement and maintain a registry of qualified gambling addictions counselors. Qualified counselors from county alcohol and drug abuse authorities will maintain this information locally in their privileging files.

Extended Treatment Services

Subgrantee shall provide the following extended treatment services:

1) Medically Monitored Inpatient Withdrawal Management / Level 3.7 WM / Class Code 1001

- a) *Definition:* An organized service delivered by medical, nursing, and clinical professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour inpatient care but not severe enough to warrant placement in an acute general hospital. All patients should be seen by a counselor to assess level-of-care needs and facilitate patient engagement in treatment services. The case manager or counselor should make referrals as needed.
- b) *Special Conditions:*
 - i) All new programs must be approved by DAODAS.
 - ii) Subgrantee shall comply with all CARF and/or Joint Commission quality assurance standards pertinent to this level of care.
 - iii) Existing programs must review and update their internal agency policies and procedures manual annually and submit any changes to DAODAS for review.
 - iv) Services under this program require prior authorization for reimbursement. Request for prior authorization of withdrawal management services will be performed by the Withdrawal Management provider upon admission of the patient by contacting the DAODAS Utilization Review (UR) Case Manager at 1-800-374-1390 (or 803-896-5988 for the Columbia area). Patients must meet ASAM PPC-2 criteria for admission to this level of care. The DAODAS reimbursement rate will reflect the Medicaid reimbursement rate.
 - v) Withdrawal Management facilities will continue to perform utilization review of indigent Withdrawal Management Level 3.7 WM services after depletion of funds for the remainder of the fiscal year. Withdrawal Management facilities will continue to provide indigent Withdrawal Management services after depletion of the funds. Indigency is determined using the DAODAS approved Policy on Indigency and Fee Assessment.
 - vi) Reimbursement for Level 3.7 WM services may be denied for patients who have a primary diagnosis of Opioid Use Disorder unless they are offered the choice of receiving stabilizing agonist or partial agonist medications, such as methadone or buprenorphine, during inpatient services.
- c) *Access:* There must be 24-hour access to emergency medical services.

2) Clinically Managed Residential Withdrawal Management / Level 3.2 WM / Class Code 1101

- a) *Definition:* An organized service that may be delivered by appropriately trained staff who provide 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. Clinically managed residential withdrawal management is characterized by its emphasis on peer and social support. This level

provides care for patients whose intoxication/withdrawal signs and symptoms and/or functional deficits are sufficiently severe to require 24-hour structure and support. However, the full resources of a medically monitored inpatient withdrawal management service are not necessary. Some clinically managed residential inpatient withdrawal management programs are staffed to supervise self-administered medications for the management of withdrawal. All programs at this level shall rely on established clinical protocols to identify patients who are in need of medical services beyond the capacity of the facility and to transfer such patients to more appropriate levels of care.

b) *Special Conditions:*

- i) New programs must be approved by DAODAS.
- ii) Existing programs must review and update their policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.
- iii) Social setting inpatient withdrawal management services (Level 3.2 WM) must receive prior authorization through DAODAS' UR Case Manager for all Medicaid and indigent patients prior to rendering the service. Request for prior authorization of inpatient Withdrawal Management services will be performed by the inpatient provider upon admission of the patient by contacting the DAODAS UR Case Manager at 1-800-374-1390, or 803-896-5988 (for the Columbia area). The DAODAS reimbursement rate for this service will reflect the Medicaid reimbursement rate.
- iv) Withdrawal Management facilities will continue to perform utilization review of indigent Withdrawal Management Level 3.2 WM services after depletion of funds for the remainder of the fiscal year. Indigency is determined using the approved DAODAS Policy on Indigency and Fee Assessment.
- v) Reimbursement for Level 3.2 WM services may be denied for patients who have a primary diagnosis of Opioid Use Disorder unless they are offered the choice of receiving stabilizing agonist or partial agonist medications, such as methadone or buprenorphine, during inpatient services.

c) *Access:* There must be 24-hour access to emergency medical services.

3) *Outpatient Withdrawal Management / Ambulatory Withdrawal Management with Extended On-site Monitoring / Level 2 WM / Class Code 3602*

- a) *Definition:* An organized outpatient service, which may be delivered in an office setting, healthcare or addiction treatment facility, by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule. Such services are provided in regularly scheduled sessions. They should be delivered under a defined set of policies and procedures or medical protocols. Outpatient services should be designed to treat the patient's level of clinical severity and to achieve safe and comfortable withdrawal from mood-altering drugs (including alcohol) and to effectively facilitate the patient's transition into ongoing treatment and recovery.
- b) *Special Conditions:*
 - i) All new programs must be approved by DAODAS.

- ii) Subgrantee shall comply with all CARF and/or Joint commission quality assurance standards pertinent to this level of care.
- iii) Existing programs must review and update their internal agency policies and procedures manuals annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.
- iv) Essential to this level of care is the availability of appropriately credentialed and licensed nurses (RN, LPN) for monitoring of patients over a period of several hours on each day of service. There must be 24-hour access to emergency medical services. Service providers should be able to provide or assist in accessing transportation services for patients who are unable to drive safely for legal or medical reasons, or who otherwise lack transportation.

4) *Clinically Managed High-Intensity Residential / Level 3.5 / Class Code 1501*

- a) *Definition:* High-intensity residential programs are designed to address significant social and psychological problems. Level 3.5 care is characterized by the intensity of the addiction treatment services and the highly structured program activity rather than by the intensity of medical services provided. Daily scheduled professional addiction treatment services are designed to develop and apply recovery skills, including relapse prevention, interpersonal choices, and development of a social network supportive of recovery. Level 3.5 programs rely on the treatment community as a therapeutic agent that introduces and enforces the appropriate social values and behaviors, and by a focus on reintegration into the greater community. Refer to the ASAM criteria for additional information on this level of care. However, mandatory program requirements are listed below:
 - i) Physician monitoring and nursing care and observation are available as needed, based on clinical judgment.
 - ii) Professional staff (e.g., professional addictions counselor, registered nurse, physician, physician assistant, certified nurse practitioner, clinical nurse specialist who is authorized by the South Carolina Board of Nursing to function in the extended role with prescriptive authority, childcare specialist who meets the criteria for Therapeutic Child Care lead clinical staff) shall provide forty (40) hours of clinical services per week. These hours consist of six (6) hours a day, Monday through Friday, and five (5) hours a day, Saturday and Sunday. Residential staff provide coverage and services during the rest of each day.
 - iii) Priority admission shall be provided for pregnant women.
- b) *Special Conditions:*
 - i) All new programs must be approved by DAODAS.
 - ii) Existing programs must review and update the policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.

5) Medically Monitored Intensive Inpatient Treatment / Level 3.7 / Class Code 1505

- a) *Definition:* Level 3.7 care is delivered by an interdisciplinary staff to patients whose sub-acute biomedical and emotional/behavioral problems are sufficiently severe to require inpatient treatment. Twenty-four (24)-hour observation, monitoring, and treatment are available. The treatment delivered at Level 3.7 is specific to the substance-related disorder, but the interdisciplinary team and the availability of support services also accommodate withdrawal management and/or intensive inpatient treatment of addiction and/or conjoint treatment of coexisting sub-acute biomedical and/or emotional/behavioral conditions that could jeopardize recovery. Refer to the ASAM criteria for additional information for this level of care. However, mandatory program requirements are listed in the following:
- i) A physician or nurse practitioner, or CSNRA, working with the stipulations of a practice agreement with a physician, will assess the patient face-to-face within 24 hours of admission and provide face-to-face evaluations at least once a week. Patients must be discharged from the 3.7 level of care by the physician or reviewed by the physician before patient is transferred to a lesser level of care within the same treatment system.
 - ii) An alcohol/drug-focused nursing assessment must be conducted by a registered nurse at the time of admission; an LPN may assist in the collection of patient health data used for the assessment.
 - iii) A registered nurse must be responsible for overseeing the monitoring of the patient's progress and medication administration.
- b) *Special Conditions:*
- i) Subgrantee shall comply with all DAODAS requirements pertinent to this level of care.
 - ii) All new programs must be approved by DAODAS.

6) Women's Residential Medically Monitored/Clinically Managed (WRTC) / Level 3.7 with step-down to Level 3.5 / Class Code 1601

- a) *Definition:* WRTCs provide a long-term structured regimen of 24-hour evaluation, care, and treatment for chemical-abusing or chemically dependent pregnant and/or parenting women. These programs utilize multidisciplinary staff and clinical practices for patients who require out-of-home care. The programming usually includes, but is not limited to: medical supervision, individual counseling, group counseling, family counseling, family involvement, and multidimensional therapies to teach the appropriate use of leisure time, enhance self-esteem, and provide structured achievement experiences. A minimum of 10 beds is required to meet the statewide need for services.
- b) *Service Activity:* Subgrantee shall adhere to the following conditions:
- i) Provide a residential treatment center for pregnant and postpartum women, infants, and children. Provide Medically Monitored Women's Treatment (MMWT), a comprehensive array of gender-specific services that are designed to increase a woman's likelihood of recovery, decrease the risk of relapse, and facilitate successful

- reentry into the community. MMWT is a 24-hour/seven-day-per-week service. The professional staff (i.e., professional addictions clinician, registered nurse, physician, childcare specialist) shall provide at least six (6) hours of clinical services Monday through Friday and five (5) hours on weekends.
- ii) Provide priority admission to pregnant women.
 - iii) Provide or facilitate access to other services, including vocational training, medical care, literacy and GED classes, relationship and communication skills, homemaking skills, and Medicaid eligibility, based on each resident's assessed needs. HIV/AIDS education and prevention will be provided to every program participant.
 - iv) Ensure that all pregnant residents receive regular, appropriate prenatal care. Provide transportation to prenatal appointments and coordinate case management with prenatal care providers.
 - v) Ensure that a best practice trauma curriculum part of the weekly menu of services provided on this level of care.
 - vi) Provide child care and child development services for the children of residents.
 - vii) Document all services in each patient's electronic health record (EHR).
 - viii) Review and update the WRTC policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.
 - ix) On due date specified on the Contract Deliverables list and using the indicated report shell, submit to DAODAS semi-annual reports on program development focusing on accomplishments and obstacles. These reports will also contain information on:
 - (1) number of women served;
 - (2) number of pregnant women served;
 - (3) number of children served;
 - (4) diagnosis or presenting problem;
 - (5) number of assessments/admissions/discharges/re-admissions;
 - (6) referral services;
 - (7) number of Medicaid-eligible patients;
 - (8) payment source (Medicaid, self-pay, other insurance, indigent, etc.);
 - (9) reports of the quarterly advisory committee meetings;
 - (10) number of "no shows" and any follow-up;
 - (11) number of child abuse cases reported to the S.C. Department of Social Services (DSS); and
 - (12) number of pregnant women reported to DSS for child abuse because of their drug use.
 - x) Utilize an Advisory Committee, the composition of which is consistent with the patient population to be served (gender and ethnicity). Consumer representatives will participate on the Advisory Committee.
 - xi) Collect National Outcomes Measurement System (NOMS) data at admission, discharge, and 90 days post-discharge.
 - xii) Provide recovery support services as needed.

c) *Special Conditions:*

- i) All new programs must be approved by DAODAS.
- ii) Existing programs must review and update their policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.

