



MARYLAND
Department of Health

Conditions of Awards/Certification Manual

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Specialty Services: Pregnant Women or Women with Children (PWC), Women attempting to Regain Custody of Children, Substance Exposed Newborns (SB 512) and Child Welfare Involved Families (HB 7)

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Introduction:

Dear Prospective Provider:

Due to the complex behavioral health needs of Pregnant Women, Women with Children, and women taking steps to regain to regain custody of their children this manual provide an operational overview of Maryland's system of care for residential treatment for pregnant women, women with dependent children, and women who are taking steps to regain custody of their children (PWC). Some of the services that are required are conditions of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) administered by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). Other elements are considered best practices for this population as identified in SAMHSA TIP 51-Addressing the Specific Needs of Women, the ASAM Criteria-American Society of Addiction Medicine Third Edition, 2013, Practice and Policy Considerations for Child Welfare Collaborating with Medical and Service Provider, and other policies that are established through the Maryland Department of Health (MDH), Behavioral Health Administration (BHA).

Providers who meet the minimum qualifications as set forth in this manual are subsequently approved to offer services to the Pregnant Women with Children, and will be reimbursed on a per diem basis. Residential treatment recommendation for individuals will be reviewed by the Behavioral Health Administration's (BHA), Office of Gender Specific Services (GSS) for clinical appropriateness prior to referral to an appropriate treatment facility.

It is important to understand that the individuals receiving services may present with a variety of challenges above those commonly associated with the regular substance use population. Program must also be competent in providing treatment to women and meeting the needs of their children/families.

The Maryland Department of Health is committed to promoting and improving the health and safety of all Marylanders. As such, we strive to support our behavioral health partners in the delivery of safe, comprehensive health and wellness services. Should you have any questions following the review of this manual or would like more information on the requirements and qualifications contained within, please contact the Office of Gender Specific Services at gss.unit@maryland.gov.

Sincerely,



Barbara J. Bazron, PhD.
Deputy Secretary Behavioral Health

Evaluations/Assessments:

The Local Addiction Authority (LAA), Local Behavioral Health Authority (LBHA), or Core Service Agency (CSA) have certified addiction counselors and/or licensed counselors that complete assessments on all pregnant women, women with children, and women attempting to regain custody of their children that present for assessment in the local jurisdiction. Evaluations/assessments are also completed by other substance use disorder programs, jail-based programs, hospital social work staff, and other providers in the community.

Submission of Documentation

Once the assessment is completed by the evaluator, the information is sent to the Behavioral Health Administration's Gender Specific Services via email to gss.unit@maryland.gov or faxed to 410-402-8602. The assessment should be accompanied by the following documentation:

Upon receipt of the documentation, GSS will review to make sure the level of treatment is appropriate and that all required documentation has been submitted. If all documentation has been submitted, GSS will email a confirmation letter to the referring agency. If the "application" is missing any of the required documentation GSS will call the referring agency within one business day to notify them that the application is incomplete. The call will be followed by an email with a list of the missing documentation. Once the missing information has been submitted, GSS will notify the referring agency via email that the file is complete.

Once GSS has received the assessment and the required documentation a confirmation letter email will be sent to the referring agency via email.

Internal Review

GSS will review the completed application and once the review has been completed GSS will contact the specialty residential treatment provider serving pregnant women, women with children or women attempting to regain custody of their children to confirm bed availability for the mother and the number of children who will be accompanying her to residential treatment.

The GSS Office will provide the specialty provider the following information:

- a. Referral source information;
- b. Name of the individual;
- c. Pertinent information on the children; This includes the name, age, and any special needs that the child may have;
- d. Medication and Medication Assisted Therapy; and
- e. Inform the provider if the individual is pregnant and status of pregnancy

Upon completion of this process, the specialty provider will receive an approval letter from GSS Office. The specialty provider should request authorization from the Administrative Services Organization (ASO). After

obtaining authorization from the ASO, the specialty provider must notify the GSS Office of the anticipated admission date of the pregnant woman or the mother with children into the treatment program.

Priority Placements/Timelines:

All pregnant women and women with children will have priority for placement into treatment. If the specialty program that has been requested is at full capacity, the woman shall be given other options for placement into residential treatment. All pregnant women and women with children will be placed as soon as possible depending on the availability of the program. If the woman chooses to wait on a program that is full and refuses other options, she (based on her due date) will be placed on a wait list. BHA's GSS Office will follow-up with the referral source daily to see if the woman has been admitted into another program or if she will continue in her status (which may include medication assisted treatment, outpatient treatment, etc.) until availability is established. The woman will be placed at the top of any wait list for immediate placement.

Minimum Requirements:

The program must provide proof with its application that the following minimum qualifications have been met:

- Active accreditation by an approved accrediting organization;
- A valid license under COMAR 10 Subtitle 63;
- Active and good standing status with Maryland Medicaid; and
- Meet specific program conditions as established by the Department as a specialty treatment program serving pregnant women, women with children, or women attempting to regain custody of their children.

Specialty Provider Requirements: Pregnant Women and Women with Children (PWC)

- The Program shall provide medium intensity residential substance use disorder treatment (ASAM Level III.3) to pregnant women, women with children, and women trying to regain custody of their children.
- Meet all staffing requirements required by regulations;
- Provide prenatal and postpartum medical services, medication evaluation, medication monitoring, psychiatric evaluation, and additional program services as needed;
- Provide trauma informed services and training to all staff. All training shall be documented in staff personnel records.
- Utilize best practices in the provision of treatment services. Best practices refer to services that reflect research based findings. More information can be obtained on the Substance Abuse and Mental Health Services Administration (SAMHSA) website;
- Have policies and procedures that mirror the co-occurring capable standard delivery of services as identified in the ASAM Criteria for co-occurring conditions;
- Have licensed clinical/medical staff that are licensed/certified by the appropriate Maryland State Professional Licensing Board for the services performed;

- Provide annually cultural competency training for staff. All training must be documented in the staff's personnel file and shall make the information available to the Department upon request;
- Have training available for all staff on Safe Sleep Practices and document in the staff's personnel records;
- Provide interpreter services for individuals admitted to treatment who are deaf or hard of hearing;
- Provide multi-lingual services to non-English speaking individuals;
- Accept referrals provided through the Gender Specific Services Unit (GSS); GSS will screen all referrals and review for prior history of participation in the program before referring.
- Participate in all training that the Department may require;
- Provide eight (8) hours of training annually to clinical/treatment staff on the assessment and treatment of problem and/or pathological gambling. Non-clinical/treatment staff should take 101 Gambling training. Training is offered free of charge through the Center of Excellence on Problem Gambling. Training may be customized to meet the needs of the program by contacting 1-667-214-2120. Training may be on-site, off-site and via webinar. Training shall be documented in staff's personnel records;
- Provide child care services for all individuals;
- Provide transportation services for all individual to appointments, recreational/educational activities, and any other social service needs the individuals may have including but not limited to court appointments, parole and probation, and somatic care appointments;
- Provide Fetal Alcohol Spectrum Disorder introductory training annually to staff. For clinical staff the training should be more in depth and include how FASD affects the treatment stay for individuals who have this disorder. The training shall be documented in the staff's personnel records;
- Provide Domestic Violence/Intimate Partner Violence introduction education to the staff annually and document in the staff personnel records;
- Provide education related to behavioral health problems;
- Provide services in accordance with the individual's treatment plan;
- Assess individuals admitted for tobacco use. Tobacco cessation therapy shall be available to all individual. Therapeutic intervention must comply with the nicotine dependency treatment best practices as determined by the Maryland Quit Center (www.mdqiot.org);
- Provide access to evidence based pharmacological therapies based on individual's need;
- Provide a minimum of 20 – 35 hours/week of scheduled therapeutic services. A minimum of one individual counseling session per week shall be scheduled to address the therapeutic needs and treatment plan of the individual; Ancillary services, recreational activities for children, child care, coordination of care, and transportation should be offered daily.
- A licensed Maryland physician shall complete a medical examination for all referred individuals within five (5) working days following admission to the licensed applicant's facility unless the individual was directly transferred from an ambulatory or hospital withdrawal management program, an intermediate care facility or residential setting in which a physical was performed within the last thirty (30) days;
- The Program shall not:
 - i. Deny admission or continued stay for an individual solely due to the individual being on full or partial opiate agonist therapy or methadone for pain management medication regardless of dose; and

- ii. Make admission contingent upon eventual detoxification from full or partial opiate agonist or methadone for pain management; or
 - iii. Limit the number of individuals on full or partial opiate maintenance or detoxification that are admitted to the contractor's facility.
- o The Program shall also comply with Health General Article 8-507 requirements for pregnant women or women with children admitted under a court order;
 - o The Program shall obtain an informed consent to share information from each individual at admission. The informed consent shall be consistent with the requirements of all applicable State and Federal laws and regulations;
 - o The Program shall complete and submit all required forms, including but not limited to, an admission letter, discharge form, monthly progress report, weekly wait list form, Incident Reporting form, and any other documents that are deemed necessary through the schedule defined by MDH;
 - o The Program shall assess every individual upon admission for eligibility for Medical Assistance (MA) and retain proof of application for these entitlements. The program shall not request authorization for payment from the Administrative Service Organization (ASO) for services covered by third party payers. BHA shall be considered the payer of last resort for all services;
 - o The Program shall comply with all confidentiality requirements and the Federal Health Insurance Portability and Accountability Act (42 USC 130d et, seq: HIPAA, see Part II, 20 Section 7-E) as well as any other applicable State and Federal laws or regulations that concern confidentiality or privacy;
 - o The Program shall make an individual's records available upon request for auditing and compliance reviews MDH, BHA, and/or the ASO.
 - o The Program shall coordinate somatic services and medication with the individual's insurance entity, local health departments and/ or federally qualified health centers; and
 - o The Program shall provide weekly census reports on Monday's no later than 12 p.m. to the GSS Office email address gss.umat@maryland.gov.

Performance Measures:

The Program will be monitored for the following:

- a. At least ninety-percent (90%) of individuals who enter treatment will remain in treatment for 90 days based on medical necessity criteria.
- b. At least ninety-percent (90%) discharged shall be referred to a lower level of treatment.
- c. One hundred percent (100%) of those who enter the program will receive, care coordination/case management transportation to court and medical appointments.
- d. One hundred percent (100%) of the children will be provided childcare, recreational, and ancillary services.

The Program must meet the required performance measures and other measures as determined by the Department to continue to receive referrals and to be reimbursed at the specialty PWC rates. The review of the performance measures will be based on data from the specialty provider and ASO.

Reimbursement Rates:

Providers interested in becoming a specialty provider for Pregnant Women, Women with Children, Substance Exposed Newborns (SB 512) must apply to become a specialty provider and be approved by BHA.

Approved providers will be reimbursed at the following rates:

ASAM Level of Care	Clinical Rate Per Diem	Room and Board	Specialty Services	Total Reimbursement (Clinical + R &B, and Specialty Services)
Level 3.3	\$189.44	\$45.84	\$60.27	\$295.55

The rates for Specialty Services include: case management services for children, ancillary services, coordination of care with specialty providers, transportation, child care, recreational and clinical services for children, and other requirements by the State, i.e. reporting.

The rates for HB 7 are based on the level of care and Medical Necessity Criteria.

