

WOMEN'S SPECIALTY SERVICES (WSS) GUIDANCE DOCUMENT

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I. Client Eligibility Requirement

A. Women and Families Specialty Services

In order for a client to be eligible for Women and Family Specialty Services (WSS) grant support a client must be a female* resident of the LRP region in substance-use-disorder treatment (any age), being served at a designated or gender competent Women's Specialty Program; **and** meet at least ONE of the following conditions:

1. Be pregnant or postpartum up to 1 year;
2. Have legal or physical custody of minor children (may be grandchildren, etc.), this should not exclude parents whose children are temporarily placed in foster care;
3. Be at risk of losing legal custody of a child or children, but have not permanently lost custody of all children (CPS or other legal case active or under review);
4. Be enrolled in a Maternal Support Services/Infant Support Services (MSS/ISS) program; or WIC food program;
5. Be enrolled in the MDCH-sponsored family planning services program "Plan First";
6. Be enrolled in Michigan Medicaid under any of the following classifications: Healthy Kids, Caretaker Relative, or Group 2 Pregnant Women;
7. Be enrolled in a local Maternity Outpatient Services (MOMS) program

*Males meeting criteria # B, C or F and acting as a single parent qualify for transportation and/or childcare support.

Qualifying conditions must be noted, verified, and documented in client file.

Non-CMHSP Funded Treatment Clients – Clients who meet eligibility requirements but whose standard treatment is funded through another coordinating agency or MDOC, may still receive WSS funding for ancillary services.

B. Enhanced Women's Services

Any woman who is pregnant, or up to twelve months post-partum with dependent children, is eligible for participation in Enhanced Women's Services. This includes women who are involved with child welfare services and are attempting to regain custody of their children. If a woman enrolled in Enhanced Women's Services permanently loses custody of her children, and is not currently pregnant, she must be transferred to other support services, as she is no longer eligible for women's specialty services.

Due to the limited case load allowed for EWS, priority for services must be given in the following order:

1. Clients who are pregnant and have had a positive drug screen or report alcohol use.
2. Clients with dependent children who have reported use of alcohol or other drugs during a previous pregnancy who are of childbearing age and are not using an effective means of birth control.
3. Clients up to one year post-partum at risk of permanently losing custody of their child(ren).

II. Funding Requirements And Restrictions:

- A. Grant funds budgeted must be spent only on supplies and services purchased through designated or gender-competent programs. Enhanced women's services may only be provided by designated programs.
- B. Grant funds are to be used for services and expenses specific to a Women and Families Specialty Service beyond the regular provisions of treatment delivered to other, non-eligible clients.
- C. WSS funds must not supplant payments from other sources which the program, woman or her child are eligible to receive from other state, local, federal insurance or personal resources.
- D. Access to the specialty benefits, with the exception of Enhanced Women's Services, must be available and offered to all pregnant, postpartum, or parenting women and their children in the program on an equal basis, to the extent resources allow.
- E. Cash payments, checks, or other payments convertible to cash, are not allowed to be given to clients using Women's Specialty funds.

III. WSS Service Categories (to be provided or arranged for):

It is not required that providers pay for all of the services within these categories, but access to services should be arranged to the extent feasible.

A. Specialized gender-specific treatment, support services, and related materials:

1. Issues of relationships, sexual and physical abuse, parenting, self-esteem, and self-determination, through women-only individual and group sessions. Unless approved by the CMHSP, the basic treatment hours, either 1:1 or group, are not paid for with the special funding. These service components are to be paid for through the regular treatment payment sources unless private insurance, Medicaid, Medicare, personal funds, or other Michigan substance abuse treatment funds cannot be used.
2. Specialized therapy resources, such as books, videos, or tapes specific to a pregnant or parenting woman's recovery needs.
3. Participation in specialized, gender-specific educational or support groups for eligible women, particularly for pregnant or parenting women. Specialized women's and /or family counseling services beyond the scope of standard treatment.

B. Care Coordination/Case Management:

Individual and family-centered case management services beyond the scope of routine treatment, to assure that needs for transportation, child care, medical/dental services, or other public health and social services are addressed to the extent possible, so as to not be barriers to participation and progress in substance abuse treatment; and to be coordinated with other service providers.

A WSS client may continue to receive case management services beyond discharge, when appropriate by agencies that are licensed to provide case management services.