7) *Adolescent Residential Medically Monitored/Clinically Managed / Level 3.7 with step-down to Level 3.5 / Class Code 1701*

a) Subgrantee will provide the following services:

- i) A total of at least nine (9) or more beds shall be maintained at all times. The treatment regimen shall include a comprehensive array of age-specific services that are designed to increase an adolescent's likelihood of recovery, decrease the risk of relapse, and facilitate successful reentry into the home, school, and community. Weekday programming shall contain no less than six (6) hours of therapeutic programming per day; weekend programming shall contain no less than five (5) hours per day.
- ii) At least three (3) beds shall be maintained for medically indigent patients. "Medically indigent" is defined as lacking adequate resources for self-pay and not qualifying for either public or private third-party coverage.
- iii) Residents of any county in the state shall be admitted, subject to availability of beds.
- iv) Access to other services shall be provided or facilitated, including homebound educational instruction, medical care, and relationship and communication skills, based on each patient's assessed needs. HIV/AIDS education and prevention shall be provided to every patient.
- v) On the due date specified on the Contract Deliverables list and using the report shell, semi-annual reports on program development (focusing on accomplishments and obstacles) shall be submitted to DAODAS. These reports shall also contain information on:
 - (1) number of adolescents served;
 - (2) diagnosis of presenting problem;
 - (3) number of assessments/admissions/discharges (indicate successful/unsuccessful) and re-admissions;
 - (4) referral services;
 - (5) number of Medicaid-eligible, self-pay, other insurance, and indigent patients; and
 - (6) average length of stay.
- vi) Admissions shall be accepted 24 hours a day/seven days a week.
- vii) NOMS data shall be collected at admission, discharge, and 90 days post-discharge

b) *Special Conditions:*

- i) All new programs must be approved by DAODAS.
- ii) Existing programs must review and update their policies and procedures manual annually and submit any changes to DAODAS for review by the date specified on the Contract Deliverables list.

8) *Intensive Outpatient Treatment Program (9-19 hours/week) / (IOP – General) Level 2.1 / Class Code 2501*

- a) *Definition:* IOP is a structured treatment program that is provided to individuals who are in need of more than traditional outpatient treatment services or as an alternative to inpatient treatment. Intensive services on an outpatient basis provide comprehensive biopsychosocial assessments and individualized treatment, and allow for a valid assessment of environmental, cognitive, and emotional antecedents to substance use and dependency. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient's natural environment.
- b) *Service Activity:* Subgrantee shall provide intensive outpatient services to individuals who are in need of more than traditional outpatient care. IOP services consist of the following major treatment components:
 - i) group counseling and therapy;
 - ii) skill development;
 - iii) family counseling (focused on the recovery environment) or therapy; and
 - iv) self-help group orientation.
- c) *Special Conditions:* Subgrantee shall adhere to the following conditions:
 - i) *Approval Process for New Programs:* Newly established IOPs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - (1) program outline;
 - (2) weekly schedule;
 - (3) description of program components; and
 - (4) admission, continued stay, and discharge criteria.

Written notice of approval shall be provided by DAODAS within forty-five (45) days of receipt of the required items, or a written notice of reason for non-approval shall be provided.

Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45 days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) IOPs.

- ii) *Reapproval Process for Existing Programs:* All providers shall submit their programs for reapproval every other year by the date specified on the Contract Deliverables list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in Special Condition c)i) above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.

- iii) *Standard Regimen*: The standard regimen of an IOP shall be a minimum of nine (9) hours per week. Length of stay and level of attendance per week should be based on an individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program. An IOP consists of a minimum of nine hours per week of clinical services.
 - iv) *Involuntary Commitment Act of 1986*: Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the IOP.
 - v) *Consultation with Local Mental Health Center*: Subgrantee shall participate as needed in patient services consultation with the appropriate local mental health center for all patients referred by the S.C. Department of Mental Health.
 - vi) Recovery support services should be provided as needed.
 - vii) Semi-annual reports on program development (focusing on accomplishments and obstacles) shall be submitted to DAODAS on the due date specified on the Contract Deliverables list and using the report shell. These reports shall also contain information on:
 - (1) referral services;
 - (2) number of Medicaid-eligible patients; and
 - (3) payment source (Medicaid, self-pay, private insurance, etc.).
- 9) *Women's Intensive Outpatient Treatment Program (9-19 hours/week) / (IOP-W) Level 2.1 / Class Code 2601*
- a) *Definition*: A Women's Intensive Outpatient (WIOP) program is designed to provide intensive outpatient services to women who are in need of more intense services than the traditional outpatient treatment as an alternative to inpatient treatment. This allows for a valid assessment of environmental, cognitive, and emotional antecedents to substance use or dependency. It also allows the patient an opportunity to test new coping strategies while still within a supportive relationship.
 - b) *Service Activity*: Subgrantee shall adhere to the following conditions:
 - i) WIOP services consist of the following major treatment components:
 - (1) group counseling or therapy;
 - (2) family counseling (focused on the recovery environment) or therapy;
 - (3) skill development;
 - (4) multi-family therapy;
 - (5) self-help group orientation; and
 - (6) best practices trauma curriculum.
 - ii) *Approval Process for New Programs*: Newly established women's intensive outpatient treatment programs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - (1) program outline;
 - (2) weekly schedule (to include trauma curriculum);

- (3) descriptions for four program components; and
- (4) admission, continued stay, and discharge criteria.

Written notice of approval shall be provided by DAODAS within forty-five (45) days of receipt of the required items, or a written notice of reason for non-approval shall be provided.

Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45 days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) a WIOP.

- iii) *Reapproval Process for Existing Programs:* All programs shall submit their programs for reapproval every other year by the date specified on the Contract Deliverables list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in subsection b)ii) above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.
- iv) Subgrantee shall provide a specialized intensive treatment and prevention program for alcohol and other drug (AOD)-dependent women and children. A minimum of fifty (50) women and their children will be served during the Contract year.
- v) Comprehensive, women-specific AOD treatment services that increase a woman's likelihood of recovery and decrease the risk of relapse shall be provided. Length of stay and level of attendance per week should be based on an individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program. A WIOP must consist of a minimum of nine hours per week.
- vi) Access to other services – including vocational training, medical care, literacy/GED assessment and intervention, and Medicaid eligibility – shall be provided or facilitated based on each patient's assessed need.
- vii) Continuing care services shall be provided according to the individual patient's need following completion of the intensive phase of the program.
- viii) Priority admission to services shall be provided for pregnant women. Subgrantee shall ensure that all pregnant patients receive regular, appropriate prenatal care by facilitating transportation for patients to prenatal appointments and assisting in the scheduling of prenatal visits.
- ix) Subgrantee shall provide a specialized children's program that enhances the healthy development and meets the physical, psychological, social, and educational needs of each child. This program must include child care and specifically designed services based on the developmental needs of each child, provided by prevention and/or clinical staff that promote resiliency skills in children and parent/child bonding. A minimum of three (3) hours per week of structured intervention with each child enrolled in the program will occur. The children's program curriculum will be evaluated annually and changes will be sent to DAODAS for approval by the date

- identified on the Contract Deliverables list. If Subgrantee cannot provide this service onsite, it should work with the patient to locate daycare services.
- x) Therapeutic sessions that include interaction between parent and child shall be provided for school-age children on a monthly basis.
 - xi) Subgrantee shall provide access to medical assessments of each patient enrolled in the program and access to identified medical services. Subgrantee shall ensure that each child in the program has had proper immunizations and has access to medical services when needed.
 - xii) Subgrantee shall ensure that transportation is provided to the program, childcare site, and other agencies for each patient and child enrolled in the program.
 - xiii) Subgrantee shall submit to DAODAS semi-annual reports on program development (focusing on accomplishments and obstacles) on the due date specified on the Contract Deliverables list and using the report shell. These reports will also contain information on:
 - (1) number of pregnant women served;
 - (2) number of women admitted into services;
 - (3) number and ages of children served;
 - (4) referral services;
 - (5) number of Medicaid-eligible patients;
 - (6) payment source (Medicaid, self-pay, private insurance, etc.);
 - (7) reports of the quarterly Advisory Committee meeting (This can be a copy of the minutes of the meeting.);
 - (8) number of child abuse cases reported to the S.C. Department of Social Services (DSS); and
 - (9) number of pregnant women reported to DSS for child abuse because of their drug use.
 - xiv) All services shall be documented in the electronic health record system.
 - xv) Subgrantee shall participate in an on-site program review conducted by DAODAS staff. Subgrantee shall provide clinical records and other program information, as requested, for review.
 - xvi) An Advisory Committee shall be developed for the purpose of community networking, referral source, and advocacy for women. Representation on the committee shall include agencies submitting letters of support for the proposal, the solicitor's office, and consumers.
 - xvii) Subgrantee shall provide outcome evaluation of the program as part of the semi-annual narrative report. The due date is listed on the Contract Deliverables list.
 - xviii) Subgrantee shall provide recovery support services as needed.

10) Adolescent Intensive Outpatient Treatment (6-19 hours/week) / (IOP-A) Level 2.1 / Class Code 2701

- a) *Definition:* Intensive outpatient services are provided to adolescents who are in need of more than traditional outpatient treatment services or as an alternative to inpatient treatment. Intensive services on an outpatient basis provide comprehensive

biopsychosocial assessments and individualized treatment and allow for a valid assessment of environmental, cognitive, and emotional antecedents to substance use or dependency. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient's natural environment.

- b) *Service Activity*: Subgrantee shall provide adolescent intensive outpatient (AIOP) treatment services to adolescents who are in need of more than traditional outpatient care. AIOP services consist of the following major treatment components:
 - i) group counseling (using an evidence-based practice) or therapy;
 - ii) skill development;
 - iii) family counseling (focused on the recovery environment) or therapy; and
 - iv) self-help group orientation.
- c) *Special Conditions*: Subgrantee shall adhere to the following conditions:
 - i) *Approval Process for New Programs*: Newly established AIOPs shall be approved by DAODAS. In order for any new program to be approved, Subgrantee shall submit the following documents to DAODAS:
 - (1) program outline;
 - (2) weekly schedule;
 - (3) description for four (4) program components; and
 - (4) admission, continued stay, and discharge criteria.Written notice of approval shall be provided by DAODAS within forty-five (45) days of receipt of the required items, or a written notice of reason for non-approval shall be provided.

Additionally, significant changes in approved programs, particularly changes in the required items listed above, should be announced in writing to DAODAS. Written notice of approval, or a written notice of reason for non-approval, shall likewise be provided within 45 days. Finally, Subgrantee shall give notice in writing to DAODAS of plans to close (or reopen) an AIOP.
 - ii) *Reapproval Process for Existing Programs*: All Subgrantees shall submit their programs for reapproval every other year by the date specified on the Contract Deliverables list. If this deliverable is not on the deliverables list, it is not due for that particular year. Subgrantee shall submit to DAODAS the documents outlined in Special Condition c)i) above. Written notice of approval, or a written notice of reason for non-approval, shall be provided by DAODAS within 45 days.
 - iii) *Standard Regimen*: The standard regimen of the AIOP shall be a minimum of six (6) hours per week. Length of stay and level of attendance per week should be based on the individual patient's needs and progress on treatment goals. Continuing treatment shall be provided, according to the individual patient's needs, following completion of the intensive phase of the program.

- iv) *Involuntary Commitment Act of 1986*: Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the AIOP.
- v) *Consultation with Local Mental Health Center*: Subgrantee shall participate, as needed, in patient services consultation with the appropriate local mental health center for all patients referred by the S.C. Department of Mental Health.
- vi) Subgrantee shall submit to DAODAS semi-annual reports on program development (focusing on accomplishments and obstacles) on the due date specified on the Contract Deliverables list and using the report shell. These reports shall also contain information on:
 - (1) referral services;
 - (2) number of Medicaid-eligible patients; and
 - (3) payment source (Medicaid, self-pay, private insurance, etc.).