Conditions of Specialty Pregnant Women and Women with Children (PWC) Providers

Programs are required to provide or arrange for at minimum the following array of services for pregnant women, women with dependent children, and women who are attempting to regain custody of their children. The provider must

1. Provide gender specific and responsive treatment which addresses a wide array of services that are specific to women. These services include but are not limited to co-occurring mood and anxiety disorders treatment. Gender specific factors that influence the treatment process and recovery evolve around the importance of relationships, influence of family, the role of substance use in sexuality, the prevalence and history of trauma and violence, and the common patterns of co-occurring disorders.
2. Ensure that the family is treated as a unit and admit both women and their children. 45 C.F.R. 96.124(e);
3. Provide/refer to primary medical care, including referral for prenatal care. 45 C.F.R. 96.124(e)(1);
4. Provide primary pediatric care for their children including immunizations. 45 C.F.R. 96.124(e)(2);
5. Provide appropriate therapeutic interventions for the children in custody of women in treatment which may address their developmental needs and any issues of sexual and physical abuse and neglect. 45 C.F.R. 96.124(e)(4);
6. Provide childcare while the women are receiving services. 45 C.F.R. 96.124(e)(1) 8j (5);
7. If pregnant women and women with dependent children in need of treatment cannot be admitted into a treatment program within 14 days due to insufficient capacity, the provider must establish a waiting

list (this list will be sent to Behavioral Health Administration Every Monday by 12 noon). The list will include a unique patient identifier for each individual seeking treatment, including those receiving interim services, while awaiting admission to such treatment. 45 CFR 96.126, 45 CFR 96.131(a), 45 CFR 96.131(d);

8. BHA will provide to the pregnant women seeking services information on another program that has capacity if the program is full and information to link the pregnant woman to prenatal care within 48 hours of being on the wait list;
9. Provide interim services to reduce the adverse health effects of substance use disorder; promote the health of the individuals and reduce the risk of transmission of disease. For pregnant women, interim services should include counseling on the effects of alcohol and drug use on the fetus, as well as referral to other services needed. If a pregnant woman is on the wait list, the program shall make a referral to BHA's GSS Office immediately for admission to another licensed program;

If all programs are at full capacity, the program shall inform the individual and the referral source;

If the individual wants to wait until a vacancy becomes available, the program will contact the referral source and communicate to them that the individual wants to stay on the wait list. It is the responsibility of the program to indicate on the wait list that the individual (pregnant woman) has been referred back to the referral sources for interim services.

10. Provide continuing education on evidence-based best practices/treatment to employees of the facility who provide treatment services to the identified population. 45 CFR 96.132 (b);
11. Coordinate treatment services with the provision of other appropriate services (including medical, preventive health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services). 45 CFR 96.132 (c);
12. Provide sufficient case management and transportation availability to ensure that the women and their children have access to all needed services. 45 C.F.R. 96.124(e)(5);
13. Provide Domestic Violence education and information to individuals served.
14. Provide Fetal Alcohol Syndrome Disorder (FASD) education and information to individuals;
15. Provide a safe and non-punitive atmosphere, where staff holds a hopeful and positive attitude toward women and show investment in learning about women's experiences, treatment needs and appropriate interventions. For more information, please refer to SAMHSA TIP 51- Addressing the Specific Needs of Women;
16. Pregnant women that are on current medication assisted therapies shall not be denied admission to a gender specific residential treatment program;
17. The residential provider shall have policies and procedures that mirror the ASAM co-occurring capable standard delivery of services. The ASAM Criteria-American Society of Addiction Medicine Third Edition, 2013;

18. The provider will educate all individuals on Safe Sleep Practices and document in the patient record;
19. Provide Progress notes of the families' movement through the treatment episode. This includes pertinent information on the children as well as the mother. This information is to be sent to BHA on the 5th of the month in the monthly progress report;
20. The Program shall ensure that a continuing care plan/discharge plan is provided for all families and that the family is not discharged to the street;
21. If the individual needs to be discharged from the program due to imminent harm to self or others/ violations which interfere with the stability and therapeutic flow of the milieu, the provider will complete and email the BHA Incident Report within 24 hours of incident and planned discharge. The BHA Discharge Form will be filled out and sent to BHA within the allotted timeframe to ensure appropriate discharge of all clients;
22. If an individual need to be transferred to another program, the provider must contact BHA and provide the discharge summary before a transfer can take place. The provider accepting the transfer will receive all clinical information from the referring PWC provider to expedite the transfer process;
23. To provide accommodations for pregnant women and women with dependent children with medical or psychiatric needs, the provider shall obtain a letter from the physician describing any necessary accommodations;

Accommodations for time-limited medical/psychiatric needs of the woman and child may include, but not be limited to the following:

- i. A double occupancy bedroom, with the capability of being converted into a one family room for a specified amount of time;
- ii. Restriction of exposure to other patients;
- iii. Separate provision of meals in the patient's bedroom;
- iv. Restricted attendance at group functions. The individual must continue to receive individual sessions while incapacitated.

Specific Conditions for Substance Exposed Newborn (SB 512) Providers

For all programs providing services as a Substance Exposed Newborn (SB 512) Provider, the program must be able to develop or have in place residential services that can accommodate the mother and child and other dependent children under the individual's custody. Programs are required to provide or arrange for the following array of services for women with dependent children, and women who are attempting to regain custody of their children:

Track 1: This track pertains to women who will not have custody of the child at the time of treatment services, but is attempting to gain custody of her child. The women must meet ASAM criteria for residential services, and the program must provide the following:

1. Services to address and prevent relapse after pregnancy because women are at increased risk of relapsing after delivery.
2. Primary medical care, including referral for postpartum services- 45 C.F.R. 96.124(e)(1).
3. Mental Health/Psychiatric services available to all within the facility and/or by referral or contract.
4. Implement policies and procedures that mirror the ASAM co-occurring capable standard delivery of services. The ASAM Criteria-American Society of Addiction Medicine Third Edition, 2013
5. Use assessments/Treatment Plans which address the unique needs of women who are working towards reunification in collaboration with Child Welfare.
6. Coordinate with Child Protective Services on any additional criteria for reunification and child visits when applicable.
7. Establish treatment plans which address the needs of the women in treatment as well as needs pertaining to Child Welfare.
8. Provide continuing education on evidence based best practices that will be made available to employees of the facility who provide treatment services to the identified population. 45 CFR 96.132 (b)
9. Coordinate treatment services with the provision of other appropriate services (including medical, preventive health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services). 45 CFR 96.132 (c)
10. Document progress notes of the families' movement through the treatment episode. This includes documentation of pertinent information on the children as well as the mother. This information is to be sent to BHA on the 5th of the month. This will include any visits and overnight stays with the mother.
11. Indicate in ASO's Provider Connect System, the individual a SB 512 participant under the special populations drop box.

