

## Federal Block Grant Requirements

- I. Purpose
  - a. The purpose of this document is to outline the expectations of the Managing Entity for the Network Service Providers, in relation to the federal Community Mental Health Services (CMHS) block grant, as authorized by 42.U.S.C. s. 300x, and Substance Abuse Prevention and Treatment (SAPT) block grant, as authorized by 42 U.S.C. s. 300x-21.
- II. Pursuant to 45 CFR s. 96.131, Network Service Providers that receive SAPT block grant funding prioritize treatment services for pregnant women. This shall include:
  - a. The development, implementation, and administration of an electronic waitlist to ensure that providers give preference in admitting people into treatment as follows:
    - i. Pregnant injecting drug users;
    - ii. Pregnant drug users;
    - iii. People who inject drugs; and
    - iv. All others.
  - b. If the clinically appropriate services cannot be provided for the pregnant woman, interim services shall be provided not later than 48 hours after the woman seeks treatment services.
  - c. The capacity to track and report the type of service, number of pregnant women served, and amount of services purchased by federal and state sources.
  - d. Policies and procedures relating to treatment services for pregnant women and, where appropriate, ensure that families are able to remain together when parents require treatment.
- III. Pursuant to 45 CFR s. 96.126, Network Service Providers that receive SAPT block grant funding and serve injection drug users shall maintain an electronic waitlist, ensure the implementation of the 14/120-day requirement of 45 CFR s. 96.126(b), and provide interim services until such time as the clinically appropriate level of treatment can be provided to the individual.
  - a. Outreach services shall be provided, pursuant to 45 CFR s. 96.126(e), and documented to demonstrate the provision of these services.
  - b. The Network Service Provider shall maintain a report that reaches 90% capacity, and the monitoring procedures to ensure that this occurs.
- IV. Pursuant to 45 CFR s. 96.125, the Managing Entity shall prepare and implement a comprehensive primary prevention program that uses a variety of strategies.
- V. Pursuant to 45 CFR s. 95.127, the Network Service Provider shall ensure the provision of tuberculosis services, in compliance with Ch. 65D-30.004(9). F.A.C.
- VI. Pursuant to 45 CFR s. 96.128, the Network Service Provider shall ensure the provision of early intervention services for HIV and in compliance with Ch. 65D-30.004(9), F.A.C., and in accordance with the **DCF Guidance 33 – HIV Early Intervention Services**.
- VII. Pursuant to 45 CFR s. 96.123(a)(7) and s. 96.132(b), the Network Service Providers shall ensure staff is receiving continuing education, and this shall be documented to demonstrate the provision of said education.
- VIII. Pursuant to 45 CFR s.96.123(a)(7) and s. 96.132(a), the Network Service Provider shall develop and implement a process for improving referrals of individuals to the treatment modality that is most appropriate for the individuals.
- IX. The Network Service Provider shall ensure that each year, an evaluation of the procedures and activities undertaken to comply with the block grant requirements shall be completed.
- X. The Network Service Provider shall ensure that each year, an assessment of need is undertaken that complies with the requirements of 45 CFR s. 96.133, and 42 U.S.C. s. 300x-1 for adults with a serious mental illness, and children with serious emotional disturbances.

