## **ADAD SUD COC Service Array No Reject Policy and Procedure**

### **Purpose**:

To establish Policy and Procedure for APPLICANT rejection of ADAD SUD COC Services Array.

### **Procedures:**

- 1. Applicants shall accept clients referred into the APPLICANT treatment facility from Hawai'i CARES in accordance with the processes described in this RFP.
- 2. In the situation where an APPLICANT 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 written Notification of Rejection of Services to Hawai'i CARES.
  - a. The form must be submitted by the APPLICANT **Treatment Program's Clinical Director** explaining "Why the individual was rejected for services."
  - b. The form shall be submitted **within 3 business days** upon receipt of referral to Alcohol and Drug Abuse Division (ADAD) **via FAX** at (808) 692-7521.
  - c. Please email <a href="mailto:doh.adad.treatment@doh.hawaii.gov">doh.hawaii.gov</a> notifying TRB that you are submitting a Notification of Rejection of Services. This step will give ADAD TRB notice.

### Email example:

**Subject**: ASO # - Notification of Rejection of Services

Email Body: "Aloha TRB, (Agency name) faxed a Notification of Rejection of

Services on 07/07/2023 at 8:00am."

<u>Note:</u> The STATE 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

# **BH SUD COC Service Array Notification of Rejection of Services**

# Provider APPLICANT information Notice Submission Date: Provider/Agency Name: Provider ASO Log Number: Contract Year: Client Information Client EMIS ID #: PWWDC (select one): YES NO Child EMIS ID # (if applicable): Hawai'i CARES Referral Date: USIS Completion Date: Assessment Completion Date: Diagnosis:

Justification: Please explain below reason(s) for rejecting client treatment services at facility. Provide details regarding capacity and staff certifications that do not meet client ADAD SUD COC

Service Array requirements.

Placement Determination/ASAM Level of Care: