Substance Abuse Treatment Services Policy

Rhode Island Department of Children, Youth and Families

Policy: 700.0195

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The Department frequently works with families whose members experience problematic use of alcohol and other drugs. When appropriate, the Department may fund a maximum of twelve months of DCYF approved substance abuse treatment services for eligible caretakers, who are involved with the Department, in order to maintain children at home or reunify families. The Department may fund appropriate substance abuse treatment services for eligible adolescents and children who are actively involved with DCYF and are experiencing problematic use of alcohol or other drugs. DCYF funding for substance abuse treatment for eligible adolescents and children, who are active as children, is not time limited. The length of time that the Department will fund substance abuse treatment for an adolescent who is active with the Department as a parent but not active as a child is not limited to twelve months but is determined on a case by case basis. Services which are requested by DCYF but are not a routine part of the client's treatment plan with the provider are funded by the Department through the Authorization for Services (DCYF #005) process.

The Department refers eligible caretakers to providers who are licensed by the State of Rhode Island to provide substance abuse treatment services and are approved by DCYF. Adolescents and children are referred to providers who are licensed and approved by Medicaid to render substance abuse treatment services specifically to that population. All approved providers must fulfill DCYF requirements.

Related Procedures…

Funding for Substance Abuse Treatment Services for Eligible Adult Caretakers
Funding for Substance Abuse Treatment Services for Eligible Adolescents and Children
Referral/Intake/Progress Reports for Substance Abuse Treatment Services

Funding for Substance Abuse Treatment Services for Eligible Adolescents and Children

Procedure from Policy 700.0195: Substance Abuse Treatment Services

A. Clients who have medical coverage access substance abuse treatment through their private insurer or RITECARE.
B. Clients whose insurance carriers require co-payments may be eligible for DCYF funding of co-payments, based on parental income, and parents' ability to demonstrate financial hardship.
C. If no other means of funding is available, the Department may fund the following services at Medicaid approved rates, through the DCYF #005 process.
    1. Assessment, (50-90 Minutes)
    2. Fifteen sessions per quarter of individual or group counseling, or a combination of the two (determined in conjunction with the service provider).
        a. Individual Session (40-50 Minutes)
        b. Group Session (40-50 Minutes)
    3. Drug Testing - DCYF funding for random, supervised, urine screens for adolescents and children may not exceed twenty dollars ($20.00) per screen to detect multiple drug use. Up to twelve screens per quarter can be authorized.
D. The following services for adolescents and children are accessed through private insurer or RITECARE.
    1. Detoxification - Referrals are made through 1-800-RISOBER.
    2. Residential and Day Treatment Programs - Services are accessed through Medicaid approved treatment providers.

Funding for Substance Abuse Treatment Services for Eligible Adult Caretakers

Procedure from Policy 700.0195: Substance Abuse Treatment Services

A. Clients with medical coverage access substance abuse treatment through their private insurer or RITECARE.
B. Clients with medical coverage, who are required to make co-payments, may be eligible for DCYF funding for co-payments if they are able to demonstrate financial hardship.
C. Clients who are employed, with no medical coverage, may be eligible for services on a sliding scale fee basis through the treatment provider. Employed clients must be ineligible for funding through other
sources and must demonstrate financial hardship in order to be eligible for DCYF funding of approved treatment services.
D. Clients who are unemployed, and without medical coverage, may be eligible for services through the Rhode Island Department of Mental Health, Retardation and Hospitals (Division of Substance Abuse). Authorized Medicaid providers of substance abuse treatment services to adults provide a number of "state slots" for needy clients. Caretakers who have lost custody of their children, and whose participation in treatment is a prerequisite to reunification, are given priority. The DCYF worker refers eligible adults to "state slots" and requests that clients be placed on a waiting list if warranted.
E. If no other means of funding is available, the Department may fund the following services for adults, at Medicaid approved rates, through the DCYF #005 process. Current Medicaid rate will pre-fill when the #005 process is initiated in RICHIST.
    a. Assessment (50-90 Minutes)
    b. Fifteen sessions per quarter of individual or group counseling, or a combination of the two (determined in conjunction with the service provider):
        1. Individual Session (40-50 Minutes)
        2. Group Session (40-50 Minutes)
    c. Drug Testing DCYF funding for urine screens is limited to 12 random, supervised screens per quarter. Testing to detect multiple drug use is funded up to $20.00 per screen.
F. The Following Services for Adults are not funded by DCYF
    a. Detoxification - Clients are referred to their insurance carrier, RITECARE, or "state slots" (SSTAR currently provides detoxification for indigent adults. Referrals may be made through 1-800-RISOBER).
    b. Residential and Day Treatment Programs- Clients are referred to their private insurer, RITECARE
    or "state slots".
    c. Methadone Maintenance Programs - While DCYF does not fund methadone maintenance, it considers methadone maintenance, through a licensed provider, to be a therapeutic means of treating opiate addiction. Successful participation in a methadone maintenance program is not a barrier to reunification when case planning objectives are successfully met. Clients are referred to their private insurer, RITECARE, or "state slots".