C. Primary health care: determination of need for, and referral to, primary medical or other health care services:

Specific determination of a woman's and her children's primary health care needs, including:

1. Basic prenatal or other medical exams and primary care services for female clients who are pregnant or parenting minor dependent children;
2. Primary pediatric care needs of a client's minor dependent children living with her, including immunization/vaccination status;
3. Gynecological exam, pap test, tests for communicable diseases;
4. Public health services, including those for which fees are charged;
5. Basic or emergency dental care for a woman and/or her children;
6. Physician or dentist authorized prescriptions for prenatal vitamins, contraceptives, antibiotics, or other medications necessary to protect the health of the woman and/or her children, and;
7. Other medical needs which may affect a client's ability to participate and progress in treatment.

Referrals are to be made to indicated services, with necessary steps to assure timely access to services.

Clients eligible for Medicaid or other health insurance plans must use the resources of those plans. Programs may elect to pay for the following services **if no other funding sources are available to the client or her children**. All insurance and other publicly funded service benefits must be sought first, including Medicaid, HMP and MICHild, if eligibility is possible.

D. Child care and children's therapeutic services:

1. Programs should refer clients to special child assessment, education, counseling, substance abuse prevention, and support services which address the special needs of children whose parent(s) are addicted to alcohol and/or other drugs.
 - If a formal developmental assessment is recommended by a physician or education specialist, the program shall assist the client and child in obtaining these services. A program may pay for this service **if no other source of coverage or free service can be secured and program funds are available**. Formal developmental assessments are usually available without charge. Contact your local community mental health agency, local school system, or Call 211 for local resources.
2. Child care shall be provided, or arranged for, during the time the child's mother is in formal treatment sessions and related therapeutic activities where the child's presence

is not appropriate or would be negatively distracting to the client and others. This is a mandatory element of a designated WSS service. Policies on payments for unlicensed child care apply (see below). Other public benefit programs (MDHS) should be pursued for eligible families. A client's ability to pay for child care should also be considered; clients may be asked to share the cost of child care when this seems appropriate.

Basic child care requirements and restrictions:

- Child care may be provided during therapy sessions and related appointments through a combination of on-site childcare, off-site child care by a licensed provider, on-site child care by the child's mother, and school attendance for school age children.
- Off-site child care may be arranged with a relative or friend (selected by the client) who is expected to be able to provide a safe, drug-free environment for the child or children, but cannot be paid for with Women's Specialty funds. Off-site care by relatives or friends cannot be the primary mode of care arranged. Some provisions must exist for on-site contact between a client in residential care and her non-resident minor children unless restricted by legal order or geographic distance.
- Private, voluntary foster care may be arranged for a woman's child(ren) as a last resort. Programs may contribute to the costs of such care as they are able, but shall do so within the constraints of their own budgets. Care should be taken not to expend program funds in this situation to such a degree that child care services for children of other participating women or other WSS program elements are jeopardized during the budget year.

Policies regarding payments for child care services:

- In order for child care expenses to be paid with Women's Specialty funds, the following information on each external paid child care provider must be on file at the agency:
 - Legal name, per license
 - Operator name
 - Owner/board members
 - Legal address and phone number
 - Copies of state licensing and accreditation as a child care provider

Within the first week after admission to the treatment program, application for Michigan Department of Human Services (DHS) child care benefits should be pursued by eligible treatment clients. If approval is provided by DHS, then benefits for child care services should be covered by the local DHS office for services rather than by the WSS agency.

E. Transportation:

Transportation should be provided or made available to and from substance abuse treatment sessions, transfers between treatment providers, directly related activities of the program; to and from medical appointments and other services to which the woman or her child has been referred by the program and/or which are necessary for the woman's continued participation and progress in treatment. Medicaid clients should use DHS-funded services whenever possible (documentation of application must be in client file).

Transportation to school or external day care for children in a residential program with their mother may be supported if free public school transportation is not available.

Access to a variety of modes of transportation may be offered by programs, including but not limited to: van service, bus tickets or passes, taxi payments, bicycles for local use, ride sharing in private automobiles, and fuel vouchers for private autos. Cooperative arrangements with area transportation services operated by other programs are encouraged.