Track 2: This track pertains to women who will be allowed to take the infant with them to treatment after delivery.

Special Note: If Child Protective Services (CPS) is willing to allow the mother to take her child with her to treatment within 45 days of the start of treatment, a CPS case worker will send a letter stating that the mother will be allowed to bring her baby with her. The provider will follow the PWC process as outlined in the Specific Conditions for PWC Providers. The provider shall also follow the above requirements that pertain to

collaboration with Child Welfare. The provider must work with Child Welfare on a Plan of Safe Care for the infant and document in the individual's treatment record.

Specific Requirements related to the Children:

The approved Program shall provide services for the individual's children. This includes but are not limited to:

- a. An evidence-based assessment of the needs of the children;
- b. A documented care plan for the children based on the evidence-based assessment;
- c. Substance use disorder prevention programming;
- d. Child care by qualified staff with a background in child development;
- e. Access to education for school age children;
- f. Recreational activities that will support the developmental needs of the children;
- g. Other supportive services as outlined throughout the manual and that may be needed for the children.

Specific Conditions for Child Welfare Involved Families –House Bill 7

This section is intended to offer guidance to programs serving Child Welfare Involved Families. These services are identified to meet the needs of families that have substance use disorders who need residential treatment as outlined in the ASAM Criteria-American Society of Addiction Medicine Third Edition, 2013 for residential treatment. The services are outlined as mandated through the requirements of House Bill 7. The requirements for this initiative are open to any family member who has a substance use disorder and in need of residential services. The provider must:

- 1. Ensure provider services meet the substance use disorder/psychological needs of families involved with the Child Welfare System;
- 2. Collaborate with Child Welfare/Child Protective Services to identify needed services that will support a healthy family;
- 3. Document all interactions with Child Welfare to ensure a smooth transition through the treatment process for the Child Welfare Involved family member; and
- 4. Collaborate with social services agencies to address the needs of the family.
- 5. Indicate in ASO's Provider Connect System, the individual a HB 7 participant under the special populations drop box.

Specific Requirements for Criminal Justice Involved Families/Health General 8-507

If an individual is criminal justice involved, the PWC provider will follow all requirements that are outlined in this manual for a PWC provider and will follow any additional reporting requirements according to Health General 8-507.

Security Requirements

1. Employee Identification
 - a. Each person who is an employee or agent of the program or subcontractor shall display his or her company ID badge at all times while on program premises. Upon request of authorized State personnel, each such employee or agent shall provide additional photo identification.
 - b. At all times at any facility, the program personnel shall cooperate with MDH-BHA site requirements that include but are not limited to being prepared to be escorted at all times; providing information for badge issuance, and wearing the badge in a visual location at all times
2. Information Technology
 - a. The Program shall comply with and adhere to the State IT Security Policy and Standards. These policies may be revised from time to time and the licensee shall comply with all such revisions. Updated and revised versions of the State IT Policy and Standards are available online.
3. Criminal Background Check
 - a. The Program shall obtain from each prospective employee a signed statement permitting a criminal background check. The licensee shall secure at its own expense a Maryland State Police and/or FBI background check and shall provide the Contract Monitor with completed checks on all new employees prior to assignment. The licensee may not assign an employee with criminal record unless prior written approval is obtained from the Department.

Authorization/Billing:

General Requirements:

- The provider/program must be approved by Medicaid as a Provider type 54 and meet ASAM criteria for the level of care provided to be reimbursed for clinical, room and board, and specialty services.
- The provider/program must provide information to the ASO during the authorization request that is clinically comprehensive, including a narrative on the six ASAM dimensions to support the authorization request, so that a medical necessity determination can be made. This also includes a copy of a court order if court involved.

- Submit authorizations electronically through the ASO, Beacon Health Options' Provider Connect for routine request. Urgent determinations, authorizations may be requested telephonically by calling Beacon's Customer Service Line: (800) 888-1965;
- The authorization eligibility span will be for a 30-day authorization span;
- The provider should bill using the appropriate billing codes. This includes W7330/WC for clinical and RESRB/WC for room and board and specialty rates.
- The Department reserves the right to reduce or withhold licensee (provider) specialty payment in the event the licensee does not provide the Department with all required deliverables within the time frames specified in this document, or if the licensee otherwise materially breaches the terms and conditions of their licensure until the licensee brings itself into full compliance with State regulations;
- Any action on the part of the Department or dispute of action by the licensee shall be in accordance with the provisions of Md. Code Ann., State Finance and Procurement Article through 15-223 and with COMAR 21.10.02;
- Licensee shall have a process for resolving billing errors;
- Funds for any services rendered from approval of this application are dependent upon appropriations from the Maryland General Assembly;

Insurance Requirements

1. The licensee shall maintain Commercial General Liability Insurance with limits sufficient to cover losses resulting from or arising out of licensee action or inaction in the performance of services relative to this application its agents, servants, employees, or subcontractors but no less than combined Single Limit for Bodily Injury, Property Damage and Personal and Advertising Injury Liability of \$1,000,000 per occurrence and \$3,000,000 aggregate.
2. The licensee shall maintain Errors and Omissions/Professional Liability insurance with minimum limits of \$3,000,000 per occurrence.
3. The licensee shall maintain Automobile/ Commercial Truck Insurance as appropriate with Liability, Collision and PIP limits no less than those required by the State where the vehicle is registered but in no case less than those required by the State of Maryland
4. The licensee shall maintain Employee Theft Insurance with minimum limits of \$1,000,000
5. Upon approval of application with the State the licensee shall provide the Department with current certificates of insurance and shall update such certificates from time to time as directed by the Department. Such copy of the licensee's current certificate of insurance shall contain at minimum the following:

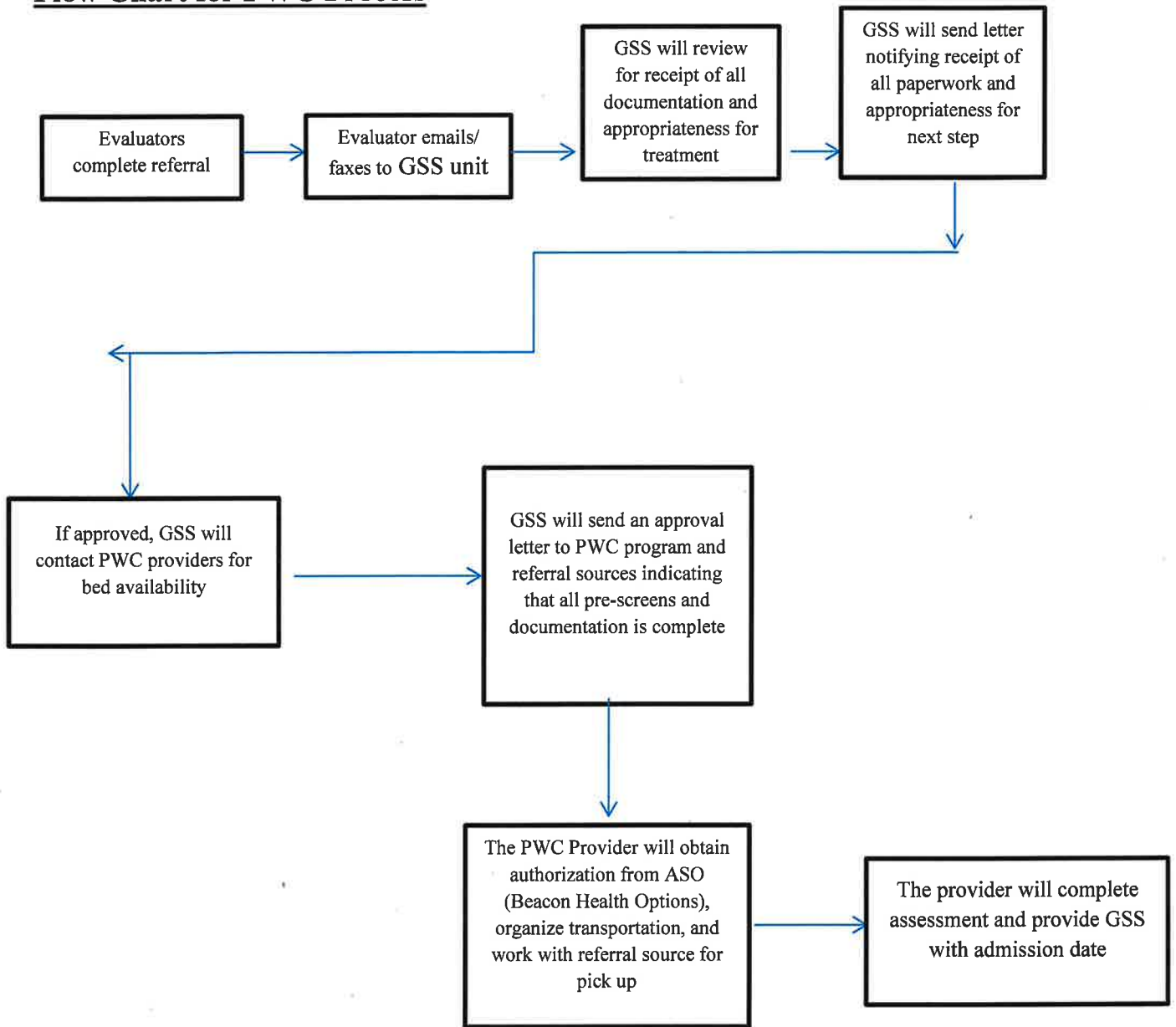
- a. Workers' Compensation- The licensee shall maintain such insurance as necessary and or as required under Worker's Compensation Acts, the Alongshore and Harbor Workers' Compensation Act, and the Federal Employers' Liability Act.
 - b. Commercial General Liability as required in Section 1 of this section
 - c. Errors and Omissions/Professional Liability as required in Section 2 of this section
 - d. Automobile and or Commercial Truck insurance as required in Section 3 of this section
 - e. Employee Theft Insurance as required in Section 4 of this section
6. The State shall be named as an additional named insured on the policies with the exception of the Worker's Compensation Insurance and Professional Liability Insurance evidencing coverage shall be provided prior to the commencement of any activities in this application. All insurance policies shall be endorsed to include a clause that requires that the insurance carrier provide the Department, by certified mail not less than sixty (60) days advanced notice of any non- renewal the licensee shall provide the Department with an insurance policy from another carrier at least thirty (30) days prior to the expiration of the insurance policy then in effect. All insurance policies shall be with a company licensed by the State to do business and to provide such policies.
 7. The Licensee shall require that any subcontractors obtain and maintain similar levels of insurance and shall provide the Department with the same documentation as is required of the licensee.

Problem Escalation Procedure

1. The licensee must provide and maintain a Problem Escalation Procedure (PEP) for both routine and emergency situations. The PEP must state how the licensee will address problem situations as they occur during the performance of the Contract, especially problems that are not resolved to the satisfaction of the State within appropriate timeframes.
2. The licensee shall provide contact information to the Contract Monitor, as well as to other State personnel, as directed should the Contract Monitor not be available.
3. The licensee must provide the PEP no later than ten (10) days after notice of award or after the date of the Notice to proceed, whichever is earlier. The PEP, including any revisions thereto, must also be provided within ten (10) days after the start of each contract year (and within ten (10) days after any change in circumstance which changes the PEP). The PEP shall detail how problems with work under the Contract will be escalated to resolve any issues in a timely manner. The PEP shall include:
 - a. The process for establishing the existence of a problem
 - b. The maximum duration that a problem may remain unresolved at each level in the Contractor's organization before automatically escalating the problem to a higher level for resolution;
 - c. Circumstances in which the escalation will occur in less than the normal timeframe;
 - d. The nature of feedback on resolution progress, including the frequency of feedback, to be provided to the State;
 - e. Identification of, and contact information for, progressively higher levels of personnel in the Contractor's organization who would become involved in resolving a problem;
 - f. Contact information for persons responsible for resolving issues after normal business hours (e.g., evenings, weekends, holidays, etc.) and on an emergency basis; and a process for updating and notifying the Contract Monitor of any changes to the PEP

Nothing in this section shall be construed to limit any rights of the Contract Monitor or the State which may be allowed by the Contract or applicable law.

