

**BH SUD COC Service Array
No Reject Policy and Procedures**

1. PURPOSE

To establish policy and procedures for APPLICANT rejection of BH SUD COC Services Array.

2. PROCEDURES

- A. APPLICANTS shall accept all clients referred into the APPLICANT treatment facility from Hawai'i CARES in accordance with the processes described in this RFP (this is referred to as the BH SUD COC Service Array No Reject Policy).
- B. In the situation where a treatment program is unable or not equipped to accept a referral, the proposed rejection of the referral (other than those due to full capacity) must be accompanied by a Notification of Rejection of Services (see section 3) to the Hawai'i CARES from the APPLICANT's Clinical Director explaining why the individual was rejected for services and submitted within 3 business days upon receipt of referral.
- C. Refer to the ADAD website: <https://health.hawaii.gov/substance-abuse/prevention-treatment> for the most current version of the Notification of Rejection of Services form.
- D. The BHA reserves the right to take contractual action due to a treatment program's inability to provide services in accordance with the terms and conditions of the contract.

(See next page)

BH SUD COC Service Array
Notification of Rejection of Services

1. Provider information.
 - A. Notice Submission Date: _____
 - B. Provider/Agency Name: _____
 - C. Provider ASO Log Number: _____
 - D. Contract Year: Year 1 Year 2

2. Client BHA EMIS ID # _____ (PWWDC: Yes No
 - a. Child BHA EMIS ID # (if applicable) _____
3. Hawai'i CARES Referral Date: _____
4. USIS Completion Date: _____
5. Assessment Completion Date: _____
6. Diagnosis: _____
7. Placement Determination/ ASAM Level of Care: _____
8. Justification: Explanation for rejection of client treatment services at this facility. Provide details regarding capacity and staff certifications that do not meet client BH SUD COC Service Array requirements. (Must be submitted to the Alcohol and Drug Abuse Division within three (3) business days upon receipt of referral, via FAX at 808-692-7521 Attention: Treatment and Recovery Branch).