11) *Day Treatment/Partial Hospitalization Treatment Program – (20+ hours/week) / Level 2.5 / Class Code 2801*

- a) *Definition*: Day Treatment/Partial Hospitalization is a structured treatment program that is provided to individuals who are in need of more than traditional intensive outpatient treatment services or as an alternative to inpatient treatment. Day Treatment/Partial Hospitalization generally provides 20 or more hours of clinically intensive programming per week based on individual treatment plans. Programs shall have ready access to psychiatric, medical, and laboratory services. Intensive services at this level of care provide comprehensive biopsychosocial assessments and individualized treatment, and allow for a valid assessment of dependency. This level of care also provides for frequent monitoring/management of the patient's medical and emotional concerns in order to avoid hospitalization. In addition, it allows the patient opportunities to test new coping strategies while still within a supportive treatment relationship/environment. These conditions will lead to generalization of what was learned in treatment in the patient's natural environment.
- b) *Service Activity*: Subgrantee shall provide Day Treatment/Partial Hospitalization services to individuals who are in need of more than traditional intensive outpatient care. Day Treatment/Partial Hospitalization services consist of the following major treatment components:
 - i) group counseling or therapy;
 - ii) skill development;
 - iii) family counseling (focused on the recovery environment) or therapy;
 - iv) self-help group orientation; and
 - v) psychiatric/medical/laboratory support.
- c) *Special Conditions*: Subgrantee shall adhere to the same process for approval of new programs and reapproval of existing programs as the intensive outpatient treatment services approval process.

- i) *Involuntary Commitment Act of 1986*: Patients referred to Subgrantee under provisions of the Involuntary Commitment Act of 1986 shall be given priority for admission to the Day Treatment/Partial Hospitalization Treatment Program.
- ii) *Consultation With Local Mental Health Center*: Subgrantee shall participate, as needed, in patient services consultation with the appropriate local mental health center for all patients referred by the S.C. Department of Mental Health.

12) *The Bridge (Adolescent Services) / Class Code 3404*

- a) *Definition*: The Bridge is a comprehensive, individualized, family-centered service primarily designed for adolescents who are preparing to leave an alcohol and other drug inpatient program; a juvenile justice facility; or other residential setting. Because the move from an institutional setting represents a difficult time for both the adolescent and the family, The Bridge offers a gradual “step-down” transition into the community by providing a comprehensive array of specialized services, including family-based counseling, intensive case management and continuing care, as well as general attention to primary healthcare needs. In addition, in an attempt to meet the needs of a broader community of adolescents, the program also accepts referrals of young people at risk for incarceration from local juvenile justice offices, schools, and other community organizations. Following an intensive assessment to determine individual strengths and needs, a comprehensive plan is tailored to meet the needs of the adolescent and family.
- b) *Special Conditions*:
 - i) Subgrantee shall maintain and comply with the project’s policies and procedures, including but not limited to:
 - (1) provision of case management contact, urine drug screening, and home visits at specified frequencies;
 - (2) provision of alcohol and other drug treatment as appropriate to individual patient need; and
 - (3) arrangements for and monitoring provision of contractual wrap-around services.
 - ii) Subgrantee shall assign a Site Supervisor to the program who will coordinate the program for Subgrantee. Primary responsibilities include staff hiring, training, and supervision (especially weekly clinical supervision); establishing subcontracts or other arrangements with local providers of specialized contractual services; building relationships with key local agencies; and managing patient flow, including treatment team decisions regarding patients’ movement from phase to phase in the program.
 - iii) Subgrantee shall have at least one credentialed counselor assigned to The Bridge at all times.
 - iv) Subgrantee shall establish a system for encouraging parental contributions of volunteer time to the program, with documentation of at least twenty (20) hours of volunteer services (per site) provided per quarter.
 - v) Subgrantee shall meet and maintain the following expected outcomes:

- (1) Ninety percent (90%) of Bridge staff time will be dedicated to The Bridge program.
- (2) Each counselor/case manager is expected to maintain a caseload of no fewer than eighteen (18) patients or eighty percent (80%) of his/her capacity. Optimal caseload is twenty-two (22) patients. Each counselor/case manager will be expected to spend at least sixty percent (60%) of his/her time in direct patient service activities.
- (3) Each counselor/case manager will be expected to initiate the majority of intensive case management and continuum of care contact in community-based settings (not office-based).
- (4) The graduation rate for each counselor/case manager will be at least fifty percent (50%) and should be seventy-five percent (75%) (optimal).
- (5) Overall patient reincarceration rates for each site will not exceed the following:

<u>Minimum</u>	<u>Optimal</u>	
15.0%	10.0%	Six (6) months after discharge
20.0%	15.0%	Twelve (12) months after discharge
25.0%	20.0%	Two (2) years after discharge
- (6) At least seventy-five percent (75%) of each counselor/case manager's graduates will be abstinent at the time of graduation, and ninety percent (90%) (optimal) should be abstinent.
- (7) For patients 16 and younger, at least seventy-five percent (75%) of each counselor/case manager's graduates will have completed high school, obtained a GED, or remained actively involved in education, and ninety percent (90%) (optimal) should have met these goals. For patients 17 years and older, at least fifty percent (50%) will have completed high school, obtained a GED, or remained actively involved in education, and seventy percent (70%) (optimal) should have met these goals.
- (8) At least seventy-five percent (75%) of each counselor/case manager's graduates will be employed (excluding those patients who are too young to work), and ninety percent (90%) (optimal) should be employed.
- (9) At least fifty percent (50%) of the families served by each counselor/case manager will demonstrate improved functioning, as indicated by record review, by the time of their child's graduation, and sixty-five percent (65%) (optimal) should meet this goal.
- vi) The Program Director shall monitor individual counselor/case manager performance on a regular basis, normally every eight (8) weeks.
- vii) Subgrantee shall participate in the evaluation design as directed by the DAODAS Program Director and Subgrantee. These activities include but are not limited to patient-specific data collection needs and periodic auditing of patient records by the DAODAS Program Director.
- viii) Subgrantee shall document all services in CareLogic.

- ix) Subgrantee shall submit to DAODAS semi-annual reports on program development (focusing on accomplishments and obstacles) on the due date specified on the Contract Deliverables list and using a report shell.
- x) The DAODAS Program Director, at his/her discretion, may issue a waiver of any of the requirements of these standards upon the good-cause-shown request of a site. Requests must demonstrate that the waiver will not in any substantial or material manner have a deleterious effect on the essential quality of services to the patient. Waivers issued by DAODAS will be in writing and will specify the maximum duration of the waiver's effect. In addition, any waiver issued by DAODAS may be rescinded at any time at the discretion of the Program Director and will be rescinded if deleterious effect on the essential quality of patient services is evidenced.
- xi) All Bridge staff must pass S.C. Department of Social Services' Child Protective Services registry checks and S.C. Law Enforcement Division background checks, and produce three (3)-year driving records. This information must be on file at all times at the host site and available for review as part of the record reviews that are conducted by DAODAS.

13) Hispanic Services (INT – Hispanic Services) / Class Code 9001

- a) *Definition:* Interpretive and translation services shall be provided to Spanish-speaking consumers who access the county alcohol and drug abuse authority's catchment area for both voluntary and involuntary services during the standard work week. Subgrantee shall provide a toll-free number to ensure regional access for these services. Bilingual interpretive and translation services shall be provided to DAODAS on a limited basis.
- b) *Service Activity:*
 - i) Update resource list for the region that includes other Limited English Proficiency services that are available to the region's counties.
 - ii) Maintain log of all requests by counties in the region that includes type of service needs requested, number of requests, start date of service request (interpretation, translation, etc.), and completion date of service request (interpretation, translation, etc.). In addition, on a quarterly basis, submit log with cover letter containing brief summary of log entries and the number of patients who entered treatment.
 - iii) Provide an orientation, on an as-needed basis, that provides an overview of services available to each county authority.
 - iv) Report to the DAODAS Division of Treatment and Intervention Services (in writing within forty-eight [48] hours) all patient complaints regarding interpretive and/or translation and other services.
 - v) Submit annual summary report that addresses, at a minimum:
 - (1) description and dates of interpretations, translations, and other services provided;
 - (2) agencies to which services were provided;
 - (3) total number of patients served;
 - (4) total number of patients who entered treatment services;
 - (5) total number of complaints; and

- (6) lessons learned, to include: how addiction was perceived by the Hispanic/Latino community; whether services were received in a specified timeframe; whether the alcohol and drug abuse authorities provided adequate follow-up; whether the alcohol and drug abuse authorities provided services in a culturally sensitive manner; and any recommendations for improvement.
- vi) *Qualifications:* The staff member or contractual worker hired to provide interpretive and translation services shall be state certified and shall maintain all certifications/qualifications appropriate to provide these services. The staff member or contractual worker should be in process of becoming state certified/qualified if these credentials are not already in place. The privileging folder shall contain documentation that demonstrates that the staff member or contractual worker has the qualifications to perform this job.

DAODAS' MEDICALLY ASSISTED TREATMENT (MAT) MANUAL

Opioid Use Disorder

Opioid use disorder (OUD) is widely recognized as a chronic disease prone to recurrence of symptoms. It is known to be one of the most difficult substance use disorders (SUDs) to overcome. As with other diseases, there is scientifically based evidence that certain treatment modalities are more effective than others. Medication-assisted treatment (MAT) (FDA-approved medication in combination with evidence-based counseling therapy) is highly effective at treating and managing OUD. (*Detoxification and Substance Abuse Treatment, A Treatment Improvement Protocol, SAMHSA, 2015*)

As recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Governor's Prescription Drug Abuse Prevention Council, and with support of the General Assembly, DAODAS continues to increase the state's capacity to treat individuals and families, so that every person in South Carolina who struggles with opioid use has every option available to them to successfully reach recovery.

Targeting Areas of High Prevalence

Funding for capacity building and expansion of MAT services is considered for catchment areas of highest need. Areas are identified based on county-level data that determines prevalence of morbidity and mortality related to OUD. To reach equity in treatment access across the state, the most current data is considered in relation to the population of each county. Per-capita analysis of prevalence allows programming to reach geographic areas of high need that may be under-recognized when analyzing raw data alone.

DAODAS uses the following county-level data:

- Accidental Deaths Due to Overdose of Prescription Drugs and Heroin
 - Emergency Department Discharges With an Opioid Dependence Diagnosis
 - Emergency Department Discharges With an Opioid Overdose Diagnosis
 - Frequency of Naloxone Administration by Emergency Medical Services
- (See Page 3 for mapped data.)

Based on prevalence data alone, counties of highest need may naturally include our state's larger urban and metropolitan areas where more incidents of OUD and OUD-related deaths are occurring. Targeting areas based on population allows the state to gain efficiency in reducing more frequent occurrences of morbidity and mortality related to opioid use.

Additional agency-specific factors that are considered in addition to prevalence data include:

- Agency Counts of Patients Reporting Problems Related to Opioid Use
- Percent of Opioid-Related Admissions
- Array of Services (inpatient and ambulatory detoxification, etc.)
- Agency Interest – and Willingness – to Meet Expectations for the Receipt of Funds

Because state funding is meant to increase access to treatment for South Carolinians who do not have the means to pay for private services, another consideration is the availability and accessibility of other public or grant-funded evidence-based treatment.