F. Other/Contingencies:

When needs that directly impact a client's ability to complete the treatment program are not covered by other resources available to the woman or her children they may be supported through WSS funding. This decision is at the discretion of the program management, and must be within budget limitations. Examples include:

1. Essential household items not available free from other community sources; baby supplies; emergency food supplies; children's items.
2. Emergency housing arrangements for woman and her children if payment is required and usually charged. This does not include deposits on rental units or rental or mortgage assistance.
3. Drug testing, when indicated, is encouraged. If routine drug testing is a part of the program for all enrolled clients, it may not be billed to the "Women and Families Specialty Services" grant, unless fees are charged to non-WSS clients.
 - a. Programs are expected to be "prudent purchasers" of drug testing. If the WSS routine intake procedures include a medical exam, with drug testing, the costs may be paid for from the Women and Families program budget.
 - b. Repeated testing should be used mainly in instances where there appears to be a lack of progress in treatment, poor attendance, or other specific signs or signals of likely continued alcohol/drug use.
 - c. Testing should not duplicate that being done by the criminal justice system as part of the client's legal monitoring procedures. These testing results should be acquired through a release from the client, and communication with the probation or parole staff.
4. Specialized, individual, non-substance abuse personal/mental health counseling services when beyond routine substance abuse treatment, if not covered by other available funding sources.
5. Other items or services for individual pregnant or parenting women and their children,

as determined necessary and affordable by the program management.

G. Enhanced Women's Services

1. Background Information

In 2008, the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (MDCH/BSAAS) was awarded a four-year grant from the Center for Substance Abuse Prevention (CSAP) to implement the Parent-Child Assistance Program (PCAP), an evidence-based program developed at the University of Washington. PCAP is a three year case management/advocacy program targeted at high-risk mothers who abuse alcohol and drugs during pregnancy.

Funding provided by this federal grant was directed to Kent, Muskegon and Berrien counties. The federal grant ends May 31, 2012 and in order to sustain and expand services to additional coordinating agency regions, MDCH/BSAAS has established guidelines for Enhanced Women's Services which are similar to the Parent Child Assistance Program. MDCH/BSAAS has also notified coordinating agency's that they may provide Enhanced Women's Services at designated women's specialty providers with Women and Families Specialty funding.

2. Overview of Enhanced Women's Services Philosophy:

The EWS model uses a three-pronged approach to target the areas where women have problems that directly impact the likelihood of future alcohol or drug exposed births:

4. To eliminate or reduce the use of alcohol or drugs. Individuals who are involved with EWS are connected with the full continuum of substance use disorder services to help the woman and her children with substance use and abuse.
5. To promote the effective use of contraceptive methods. If a woman is in control of when she becomes pregnant, there is a higher likelihood that the birth will be alcohol and drug-free. Referrals for family planning, connecting with a primary care physician, and appropriate use of family planning methods are all considered interventions for this aspect of programming.
6. To teach the woman how to effectively use community-based service providers, including accessing primary and behavioral health care. The peer advocate teaches women how to look for resources and get through the formalities of agencies in order to access needed services, and how to effectively use the services

Traditional case management services offered through designated women's programs tend to be for the duration of the woman's treatment episode and only office-based interventions. These interventions are frequently performed by the assigned clinician, and involve linking and referring the client to the next level of care or other supportive services that are needed.

EWS are designed to encourage providers to take case management to the next level for designated women's providers. This is a long-term case management and advocacy program, and outcomes such as increased retention, decreased use, increased family

planning, and a decrease in unplanned pregnancies have shown that the extended support time and commitment to keeping women involved serves this population well.

The EWS model shares the same theoretical basis, relational theory, as women's specialty services. Relational theory emphasizes the importance of positive interpersonal relationships in women's growth, development and definition of self, and in their addiction, treatment and recovery.

The Enhanced Women's Services, technical advisory #08 identifies core components of PCAP needed for implementation of EWS, and should be considered a supplement to the BSAAS Women's Treatment Policy (BSAAS Treatment Policy #12) and this Reference Manual.

