



► **UNDER CONSTRUCTION**
Our tool box is being updated!
Watch for it to be posted here:

[HTTP://WWW.KANSASBEHAVIORALHEALTHSERVICES.ORG/BHS1.0/PROVIDERS/LICENSING_CERTIFICATION/SUBSTANCE_USE_DISORDER_SUD_TREATMENT_FACILITIES.ASPX](http://www.kansasbehavioralhealthservices.org/bhs1.0/PROVIDERS/LICENSING_CERTIFICATION/SUBSTANCE_USE_DISORDER_SUD_TREATMENT_FACILITIES.ASPX)



► **Free!!**
NIATx Quality Improvement
Slide Show just click here:

<http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=15>
R03-402& R03-201C4



► **Q: WHEN CAN I USE THE SAME
RELEASE FOR MULTIPLE PARTIES?**

**A: WHEN THE PURPOSE AND THE
INFORMATION TO BE RELEASED ARE THE
SAME FOR ALL PARTIES**

○ ISSUE 1 | ○ MAY | ○ 2014

Kansas Department for Aging and Disability Services
Community Services and Programs
Behavioral Health Services
Substance Abuse Quality Team

A Newsletter for Kansas Substance Use Disorder Treatment Providers

Provider Press

Client Under the Influence and Ready to Roll!!!!!!

A client is under the influence and about to drive away from your facility.

What to do?

- 1) Attempt to get him or her to accept other transportation
- 2) If the client refuses, you can call the police from a non-program phone (police can unblock caller ID) and report information about the car, license plate number, information on where the car is, where it is heading and that you believe the driver is impaired or unfit to drive
- 3) You **cannot** give information that would identify the driver as someone with an alcohol/drug problem, or report that he or she is in treatment
- 4) It is recommended that you **not** use force to detain the client
- 5) It is a good idea to have a written policy in place at your agency so that staff will know what is expected of them in such a situation.

For more information, check out the resources from the Legal Action Center at lac.org or consult an attorney who is familiar with 42CFR.



Trending and Data:

The top three standards cited during 3rd quarter of 2013:

- ◆ R03-603B2-name & telephone number of emergency contact & physician (almost half of these providers had been cited for the same standard in the previous year)
- ◆ R03-605C5-incomplete alcohol and drug use history
- ◆ R03-602A3-information not released according to 42CFR part2

2013 KCPC data examples:

- ◆ Statewide Top 3 Primary Problem at Admission 1=Alcohol 37.74% 2=Marijuana 28.61% 3=Methamphetamine 18.38%
- ◆ In Johnson County, 1/3 of those admitted to treatment had a co-occurring psychiatric issue
- ◆ Of those admitted to treatment in Wichita 59% have never been married, 73% smoke tobacco, 75% earn less than \$10,000 a year & 40% have less than a 12th grade education
- ◆ In the South Central region there was a 44% decrease in reported Meth use from 2012 to 2013 (414 to 287)





QSO-BA'S

Qualified Service Organization-Business Associate Agreements R03-501A4

Do you need one??

*A sample template of a QSO-BA will be in our revised toolbox. Watch for that here:

http://www.kansasbehavioralhealthservices.org/Bhs1.0/Providers/Licensing_Certification/Substance_Use_Disorder_SUD_Treatment_Facilities.aspx

*More information on QSO-BA's can be found here: <http://www.lac.org/>

Examples of when a program could benefit from a QSO-BA:

- ◆ Lab for UDS
- ◆ Credit Card processing company
- ◆ Collections Company
- ◆ Medication dosage preparation
- ◆ Other agencies within your office
- ◆ Billing Agency
- ◆ Document shredding
- ◆ Accountant

QSO-BA is not another texting acronym kids made up to make you feel old and clueless! It's a written agreement that allows a program to disclose information without client consent. A QSO-BA is needed when an outside person or organization provides services to your program without a release from each client. In a QSO-BA both parties agree to comply with 42 CFR confidentiality requirements including non-disclosure. Conditions for terminating the agreement are also included. QSO-BA's are not allowed with law enforcement agencies or another SUD program that provides the same services as your program.