Expectations for the Receipt of Funds

Opioid use is associated with increased mortality. The leading causes of death in individuals using opioids for non-medical purposes are overdose and trauma. To reduce the risk of death and health complications – and to ensure that high-quality evidence-based treatment is provided – the following expectations must be met by all agencies that receive any funds for medication or MAT services:

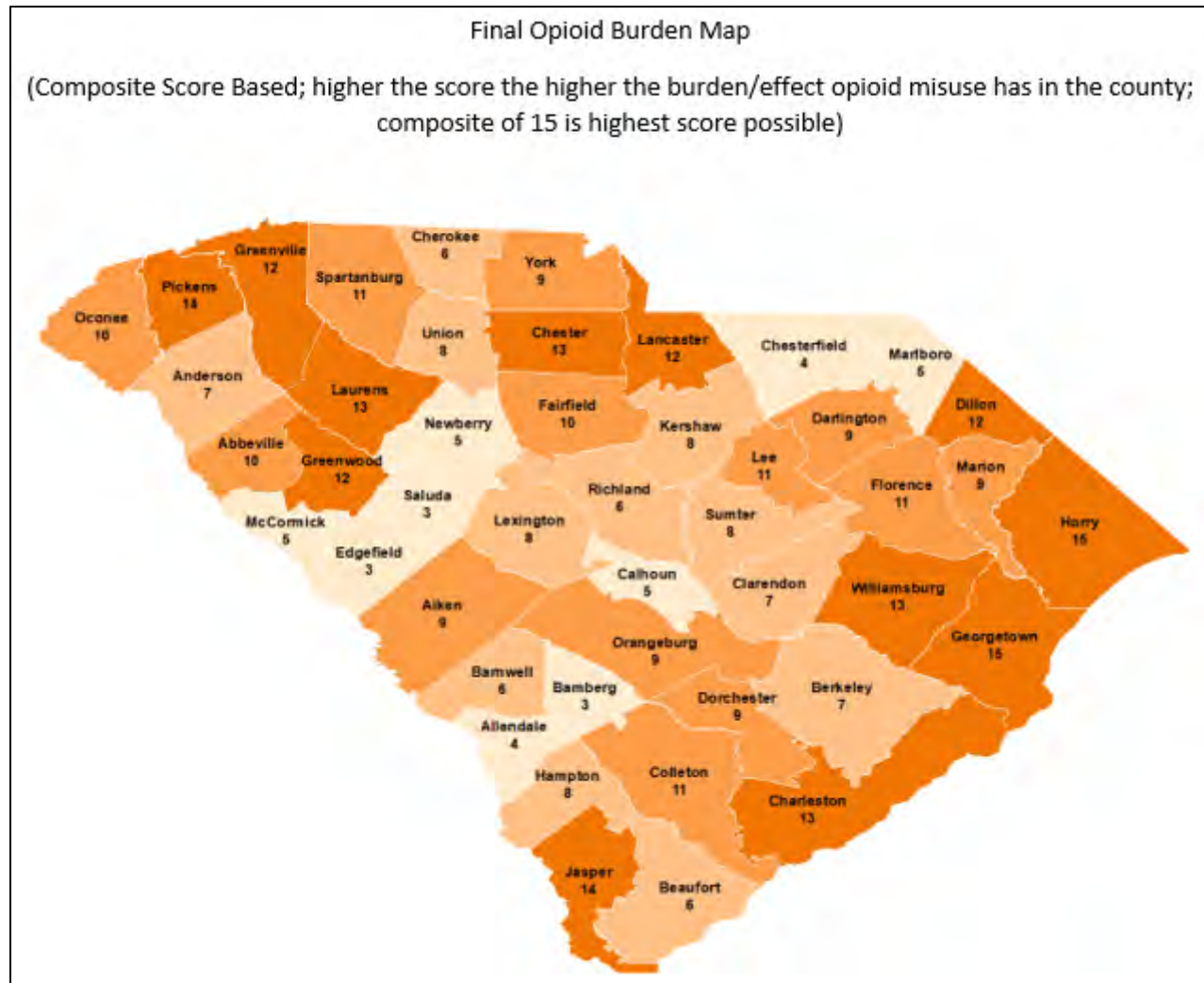
- All staff (treatment and administrative) will receive education on OUD and evidence-based treatment practices for the disease.
- [*ASAM National Practice Guidelines for the Use of Medications in the Treatment of Addiction Involving Opioid Use*](#) will be adhered to in the treatment of all patients with addiction involving opioids.
- All treatment options, including all FDA-approved medications (methadone, buprenorphine, and naltrexone) will be made accessible to assist in the comprehensive treatment of OUD for patients diagnosed with the disease.
- Education on the identification of and response to opioid overdose will be provided for caregivers of OUD patients pursuant to information required by South Carolina law.
- All clinical staff should have six hours of training on MAT before working with patients using MAT and should earn six continuing education units (CEUs) on MAT every two years. Documentation must be maintained in the clinician's privileging file.
- All agencies must provide DAODAS with copies of their Memoranda of Understanding (MOU), Memoranda of Agreement (MOA), or contracts with physicians and other contracted medical providers, to include all staff working within the MAT program.

Education Opportunities and Resources

Training of all staff at a provider agency is essential to the successful provision of high-quality MAT services. SAMHSA's Treatment Improvement Protocol 40, [*Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction*](#), should be reviewed and referenced by all providers. SAMHSA's [*Knowledge Application Program Keys for Physicians*](#) is a helpful accompaniment.

The [*Providers' Clinical Support System \(PCSS\) for Medication-Assisted Treatment*](#) offers free online training on MAT services and OUD and can build upon the knowledge base and clinical proficiency of prescribers and providers from diverse multi-disciplinary healthcare and administrative backgrounds. PCSS-MAT provides learning modules on a broad range of treatments, including methadone, buprenorphine, and naltrexone. An additional opportunity is the "Medication-Assisted Treatment in Opioid Addiction Training" available from DAODAS through the Relias Learning System. Using various teaching tools, this course can help practitioners formulate a plan of care, goals for recovery, and confidentiality guidelines for

individuals seeking treatment in any setting. In addition to these online tools, DAODAS will continue to offer ongoing regional or in-person opportunities for MAT trainings.



Funding

For capacity building and expansion of MAT services, funds may be used at agencies for the following Medical Provider contract cost:

- Other personnel directly related to MAT services (e.g., pharmacists or “MAT care coordinators” who may be care coordinators, clinical counselors, or peer support specialists)

DAODAS expects that agencies will use the formulas provided below, as a guideline, when calculating the cost for a medical provider and the request for funding for initial support of the provider. Please be specific to your organization’s needs in your request (e.g., your agency is contracting with a medical provider or your agency is hiring a medical provider as your employee). Agencies are to take into account the sustainability calculation, as DAODAS medical provider support is reduced over a period of nine months with the expectation the agency will pay a medical provider’s salary based on a fee-for-service model.

Formula for Number of Hours of Medical Coverage for MAT Patients:

of average enrolled patients per year x 10 hours per year to treat patient = **# of hours of medical coverage needed**

10 hours of treatment time =

3 visits @ 60 minutes

3 visits @ 30 minutes

22 visits @ 15 minutes

TOTAL = 28 visits

Formula for Salary of Medical Provider:

Hourly rate x # of hours medical provider needed = **salary**

Formula for Becoming Sustainable Without DAODAS Support:

100% hourly rate x # of hours per week x 12 weeks = 3 months of salary Quarter 1

66% of hourly rate x # of hours per week x 12 weeks = 3 months of salary Quarter 2

33% of hourly rate x # of hours per week x 12 weeks = 3 months of salary Quarter 3

\$0.00 x # of hours per week x 12 weeks = \$0.00 Quarter 4

100% for 3 months + 66% for 3 months + 33% for 3 months = Funding Request

Published Average Salaries for Medical Providers in South Carolina:

Advanced Practice Registered Nurse (APRN)	\$107,939 = 51.89 per hour
Physician Assistant (PA)	\$122,095 = 53.86 per hour
Nurse Practitioner (NP)	\$101,852 = 48.97 per hour

For agencies that meet the expectations listed on Page 2, funds may be used for medications and pharmacotherapy-related services for patients who are uninsured and unable to pay for:

- FDA-approved medications (methadone, buprenorphine, naltrexone)
- Other services directly related to pharmacotherapy (e.g., lab work, medical assessments, medical follow-up)

Reimbursement for Medication and Ancillary Medical Services

DAODAS, as a payer of last resort, will reimburse the costs of medications and the directly related ancillary medical services for patients who are **uninsured, ineligible for Medicaid, or unable to pay for care**. **Each provider agency delivering MAT services is required to use the DAODAS-approved Financial Screening and Assessment Application. Providers will be audited on the use of this document to ensure compliance.** *(See Appendix B for the DAODAS-approved Financial Screening and Assessment Application.)*

Utilization Review for Reimbursement

For reimbursement for **all** prescribed medications and related medical services rendered, the process of Utilization Review (UR) remains the same: **Clinicians or billing staff will contact Virginia Ervin (1-800-374-1390) for each patient.**

In addition, clinicians or billing staff will submit a manual claim in CareLogic for the exact cost of the buprenorphine and naltrexone (Vivitrol), and will create an activity for the ancillary medical services claims.

Fee Matrix Setup – Medical Services

Service/Activity	Rate	Procedure	Type/Claim
Alcohol and Drug Assessment Nursing Services	\$33.87	H0001:U2	
Medical Evaluation and Management (New Patient - 30 Minutes)	\$67.37	99203	
Behavioral Health Screening (<i>if admitted</i>)	\$19.94	99408	
Medical Evaluation and Management (Established Patient - 15 Minutes)	\$45.37	99213	
Medication Administration	\$5.00	96372	
Medication Management	\$15.82	H0034	
Injection - Vivitrol	100%	J2315	Manual Claim
Electrocardiogram (EKG) (<i>Charleston only</i>)	\$70.00	93000	
Metabolic Profile / Liver Function Test	\$35.00	80074	
UDA / Other Lab Screening	\$20.00	H0003	18 per year- See Appendix C
Buprenorphine	100%	J3490	Manual Claim
Daily Naltrexone	100%	65432	Manual Claim
Sublocade	100%	Q9991	Manual Claim
Methadone (<i>Charleston & GateWay only</i>)	\$14.00 or \$12.00	S0109	

Fee Matrix Setup – Treatment Services

Service/Activity	Rate	Procedure	Type/Claim
Care Coordination (in office)	\$15.00	CC0000	
Care Coordination (out of office)	\$20.00	CC0001	
Originating Site Fee (telehealth)	\$14.96	Q3014	
Service Plan Development (with client)	\$45.71	H0032HF	
SAC Individual	\$19.40	H0004	
SAC Group	\$48.48	H0005	
PSS Individual – In Agency	\$15.13	H0038	48 units/15 min
PSS Individual – Outside of Agency	\$18.15	H0038	48 units/15 min
PSS Group	\$16.12	H0038 HQ	5 units/1 hour
IOP	\$32.53	H0015	

The option to bill in CareLogic is available to those agencies that submit a letter expressing commitment to the expectations above. The new program in the electronic health record, **“Payer Plan,”** will be set up to require prior authorization and will be listed under DAODAS Special Projects as **“MAT – Medication-Assisted Treatment State Funding.”** Additional payers under Special Projects for DAODAS include **“SOR Grant for MAT Clients.”** As of January 1, 2019, the current payer is the “SOR” payer. Refer to EHR notifications or DAODAS e-mails for additional information. For the services to bill correctly, the current, effective payer **must be listed as the primary payer.**

Total billed claims will be entered as a Grant Payment at the BHSA level in CareLogic and billed to the current MAT payer source, to be drawn down from the total grant payment after approval at the BHSA level. DAODAS will confirm services were authorized through the UR process, and the payments will be approved. The “Claim Payments by Fiscal Year w unique client totals” report should be submitted no later than the **ninth working day** of each month dating back to the start of the fiscal year. DAODAS will reimburse agencies, with agencies needing to confirm payments for claims and make the necessary corrections for any claims that are denied by DAODAS.

Conditions

It is understood that each patient has variable personal circumstances and clinical stability. DAODAS expects that patients will receive case management and assistance early in the course of their treatment so that they may become self-sufficient.

DAODAS encourages agencies to explore referral and partnership options for patients needing “safety net” care.

DAODAS expects agencies that coordinate care for patients with a prescriber or medical provider *outside* the agency to have in place an MOA or other legal document that clearly states the following elements:

- responsibilities of each party;
- reimbursement rates; and
- coordination of care.

Agencies must submit a copy of the practice agreement to DAODAS.

DAODAS expects that all agencies will submit the Medical Provider Information Form for all medical providers – both contracted outside the agency or contracted directly with the agency (*see Appendix K*).

DAODAS also expects that agencies will explore multiple local pharmacies and negotiate for the lowest-priced medications for uninsured patients. For Vivitrol, agencies will work with Besse Medical Supply and Alkermes to receive the lowest rate on injectable naltrexone for uninsured patients.

South Carolina Medicaid covers buprenorphine products and injectable naltrexone (i.e., Vivitrol) under both fee-for-service (FFS) and managed care organization (MCO) plans.

Although these and other insurance plans may present some limitations on authorization for the medications, DAODAS' MAT funds will not be used to reduce limitations for patients who are insured.

By using SAMHSA Block Grant assessment funds, HOP funds, and Block Grant treatment funds in conjunction with MAT funds, patients should be able to access and receive appropriate rehabilitative care.

Exception for Pregnant and Breastfeeding Women

South Carolina Medicaid covers buprenorphine tablets and film under FFS and MCO plans. However, some pregnant women may be better treated with methadone for the term of – or at different stages in – their pregnancy. As an exception, DAODAS will cover the cost of methadone for women who are pregnant or breastfeeding, but only when the women have been recommended for methadone by a physician *and* are receiving **inpatient or residential** treatment services from a county alcohol and drug abuse authority.

Deliverables

For Agencies Receiving State Funding for Physicians, Physician Assistants, Nurse Practitioners, Advanced Practice Nurses

1. Provide the following treatment-related information:
 - a. Total number of patients treated by the medical provider
 - b. Medical services rendered by the medical provider
 - c. Medicines prescribed by the medical provider

For Agencies Receiving Funding for Peer Support Specialists or Care Coordinators

1. Provide the number of referrals made and managed among the agency and other agencies.
2. List other agencies that patients were referred to and/or that referred patients to the agency.
3. Provide documentation that your agency's Peer Advisory Council met and list any issues discussed.
4. Provide the amount that the Peer Support Specialist billed at six months and one year.

For ALL Agencies

1. Provide information on other sources of funding (e.g., grants, billing, self-pay) collected for medications and/or support.
2. Provide a narrative describing the plans to sustain the funded positions past the contract. (A draft sustainability plan is due by June 2020.)
3. Provide narrative on some activities and services rendered related to MAT at the agency.

4. Provide documentation that all staff received six hours of training on MAT before working with patients on MAT and earned six continuing education units (CEUs) on MAT every two years.

Telehealth Services

For MAT patients receiving medical services via telemedicine, the patient must be present at the county alcohol and drug abuse authority.

TeleMAT services may be provided by a DATA 2000-waivered physician/nurse practitioner who meets guidelines established by their respective licensing boards.

Physicians Licensed by the Board of Medical Examiners (BME):

- First visit **must** be face to face prior to providing services via a telehealth platform.

*(BME Website – <https://llr.sc.gov/med/>
BME Telemedicine Advisory Opinion –*

<https://llr.sc.gov/med/PDF/Telemedicine%20Advisory%20Opinion.pdf>)

Nurse Practitioners (NPs):

- First visit **must** be face to face prior to providing services via a telehealth platform.
- NP must have an established practice agreement with a physician, to include:
 - Prescribing guidelines with the collaborating physician; and
 - Procedures addressing telehealth within the practice guidelines.
- NP and physician must both be waived.
- NPs may only prescribe Schedule II drugs for five days.
- NP must already have prescribing authority and approval through the Board of Nursing.

(Board of Nursing Website – <https://llr.sc.gov/nurse/>, which includes information related to sample practice agreements, links to the APRN Scope of Practice that outlines guidelines for telehealth for NPs, FAQs, and other information)

Telehealth Resources:

Palmetto Care Connections – <http://www.palmettocareconnections.org/>

S.C. Department of Health and Human Services Telemedicine for MAT –

<https://www.scdhhs.gov/press-release/medication-assisted-treatment-services-telemedicine>

South Carolina Telemedicine Act – https://www.scstatehouse.gov/sess121_2015-2016/bills/1035.htm)

CARF – Telehealth Standards

What to Expect from DAODAS

DAODAS will review letters of commitment, budgets, and additional agency-specific factors outlined herein.

DAODAS will assist agencies in meeting the expectations to receive funds and will work to clarify any questions that arise and troubleshoot any unique needs that must be addressed at the provider level and at the patient level.

It should be noted that DAODAS' expectations for the receipt of funds may change with amendments to or development of national practice guidelines, state policies, or federal policies related to MAT. DAODAS expects its administrative processes to continually improve with valuable feedback from provider agencies and with its own internal development practices. The department expects that, over time, its ability to help extend services will grow, and together DAODAS and the county authorities can reach more South Carolinians with MAT.

Any additions, changes, or removal of programs or services for MAT should be detailed in a letter to DAODAS.

If there are any additional questions or requests for assistance, contact the appropriate DAODAS representative listed in Appendix E.

NOTE: DAODAS understands that programming needs to be flexible within its statewide service system. To increase communication, DAODAS asks that agencies submit, in writing, any major planned or proposed changes to the MAT program that an agency is administering before these changes are implemented. While DAODAS will not necessarily be approving the planned/proposed changes, this communication will help both DAODAS and the agencies to ensure the appropriate use of state or federal funds and to keep DAODAS abreast of program implementation. Please send any planned/proposed changes to Roberta Braneck, by e-mail, at rbraneck@daodas.sc.gov.

DAODAS TREATMENT FORMS

Adolescent Residential Medically Monitored/Clinically Managed

FY21 Mid-Year Report

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Shall submit to DAODAS semi-annual narrative reports by dates specified on the Deliverables List on program development focusing on accomplishments and obstacles. These reports shall also contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through December 31, 2022.

Indicator	Data
Number of Adolescents Served	
Diagnosis of Presenting Problem	
Number of Assessments/Admissions/Discharges (indicate successful/unsuccessful) and Readmissions	
Referral Services	
Number of Medicaid-Eligible, Self-Pay, Other Insurance and Indigent Patients (please specify insurance type)	
Average Length of Stay	

Adolescent Residential Medically Monitored/Clinically Managed

FY21 Year-End Report

Due: July 30, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Shall submit to DAODAS semi-annual narrative reports by dates specified on the Deliverables List on program development focusing on accomplishments and obstacles. These reports shall also contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through June 30, 2022.

Indicator	Data
Number of Adolescents Served	
Diagnosis of Presenting Problem	
Number of Assessments/Admissions/Discharges (indicate successful/unsuccessful) and Readmissions	
Referral Services	
Number of Medicaid-Eligible, Self-Pay, Other Insurance and Indigent Patients (please specify insurance type)	
Average Length of Stay	

Adolescent Intensive Outpatient Treatment Program**FY22 Mid-Year Report**

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through December 31, 2021.

Indicator	Data
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	

Adolescent Intensive Outpatient Treatment Program**FY22 Year-End Report**

Due: July 29, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through June 30, 2022.

Indicator	Data
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	

Intensive Outpatient Treatment Program**FY22 Mid-Year Report**

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through December 31, 2022.

Indicator	Data
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	

Intensive Outpatient Treatment Program**FY22 Year-End Report**

Due: July 29, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-2

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

Narrative:

Please complete the table below with data from July 1, 2021, through June 30, 2022.

Indicator	Data
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	

The Bridge Program

FY22 Mid-Year Report

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Please answer the following questions based on The Bridge program implementation from July 1, 2021, through December 31, 2021:

1. In detail, describe how the agency implemented The Bridge, to include innovations, successes, and corrective action steps taken. Other issues to address are implementation strengths that could be associated with innovations and successes, along with barriers that can be linked to corrective action steps taken.
2. Describe in detail what resources (staff, experience, training, materials, time) were used and their impact on service provision.
3. From the perspective of service implementation, describe in detail any problems related to timeliness of Bridge availability and access.
4. From the perspective of continuous quality improvement and quality assurance, describe in detail what policies and procedures were in place to ensure that these services are implemented with quality.
5. Describe in detail evaluation indicators associated with The Bridge provision being monitored to determine the efficiency and effectiveness of the service. Discuss progress to date making sure to include any: a) process improvements identified; and b) expected/anticipated outcomes.
6. What was the total number of patients referred by the S.C. Department of Juvenile Justice and schools for The Bridge program?

Complete the summary data table and address the question related to the summary of any existing barriers faced while implementing The Bridge.

Indicator for July 1, 2021 – December 30, 2022	Data
Total number of Bridge patients served	
Total number of patients served using Bridge funding	
Total number of patients who completed The Bridge program/transitioned to a lower level of care	
Total number of individuals who – prior to the six-month reporting period – reduced their recurrent use of alcohol, tobacco, and other drugs	
Total number of patients who reduced juvenile offenses, including truancy and delinquency during the six-month reporting period	

7. From your perspective, summarize any presenting challenges and plans to address them:

The Bridge Program

FY22 Year-End Report

Due: July 29, 2022

Subgrantee/Agency Name: _____ Grant No. _____-BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Please answer the following questions based on The Bridge program implementation from July 1, 2021, through June 30, 2022.

1. In detail, describe how the agency implemented The Bridge, to include innovations, successes, and corrective action steps taken. Other issues to address here are implementation strengths that could be associated with innovations and successes, along with barriers that can be linked to corrective action steps taken.
2. Describe in detail what resources (staff, experience, training, materials, time) were used and their impact on service provision.
3. From the perspective of service implementation, describe in detail any problems related to timeliness of Bridge availability and access.
4. From the perspective of continuous quality improvement and quality assurance, describe in detail what policies and procedures were in place to ensure that these services are implemented with quality.
5. Describe in detail evaluation indicators associated with The Bridge provision being monitored to determine the efficiency and effectiveness of the service. Discuss progress to date, making sure to include any: a) process improvements identified; and b) expected/anticipated outcomes.
6. What was the total number of patients referred by the S.C. Department of Juvenile Justice and schools for The Bridge program?

Complete the summary data table and address the question related to the summary of any existing barriers faced while implementing The Bridge.