3. Service Requirements:

- Programs providing EWS program must follow the guidelines as established in the Women's Treatment Policy (BSAAS Treatment Policy #12), as well as requirements outlined in the Enhanced Women's Services Treatment Technical Advisory #08)
- As identified in the Individualized Treatment Policy (BSAAS Treatment Policy #06), treatment must be individualized based on a bio-psycho-social assessment, diagnostic impression and client characteristics that include, but are not limited to age, gender, culture, and development. As a client's needs change, the frequency, and/or duration of services may be increased or decreased as medically necessary. Client participation in referral and continuing care planning must occur prior to a move to another level of care for continued treatment.
- Reasonable and appropriate transportation services for enrolled clients to relevant appointments and services must be provided or arranged for. Transportation assistance through peer advocates should include empowering clients to access local transportation and to find permanent solutions to transportation challenges. Peer advocates' billable time for transporting clients to and from relevant appointments is allowable and encouraged.
- Active efforts must be made to engage clients who are "lost" or drop out of the program, and efforts made to re-engage the client in services. Peer advocates must demonstrate persistence of the peer advocate to stay in touch with their clients. A woman is not discharged from EWS because she has not been in contact with her peer advocate for a month or more. It is expected that the peer advocate will actively look for clients when they have unexpectedly moved, and will utilize emergency contacts provided by the client to re-engage her in services.
- Advocates who provide EWS must be peers, to the extent that they are also mothers and may have experienced similar circumstances as their potential clients. They do not need to have a substance use disorder (SUD), or be in recovery from a SUD. Agencies should follow their cultural competency plan for hiring peer advocates. The peer advocate must meet current state training or certification requirements applicable to their position.

- Maintain engaged and consistent contact with each EWS client for at least 18 to 24 months in a home visitation/community based services model, expandable up to three years.
- Services must be:
 - Coordinated with extended family and other providers in the client’s life. Efforts must be made to coordinate primary and behavioral health care for the client. Services should link and refer clients to appropriate community services for clients and dependent children as needed, including schools.
 - Use motivational interviewing and stages of change model tools and techniques to help clients define and evaluate personal goals at a minimum of every three months.
 - Be coordinated with extended family and other providers in the client’s life, including coordination with primary and behavioral health.
 - Continued despite relapse or setbacks, with consideration to increasing services during this time.
 - Continue to be offered to women whose children have been removed from the home by Child Protective Services as long as mother is attempting to regain custody.
 - Strength-based, using a relational theory perspective.
- Peer advocates must receive supervision twice monthly at a minimum and may maintain a maximum case load of 15 per full-time peer advocate.
- Referral agreements must be established with appropriate community agencies to provide family planning options and instruction.
- Children, of appropriate age, must be screened using the Fetal Alcohol Syndrome (FAS) Pre-screen form attached to the Fetal Alcohol Spectrum Disorders Policy (BSAAS Treatment Policy #11)

4. Requesting Approval to Provide EWS services

EWS services must be pre-approved by the CMHSP prior to implementation by programs. Pre-approval will require the submission of an application which addresses each of the following areas:

- Description of the agency’s current or previous experience with case management and peer based services.
- Description of how the project will be staffed. Include the amount of staffing provided to the project for both peer advocates and a supervisor.
- Description of how the agency will prioritize clients to be enrolled in programming.
- Description of the agency’s relevant experience providing community/home-based services. If your agency does not currently provide such services please provide a description of how the agency will establish and supervise this type of service.
- Description of the agency’s established relationships with referring agencies. Including a description of established relationships with the child protective services system, Department of Human Services, and local courts and illustrative examples to demonstrate the effectiveness of these relationships.

- Description of the agency’s current process for providing transportation services?
- Description of how the agency will arrange for and support staff training as required requirements provided on page 6 of the Enhanced Women’s Services Technical Advisory #08)?
- Description of how the EWS programming would coordinate care for clients when receiving substance use disorder treatment at another agency. Describe how your agency currently partners with other SUD treatment centers and how the agency would ensure effective coordination of services.
- Description of the agency’s connections/working relationship with a larger health service network that can link clients to needed primary care, psychological care, pre-natal and pediatric care.
- Description of how services will be coordinated with existing Women and Families Specialty programming and funding.
- A Budget Cost-Detail with supporting narrative identifying the related expenses for provision of EWS and must include the amount of funds expected to be received through Medicaid or HMP reimbursement.

IV. Requirements of All WSS Service Providers

All Programs Receiving Women and Families Specialty Funding must ensure that the agency provides gender-responsive services as demonstrated through the following requirements:

- A. **Accessibility:** There are many barriers that may critically inhibit attendance and follow-through for women with children. They may include child care, transportation, hours of operation and mental health concerns.

Provider Requirement:

- Providers must demonstrate a process to reduce barriers by ensuring that priority population requirements are met, as well as providing ancillary services or ensuring that appropriate referrals to other community agencies are made.
- Providers must publicize the availability and priority admission status of WSS. Programs are required to publicize the availability of services and indicate that pregnant and parenting women are a priority for treatment. Flyers and brochures must clearly state that persons who qualify for women’s specialty services (WSS) “are a priority for treatment.” Sample wording that meets the requirement is provided below:

“Priority placement is given to pregnant women, women with children and those with Child Protective Services involvement.”

- B. **Assessment:** Women with children need to be assessed and treated as a family unit. Women often both enter and leave treatment because of their children’s needs. By assessing the family and addressing areas that need strengthening, providers give women a better chance at becoming stable in their recovery.

Provider Requirement: Assessment shall be a continuous process that evaluates the client's psychosocial needs and strengths within the family context, and through which progress is measured in terms of increases stabilization/ functionality of the individual/family. In addition, all assessments shall be strength-based.

- C. **Psychological Development:** Many of the traditional therapeutic techniques reinforce women's guilt, powerlessness and 'learned helplessness' particularly as they operate in relationships with their children and significant others.

Provider Requirement: Provider shall demonstrate an understanding of the specific stages of psychological development and modify therapeutic techniques according to client's needs, especially to promote autonomy.

- D. **Abuse/ Violence/ Trauma:** A history of abuse, violence and trauma often contributes to the behavior of substance abusing and dependent women. A provider who does not take this history into consideration when treating the women is not fully addressing the addiction and resulting behaviors.

Provider Requirement: Providers shall:

- Develop a process to identify and address abuse, violence, and trauma issues.
- Services must be delivered in a trauma-informed setting and provide safety from abuse, stalking from partners, family, other participants, visitors and staff.

- E. **Family Orientation:** Many women present in a family context with major family ties and responsibilities that will continue to define their sense of self. Drug and alcohol use in a family puts children at risk for physical and emotional growth and developmental problems. Early identification and intervention for the children's problems is essential.

Provider Requirement: Providers must identify and address the needs of family members through direct service, referral or other processes. Families are a family of choice defined by the clients themselves. Agencies will include informal supports in the treatment process when it is in the best interest of the client.

- F. **Mental Health Issues:** Women with substance abuse problems often present with concurrent mood disorders and other mental health problems.

Provider Requirement: Providers must demonstrate the ability to identify concurrent mental health disorders and develop a process to have the treatment of these disorders take place, in an integrated fashion, with substance use disorder treatment and other health care. It is important to note that treatment for both mental health and substance use disorders may lead to the use of medication as an adjunct to treatment.

- G. **Physical Health Issues:** Women with substance use disorder and their children are at high risk for significant health problems. They are at a greater risk for communicable diseases such as HIV, TB, hepatitis, and sexually transmitted diseases. Prenatal care for women using/abusing substances is especially important, as their babies are at risk for serious physical, neurological and behavioral problems. Early identification and intervention for children's physical and emotional growth and development, and for other health issues in a family is essential.

Provider Requirement: Providers shall: Inquire about health care needs of the client and her children, including completing the Fetal Alcohol Syndrome Disorder screening as appropriate (MDCH/BSAAS Treatment Policy #11, 2009), Make appropriate referrals, and Document client and family health needs, referrals, and outcomes.

- H. **Legal Issues:** Women entering treatment may be experiencing legal problems including custody issues, civil actions, criminal charges, probation and parole. This adds another facet to the treatment and recovery planning process and reinforces the need for case management associated with women's recovery services. By helping a woman identify her legal issues, steps that need to be taken, and how to incorporate this information into goals for her individualized treatment plan, a provider can greatly reduce stress and make this type of challenge seem more manageable.

Provider Requirements: Providers shall document each client's compliance and facilitate required communication to appropriate authorities within the guidelines of federal confidentiality laws. Additionally programs will individualize treatment in such a way as to help a client manage compliance with legal authorities.

- I. **Sexuality/ Intimacy/ Exploitation:** A high rate of treatment non-compliance among females with substance use disorders, with a history of sexual abuse, has been documented. The frequent incidence of sexual abuse among women with substance use disorders necessitates the inclusion of questions specifically related to the topic during the initial evaluation (assessment) process. Lack of recognition for sexual abuse history or improper management of disclosure can contribute to a high rate of non-compliance in this population.

Provider Requirements: Providers shall:

- Conduct an assessment that is sensitive to sexual abuse issues,
- Demonstrate competence to address these issues,
- Make appropriate referrals,
- Acknowledge and incorporate these issues in the recovery plan, and
- Assure that the client will not be exposed to exploitive situations that continue abuse patterns within the treatment process.

Note: Co-ed groups are not recommended early in treatment, and physical separation of sexes is recommended in residential treatment settings.

- J. **Survival Skills:** Women's treatment is often complicated by a variety of problems that must be addressed and integrated into the therapeutic process. Many of these problems may be addressed in the community, utilizing community resources, which will in turn help the client build a supportive relationship with the community.

Provider Requirements: Providers must identify and address WSS client needs in the following areas:

- Education and literacy,
- Job readiness and job search,
- Parenting skills,
- Family planning,

- Housing,
 - Language and cultural concerns,
 - Basic living skills/self-care,
 - The provider shall refer the clients to appropriate services and document both the referrals and outcomes.
- K. **Continuing Care/ Recovery Support:** In order for a woman to maintain recovery after treatment, she needs to be able to retain a connection to treatment staff or case managers, and receive support from appropriate services in the community.

Provider Requirements: Providers shall:

- Develop a recovery/ continuing care plan with the client to address and plan for the client’s continuing care needs,
- Make and document appropriate referrals as part of the continuing care/recovery plan, and
- Remain available to the client as a resource for support and encouragement for at least one year following discharge.

V. Requirements Specific to Designated Women and Families Specialty Programs

- A. **Service Categories:** Designated programs are required to offer or arrange for ALL of the defined gender-specific and ancillary support services, including: **1.**specialized gender-specific treatment, support services, and related materials, **2.**women's and families' care coordination, **3.** primary health care determination of need for and referral, **4.**child care and children's therapeutic services, and **5.** transportation.

These services, as needed, must be offered to all eligible women entering the program regardless of type of insurance or personal income level. Clients with the means to pay, through insurance, other third-party, or personal resources, may be expected to contribute to the cost of these services. The use of the LRP sliding fee schedule is recommended for these services as well as being required for the basic treatment services.

- B. **Pregnant Clients:** The number of **pregnant women** served in each agency with a WSS designation shall be maintained annually. Continuous efforts to recruit and retain pregnant women must be demonstrated.
- C. **Education/Training of Staff:** In order for staff to have appropriate knowledge related to Women’s treatment services, training in addition to current credentialing standards is required.

Appropriate topics for gender specific substance use disorder training include, but are not limited to:

- Women’s studies
- Trauma
- Grief
- Relationships
- Parenting

- Child Development
- Self-esteem/empowerment
- Relational Treatment model
- Women in the criminal justice system

Individuals working and providing direct service within a designated program must have completed a minimum of:

- 12 semester hours, or the equivalent of 64 hours of training in a workshop format, of gender specific substance use disorder training

OR

- 2080 hours of gender specific substance use disorder training/work experience within a designated women’s program supervised by someone who meets the requirement.

Those not meeting this requirement must be supervised by another individual working within the program, and be working toward meeting the requirements.

Documentation is required to be kept in personnel files.

VI. Requirements Specific to Gender-Competent Programs

- A. **Service Categories:** Gender competent programs are required to provide specialized gender-specific treatment, support services and related materials. In addition the program must offer at least one of the following support service categories, including: **1.**women's and families' case management, **2.** primary health care determination of need for and referral, **3.** child care and children's therapeutic services, and **4.** transportation. This service, as needed, must be offered to all eligible women entering the program regardless of type of insurance or personal income level. Clients with the means to pay, through insurance, other third-party, or personal resources, may be expected to contribute to the cost of these services. The use of the LRP sliding fee schedule is recommended for these services as well as being required for the basic treatment services.
- B. **Education/Training of Staff:** In order for staff to have appropriate knowledge related to Women’s treatment services, training in addition to current credentialing standards is required.

Appropriate topics for gender specific substance use disorder training include, but are not limited to:

- Women’s studies
- Trauma
- Grief
- Relationships
- Parenting
- Child Development
- Self-esteem/empowerment
- Relational Treatment model
- Women in the criminal justice system

- Women and addiction

Those working and providing direct service within a gender competent program must have completed:

- a minimum of 8 semester hours, or the equivalent of 42 hours of training in a workshop format, of gender specific substance use disorder training.