- XI.** The Network Service Provider shall ensure that block grant funding is not expended on the restricted activities pursuant to 45 CFR s. 96.135, 42 U.S.C. s. 300x-5, and 42 U.S.C. s.300x-31. Restricted activities include, but are not necessarily limited to, the following. Network Service Providers may consult the Managing Entity for technical assistance to address allowability of specific cases.
- a.** The CMHS block grant and the SAPT block grant may not be used to:
    - i.** Provide inpatient hospital services;
    - ii.** Fund the enforcement of alcohol, tobacco, or drug laws;
    - iii.** Make cash payments to intended recipients of health services;
    - iv.** Purchase or improve land; purchase, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment;
    - v.** Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
    - vi.** Provide financial assistance to any entity other than a public or nonprofit private entity.
  - b.** Primary prevention set-aside funds from the SAPT block grant may not be used to:
    - i.** Provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) programs; or
    - ii.** Provide Mental Health First Aid or Crisis Intervention Training programs.
  - c.** The CMHS block grant funds may be used to provide mental health treatment services to adults with serious mental illness and children with serious emotional disturbance within jails, prisons, and forensic settings, as long as these services are provided by programs that also treat the nonincarcerated community at-large and provide continuity of care through discharge planning and case management.
  - d.** The SAPT block grant may not be used to provide any services within prisons or jails.
- XII.** Pursuant to 42 U.S.C. s. 300x-3, the Managing Entity shall collaborate with the Department to ensure that members of the planning council are able to undertake their statutory duties. This will include the participation of the Council member at the Managing Entity Board meetings.
- XIII.** Network Service Providers must comply with the following:
- a.** The SAMHSA Charitable Choice provisions and the implementing regulations of 42 CFR s. 54a;
  - b.** 42 CFR Part 2;
  - c.** Provisions to monitor block grant requirements, and activities.
  - d.** Sufficient detail in a Network Service Provider invoice to capture, report, and test the validity of expenditures and service utilization.
  - e.** For Network Service Providers that receive SAPT block grant funding for the purpose of primary prevention of substance use, compliance with 45 CFR s. 96.125;
  - f.** An invoice that includes the minimum data elements to satisfy the Department's application and reporting requirements; and
  - g.** State or federal requests for information related to the SAPT and CMHS block grants.
  - h.** In accordance with 45 CFR ss. 96.131(a) and (b), Network Service Providers that receive Block Grant funds and that serve injection drug users must publicize the following notice: "This program receives federal Substance Abuse Prevention and Treatment Block Grant funds and serves people who inject drugs. This program is therefore federally required to give preference in admitting people into treatment as follows: 1. Pregnant injecting drug users; 2. Pregnant drug users; 3. People who inject drugs; and 4. All others."
  - i.** For Network Service Providers for that offer treatment services:
    - i.** Discuss the option of medication-assisted treatment with individuals with opioid use disorders or alcohol use disorders.

1. For individuals with opioid use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to methadone, buprenorphine-based products, and naltrexone.
  2. For individuals with alcohol use disorders, the Network Service Provider shall discuss medication-assisted treatment using FDA-approved medications including but not limited to disulfiram, and acamprostate products.
- ii. Actively link individuals to medication-assisted treatment providers upon request of the individual served;
- iii. Prohibit denial of an eligible individual's access to the Network Service Provider's program or services based on the individual's current or past use of FDA-approved medications for the treatment of substance use disorders. Specifically, this must include requirements to:
1. Ensure the Network Service Provider's programs and services do not prevent the individual from participating in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program when ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder;
  2. Permit the individual to access medications for FDA-approved medication-assisted treatment by prescription or office-based implantation if the medication is appropriately authorized through prescription by a licensed prescriber or provider.
  3. Permit continuation in medication-assisted treatment for as long as the prescriber or medication-assisted treatment provider determines that the medication is clinically beneficial; and
  4. Prohibit compelling an individual to no longer use medication-assisted treatment as part of the conditions of any program or services if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
  5. Prohibit caps or limits on the length of medication-assisted treatment, except for limits imposed by a documented lack of eligible public funds.
  6. Prohibit mandatory counseling participation requirements and mandatory self-help group participation requirements imposed as a condition of initiating or continuing medications that treat substance use disorders, except those established by methadone providers and applied to individuals on methadone pursuant to section 65D-30.014(5)(o) and section 65D-30.014(5)(m), Florida Administrative Code.
- iv. Prohibit automatic discharges or discontinuation of medications as a consequence of continued substance use or positive drug tests, unless the combination of substances used is medically contraindicated.