Indicator for July 1, 2021 – June 30, 2022	Data
Total number of Bridge patients served	
Total number of patients served using Bridge funding	
Total number of patients who completed The Bridge program/transitioned to a lower level of care	
Total number of individuals who – prior to the six-month reporting period – reduced their recurrent use of alcohol, tobacco, and other drugs	
Total number of patients who reduced juvenile offenses, including truancy and delinquency, during the six-month reporting period	

7. From your perspective, summarize any presenting challenges and plans to address them:

Women's Intensive Outpatient Treatment Program

FY22 Mid-Year Report

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

1. Narrative:
2. Reports of Quarterly Advisory Committee Meeting (This can be a copy of the minutes of the meeting.):

Please complete the table below with data from July 1, 2021, through December 31, 2021.

Indicator	Data
Number of Pregnant Women Served	
Number of Pregnant Women Admitted Into Services	
Number and Ages of Children Served	
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	
Number of Child Abuse Cases Reported to S.C. Department of Social Services (DSS)	
Number of Pregnant Women Reported to DSS for Child Abuse Because of Their Drug Use	

Women's Intensive Outpatient Treatment Program

FY22 Year-End Report

Due: July 29, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual reports on program development as specified on the Grant Deliverables list. These reports will provide a narrative on significant accomplishments and obstacles and contain information on:

1. Narrative:
2. Reports of Quarterly Advisory Committee Meeting (This can be a copy of the minutes of the meeting.):

Please complete the table below with data from July 1, 2021, through June 29, 2022.

Indicator	Data
Number of Pregnant Women Served	
Number of Pregnant Women Admitted Into Services	
Number and Ages of Children Served	
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Private Insurance, etc. (please specify)	
Number of Child Abuse Cases Reported to S.C. Department of Social Services (DSS)	
Number of Pregnant Women Reported to DSS for Child Abuse Because of Their Drug Use	

Women's Residential Medically Monitored/Clinically Managed (WRTC)

FY22 Mid-Year Report

Due: January 28, 2022

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual narrative as specified on the Grant Deliverables list in program development focusing on accomplishments and obstacles. These reports will also contain information on:

1. Narrative:
2. Reports of the Quarterly Advisory Committee Meeting:

Please complete the table below with data from July 1, 2021, through December 31, 2022.

Indicator	Data
Number of Women Served	
Number of Pregnant Women Served	
Number of Children Served	
Diagnosis or Presenting Problem	
Number of Assessments/Admissions/ Discharges/Readmissions	
Referral Services	
Number of Medicaid-Eligible Clients	
Payment Source: Medicaid, Self-Pay, Other Insurance, Indigent, etc.	
Number of "No-Shows" and Any Follow-up	
Number of Child Abuse Cases Reported to S.C. Department of Social Services (DSS)	
Number of Pregnant Women Reported to DSS for Child Abuse Because of Their Drug Use	

Women's Residential Medically Monitored/Clinically Managed (WRTC)

FY22 Year-End Report

Due: July 29, 2022

Subgrantee/Agency Name: _____ Grant No. _____-BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit to DAODAS semi-annual narrative as specified on the Grant Deliverables list in program development focusing on accomplishments and obstacles. These reports will also contain information on:

1. Narrative:
2. Reports of the Quarterly Advisory Committee Meeting:

Please complete the table below with data from July 1, 2021, through June 30, 2022.

Indicator		Data
Number of Women Served		
Number of Pregnant Women Served		
Number of Children Served		
Diagnosis or Presenting Problem		
Number of Assessments/Admissions/ Discharges/Readmissions		
Referral Services		
Number of Medicaid-Eligible Clients		
Payment Source: Medicaid, Self-Pay, Other Insurance, Indigent, etc.		
Number of "No-Shows" and Any Follow-up		
Number of Child Abuse Cases Reported to S.C. Department of Social Services (DSS)		
Number of Pregnant Women Reported to DSS for Child Abuse Because of Their Drug Use		

ADSAP Clients Applying for and Performing Community Service Work**FY21 Year-End Report**

Due: July 29, 2022

Please complete the table below with data from July 1, 2021, through June 30, 2022.

Subgrantee/Agency Name: _____ Grant No. _____ -BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit annual summary report that address (at a minimum):

_____ Number of clients approved for community service

_____ Number of clients completing community service

_____ Number of hours of community service completed

\$ _____ Total fees written off by agency for service work

Interstate ADSAP Management – Dorchester Only**FY22 Year-End Report**

Due: July 29, 2022

Subgrantee/Agency Name: Dorchester Alcohol and Drug Commission

Grant No. DOR-BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit annual summary report that address (at a minimum) relevant financial transactions and client flow data, number of clients served, and a narrative discussion of program progress, problems, and plans:

Hispanic Services – ALPHA Center Only**FY22 Year-End Report**

Due: July 29, 2022

Subgrantee/Agency Name: The ALPHA Behavioral Health Center Grant No.: KSC-BG-22

Prepared by: _____ Date: _____

Telephone: _____ E-mail Address: _____

Approved by: _____ Date: _____

Submit annual summary report that addresses, at a minimum:

1. Description and dates of interpretation, translations, and other services provided:
2. Agency to whom services were provided:
3. Please complete the table below with data from July 1, 2021, through June 29, 2022.

Indicator	Data
Total Number of Clients Served	
Total Number of Clients who Entered Treatment Services	
Total Number of Complaints	

4. Lessons learned include:
 - a. How was addiction perceived by the Hispanic/Latino community?
 - b. Did they receive services in a specified time frame?
 - c. Did the alcohol and drug abuse authorities provide adequate follow-up?
 - d. Did the alcohol and drug abuse authorities provide services in a culturally sensitive manner?
 - e. Recommendations for improvement:

CAPACITY MONITORING REPORT

Agency: _____

For the month of: _____ **OR** For the week of: _____

Prepared by: _____ Approved by: _____

CAPACITY

1. Did you reach 90% or more of capacity in any of the services that you provide? (Check next to the applicable service levels.)

☐ I ☐ ID ☐ II.1 ☐ IID ☐ II.5 ☐ III.1 ☐ III.2D ☐ III.5 ☐ III.7 ☐ III.7A ☐ III.7D

2. Did you have a waiting list for any of the following services (indicate number of clients next to the applicable levels of service)

☐ I ☐ ID ☐ II.1 ☐ IID ☐ II.5 ☐ III.1 ☐ III.2D ☐ III.5 ☐ III.7 ☐ III.7A ☐ III.7D

PRIORITY POPULATIONS

Intravenous Drug Users (IVDU)

<i>Question</i>	<i>Yes</i>	<i>No</i>
Were the services provided within 14-120 days after initial contact?		
Was the level(s) of care in which IVDU was placed at 90% or more capacity?		

Pregnant Women

<i>Question</i>	<i>Yes</i>	<i>No</i>
Was each pregnant woman given priority admission?		
If the immediate previous answer is "no," was each such client either referred to DAODAS or to another facility?		
If the immediate previous answer is "no," was such a client provided with appropriate interim services?		
Was each pregnant client referred for prenatal care?		

E-mail or fax form to Lachelle Frederick, 803-896-5558 or lfrederick@daodas.sc.gov.

Please see instructions on next page.

Instructions

Frequency of Submission

Submit form monthly. However, submit form *weekly* if:

- Under Capacity, 90% or more of capacity is reached.
- Under Priority Populations – IVDU
 - The answer to the first question is “No,”
OR
 - The answer to the second question is “Yes.”
- Under Priority Populations – Pregnant Women, the answer to any of the questions is “No.”

Special Reports/Actions

In addition to Capacity Reporting, the Substance Abuse Prevention and Treatment Block Grant (SABG) requires grantees and subgrantees to comply with a number of requirements for Priority Populations. If these requirements are not complied with, action must be taken to return to compliance. Therefore, the DAODAS Block Grant Subgrantees must be diligent in identifying, reporting, and correcting any non-compliance with the requirements applicable to Priority Populations.

- Identification and reporting will be made via this Capacity Monitoring Form submitted within 24 hours after the problem is identified and submitted weekly thereafter; and
- A Corrective Action Plan will be submitted to DAODAS for approval within three working days of the identification of non-compliance.

The SABG requirements for Priority Populations are:

Pregnant Women. There are four separate and distinct requirements:

“Goal 9. An agreement to ensure that **(1) each pregnant woman be given preference in admission to treatment facilities**; and, when the facility has insufficient capacity, to ensure that the pregnant woman be referred to the State, which will **(2) refer the woman to a facility that does have capacity to admit the woman**, or if no such facility has the capacity to admit the woman, will make available **(3) interim services within 48 hours**, including a **(4) referral for prenatal care.**”

Intravenous Drug Users (IVDU).

42 U.S.C. §300x-23(a)(2)(A)(B) requires that an individual who requests and is in need of treatment for intravenous drug misuse is admitted to a program of such treatment within 14-120 days.

MAT MANUAL APPENDICES AND FORMS

Appendix A

South Carolina Department of Alcohol and Other Drug Abuse Services Request for Funding

1. **Organization/Provider Requesting Funds:**
2. **Date of Request:**
3. **Applicant's Data Universal Numbering System (DUNS) Number:**
4. **Describe Proposed Scope of Program/Service:**
5. **Describe Capacity in Place to Implement Scope of Program/Service:**
6. **For a Continuing Program/Service, Describe Key Performance Indicator Data for Previous Funding Cycle(s), or If New Request, Describe Indicators Used to Determine Need:**
7. **Funding Request Total (*Attach or provide a budget breakdown and justification, making sure to clearly identify and include other available funds [e.g., county/local, cash reserves]*):**
8. **Describe Sustainability Strategies:**

Submit requests to:

Carolyn Mood
DAODAS Accounting & Procurement Section
PO Box 8268, Columbia, SC 29202
E-mail: cmood@daodas.sc.gov

FOR DAODAS INTERNAL USE ONLY

☐ Approved \$_____ Funding Level ☐ Disapproved

Signature

Date

Appendix B

Instructions

Financial Screening & Assessment Application – CONFIDENTIAL

If you receive public assistance (e.g., food stamps, housing), you may be eligible for financial assistance and will not need to complete this application. Provide documentation of the public assistance you are currently receiving. If you do not receive any public assistance and think you are eligible for financial assistance, fill out this form and return it with the necessary proof of income.

Do not proceed if you have agreed to a payment plan.

NOTE: Financial assistance will not be considered without proof of income and a completed and signed application. Provide all documents listed below that apply to you, your spouse/significant other, and any legal dependents. If you cannot provide proof of income or other documents listed below, explain why under Section 8 of the application.

1. Check stubs or statement from your employer giving your monthly gross income.
2. If self-employed, a copy of your most recent quarterly Business Financial Statement along with last year's Business Tax Return.
3. Social Security eligibility letter or a copy of your Social Security check. (If you have direct deposit, provide a copy of a bank statement showing this income.)
4. Latest signed income tax return. (If you are a minor, provide your legal guardian's tax return.)
5. Proof of South Carolina residency (e.g., rental agreement, utility bill, property tax notice).
6. Proof of any other income source such as child support, alimony, trust fund, or rental property.
7. If you have not had any income for the past three (3) months, submit:
 - a. A statement from the S.C. Department of Employment and Workforce and/or the Social Security Office.

If you do not provide the required information or explain why this information is not available, your application might be delayed or you could be denied financial assistance.

If there are questions regarding the Financial Screening & Assessment Application, contact:

Phone: _____

E-mail: _____

This application is valid for 90 days from your request for financial assistance.

