



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION

Supplemental Manual for Substance Abuse Treatment Services(SATS)

RULES OF PRACTICE AND PROCEDURE

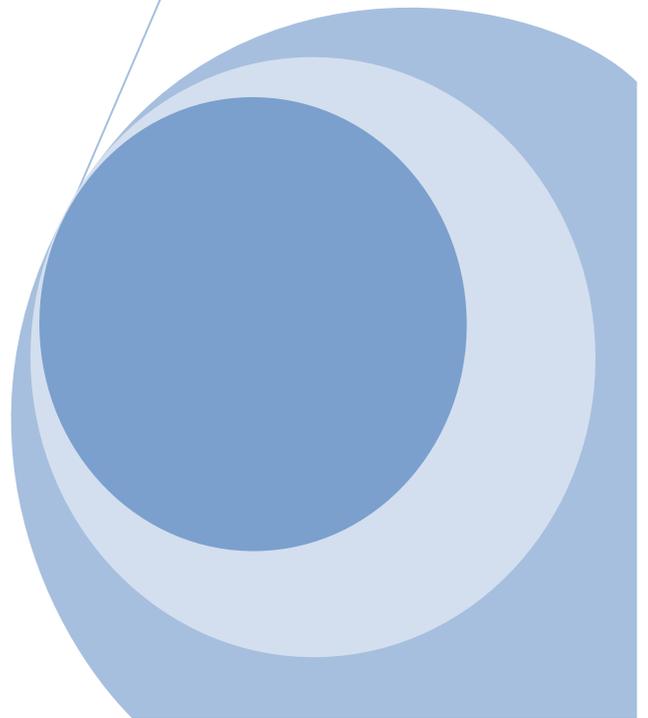


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DIVISION OF BEHAVIORAL HEALTH SERVICES
OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION
SUBSTANCE ABUSE TREATMENT SERVICES (SATS)

100.00 Introduction

This supplemental manual describes standards and requirements that community-based behavioral health care providers must follow to receive Substance Abuse Treatment Services (SATS) Programs certification. Areas addressed in this supplemental manual are:

- A. Guiding Principles for Services
- B. Eligible Beneficiaries
- C. Eligible Providers
- D. Covered Services, Service Definitions and Specific Service Requirements
- E. Application for DBHS Certification as SATS Substance Abuse Treatment Programs

The following Arkansas Department of Human Services Division of Behavioral Health Services publications apply and will be helpful in interpreting the requirements set forth in this supplement.

See <http://www.arkansas.gov/dhs/dmhs/>

1. OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Program (revised 1/1/2004).
2. OADAP Rules of Practice and Procedure (revised 7/1/2009).

Refer to the Arkansas Department of Human Services Division of Medicaid Services SATS Provider Manual for general and specific guidance on Medicaid provider enrollment, application process, official notices, and billing and remittance advice message.

See <https://www.medicaid.state.ar.us> for a copy of the above and the fee schedule.

200.00 Guiding Principles for Substance Abuse Treatment Services

- A. Services will be individually centered and family-focused, based on principles of individual capacity for recovery and resiliency.
- B. Care must focus on increasing consumers'/families abilities to successfully manage life challenges, on facilitating recovery and building resilience.
- C. Services will be delivered in a culturally and developmentally responsive and respectful manner in the most appropriate, least restrictive mode (appropriate to their legal status), including home and community-based settings whenever possible.
- D. Treatment and services will be based on effectiveness and individualized services utilizing evidence-based age-appropriate practices and in keeping with AR SOC (System of Care) philosophy. The Division will publish a list of these evidence-based clinical approaches annually. See (<http://www.nrepp.samhsa.gov>).
- E. Service planning and management will utilize individual and family abilities and strengths and where appropriate will be conducted in consultation with family, caregivers, and other persons critical to an individual's life and well being.
- F. Services will be coordinated, easily accessible with attention to reasonable accommodations to all consumers including those with disabilities, accountable, and of high quality.
- G. Each individual or family will direct his/her/their services to the extent possible.
- H. Mechanisms will be in place to ensure continuous quality improvement.

300.00 Eligible Beneficiaries

- A. Children and adolescents aged 9 up to 21 years old.
- B. Pregnant women through the last day of the month in which the 60th post-partum day falls.

