



# Connecticut Medical Assistance Program

## Policy Transmittal 2010-08

PB 2010-15  
April 2010

Michael P. Starkowski, Commissioner

Effective Date: April 2010  
Contact: Teddi Leslie Creel @ (860) 424-5393

TO: Freestanding Mental Health Clinics and Federally Qualified Health Centers

RE: Integrated Care Requirements for Adults with Co-Occurring Mental Health and Substance Use Disorders in the Enhanced Care Clinics under the Connecticut Behavioral Health Partnership, Medicaid Fee-For-Service and Charter Oak Health Plans

The purpose of this bulletin is to notify Enhanced Care Clinics of new requirements for continued designation as an Enhanced Care Clinic (ECC). These requirements pertain to integrated care for adults with co-occurring mental health and substance use disorders. ECCs must be able to demonstrate compliance with the requirements outlined in this transmittal no later than 12 months from date of issue. As used in this transmittal, the term ECC includes the primary site and associated secondary sites.

Each ECC is required to provide integrated screening, assessment, and treatment for individuals with co-occurring disorders, and to have in place the infrastructure (i.e., licensing, clinical supervision, staffing, quality assurance activities, and policies and procedures) to support the provision of integrated services as defined below.

### Specific Requirements

1) Protocol for standardized mental health and substance use screening tools:

- The program uses standardized mental health and substance use screening instruments with established psychometric properties for routine screening for psychiatric and substance use symptoms upon all admissions. (Note: This requirement was previously implemented for all Department of Mental Health and Addiction Services (DMHAS) operated and funded programs on 7/1/07; please see this site for more information: [www.ct.gov/dmhas/cosig/screening](http://www.ct.gov/dmhas/cosig/screening))
- The program has existing capacities and appropriate services in place to admit all individuals with co-occurring disorders, including individuals with high symptom acuity and/or high severity of disability, provided outpatient services is the appropriate level of care.

2) Protocol for integrated assessment:

- The program performs a formal, integrated, and comprehensive assessment. Psychiatric, substance use and trauma histories are reflected in the medical record, including

longitudinal information about the interaction between an individual's mental health symptoms and substance use.

- The individual's stage of change (e.g., pre-contemplation, contemplation, preparation, action, maintenance) for each disorder/problem is documented and incorporated into treatment planning; the Stage of Treatment Scale (SATS) developed by Dartmouth Medical School may also be used.
  - The program documents both psychiatric and substance use diagnoses.
- 3) Protocol for integrated services:
- Treatments for mental illnesses and substance use disorders, including medications, are provided concurrently within the program.
  - Through multiple modalities (e.g., individual, group) the program includes:
    - motivational interventions;
    - education about the symptoms, course and treatments for specific mental health and substance use disorders, and the interactive nature of co-occurring conditions;
    - skill-building components to reduce substance use and better manage mental health symptoms (e.g., cognitive behavioral therapy);
    - trauma-informed and trauma-specific services; and
    - relapse prevention planning for both disorders.
  - Program displays, distributes, and utilizes client/family educational materials addressing mental health, substance use and co-occurring disorders.
  - Psychopharmacologic and addiction pharmacotherapy prescriptions are provided on-site, except for chemical maintenance medications (i.e., methadone, buprenorphine), which require specific federal approvals (unless provider is approved for these);
  - Peer supports for people with co-occurring disorders are available on-site or through

collaboration (e.g., assertive linkage to 12-step groups that are accepting of people with co-occurring disorders, alumni groups).

- Family members or other significant support persons are incorporated in the treatment process through individual or multi-family group sessions, including a focus on co-occurring disorders. [Note: ECC secondary sites that qualify for exemption from emergency access and extended business hours requirements are exempt from this particular requirement.]
- Memorandum of Understanding (MOU) is in place with chemical maintenance provider(s), if they exist in the local communities of the ECC primary and secondary sites, to ensure integrated treatment across agencies.

4) Staffing

- Agency Human Resource (HR) policies incorporate a focus on competencies for providing services to people with co-occurring disorders in the hiring, clinical supervision and evaluation of staff.
- At least one clinician in the program has mental health licensure, besides the prescriber (i.e., LCSW, LPC, LMFT, licensed psychologist) and at least one clinician in the program is an addiction treatment specialist as evidenced by meeting one of the following criteria: a licensed alcohol and drug counselor (LADC), a certified alcohol and drug counselor (CADC), two years of experience providing primary addiction treatment services, 50 hours of addiction treatment training, or a co-occurring credential from the CT Certification Board (CCB).

5) Education and Training:

- Program conducts at least two training events per year for ECC staff to assist them in maintaining and enhancing their competencies to provide integrated services for people with co-occurring disorders.

6) Quality Assurance:

- Program has procedures for identifying the percentage of clients with co-occurring disorders and their outcomes on at least two indicators (e.g., number of critical incidents, level of functioning at admission and discharge, treatment completion rates), compared to adults without co-occurring disorders served in the ECC.

**NOTE:** ECC secondary sites that qualify for exemption from emergency access and extended business hours requirements are subject to the requirements of this transmittal, except that they may use personnel or other resources from the primary site or other secondary sites. Arrangements for accessing personnel and resources in other sites must be addressed in the program's policies and procedures.

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**Distribution:** This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

**Responsible Unit:** DSS, Medical Care Administration, Medical Policy and Regulations, Teddi Leslie Creel at (860) 424-5393.

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