FINANCIAL ASSISTANCE APPLICATION – CONFIDENTIAL

DATE OF APPLICATION: _____

1. CLIENT INFORMATION* – PRINT ALL INFORMATION –**If you are a minor (0-17 years of age), legal guardian's information will be required.*

Client Name (Last, First, MI)					
Client ID#		Last 4 Digits of SSN		U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Number of Dependents (other than self & co-applicant)	Ages of Dependents		Primary Contact - Phone ()	
Street Address (Do Not List PO Box)		City	State	County	ZIP Code
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address					
Current Employer		Street Address, City, State		Position	

If you are not working, how long have you been unemployed?

2. CO-APPLICANT INFORMATION**RELATIONSHIP TO PATIENT**☐ Self ☐ Spouse / Domestic Partner ☐ Parent ☐ Other _____

Name (Last, First, MI)		Last 4 Digits of SSN		U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Number of Dependents (other than self & co-applicant)	Ages of Dependents		Primary Contact - Phone ()	
Street Address (Do Not List PO Box)		City	State	County	ZIP Code
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address					
Current Employer		Street Address, City, State		Position	

If you are not working, how long have you been unemployed?

3. INCOME INFORMATION

<u>Monthly</u> Income Sources	Applicant	Co-Applicant	Combined Monthly Income
Employment	\$	\$	\$
Social Security	\$	\$	\$
Disability	\$	\$	\$
Unemployment	\$	\$	\$
Spousal/Child Support	\$	\$	\$
Rental Property	\$	\$	\$
Investment Income	\$	\$	\$
<i>Other:</i>			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Combined Monthly Income			\$

UNEMPLOYMENT: If you do not have monthly income, explain how you take care of your monthly expenses.

4. ADDITIONAL INFORMATION & COMMENTS
(If you need more space, use the back of this page.)

5. SIGNATURES

I certify that all financial information and statements disclosed are true and accurate.

Applicant Signature	Date
Co-Applicant Signature	Date
Authorized Agency Signature	Date

Appendix C

Urine Drug Screen & Drug Testing Guidelines

Drug tests are tools that provide information about an individual's substance use; they should be used for supporting recovery rather than exacting punishment. These guidelines are intended to support the effective use of drug testing in the identification, diagnosis, treatment, and promotion of recovery for patients with a substance use disorder. They also serve as guidelines to be followed for reimbursement of services by DAODAS.

- 1) Each patient should initially be tested for opiates, benzodiazepines, amphetamines, cocaine, and THC (and other substances if they claim use [e.g., PCP, barbiturates]).
NOTE: Oxycodone, fentanyl, methadone, and buprenorphine all require specific requests, as they will not show on the opiate screen.
- 2) Testing should initially be conducted weekly while “stabilizing,” then every two weeks, then every three weeks, then monthly. While the duration of “stabilization” varies from patient to patient, a four- to eight-week stabilization period is the guideline. Progress (or lack of) regarding stabilization must be documented in the medical chart.
- 3) Each patient should have a minimum of one test per month.
- 4) If a patient returns to use, follow guidelines for screens during the stabilization period.
- 5) There is no need to test for antidepressants, antihistamines, antipsychotics, etc.
- 6) Once a person's typical “drugs-used” pattern is clear, testing can be pared down to testing for only those drugs used, adding others in the future as clinically indicated with documented justification.

Drug Testing Resources

NIDA Screening, Assessment, and Drug Testing Resources: Provides an evidence-based screening tool chart for adolescents and adults, drug use screening tool support materials, and a clinician resource and quick-reference guide for drug screening in general medical settings, including a brief version of the ASSIST-Lite (www.drugabuse.gov/nidamed-medical-health-professionals).

ASAM, *The ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine*: Discusses appropriate use of drug testing in identifying, diagnosing, and treating people with or at risk for SUDs (<https://www.asam.org/resources/quality/drug-testing>).

Appendix D

DAODAS Contact List for MAT-Related Questions

- UR and Therapeutic Questions: Virginia Ervin
E-mail: vervin@daodas.sc.gov
Phone: 803-896-4860
- Overdose and Naloxone Questions: Linda Brown
E-mail: lbrown@daodas.sc.gov
Phone: 803-896-7387
- Therapeutic Questions: Hannah Bonsu
E-mail: hbonsu@daodas.sc.gov
Phone: 803-896-4198
- Billing Questions: Tiffany Frye
E-mail: tjfrye@daodas.sc.gov
Phone: 803-896-5576
- Peer Support Services Questions: Gregory Jacobs
E-mail: [gjacob@daodas.sc.gov](mailto:gjacobs@daodas.sc.gov)
Phone: 803-896-5545
- General MAT Questions: Roberta Braneck
E-mail: rbraneck@daodas.sc.gov
Phone: 803-896-4228
- EHR / Billing Questions: Anne Shirley
Email: ashirley@bhsasc.org
Phone: 803-252-0268, option 1

Appendix E

Instructions for Billing MAT – Medication-Assisted Treatment State Funding – in CareLogic

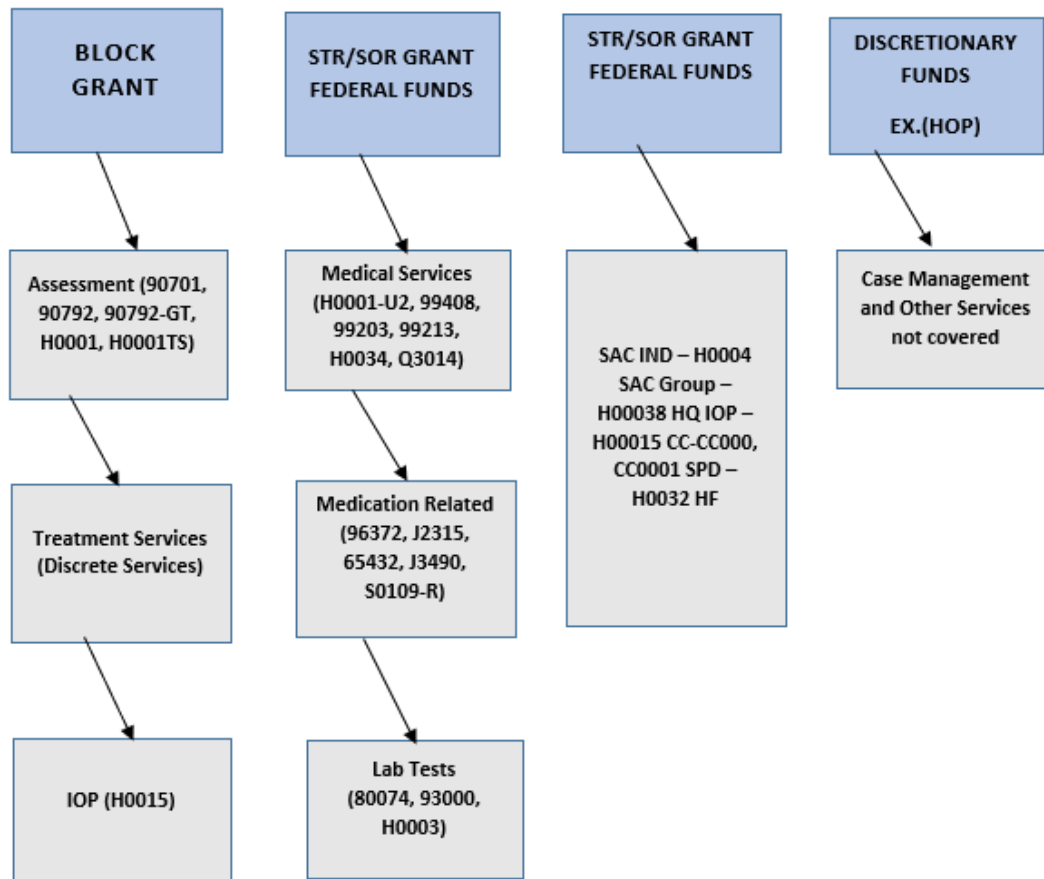
1. Program **MAT – Medication-Assisted Treatment** should be entered as the primary program or a secondary program in the patient's electronic health record. The program is required if billing the DAODAS special projects payer.
2. Patient **must** have the appropriate DAODAS payer assigned to the client payer plan as primary.
3. Services/Activities are entered on schedule and billed at the standard rates, except for **Injection – Vivitrol** and **Buprenorphine**. These must be entered as manual claims and the actual cost entered as the amount.
4. Instructions for entering a Manual Claim: Billing/AR > Manual Claim – Enter patient name and/or ID > Select patient > Enter **Service Date, Payer = MAT – Medication-Assisted Treatment State, Organization, Program, Activity, Claim Type = Professional, Procedure Code – Select code, Service Location, Number of Units, Amount, Invoice Type, Staff** as shown below.

The screenshot displays the 'Manual Claim' entry form in the CareLogic Enterprise S2 software. The form is titled 'Manual Claim: Test, 098-409 (40970) 11/1998'. The 'Payer' field is set to 'MAT - Medication-Assisted Treatment State Funding'. Other fields include 'Organization' (UNMC/Chambers), 'Program' (Outpatient GPC), 'Activity' (Buprenorphine BPC), 'Claim Type' (Professional), 'Procedure Code' (J400 Substitution), 'Modifier 1-4' (all set to 'Select Modifier'), 'Service Location' (15 - Non-residential Substance Abuse Treatment Facility), 'Number of Units' (1), 'Amount' (2,000.00), 'Invoice Type' (Service Fee), and 'Staff' (Shirley, Anne (1099)).

As stated above, the payment will be entered at the BHSA level, and DAODAS will approve those payments and disburse funds based on the approved payments.

Methadone and related medical services will be reimbursed at the daily bundled rates as they stand at agencies that provide methadone.

All claims will be reimbursed by **Tiffany Frye (803-896-5576)** upon confirmation of approved utilization, receipt of processed claims through CareLogic, and receipt of pharmacy invoices. Pharmacy invoices can be faxed to 803-896-5557, *Attn: Tiffany Frye*. Claims must be entered into CareLogic **on or before the ninth working day** of the month following the claim.

Appendix F**MAT SERVICES FOR INDIGENT CLIENTS**

Appendix G



EHR Notification

STR/SOR payer Provider Documentation-Effective

March 4, 2019

Please note the requirement for documentation of these services has been changed. Effective, Monday, March 4, 2019 there will be no requirement for completing the clinical service note. All other requirements listed in the original notification shown below stay in effect.

Agencies will still be required to setup the accounts for the providers who are providing the services to the agency's clients. Agencies will continued to enter the services/activity on the date of the actual service, mark those kept and process the claims as before the only requirement is these activities will be mapped to No Documentation Required. This only applied to agency's who have an outside physician/provider who is keeping clients' records in their own system. If you have a physician/provider who is on your staff and documents in CareLogic, they should continue to document in CareLogic.

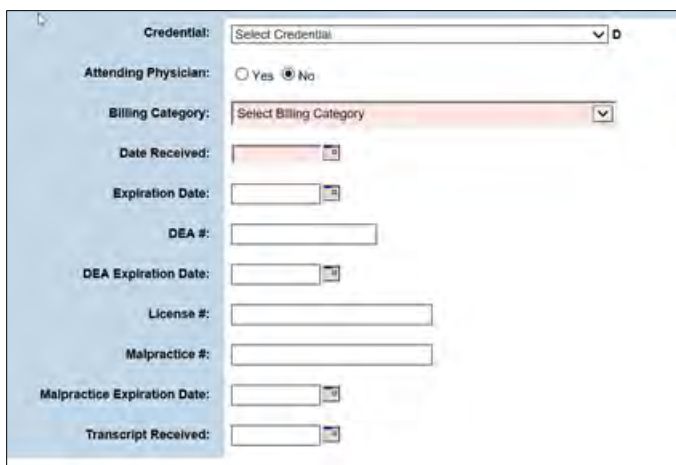
Previous EHR Notification shown below:

For agencies who are currently providing MAT services and billing to the STR payer, there are two methods of documenting services in CareLogic.