When you enter into a QSO-BA you must make this known to the public. This can be accomplished in a variety of ways. Some suggestions include:

- ◆ On your website
- ◆ On your agency brochures
- ◆ On your confidentiality policy
- ◆ A sign hanging in your lobby:



****Attention: this agency uses GreenPay to process all credit card payments. Under this agreement your confidentiality will be protected.*

Did You Know.....

That programs that require clients to sign their names on a sign-in sheet are violating 42 CFR unless they have a release from the client to do so. Besides getting a release, what can you do? Have the clients sign only their initials or first names, or use a client ID number or code known only to the client.



Case scenario:

New Woman SUD treatment program has a QSO-BA with Numbers R Us to provide billing services and to respond to requests by third parties.

Per QSO-BA, New Woman discloses patient-identifying information about Mary Mushroom to Numbers R Us.

Mary's physician, Dr. FreeHand, wants to access Mary's SUD treatment information from Numbers R Us.

Does the QSO-BA permit Numbers R Us to disclose Mary's SUD treatment information to Dr. FreeHand?

Possible Answers:

1. Yes
2. No
3. Need More Information

(Answer Below)

CONTACT US:

<http://www.kansasbehavioralhealthservices.org/bhs1.0/>



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Have you heard about Health Homes?

A health home is not a building or a place for someone to live. It is a comprehensive and intense method of care coordination. A health home integrates and coordinates all services and supports to treat the “whole-person” across the lifespan. Medicaid health homes are intended for people with certain chronic conditions, like diabetes, asthma, or mental illness. These people must be Medicaid consumers. They can be consumers who also receive Medicare along with Medicaid.

The health home coordinates and manages care. It also provides supports and referrals for the person and their family. Health homes do not replace services like doctor visits, prescription drugs, hospital care, or therapies. Beginning July 2014 there will be health homes in KanCare, the Kansas Medicaid program. The work to define everything required for health homes in KanCare is going on right now. It will be a partnership between the KanCare managed care organizations (MCOs) and a health home partner (HHP), which could be any one of a many different types of providers, like:

- *Doctors*
- *Clinics*
- *Community mental health centers (CMHC)*
- *Community developmental disability organizations (CDDO)*
- *Other providers who meet the requirements and contract with an MCO*

The Medicaid program requires these six core services:

- *Comprehensive care management*
- *Care coordination and health promotion*
- *Comprehensive transitional care, including appropriate follow-up, from inpatient to other settings*
- *Individual and family support (including authorized representative)*
- *Referral to community and social support services, if relevant*
- *Use of health information technology (HIT) to link services*

If you are interested in more information on health homes, please visit:

http://www.kancare.ks.gov/health_home/providers_approaches.htm

Case Scenario Answer:

2. No

QSO-BA's only permit sharing SUD patient identifying information between the program and the organization providing the service. No re-disclosure by the organization is permitted without consent or other authorization under 42 C.F.R. Part 2.

Adapted from Legal Action Center Website: <http://www.lac.org/>

Does your Release Pass the Test? R03-602C & D

- Name of program/person disclosing the information
- Purpose of the disclosure
- Name of person/program/entity requesting or receiving the information
- Description of the information to be releases/disclosed
- Statement indicating client's permission has been given and may be revoked at any time
- Date or condition when permission expires
- Date permission was signed
- Signature of client and, when applicable, parent/guardian or designated representative
- Written in a language that is understood by the client giving permission
- Kept in the client record