400.00 Eligible Provider Organizations

The following requirements must be met for DBHS/OADAP certification:

- A. Providers must be licensed by Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP).
- B. Providers must submit a written request from the organization's Chief Executive Officer (CEO) to DBHS for certification by DBHS as a SATS Provider.
- C. The request for certification by DBHS must include a copy of the provider's accreditation, most recent accreditation survey, and correspondence between the provider and the accrediting organization since the most recent accreditation survey.
- D. A list of service delivery sites, including each site's address, telephone number, and fax number must be submitted. Each site from which SATS services are delivered must be included under the provider's accreditation. Proof of this accreditation must be submitted with the request for certification of a site.
- E. Current CARF, JCAHO, or COA, *that includes accreditation of the pertinent outpatient alcohol and/or other drug abuse treatment component* (OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs p. 11). Current nationally accredited behavioral health programs without specific alcohol and drug treatment certification will need to obtain accreditation of their substance abuse program prior to receiving certification as a SATS provider of substance abuse treatment.
- F. Provisional, Conditional, Preliminary, Pending, Expedited or Deferred Accreditations are not acceptable.
- G. The provider must: notify its accrediting organization in writing of all new or additional SATS services implemented subsequent to the provider's most recent accreditation survey; provide DBHS with a copy of the notification letter; and affirm in writing to DBHS that the new service(s) will be included in the provider's next regularly scheduled accreditation survey, if not surveyed before that time. Provider

organization opening new services sites must follow DBHS certification policy and procedures.

- H. DBHS must be authorized to receive information directly from the accrediting organization and to provide information directly to the accrediting organization, as it relates to SATS. DBHS will furnish these documents to providers at their request.
- I. DBHS retains the right to request information in connection with licensure, accreditation, certification, provision or billing of SATS services; to perform site visits at anytime; and to conduct scheduled or unannounced visits, to insure entities are providing SATS services in accordance with the information that was submitted to DBHS. During a site visit the provider must allow access to all sites, policies and procedures, patient records, financial records, and any other documentation necessary to ascertain that services were/are of a quality which meets professionally recognized standards of health care.
- J. Providers must adhere to evidence-based practices as approved by DBHS for specific populations and services provided.

NOTE: SATS certification does not guarantee enrollment in the Arkansas Medicaid Program.

500.00 Covered Services and Service Definitions

510.00 Covered Services

The SATS program will cover the following services:

- A. Addiction Assessment
- B. Treatment Planning
- C. Care Coordination
- D. Multi-person (family) Group Counseling
- E. Individual Counseling
- F. Group Counseling
- G. Marital/Family Counseling
- H. Medication Management

520.00 Service Definitions

“The following service definitions were developed by a work group composed of members from DBHS, DMS, as well as advocates, providers, and policymakers. The service definitions also contain sections that address the target population, program requirements, treatment planning, staffing requirements, and service requirements.”

521.00

Addiction Assessment

SERVICES:	ADDICTION ASSESSMENT
<p>DEFINITION:</p> <p>The Substance Abuse Assessment Service identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies any existing co-morbid conditions. A standardized assessment instrument, approved by DBHS and DMS must be used to complete the assessment process. The assessment process results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the beneficiary, and referral into a service or level of care appropriate to effectively treat the condition(s) identified. A 9 panel test is part of the assessment to assist in the beneficiary's self-report of the alcohol and drug use and to develop an accurate diagnosis, referral and treatment plan. The 9 Panel Test is a screening test for marijuana, cocaine, benzoylecgonine, PCP, Morphine and its related metabolites derived from opium (opiates), methamphetamines (including Ecstasy), methadone, amphetamines, barbiturates, and benzodiazepines.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a suspected substance abuse or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	

PROGRAM REQUIREMENTS:

ASSESSMENT:

- For outpatient services an assessment must be completed within 14 calendar days of the initial contact.
- The Treatment Plan must be reviewed at least every ninety calendar days.
- The assessment process results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the beneficiary, interim treatment plan recommendations and referral to a service appropriate to effectively treat the condition(s) identified.
- If indicated, the assessment process must refer the beneficiary for a psychiatric consultation.
- Alcohol and/or Other Drug Addiction Screening analysis is part of the assessment to assist in the beneficiary's self-report of the alcohol and drug use and to develop an accurate diagnosis, referral and treatment plan.
- For adults the Addiction Severity Index must be used for the assessment. In addition, the Assessment must include the components set forth in the Division of Behavioral Health Services Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs. Pg. 28, SA3.
- For children and adolescents a nationally recognized addiction assessment tool, approved by DBHS and DMS, in addition to a thorough behavioral health assessment based on national accreditation standards, must be used.
- Every Assessment and Treatment Plan must include the signature of the Licensed Master's level professional that issued the diagnostic impression or assigned the diagnosis to confirm that the information was reviewed by the treating clinician in a face to face contact with the beneficiary.
- An assessment must be completed for each new beneficiary. A new assessment should only be completed upon admission, updated annually, when there's been a significant change in status and when there's been a change in provider (client moves to a new provider).