Referral/Intake/Progress Reports for Substance Abuse Treatment Services

Procedure from Policy 700.0195: Substance Abuse Treatment Services

A. Upon referring a client for approved services, the DCYF worker promptly:
   1. Obtains a signed release of information form (DCYF #007) from the client and contacts the substance abuse treatment provider to relay referral information about the client's needs related to legal status, court dates, case plan requirements, health care, parenting concerns and child care needs. According to federal law, minors may obtain substance abuse treatment without notification and/or consent of the parent/guardian. In cases involving minors who do not wish parents/guardians to know that they are in treatment, DCYF obtains a signed release of information from the minor, in order to access treatment records.
   2. Forwards copies of the client's social summary and case plan to the treatment provider.
   3. Initiates the DCYF #005 process for payment of services authorized under current DCYF guidelines if no other means of funding is available.
   4. Forwards the approved and signed copy of the DCYF #005 to the treatment provider.

B. Upon Obtaining a Referral for Services, the Treatment Provider:
   1. Informs the DCYF worker about waiting lists, fees and any other program procedures or requirements.
   2. Conducts an assessment of the client's needs, and develops a preliminary treatment plan.
   3. Forwards a written report to the DCYF worker, which includes treatment recommendations.
   4. Contacts the DCYF worker to arrange a follow-up case conference.
      a. Case Conference should include the DCYF worker, the client, the substance abuse treatment counselor and any other provider agency deemed relevant.
      b. The purpose of this conference is to clarify the roles and responsibilities of the respective agencies, to review problem areas, goals and treatment strategies and to consider modifications to the treatment plan where appropriate.
      c. Case conference is scheduled no later than 30 days subsequent to client intake on a date which is convenient to both the provider and DCYF worker.

C. The substance abuse treatment provider notifies the DCYF worker:
   1. Within 24 hours of the receipt of a positive urine screen report. If the assigned DCYF worker is unavailable, the provider informs the supervisor. If the supervisor is unavailable, the treatment provider informs a covering DCYF worker. A contact person will be designated by the provider agency as the liaison to assist DCYF staff with administrative issues such as billing, etc.
   2. If the client misses two appointments or two urine screens (not necessarily successive).
   3. When the client is assigned a primary substance abuse treatment counselor.
   4. If the client exhibits behavior changes which may indicate relapse or problems concerning child safety, e.g., domestic violence, marked mental status changes, health crisis, housing crisis, observable problems with children, concerns about the family's ability to meet their basic needs of food, shelter and clothing.
   5. To discuss educational/vocational options or the need for referral to other support services.
   6. When a discharge (successful or unsuccessful) is being planned.

D. Written Reports
   1. The substance abuse treatment provider forwards a written report to the DCYF worker at least every thirty days and upon discharge. If applicable, reports should correspond with the DCYF
      #005 expiration dates in order to meet renewal requirements. Sample reporting forms are available to all treatment providers through the DCYF Substance Abuse Coordinator.
   2. Provider should receive from the DCYF worker, at least four weeks prior to regularly scheduled Court hearing, notice that provider is expected to submit a court report. Reports completed by the
      provider for court reviews should be received by the DCYF worker no later than 48 hours in advance of the court hearing.
   3. Provider reports include a summary of the client's progress in treatment, results of urine screens, and "no shows" for scheduled appointments and urine screens.

4. ~~Discharge reports are provided to DCYF no later than 30 days after discharge and include progress in treatment, reason for discharge, and any after care requirements.~~