

Interim Services for Priority Populations

Meeting an individual's health care needs while waiting for substance use disorder treatment

Interim Services—The Basics

When an individual needs substance use disorder treatment, space may not be immediately available to them because of a lack of capacity. Interim services are provided until a person can be admitted to treatment. These services are designed to reduce the adverse health effects of substance use, promote the individual's health, and reduce the risk of transmitting disease to sexual partners and infants.

The definition of interim services can be found at: Code of Federal Regulations [§96.121](#) and the provisions related to capacity of treatment for person who inject drugs (previously intravenous substance abusers) can be found at: Code of Federal Regulations 45 [§96.126](#).

What are interim services?

Interim services must include, at minimum, counseling and education about:

- HIV and tuberculosis (TB)
- Risks of needle-sharing
- Risks of transmission to sexual partners and infants
- Steps to ensure that HIV and TB transmission does not occur
- Referral for HIV or TB treatment services, if necessary.

Interim services may also include interim methadone. Counseling on the effects of alcohol and drug use on the fetus and referral for prenatal care must be provided for pregnant women.



Who should receive interim services?

Interim services should be provided to the following priority populations who seek treatment, but cannot be admitted due to a lack of capacity:

- Pregnant women who inject drugs;
- Pregnant women who misuse substances;
- Persons who inject drugs; and
- Women with dependent children who misuse substances.



When should interim services be provided?

Providers must offer interim services to priority populations within 48 hours of the individual's request for treatment when the appropriate level of care is not available. Pregnant women are provided preference in admission to treatment and this preference and the availability of services for these women must be publicized by providers. When appropriate treatment services are not available, interim services should be offered within 48 hours and provided until the pregnant woman can be admitted to treatment. Persons who inject drugs should be admitted to treatment within 14 – 120 days after their request for care, if the program does not have the capacity to admit the individual on the date of the request. Until persons who inject drugs are admitted to treatment, interim services should be made available to them.

Connecting Priority Populations to Treatment

States must establish a capacity management program to ensure the systematic reporting of treatment capacity and demand and to serve as a tool to connect priority populations to the appropriate level of care. Providers that treat persons who inject drugs must notify the state within seven days of reaching 90 percent of its capacity to admit individuals to the program. Providers must also establish a waiting list for persons that inject drugs, which includes a unique patient identifier for each individual requesting treatment.

Enhanced Interim Services in States

In addition to the federally-defined interim services, some states offer enhanced interim services. Below are two state examples.

New Hampshire

The following additional interim service requirements were included for pregnant women in a New Hampshire RFA for treatment and recovery support services:

- At least (1) 60-minute individual or group outpatient session per week;
- Recovery support services as needed by the client; and
- Daily calls to the client to assess and respond to any emergent needs.

Massachusetts

In Massachusetts, interim services include motivational encouragement; education about substance risk, particularly pertaining to needle use and pregnancy; and referrals to immediately available resources. These resources include emergency medical, rape crisis or violence intervention, perinatal, needle exchange, and recovery support services.



State Tracking Systems

Most states track interim services by extending the functionality of their existing capacity management systems.

Massachusetts

Massachusetts connects individuals to interim services through its substance use treatment helpline, helplinema.org. A waitlist management tool, which was added to the system in 2018, allows helpline operators to see the length of the waitlist for each treatment program and make services recommendations to callers accordingly. The Helpline system keeps logs of conversations and interim services provided.

Texas

In Texas, providers document information through the state's web-based clinical record. Providers enter information into a waitlist document which holds a field to confirm if interim services were provided. In addition, the waitlist document allows the provider to document the type of interim services received.

Nebraska

Nebraska has a centralized data system that collects data at the provider, intermediary network, and division levels. The system captures service capacity (available and contracted) and utilization. It also includes waitlist information on priority populations. Interim services are tracked in the system by service.

Interim services provide a valuable way to keep patients engaged and to provide vital services until appropriate treatment becomes available.