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D), the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

522.00

Treatment Planning

SERVICES:	TREATMENT PLANNING
<p>DEFINITION:</p> <p>A developed plan in cooperation with the individual (parent or guardian if the individual is under 18) to deliver specific addiction services to the individual to restore, improve or stabilize the individual's condition. The plan must be based on individualized service needs identified in the completed Addiction Assessment. The plan must include goals for the medically necessary treatment of identified problems, symptoms and addiction issues. The plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for services.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse and or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	

PROGRAM REQUIREMENTS:

TREATMENT PLANNING:

- The comprehensive treatment plan shall minimally include a clear and objective statement of the client's needs to be addressed. The comprehensive treatment plan will also be completed within 14 days of admission and a new treatment plan will be completed annually.
- The plan contains clearly stated and objective goals the client is capable of understanding.
- The means of achieving each goal is documented.
- The method and frequency of treatment per goal are documented.
- The projected date of completion, per goal, is documented.
- The staff person responsible for carrying out the treatment plan is specified.
- Aftercare plan which addresses relapse prevention.
- The treatment plan must include the components set forth in the Division of Behavioral Health Services Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs. Pg. 29: CTP1.
- The Treatment Plan must be reviewed at least every ninety calendar days.

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a Physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

523.00

Care Coordination

SERVICES:	CARE COORDINATION
<p>DEFINITION:</p> <p>Care Coordination services are services that will assist the client and family in gaining access to needed medical, social, educational, and other services. Care Coordination will be provided using a wrap-around or recovery model and will include the following activities: input into the treatment planning process, coordination of the treatment planning team, referral to services and resources identified in the treatment plan, facilitating linkages between levels of care, and monitoring and follow up activities that are necessary to ensure the goals identified in the treatment plan are met or need to be revised. Care Coordination services ensure communication and collaboration between agencies, providers and other individuals necessary to implement the goals identified in the treatment plan.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. • DBHS and DMS will be responsible for identifying and updating the range of these diagnoses. 	
<p>PROGRAM REQUIREMENTS:</p> <p><u>CARE COORDINATION :</u></p> <ul style="list-style-type: none"> • The care coordinator is responsible for a variety of necessary functions to ensure the client's goals and needs are identified and the appropriate services are rendered. Using the information from the client's treatment plan, the care coordinator is responsible for arranging and facilitating for the provision of all services identified in the plan. The care coordinator will be responsible for coordinating regular, and as needed, meetings with the client and family to monitor and reevaluate the treatment plan as well as holding regular, and as-needed-, meetings with the program staff and others involved in the delivery of services to the client to monitor and evaluate progress. The care coordinator is responsible for participating in aftercare planning for the client in inpatient, residential or intensive outpatient services prior to discharge. • The Care Coordinator may assist the clinician in the assessment process. They may assist the clinician in organizing and guiding the development of an individualized treatment plan. The Care Coordinator will work with the individual and family to identify a Case Planning Team and a Wrap Around Planning Team. The Case Planning Team will be the 	

source for information needed to form a complete assessment of the individual. The Case Planning Team includes, as appropriate, providers, care coordinators from state agencies that provide services to the individual, family members, and natural supports such as neighbors, friends and clergy. Care Coordinator activities include: 1) assisting the client and family to identify appropriate members of the Case Planning Team; 2) facilitating the Case Planning Team to identify strengths and needs of the client and strengths and needs of the client and family in meeting the individual's needs and 3) collecting background information and plans from other agencies.

- Using the information collected through an assessment, the Care Coordinator and the clinician convenes and facilitates the Case Planning Team. The Case Planning Team with the client and family develops a person and family-centered, individualized Treatment Plan that specifies the goals and actions to address the medical, social, educational and other services needed by the eligible individual, and works directly with the client, the family (or the individual's authorized health care decision maker) and others to identify the strengths, needs and goals of the client and the strengths, needs and goals of the family in meeting the client's needs (when applicable). At a minimum, the Case Planning Team must meet monthly or more frequently if so indicated.