Flow Chart for PWC Process



Required Forms and Explanations

- 1- Referral Check List- Must be completed for all referrals for PWC residential services.
- 2- Progress Report- Must be completed and emailed to BHA on the 5th of every month to gss.unit@maryland.gov.
- 3- Wait List- This information must be sent to BHA every Monday by noon on the wait list log. Please send to gss.unit@maryland.gov.
- 4- Elements for Admit Letter- This must be sent on the day the individual is admitted by the PWC provider into treatment. Admit Letters can be sent to gss.unit@maryland.gov.
- 5- Elements for Discharge Report –The discharge report must be sent to BHA within 5 days of individual being discharged if individual is being transferred then the discharge summary will be sent to BHA via gss.unit@maryland.gov prior to the patient being transferred.
- 6- Aftercare Plan/Continuing Care Plan – The aftercare plan/Continuing Care Plan should be submitted with the individual's discharge summary.
- 7- Incidence reports with interventions- This must be submitted to BHA following the incidence reporting requirements that are in the PWC manual.
- 8- PWC Application- An application to become a PWC specialty provider must be submitted to gss.unit@maryland.gov and approved.

**BEHAVIORAL HEALTH ADMINISTRATION
PREGNANT WOMEN and WOMEN WITH CHILDREN PROGRAM**

REFERRAL CHECK LIST

- | | |
|--|---|
| <input type="checkbox"/> Name of Individual | <input type="checkbox"/> Date of birth |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Individual's Address |
| <input type="checkbox"/> Release of Information
(BHA & PWC Providers) | <input type="checkbox"/> ASI/TAP/Program Assessments with
Elements of ASI indicated |
| <input type="checkbox"/> ASAM with current date | <input type="checkbox"/> Age of First Use |
| <input type="checkbox"/> Date of last drug use/ Substance used | <input type="checkbox"/> Individuals must be detoxed (If
Necessary). |
| <input type="checkbox"/> Date of last psychiatric appointment | <input type="checkbox"/> Number of dependent children
Included (under 2 years to 10 years
of age) |
| <input type="checkbox"/> A letter from psychiatric with the
individual's diagnoses, medication
prescribed, the psychiatrist's name and
contact number. | <input type="checkbox"/> Documentation of the health/mental
health/behavioral health of child/children |
| <input type="checkbox"/> If pregnant, due date provided by
a doctor. | |
| <input type="checkbox"/> Doctor's name and phone | |
| <input type="checkbox"/> Last pre-natal appointment | |
| <input type="checkbox"/> Methadone referral: (The evaluator,
coordinates with program and methadone
clinic – if appropriate). | |
| <input type="checkbox"/> Child Protective Services (CPS)
involvement –needs letter from worker that
the child will be able to come to treatment
with mother within 45 days of placement | |

**BEHAVIORAL HEALTH ADMINISTRATION
PREGNANT WOMEN and WOMEN WITH CHILDREN PROGRAM**

MONTHLY PROGRESS REPORT

Progress Report Month Date:

Program Name:

Participant's Name:

Pregnant: Yes No Excepted Delivery Date:

Admission Date:

How many children coming into treatment:

Child's Age	Gender

LEVEL OF COMPLIANCE WITH TREATMENT PLAN

Excellent Good Fair Poor

TREATMENT SERVICES PROVIDED:

Individual Counseling Group Counseling Mental Health Treatment
 Medical Case Management: Peer Support:

ATTENDANCE AND PARTICIPATION

Did participant/individual meet the attendance requirements for the program? Yes No

Compared to last report, attendance & participation is:

Improving Declining No change

Has a plan been established to address the attendance problem? Yes No N/A

MENTAL HEALTH TREATMENT

Diagnoses from Psychiatrist/Mental Health Professional:

Medication Prescribed:

Reason for any change in medication:

MEDICATION COMPLIANCE:

Compliant Noncompliant

Has a plan been established to address the problem with compliance? Yes No

OTHER SERVICES:

Describe any other social service agencies that the participant is involved in, including but not limited to, child welfare services, criminal justice services, medical services or other supportive services.

Agency Name:

Contact Name:

Describe Services:

CHILDREN'S SERVICES:

Describe the bonding process with infant and mother:

Has the child received an assessment? Yes No

Has child received a care plan? Yes No

Describe prevention services being provided for child/children:

Describe age/developmentally appropriate activities being provided for child/children:

Name the child/children's community providers and describe services

Describe any other services being provided to the child/ children:

Additional Comments:

Counselor/Therapist Signature _____ Date: _____

Supervisor Signature _____ Date: _____

**BEHAVIORAL HEALTH ADMINISTRATION
PREGNANT WOMEN and WOMEN WITH CHILDREN PROGRAM**

Letter of Admission

Name of Program:

Date:

This letter is to advise the Behavioral Health Administration (BHA) that _____ (Name of Individual) was admitted to treatment on _____ (Date). The participant/individual will be bringing _____ (specify number of children if applicable) of children with her to treatment after approval by Child Protective Services (CPS), release from hospitalization, etc. The expected date for the child/children arrival is _____ (specify date).

Signed: _____ Date: _____

Title: _____



MARYLAND
Department of Health

Behavioral Health Administration
PREGNANT WOMEN and WOMEN WITH CHILDREN PROGRAM

Discharge Summary

Client's Name: _____ **Program Name:** _____

DOB: _____ **Admission Date:** _____ **Date of Discharge** _____

Discharge Status: Successful Unsuccessful

Reason for Discharge:

- Completed
- Transferred
- Noncompliant
- AMA
- Other (specify) _____

HOUSING STATUS UPON DISCHARGE

1. Temporary Housing:

- Long-Term Shelter Homeless Service Center Transitional Housing (up to 24 months)
- Motel Residential Treatment Program Living with Family/Friends

2. Permanent Housing:

- Supportive Housing Program Shelter + Care Section 8 Voucher/ MBQ
- Leases Own Apartment/Room/House Other

3. Corrections or Institution:

- Jail or Correctional Facility Hospital Assisted Living

Was Individual's Housing Status Improved from Initial Contact to Discharge? YES NO

Services Received During Treatment

- Assessment
- Co-Occurring Treatment
- Employment Referral
- Medical Evaluation
- Housing Referral
- Education Referral
- Urinalysis:
- Face to Face Sessions:

Summary of Treatment Plan Goals:

Counselor's Name: _____

Counselor's Signature: _____ Date: _____

Supervisor's Name: _____

Supervisor's Signature _____ Date: _____



MARYLAND
Department of Health

BEHAVIORAL HEALTH ADMINISTRATION
PREGNANT WOMEN and WOMEN WITH CHILDREN PROGRAM

AFTERCARE PLAN/CONTINUING CARE PLAN

LIVING ARRANGEMENT:

Halfway house Recovery house With Relative/Friend Independent:

Address: _____

Housing will be available on: _____

EMPLOYMENT:

Name of business _____

Address: _____

Will begin on: _____ Part Time/Full Time: _____

EDUCATIONAL OR VOCATIONAL TRAINING:

Where: _____ Will begin on: _____

FINANCES:

Public Assistance/TCA SSI/SSDI Employment No Income

Monthly Income Amount: _____

SUBSTANCE ABUSE TREATMENT:

Name of Program _____

Outpatient Intensive Outpatient Medication Assisted Treatment (MAT)

Start date: _____

MENTAL HEALTH TREATMENT:

Name of Program _____ Start Date _____

CASE MANAGEMENT:

Name of Provider _____ Start Date _____

PARENTING CLASSES/COUNSELING:

Name of Program _____ Start Date _____

MEDICAL:

Provider Type (Specify) _____

Appointment Date _____

CONTACTS WITH PATIENT'S SOCIAL SERVICES AGENCIES

Agency: _____

Contact Name: _____

Telephone communication on: _____

Meeting on: _____

Counselor/Therapist Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Incident Reports:

All incidents that require individuals to be administratively discharged based on the severity of the incident are to be reported to BHA within 24 hours of the incident being committed. All incident reports are to be completed on the BHA PWC Incident report form. The reports are to be sent to BHA via the gss.unit@maryland.gov email address.

For extreme incidents that require the family to be discharged immediately, a report must be completed and submitted to the gss.unit@maryland.gov email address within 12 hours of the incident. If any action is needed by BHA then a response will be emailed back to the program once the information is received.

Emergency Discharge Protocol

Occasionally an emergency discharge may be unavoidable. If an individual refuse to abide by program policies and/or poses a threat to the safety of staff and other residents, an emergency discharge may be executed. BHA must be notified prior to all emergency discharge/exits.

- a. Discharge due to Physical/Verbal Assaults- If an individual commits physical assault or threatens physical harm, emergency responders (police) may be called to deescalate the situation. Individuals may be discharged to the custody of the emergency responders. An incident report must be completed in accordance with BHA's Incident Reporting Policy.
- b. Discharge due to Attempted Suicide or Suicidal Ideation- In the unfortunate case that an individual attempts to harm herself or threatens suicide, emergency medical responders must be called immediately. Individual may be discharged to the care of the emergency medical responders for psychiatric assessment and treatment. An incident report will be completed in accordance with BHA's Incident Reporting Policy.
- c. Discharge due to Noncompliance- If an individual fails to abide by program rules and refuses to obey the policies and procedures set by the treatment program, a 24- hour notice must be issued to individual prior to discharge. The treatment facility must work with the client to ensure a safe and appropriate discharge; this includes contacting BHA to inquire about bed availability at another treatment program.

Discharge Against Medical Advice (AMA)

An individual is considered AMA/absconded status if she leaves the facility without authority/supervision. As soon as staff determines that an individual has absconded from the

facility, a complete incident report form must be initiated to include the time of discovery along with all processes implemented to assist with locating the individual.

Emergency Discharge Protocol for Children

It is important to develop a plan for the individual's child/children during an emergency discharge. Once the decision has been made to execute an emergency discharge, the facility must begin the process of ensuring that the individual and her child/children have a safe, alternative housing option. At no time shall the individual and her child/children be discharged without an alternative housing option. The treatment facility may contact BHA to inquire about availability at another residential program, or assist the individual with locating a shelter/transitional house. If the individual refuses to enter another treatment program or transitional housing program, the facility must obtain verification of the individual's housing plans. Housing plan verification may include a letter from a family member, a rental lease agreement, housing program acceptance letter, etc.

Please note: If the individual has an open CPS case, CPS must be notified prior to discharge. If individual leaves the facility in AMA, CPS and BHA must be notified as soon as staff discovers that the individual has left.



MARYLAND
Department of Health

Pregnant Women and Women with Children Program

Incident Report

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

PROGRAM NAME: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____

DATE OF INCIDENT: _____

LOCATION: _____

CITY: _____

STATE: _____

ZIP CODE: _____

INCIDENT DESCRIPTION

NAME OF PARTIES INVOLVED

1. _____

2. _____

NAME OF WITNESSES

1. _____

2. _____

POLICE REPORT FILED? YES NO

FOLLOW-UP ACTION

SUPERVISOR
NAME: _____

SUPERVISOR
SIGNATURE: _____

DATE: _____

Behavioral Health Administration (BHA) Application for Specialty Residential Substance Use Treatment: Pregnant Women and Women with Children (PWC); (SB 512) Drug Exposed Newborns; (HB7) Child Welfare

Please complete the following application if you are seeking to become an approved ASAM level 3.3 Residential Treatment Provider for Pregnant Women and Women with Children (PWC), an approved BHA provider to provide ASAM level 3.3 for through Senate Bill 512 (Drug Exposed Newborns) Initiative, and/or House Bill 7 (Child Welfare) Initiative.