Method 1: *For agencies who have a provider on staff who logs into CareLogic and completes their own documentation, the appropriate service documents are mapped to those services. The provider should complete the service documentation as with any other activities/services or payers.*

Method 2: *For agencies who either contract with a provider or have a provider on staff who does not login to CareLogic, then local agency staff must document the services as follows:*

- *Setup a staff record for each physician*
- *The staff **should not** have a login to CareLogic. The staff **should not** login as the physician.*
- *Enter the appropriate information on the employee record (shown below):*



- *Enter activities on the schedule of the physician who actually completed the service (assigned staff at the agency can do this).*
- Effective March 4, 2019 No Documentation Required should be chosen. However, documentation should be maintained at the agency or be accessible at the physician's office.
- *In simpler terms, if a physician uses CareLogic, they would complete the full CareLogic document.* Effective March 4, 2019 the option for No Documentation Required should be chosen. However, documentation should be maintained at the agency or be accessible at the physician's office.

If you have any questions, please feel free to contact me.

Thanks.

Anne G. Shirley
Director of CareLogic EHR
BHSA of SC

Appendix H

Agency MAT Contacts

Agency/ County	Agency Name	Primary MAT Contact	Secondary MAT Contact	Main Address	Primary Contact Phone	Secondary Contact Phone	Primary Contact E-Mail	Secondary Contact E-Mail
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services	Roberta Braneck		1801 Main St., Fourth Floor, Columbia, SC 29201	803-896-4228		rbraneck@daodas.sc.gov	
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services	Hannah Bonsu		1801 Main St., Fourth Floor, Columbia, SC 29201	803-896-4198		hbonsu@daodas.sc.gov	
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services	Virginia Ervin		1801 Main St., Fourth Floor, Columbia, SC 29201	803-896-4860		vervin@daodas.sc.gov	
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services	Tiffany Frye		1801 Main St., Fourth Floor, Columbia, SC 29201	803-896-5576		tfrye@daodas.sc.gov	
DAODAS	S.C. Department of Alcohol and Other Drug Abuse Services	Gregory Jacobs		1801 Main St., Fourth Floor, Columbia, SC 29201	803-896-5545		gjacobs@daodas.sc.gov	
Aiken	Aiken Center	Margaret Key		1105 Gregg Hwy., Aiken, SC 29801	803-649-1900		mkey@aikencenter.org	
Allendale-Hampton-Jasper	New Life Center	Estelle Rivers		102 Ginn Altman Ave., Ste. C, Hampton, SC 29924	803-943-2800		erivers@nlcbhsa.org	
Anderson-Oconee	Anderson/Oconee Behavioral Health Services	Shannan McKinney	Kristi Padgett	226 McGee Rd., Anderson, SC 29625	864-260-4168		shannanmckinney@aobhs.org	kristipadgett@aobhs.org

Agency/ County	Agency Name	Primary MAT Contact	Secondary MAT Contact	Main Address	Primary Contact Phone	Secondary Contact Phone	Primary Contact E-Mail	Secondary Contact E-Mail
Barnwell	Axis I Center of Barnwell	Pam Rush	Kathy Fox	1644 Jackson St., Barnwell, SC 29812	803-541- 1245		prush@axis1.org	kfox@axis1.org
Beaufort	Beaufort County Alcohol and Drug Abuse Department	Steve Donaldson	Areatha Hamilton	1905 Duke St., Beaufort, SC 29902	843-255- 1000		sdonaldson@bcgov.net	ahamilton@bcgov.net
Berkeley	Ernest E. Kennedy Center	Jerome Tilghman		306 Airport Dr., Moncks Corner, SC 29461	843-871- 4790		jtilghman@ekcenter.org	
Charleston	Charleston Center	Caitlin Kratz	Rich Oliver	5 Charleston Center Dr., Charleston, SC 29417	843-958- 3364	843-958- 3480	ckratz@ charlestoncounty.org	roliver@ charlestoncounty.org
Cherokee	Cherokee County Commission on Alcohol and Drug Abuse	Christina Little		201 W. Montgomery St., Gaffney, SC 29341	864-487- 2721		clittle@ cherokeerecovery.com	
Chester	Hazel Pittman Center	Lisa Monteith	Maria Bates	130 Hudson St., Chester, SC 29706	803-377- 8111		lisa@hazelpittman.org	maria@hazelpittman.org
Clarendon	Clarendon Behavioral Health Services	Rebecca Felder	Wendy Winstead	14 N. Church St., Manning, SC 29102	803-435- 2121	803-473- 8877	rfelder@clarendonbhs.com	wwinstead@ clarendonbhs.com
Colleton	Pillars 4 Hope	Brittany Smith	Nikeyia Hammonds	1439 Thunderbolt Dr., Walterboro, SC 29488	843-538- 4343		bsmith@pillars4hope.org	nhammond@ pillars4hope.org
Darlington	Rubicon Family Counseling Services	Heather Clark		510 E. Carolina Ave., Hartsville, SC 29550	843-332- 4156		hclark@rubiconsc.org	
Dillion- Marion- Marlboro	Trinity Behavioral Care	Carrie Collins	Betty Quick	103 Court St., Marion, SC 29571	843-774- 6591 ext 1108	843-479- 5683 ext 1004	ccollins@ trinitybehavioralcare.org	bquick@ trinitybehavioralcare.org
Dorchester	Dorchester Alcohol and Drug Commission	Sarah Larrabee		500 N. Main St., Summerville, SC 29483	843-871- 4790		slarabee@dadac.org	

Agency/ County	Agency Name	Primary MAT Contact	Secondary MAT Contact	Main Address	Primary Contact Phone	Secondary Contact Phone	Primary Contact E-Mail	Secondary Contact E-Mail
Fairfield	Fairfield Behavioral Health Services	Vernon Kennedy Sr.	McCain	200 Calhoun St., Winnsboro, SC 29180	803-635- 2335 ext 19	803-635- 2335 ext 13	vkennedy@fairfieldbhs.org	
Florence	Circle Park Behavioral Health Services	Pam Williams	Jeannie James	238 S. Colt St., Florence, SC 29502	843-665- 9349		pam.williams@ circlepark.com	jeannie.james@ circlepark.com
Georgetown	Georgetown County Alcohol and Drug Abuse Commission	VaDonna Bartell	Brian Maxwell	1423 Winyah St., Georgetown, SC 29442	843-546- 6081 ext 13	843-546- 6081 ext 11	vbartell@gcadac.org	bmaxwell@gcadac.org
Greenville	The Phoenix Center	Jessica Owens		1400 Cleveland St., Greenville, SC 29607	864-467- 3770		jowens@phoenixcenter.org	
Greenwood- Edgefield- McCormick- Abbeville	Cornerstone	Barbara Robinson		1612 Rivers St., Greenwood, SC 29649	864-227- 1001		brobinson@ cornerstonecares.org	
Horry	Shoreline Behavioral Health Services	Mary Lynn Muck	Crystal Sadler	404 Wise Rd., Conway, SC 29526	843-365- 8884 ext 266	843-365- 8884 ext 219	mary@shorelinebhs.org	crystal@shorelinebhs.org
Kershaw- Lee- Chesterfield	The ALPHA Behavioral Health Center	Christina Velasquez		709 Mill St., Camden, SC 29020	803-432- 6902 ext 315		cvelasquez@ alphacentersc.com	
Lancaster	Counseling Services of Lancaster	Tanya Williams	Robin Catoe	114 S. Main St., Lancaster, SC 29720	803-286- 7563		tanyawcsl@comporium.net	rcatoecsl@comporium.net
Laurens	GateWay Counseling Center	Nancy Mahida	Faith Walker	219 Human Services Rd., Clinton, SC 29325	864-833- 6500	864-547- 2089	nmahida@ gatewaycounseling.org	fwalker@ gatewaycounseling.org
Lexington- Richland	LRADAC	Jeremy Martin	Nicole Deems	2711 Colonial Dr., Columbia, SC 29203	803-726- 9370	803-726- 9342	martin@lradac.org	ndeems@lradac.org
Newberry- Saluda	Westview Behavioral Health Services	Hugh Gray		800 Main St., Newberry, SC 29108	803-276- 5690		hgray@ westviewbehavioral.org	

Agency/ County	Agency Name	Primary MAT Contact	Secondary MAT Contact	Main Address	Primary Contact Phone	Secondary Contact Phone	Primary Contact E-Mail	Secondary Contact E-Mail
Orangeburg- Bamberg- Calhoun	Tri-County Commission on Alcohol and Drug Abuse	Dee Ward Robinson	Carolyn Gamble	910 Cook Rd., Orangeburg, SC 29118	803-536- 4900		drobinson@ tccada.state.sc.us	cgamble@ tccada.state.sc.us
Pickens	Behavioral Health Services of Pickens County	Angela Nicholson	Susanna Deming	309 E. Main St., Pickens, SC 29671	864-898- 5800	864-898- 2610	anicholson@ bhspickens.com	sdeming@bhspickens.com
Spartanburg	The Forrester Center for Behavioral Health	Starr Haskins	Jamison Smith	187 W. Broad St., Spartanburg, SC 29304	864-582- 7588		shaskins@tfcbh.org	jsmith@tfcbh.org
Sumter	Sumter Behavioral Health Services	Da'Vida Daniel	Sarah Campbell	115 N. Harvin St., 3rd Floor, Sumter, SC 29151	803-775- 5080	803-775- 5080	ddaniel@sumterbhs.org	scampbell@sumterbhs.org
Union	Healthy U Behavioral Health Services	Shan Jones	Christine Crosby	201 S. Herndon St., Union, SC 29379	803-276- 5690		sjones@hubhs.org	ccrosby@hubhs.org
Williamsburg	Williamsburg County Behavioral Health	Phillip Trammel		115 Short St., Kingstree, SC 29556	843-355- 9113		pтрammel@wcdada.org	
York	Keystone Substance Abuse Services	Cathy Caruthers	Kristin Gibson	199 S. Herlong Ave., Rock Hill, SC 29732	803-323- 6866	803-323- 6859	ccaruthers@ keystoneyork.org	kgibson@keystoneyork.org

Appendix I

Additional MAT Resources

Below are links to the ASAM National Practice Standards; the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Treatment Improvement Protocol 63 (TIP 63); and the Providers Clinical Support System (PCSS) to access required staff MAT trainings and other important information on MAT.

- ASAM National Practice Standards Supplement: <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf>
- The ASAM Appropriate Use of Drug Testing in Clinical Addiction Medicine: <https://www.asam.org/resources/guidelines-and-consensus-documents/drug-testing>
- SAMHSA's Treatment Improvement Protocol (TIP 63): <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents-Including-Executive-Summary-and-Parts-1-5-/SMA18-5063FULLDOC>
- Providers Clinical Support System: <https://pcssnow.org/>

Appendix J**Medical Provider Information Form**

Agency Name:

Date:

Practitioner Name:

In Agency: ☐ yes ☐ noPartner Organization: ☐ yes ☐ no

Name of Organization:

SC License #:

Expiration Date:

DEA#:

Street Address:

City: State: ZIP Code:

Phone:

E-mail:

