

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT+ Presumptive and Definitive Testing Requirements		
POLICY NUMBER DBH Policy 200.11A	DATE OCT 23 2019	TL# 329

Purpose. To establish the Department of Behavioral Health's requirements for presumptive and definitive testing for consumers participating in behavioral health services that are in alignment with the requirements of 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers and the guidelines established by the American Society of Addiction Medicine (ASAM).


Applicability. Department of Behavioral Health (DBH); including the Forensics Division, and DBH providers with a human care agreement or contract.


Policy Clearance. This policy has been reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective in sixty (60) days. Questions regarding this policy may be addressed to Department of Behavioral Health (DBH) through the provider agency's DBH Network Development Specialist.

Superseded Policy. Policy 200.11, Client Drug Screening Requirements for Certified Providers for Substance Use Disorder (SUD) Treatment Services, dated July 29, 2015.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Please contact Ana Veria at ana.veria@dc.gov or Keri Nash at keri.nash@dc.gov for a Microsoft Word version of this policy. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.


Barbara J. Bazron, Ph.D.
Director, DBH

<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA</p> 	<p>Policy No. 200.11A</p>	<p>Date OCT 23 2019</p>	<p>Page 1</p>
<p>DEPARTMENT OF BEHAVIORAL HEALTH</p>		<p>Supersedes Policy 200.11, Client Drug Screening Requirements for Certified Providers for Substance Use Disorder (SUD) Treatment Services, dated July 29, 2015</p>	
<p>Subject: Presumptive and Definitive Testing Requirements</p>			

1. **Purpose.** To establish the Department of Behavioral Health’s requirements for presumptive and definitive testing for consumers participating in behavioral health services that are in alignment with the requirements of 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers and the guidelines established by the American Society of Addiction Medicine (ASAM).

2. **Applicability.** Department of Behavioral Health (DBH); including the Forensics Division, and DBH providers with a human care agreement or contract.

3. **Authority.** Department of Behavioral Health Establishment Act of 2013; 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers; 22-A DCMR Chapter 64, Reimbursement Rates for Services Provided by the Department of Behavioral Health Chapter 63 Certified Substance Use Disorder Providers; 29 DCMR Chapter 9, Section 991, Other Laboratory and X-Ray Services.

4. **Background.** Drug testing is part of the intake and assessment process for substance use disorder (SUD) services in the District. It is a key component in the identification, diagnosis, treatment, and promotion of recovery for clients with, or at risk for, addiction. Due to the nature of high risk behavior associated with SUD, providers must offer consumers HIV, Hepatitis B and C tuberculosis and pregnancy testing.

5. **Definitions.**

5a. **Analytes.** A substance whose chemical constituents are being identified and measured.

5b. **Collection.** The process of obtaining tissue or fluids for laboratory analysis.

5c. **Presumptive Testing.** The type of specimen (e.g., urine) testing that is used to determine the presence or absence of drugs or a drug class. In this policy, presumptive testing also refers to pregnancy testing.

5d. **Definitive testing.** The type of specimen (e.g., urine) to identify or confirm specific medications, illicit substances and metabolites.

5e. **Panel.** A drug or family of drugs included in a drug test. For example, the panel “opiates” includes morphine, codeine, and heroin.

5f. Medically necessary. Services that are proper and needed for the diagnosis or treatment of the consumer's medical condition, are provided for the diagnosis, direct care, and treatment, meet the standards of good medical practice.¹

6. Policy.

6a. DBH supports client recovery based on individualized clinical assessment leading to a diagnosis and plan of care that align with the requirements of 22-A DCMR Chapter 63, Certification Standards for Substance Use Disorder Treatment and Recovery Providers and the ASAM guidelines.

6b. DBH requires that providers offer HIV, tuberculosis, hepatitis and pregnancy testing on demand as part of intake for services.

6c. Presumptive drug testing shall be conducted at the time of intake and used throughout the course of treatment, as clinically appropriate.

6d. A Physician or Advanced Practice Registered Nurse (APRN) must sign Orders for definitive testing.

6e. Providers shall not expel or refuse treatment to a consumer based on drug test results alone. Each program shall develop and document policies and procedures subject to the review of DBH regarding termination of treatment and discharge or transition criteria.

(1) It is unethical to expel clients from treatment based on drug testing results alone. The ethical response to a positive drug test result is to discuss the findings with the client and to consider an evidence-based change in the patient's treatment plan.

(2) It is also unethical to expel patients from addiction treatment based solely on a refusal to participate in drug testing.²

6f. Providers must adhere to all statutory and regulatory requirements, including those governing consent and confidentiality, when administering Presumptive and Definitive Testing (e.g., parental consent to test youth for HIV, Hep. B and C, TB and pregnancy). Internal procedures shall be developed to address consents to these tests (e.g., how and to whom results are communicated).

7. Responsibilities.

7a. Providers shall:

¹ CMS definition of medical necessity is found in this link:
<https://www.cms.gov/apps/glossary/default.asp?Letter=ALL>

² Public Policy Statement... ASAM: <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2019/04/11/public-policy-statement-on-the-ethical-use-of-drug-testing-in-the-practice-of-addiction-medicine>

- (1) Develop internal written policies and procedures that implement this policy.
- (2) Offer HIV, tuberculosis, hepatitis and pregnancy testing on demand as part of intake for services. This testing may be done in-house or with a referral to a laboratory.
- (3) Document medical necessity for screening in the consumer's clinical record.
- (4) Train employees who conduct screening on this policy. Training documentation shall be maintained.
- (4) For consumers subject to court orders, adhere to court-ordered drug testing requirements.

7b. DBH shall conduct periodic review of provider's implementation of this policy.

8. **Inquiries.** Questions regarding this policy may be addressed to DBH through the provider assigned DBH Network Development Specialist.

Approved by:

Barbara J. Bazron, Ph. D.
Director, DBH

 10.23.19
(Signature) **(Date)**