REFERRAL AND RELATED ACTIVITIES:

This will include: (1) assisting with the convening, coordinating and communicating with the Case Planning Team to implement the treatment plan; (2) working directly with the client (and family) to implement elements of the treatment plan; (3) coordinating the delivery of available services, including services reimbursable under 42 USC 1396d(a) and educational, social or other services; (4) assisting with the development of a transition plan when the client has achieved the goals of the treatment plan; and (6) collaborating with other service providers on the client's (and family's) behalf.

MONITORING AND FOLLOW-UP:

These activities include reviewing the progress towards the goals in the treatment plan periodically and working with the primary care provider to update it to reflect the changing needs of the client. The Care Coordinator in conjunction with the Case Planning Team perform such reviews and include (1) whether services are being provided in accordance with the treatment plan (2) whether the services in the treatment plan are adequate and (3) whether there are changes in the needs or status of the individual and if so, adjusting the treatment plan as necessary.

Beneficiary receiving case coordination services may only have one case coordinator for all Medicaid services.

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

A care coordinator must have the following credentials:

The following persons may provide substance abuse Care Coordinator Services while under the supervision of a Certified Clinical Supervisor (CCS) recognized by the Arkansas Substance Abuse Certification Board or Registered Clinical Supervisor recognized by the Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors (BEADAC):

- Certified Alcohol and Drug Counselor (CADC)
- Certified Co-occurring Disorder Professional – Bachelors Level (CCDP-B)
- Certified Co-Occurring Disorder Professional – Associate Level (CCDP-A)
- Licensed Associate Alcoholism and Drug Abuse Counselor (LAADAC)
- Counselor in Training (CIT) as defined by ADAP licensing standards

The staff ratios shall not exceed 30 clients to 1 care coordinator.

The Case Planning Team must include a credential practitioner and a care coordinator. The Credential Practitioner must also hold one or more of the following Credentials: CCDP-D, LADAC, or ACADC.

524.00

Multi-Person (Family) Group Counseling

SERVICES:	MULTI-PERSON (FAMILY) GROUP COUNSELING
<p>DEFINITION:</p> <p>Multi-Person (Family) Counseling Services is a group therapeutic intervention using face to face verbal interaction between 2 to a maximum of 9 beneficiaries and their family members or significant others. The Multi-Person (Family) Group Counseling Service provided to a group composed of family members of more than one beneficiary that is designed to enhance members' insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. The goal being to support the rehabilitation and recovery effort. Multi-Family Group Counseling must be prescribed on the Treatment Plan to address familial problems or needs and to achieve goals or objectives specified on the Treatment Plan.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls with a substance abuse and or dependency diagnosis and as clinically appropriate. • Up to 2 family members or significant others of each beneficiary may attend. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. • Up to 2 family members or significant others of the beneficiary including those who have been granted custody of the adolescent beneficiary. 	
<p>PROGRAM REQUIREMENTS:</p> <p><u>MULTI-PERSON (FAMILY) GROUP COUNSELING:</u></p> <ul style="list-style-type: none"> • Multi-Person (Family) Group Counseling is a face to face intervention delivered in a manner consistent with the goals outlined in the primary beneficiary's treatment plan. It has an identifiable approach and is used to encourage the engagement or retention of the beneficiary and significant other/family in the recovery process. • Services must be scheduled at times convenient for the significant others. • Multi-Person (Family) Group Counseling shall include those approaches that are identified by the Division of Behavioral Health Services to be evidence-based. Multi-Person (Family) Group Counseling service must be provided in a licensed provider location. These services must be rendered by the appropriately credentialed staff of a program licensed by ADAP. • HIPAA compliant release of information, completed, signed and dated. 	

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

525.00

Individual Counseling

SERVICES:	INDIVIDUAL COUNSELING
<p>DEFINITION:</p> <p>Individual Counseling services includes the face to face counseling services necessary to initiate and support the rehabilitation effort, orient the beneficiary to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse situation, continuing care or provide ongoing psychotherapy as dictated by the beneficiary's needs.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse and or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	
<p>PROGRAM REQUIREMENTS:</p> <ul style="list-style-type: none"> • Individual Counseling is a direct service which provides intervention for a specified problem in the treatment plan and has an identifiable approach. • Individual Counseling shall include those approaches that are identified by the Division of Behavioral Health Services to be evidence-based. Annually, the Division will publish a list of these evidence-based clinical approaches to be used by programs for this service. 	