Early Intervention/Interim Treatment

What is it?	Early Intervention/Interim Treatment is a modality of treatment (like outpatient, intensive outpatient, etc.)
What does it include?	<p>This modality is designed to explore and address problems or risk factors that appear to be related to substance use and to help the individual recognize the harmful consequences of substance use. It allows agencies to:</p> <ul style="list-style-type: none"> • provide substance abuse treatment services including education and counseling <u>prior to the onset of a diagnosable substance use disorder</u> • provide education and counseling to family members or concerned others • place a client in this level of treatment until the recommended level becomes available. <p>The intent is to provide services to those affected by either their own use or the impact of their use on others. Education can consist of information about the disease concept, the psychopharmacology of substances, or numerous other topics.</p> <p>Early Intervention/Interim Treatment shall consist of any of the following: group counseling, individual counseling, education groups, and family counseling.</p> <p>All services offered in this modality must be delivered by professionally qualified staff (licensed as an addiction counselor by BSRB).</p> <p>***You do <u>NOT</u> need to be licensed to provide didactic education, such as the 8 hour education class some providers continue to offer. Ask your KDADS Program Consultant if you have questions about Early Intervention/Interim Treatment.</p>
Examples	A university student is referred by the campus counseling center after violating the university's alcohol and drug policy. She was found drinking in the dorm by campus police and was 18 years old at the time. Assessment suggested she did not meet the criteria for having a substance use disorder; however, there was concern about her weekend drinking and slipping academic performance. She was referred for education and counseling to increase her awareness of the potential risks of alcohol use.
Documentation Required	<p>Providers will need to document the following for this modality of care:</p> <ul style="list-style-type: none"> • That the client was provided a description of the curricula or expectations • That client received all the usual intake paperwork (confidentiality, grievance, etc.) • Progress notes • Discharge planning • Discharge summary, letter or certificate to document completion
Reference	Standard R03-702

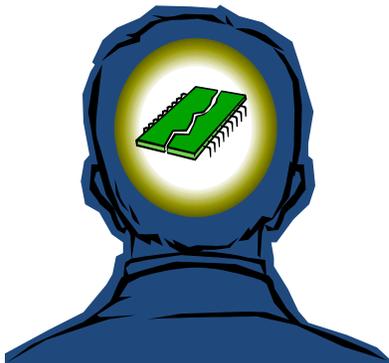


Got A.I.R.?

Effective January 1, 2013, providers were to begin reporting all adverse incidents involving individuals receiving services by agencies licensed or funded by KDADS online through the **Adverse Incident Report (AIR)** web application. AIR reports are to be made within 24 hours of the provider becoming aware of the incident. The adverse incident reporting and review process is designed to facilitate ongoing quality improvement to ensure the health and safety of individuals receiving services by agencies licensed or funded by KDADS.

If your agency has not signed up for A.I.R., now is the time! KDADS Program Consultants will be checking on your use of the A.I.R. system during site visits. For more information on A.I.R., including instructions on how to sign up and utilize the application, here is a link:

http://www.kansasbehavioralhealthservices.org/Bhs1.0/Providers/Adverse_Incident_Reporting.aspx



Did you know that memories and impressions of program staff are considered client "records" protected by 42CFR even if they are never recorded in any form?

Plan to attend one of our Statewide Substance Use Disorder Treatment Provider Meetings:

DATE	TIME	LOCATION
MAY 15, 2014	9-12:30	LAWRENCE FREE METHODIST CHURCH 3001 LAWRENCE AVE LAWRENCE, KS 66047
MAY 16, 2014	9-12:30	DCCCA WOMEN'S RECOVERY CENTER 1319 WEST MAY ST WICHITA, KS 67213
MAY 23, 2014	9-12:30	DEPARTMENT OF TRANSPORTATION CONFERENCE ROOM 1811 FRONTIER RD HAYS, KS 67601

Free Flyers, Banners, Posters and Logos for National Recovery Month can be found here:

<http://recoverymonth.gov/Banners-Logos-and-Flyers.aspx>



Have ideas for future Newsletter topics?

Send your ideas to:

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