OR

- 1,040 hours of gender specific substance use disorder training/work experience within a designated women’s program supervised by someone who meets the requirement.

Those not meeting this requirement must be supervised by another individual working within the program, and be working toward meeting the requirements. Documentation is required to be kept in personnel files.

VII. Reimbursement Structure:

Guidance will be provided by the CMHSP for submission of billing and reimbursement.

A. Allocations

Agencies will be provided with target allocation amounts each fiscal year. Funding utilization will be managed through itemized, client-specific billing for all costs that can be assigned to specific clients.

Funding for Women’s Specialty services is limited and is not an entitlement. Therefore, **agencies must monitor their billing against the target allocation to ensure that services are available year round to all eligible clients.** If an agency’s budget has been spent, it cannot reimburse for ancillary services. Expenditures will be reviewed with submission of the June Financial Status Reports to determine if a budget amendment is necessary. The CMHSP should be contacted if essential supports are needed for pregnant clients beyond available funds.

B. Rate Guidance By Ancillary Service Category

1. Care Coordination/ Case Management:-

Case Management or Care Coordination services for Women’s Specialty or EWS clients shall be authorized, reported and reimbursed through the ProviderConnect data system at the currently approved Reimbursement Rate. The “HD” modifier must be used for all WSS and EWS clients.

Services must be guided by a client’s case management goals and objectives and be consistent with the rest of the clients’ individualized, coordinated, comprehensive treatment plan of service.

Full service requirements and billing procedural guidance are provided in the *Case Management Guidance Document* provided as an Attachment to the Provider Manual.

2. Transportation:

Billing for transportation costs must reflect the actual cost of transportation services received by the client. Transportation expenditures are to be billed as a monthly lump sum for each client.

Allocating Fixed Transportation Costs to Individual Clients: In order to allocate costs to each client receiving transportation services, you will need to determine the total expense for this service for the month. Divide this expense amount by the number of rides provided. This amount will equal the amount that your agency should bill for transportation per ride. Billing should be specific to each client.

For example, if transportation expenses for the month of January 2008 were \$200 and 20 rides were provided, the cost per ride would equal \$10 (200 divided by 20). If a client received a ride on January 5, 2008 and a ride on January 10, 2008 you would enter a combined transportation expenditures for the monthly billing period in the amount of \$20 total.

If no clients were provided with transportation services you will report this expenditure on the WSS Expense Detail worksheet; List the client ID as "Group" and indicate that 0 rides were provided in the appropriate space.

3. Child Care:

Billing must reflect the actual cost of child care services received by each client. Child care expenditures are to be billed individually by client as one monthly lump sum for each client.

Allocating Fixed Child Care Costs to Individual Clients: If monthly child care costs are fixed, agencies will need to allocate these costs to individual clients. In order to do this, agencies will need to determine the total monthly expense for this service. Divide the monthly expense amount by the number of child care hours provided. This amount will equal the rate per hour an agency should bill for child care provided.

For example, if child care expenses for the month of January 2008 were \$100 and 20 hours of child care were provided, the rate per hour for child care cost would equal \$5 (100 divided by 20). If a child was in childcare for 3 hours on January 5 and 2 hours on January 20 you would enter a billing amount of \$25 (5 hours x \$5) of childcare for his mother.

If no client uses childcare services, you will report this expenditure on the WSS Expense Detail worksheet; List the client ID as "Group" and indicate that 0 hours of childcare were provided in the appropriate space.

4. Other/Contingencies

Agencies may choose to use a portion of their budget allocation to cover ancillary support services in addition to transportation, childcare and case management. Examples of such costs could include drug testing, gender-specific materials/resources, emergency household items, etc. These costs must be

assigned to individual clients whenever possible. These costs should be identified and entered as a monthly lump sum for each client.

VIII. Annual Site Visit and Case File Review

Annual site visits and case reviews will be conducted to:

- Assess whether programs are in compliance with program requirements.
- Assess whether the program is successful in reaching the target priority populations.
- Review client satisfaction procedures and results for WSS recipients. Note: Each program must have a procedure for collecting and reporting client satisfaction results for WSS recipients. Technical assistance will be provided as needed.
- Review client data entered on the *Women, Pregnant Women And Women W/ Dependent Children Data Collection* worksheet in relation to Carenet admission and discharge records for consistency.
- Review documentation of costs reported on the *WSS Expense Detail* in client records for consistency.