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a Physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
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With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
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- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

526.00

Group Counseling

SERVICES:	GROUP COUNSELING
<p>DEFINITION:</p> <p>Face-to-face interventions provided to a group of beneficiaries on a regularly scheduled basis to improve one's capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse and or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	

PROGRAM REQUIREMENTS:

GROUP COUNSELING:

- Group Counseling is a direct service which provides intervention for a specified problem in the treatment plan and has an identifiable approach.
- Group Counseling shall include those approaches that are identified by the Division of Behavioral Health Services to be evidence-based. Annually, the Division will publish a list of these evidence-based clinical approaches to be used by programs for this service. See (<http://www.nrepp.samhsa.gov>).
- Documented plan for next group session, including any homework assignments.

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a Physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

527.00

Marital/Family Counseling

SERVICES:	MARITAL/FAMILY COUNSELING
<p>DEFINITION:</p> <p>Face-to-face treatment provided to more than one member of a family simultaneously in the same session or treatment with an individual family member (i.e. Spouse or Single Parent) that is specifically related to achieving goals identified on the beneficiary's master treatment plan. The identified beneficiary must be present for this service. Services are to be congruent with the age, strengths, needed accommodations for disability, and cultural framework of the beneficiary and his/her family. These services are to be utilized to identify and address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the beneficiary, the beneficiary's condition and the condition's impact on the marital/family relationship.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse and or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	
<p>PROGRAM REQUIREMENTS:</p> <p><u>MARITAL/FAMILY COUNSELING:</u></p> <ul style="list-style-type: none"> • Marital/Family Counseling is a direct service which provides intervention for a specified problem in the treatment plan and has an identifiable approach. • Marital/Family Counseling must target the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family. • Marital/Family Counseling shall include those approaches that are identified by the Division of Behavioral Health Services to be evidence-based. Annually, the Division will publish a list of these evidence-based clinical approaches to be used by programs for this service. • Documented plan for next session, including any homework assignments and/or crisis plans. • HIPAA compliant release of information, completed, signed and dated. 	

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a Physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

528.00

Medication Management

SERVICES:	MEDICATION MANAGEMENT
<p>DEFINITION:</p> <p>This service is a direct service including pharmacologic management, medication assessment, prescription, use and review of medication. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction related medical conditions and medication assisted addiction treatment.</p>	
<p>TARGET POPULATION:</p> <p>For Beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women through the last day of the month in which the 60th post-partum day falls who have a substance abuse and or dependency diagnosis and as clinically appropriate. • Children and adolescents age 9 up to 21 years old who have a substance abuse or dependency diagnosis and as clinically appropriate. 	

PROGRAM REQUIREMENTS:**MEDICATION MANAGEMENT:**

Medication Management Services are limited to psychotropic medications and those medications necessary to treat addiction related medical conditions:

- All Medication Management activities must be provided face to face.
- At a minimum, Medication Management must be available to beneficiaries during normal business hours.
- This service cannot be provided in a group setting.
- Telemedicine services are available for Medication Management for beneficiaries age 21 and older for prescriptions related to addiction related medical conditions and psychotropic prescriptions only.

Methadone and Buprenorphine medication assisted addiction treatment must be delivered in a direct face to face service.

STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have collaborative agreement with a Physician licensed in state of Arkansas

600.00

Application for DBHS Certification as SATS Substance Abuse Treatment Program

Each facility providing SATS services must complete the following application for certification.

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
OFFICE OF ALCOHOL AND DRUG ABUSE PREVENTION
305 South Palm Street, Little Rock, Arkansas 72205
(501) 686-9867 FAX (501) 686-9396**

Application for DBHS Certification as SATS Substance Abuse Treatment Program

NEW APPLICANT

NAME OF PROGRAM:

Mailing Address

Web-Site

Physical Address

Email

City

State

Zip Code

() Telephone

Fax Number

County

REQUIRED DOCUMENTS:

- Proof of full current accreditation as alcohol and drug treatment program by CARF, JCAHO, or COA is attached. Provisional, Conditional, Preliminary, Pending, Expedited or Deferred Accreditations are not acceptable. (Please include):
 - The entire survey report by the accreditation agency which includes all sites for which accreditation is granted
 - A signed agreement that DBHS/ADAP may receive information directly from the accrediting organization regarding the agency's accreditation
 - All Evidence of Compliance, Measures of Success, Quality Improvement Plans, and any Corrective Action Plans that were required and submitted to the accrediting agency
 - All correspondence between the provider and accreditation agency

CEO Signature

Date

MAIL APPLICATION TO: Division of Behavioral Health Services
Office of Alcohol and Drug Abuse Prevention
305 South Palm Street
Little Rock, Arkansas 72205