Date of Application:			
Program Name:			
Location/Address:		City/State/Zip Code:	
Contact Person:		Title:	
Contact Phone Number:		Email:	
NPI Number:			
Medicaid Provider Number:			
Specify Status of Medicaid Provider Application:			
Total Bed Capacity:	PWC: <input type="checkbox"/>	SB512: <input type="checkbox"/>	HB7: <input type="checkbox"/>
Identify which program you are applying to become below:			
Check all apply:	PWC: <input type="checkbox"/>	SB512: <input type="checkbox"/>	HB7: <input type="checkbox"/>

APPLICATION TO BECOME A PREGNANT WOMEN AND WOMEN WITH CHILDREN (PWC) PROVIDER:

Section I:

Describe the services, processes and protocols your program will use to meet each of the following requirements:

1. Provide clinical and programmatic services to pregnant women, women with dependent children, and women who are attempting to regain custody of their children.

2. Provide family centered treatment.

3. Ensure that services are gender responsive.

4. Ensure that women who are on medication assisted therapies will continue to have access to medication during residential treatment.

5. Ensure that women have been referred and have medical/prenatal care.

6. Utilize required nursing services within the program.

7. Describe how women and children will be provided mental health/psychiatric services.

8. Coordinate treatment services with preventive health services (TB/HIV, etc.).

9. Coordinate treatment services with other social services.

10. Coordinate treatment services with criminal justice services, including services through Health General 8-507.

11. Coordinate treatment services with employment services.

12. Provide case management services to ensure that women and children have access to needed community resources.

13. Provide access to transportation for women and their children.

14. Integrate problem gambling and smoking cessation services within treatment.

15. Provide trauma-informed services to address the needs of women who have experienced domestic/intimate partner violence or other trauma.

16. Provide services for Fetal Alcohol Syndrome.

17. Educate women and staff on Safe Sleep practices for infants and children.

18. Provide clinical services for women and children on the weekends.

Section II:

Describe the services, processes and protocols your program will use to meet each of the following requirements:

1. Provide an evidence-based assessment that will be implemented for all children admitted to the treatment program.

2. Ensure that all children have current immunizations.

3. Provide and/or refer children for pediatric care.

4. Develop a care plan that will be implemented for all children who are in care with their parent.

5. Provide prevention services for the children in the treatment program.

6. Implement therapeutic interventions to address the developmental needs of the children.

7. Provide services that address the needs of children who have experienced physical abuse, sexual abuse and/or neglect issues.

8. Ensure that all school age children attend local community schools and child care centers when applicable.

9. Monitor children while the parent is participating in treatment.

10. Provide a safe, structured living environment for children who are residing with their parent in residential treatment.

APPLICATION TO BECOME A SB 512 (DRUG EXPOSED NEWBORNS) PROVIDER:

Describe the services, processes and protocols your program will use to meet each of the following requirements:

1. Provide clinical and programmatic services to women with dependent children and women who are attempting to regain custody of their children.

2. Provide services that address relapse after pregnancy.

3. Provide postpartum services.

4. Provide services that are co-occurring capable.

5. Provide mental health/psychiatric services within the program and/or refer individuals to mental health/psychiatric services outside of the program.

6. Provide services to women who are striving for re-unification with their child/children.

7. Collaborate with Child Welfare Services in the treatment planning process.

8. Provide assessment and services that address domestic violence and other trauma related issues.

9. Ensure that services are gender responsive.

10. Integrate problem gambling and smoking cessation services within treatment.

APPLICATION TO BECOME A HB 7 (CHILD WELFARE INVOLVED FAMILIES) PROVIDER:

Describe the services, processes and protocols your program will use to meet each of the following requirements:

1. Provide clinical/programmatic services that will address the needs of Child Welfare involved individuals.

2. Develop treatment plans that address the Substance Use Disorder (SUD) and the psychological needs of families involved with the Child Welfare System.

3. Collaborate with Child Welfare/Child Protective Services (CPS) and other social services organizations to identify strategies that will support the needs of a healthy family.

4. Integrate problem gambling and smoking cessation services within treatment.



MARYLAND
Department of Health

Behavioral Health Administration

Specialty Provider Attestations

ATTESTATION THAT PROGRAM COMPLIES WITH SPECIFIC PROGRAM AND SERVICE DESCRIPTIONS (S) FOR PREGNANT WOMEN, WOMEN WITH CHILDREN, SUBSTANCE EXPOSED NEWBORNS (SB 512), CHILD WELFARE INVOLVED FAMILIES (HB 7):

I, (Insert Name), am affirming that (Insert Corporate/Business Name) is in compliance and will remain in compliance with all applicable regulations, including all program/service descriptions, specific to staffing requirements and appropriate staff credentials as they relate to the program (s)/services identified in this application.

Signature

Date

ATTESTATION OF COMPLIANCE WITH RELEVANT FEDERAL, STATE, OR LOCAL ORDINANCES, LAWS, REGULATIONS, AND ORDERS GOVERNING THE PROGRAM:

I, (Insert Name) am affirming that (Insert Corporate/Business Name) shall comply with all applicable federal, state and local ordinances, laws, regulations, transmittals, guidelines, orders, administrative services organization provider alerts, and provider manual instructions governing the program.

Signature/Title

Date

ATTESTATION OF AGREEMENT TO PREGNANT WOMEN, WOMEN WITH CHILDREN, SB 512, AND HB 7 REQUIREMENTS:

I, (Insert Name), am affirming that (Insert Corporate/Business Name) have read the requirements of Pregnant Women, Women with Children, Women attempting to regain custody, SB 512, and HB 7 Certification Manual. I agree to all requirements, including providing specialty services approved for under rate and reporting requirements.

Signature/Title

Date