IX. ProviderConnect Admission And Discharge Record Keeping:

- A. Admission Record:** All female clients meeting above eligibility requirements must be recorded as “YES” on the admission record in response to the Women’s Specialty Program question.
- B. Discharge Record:** All female clients receiving women’s specialty services at either a designated WSS program, or “gender competent” certified service at a non-designated provider, must be recorded as a “YES” on the discharge record in response to Women’s Specialty Program question. Clients who were eligible but did NOT receive services should be recorded as a “NO.”
- C. Authorization and Billing for Treatment Services:** Substance use disorder treatment services funded, authorized and billed through the ProviderConnect system must be recorded using the appropriate HD code for all clients that meet WSS eligibility requirements as recorded on the admission record.

X. Reporting and Billing Submission

Reporting and billing for WSS services will be done through a combination of ProviderConnect, data entry and a monthly report submitted in one Excel document titled ‘WSS Monthly Report’ provided by the CMHSP and an annual year-end report.

A. ProviderConnect

All clients receiving WSS funded services or other supports must be entered into ProviderConnect.

If clients are receiving other services funded through the CMHSP then complete all records as usual but ensure that case management is included in the authorization request, using the appropriate modifier, if it will be provided. WSS case management services will be authorized and billed through ProviderConnect.

Include the admission date and the date of the assessment.

If the client is **not** receiving other treatment services that will be funded through the CMHSP then only the following records must be completed:

- i. Demographic Record
- ii. TEDS Record
- iii. Discharge Record

B. WSS Monthly Report and Billing Database

This report must be completed in entirety and sent electronically as one submission to the appropriate CMH billing department no later than the **10th of the month** following the billing period.

Within this document there are two worksheets that must be completed:

5. Financial Status Report (FSR)

The FSR shall include all WSS expenditures for the month's reporting period and year-to-date expenditures, including Case Management billed through ProviderConnect. Costs for transportation, childcare, and "Other Contingencies" must be submitted under item '7.Other' under the appropriate item. All costs not submitted via ProviderConnect must be documented on the Expense Detail worksheets.

6. Expense Detail Worksheet

All expenditures not reported via CareNet must be detailed on this worksheet with each relating client entered onto one row within the worksheet. All costs for that client must be entered within the one row of information. Multiple clients may **not** be entered in one row.

Expenses detailed on this form should be reflected on the Financial Status Report under "7. Other Expenses" under the appropriate cost categories: Transportation, Childcare, Case Management, and Other. All expenditures included on the FSR under these cost categories must be documented on this form to be eligible for reimbursement. Expenditures on the FSR must equal the costs documented on this form.

INSTRUCTIONS:

Do not remove information reported in previous billing periods. Add new expense information starting with the row below the previous reporting period data.

For your convenience, the monthly reporting period and YTD total expenditures for each service category will calculate automatically on the worksheet titled, 'Calculations'.

Instructions for each data element will appear in a pop-up box once you click into a data cell within the worksheet. When text is required, the cell will grow to accommodate the length of what you type.

The total expenditures for each client will automatically calculate in the last column of the worksheet.

1. **Group Costs:** For costs that are not attributable to an individual client you should type the word 'group' under Client ID. This includes situations in which your agency has costs that are accrued for transportation or childcare services regardless of whether anyone uses the service and no client has used the service during the reporting period. Please note that in this situation, if transportation or childcare has been used by any client(s) the cost must be distributed amongst the clients that used the service and not reported as a “group” cost.
2. **Individual Costs:** For costs attributable to an individual the costs must be assigned to the individual. Complete one row per month for each client receiving WSS supports not billed through ProviderConnect.
 - For transportation costs enter the number of rides provided, the type of ride (see below) and the total cost for the month. Enter the type of ride that best represents the type of ride primarily used by the client. Options include:
 - 1 for an agency van
 - 2 for a bus voucher
 - 3 for a taxi
 - 4 for a gas voucher
 - 5 for other types of rides not listed under 1-4
 - For childcare enter the total number of hours of childcare provided and the total cost for the month.
 - For “Other Contingencies” enter a description of what was provided and the total cost for the month.

C. Annual WSS Report

This narrative report collects information required for MDCH required WSS reporting. Guidance for this report will be distributed separately.