

## Substance Abuse Services (Outpatient) Standards

*Note: The Universal Standards apply to all service categories, in addition to the standards listed below.*

**Definition:** Substance abuse services (outpatient) are medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel. They include limited support of acupuncture services to HIV-positive patients, provided the patient has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.<sup>1</sup>

### Objectives:

- Provide substance abuse medical treatment and/or substance abuse counseling services.
- Provide services to minimize crisis situations and stabilize patients' substance use in order to promote positive health outcomes and retention in care.

### Performance Measures:

- Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
  - Percentage of substance abuse service patients, regardless of age, with a diagnosis of HIV who did not have a care marker in the last 6 months of the measurement year.
- Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
  - Percentage of substance abuse service patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

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<sup>1</sup> 2012 Annual Ryan White HIV/AIDS Program Services Report (RSR) Instruction Manual (September, 2012), p. 9.

## **1.0 Agency Policies & Procedures**

*National Monitoring Standards: Eligibility determination process requiring documentation in patient medical records of low-income status and eligibility based on a specified percent of the FPL and proof of an individual's HIV-positive status, residency. Determination and documentation of patient eligibility every six months.<sup>2</sup>*

*Documentation that substance abuse services are provided by or under the supervision of a physician or by other qualified personnel. Assurance that services are provided only in an outpatient setting.<sup>3</sup>*

<b>Standard</b>	<b>Measure</b>
1.1 Patient eligibility for Ryan White Part B services is determined.	1.1 Patient eligibility criteria verified every six months and documented in patient's record.
1.2 Referral for substance abuse services is documented prior to initiation of service. Except for acupuncture therapy, referral may be made by a provider or individual. Referral for acupuncture therapy must be written by the primary care provider.	1.2 Signed, dated referral from provider is located in patient's record.
1.3 Provision of all substance abuse services is documented by: <ul style="list-style-type: none"> <li>• Quantity, frequency and treatment modality</li> <li>• Date treatment begins and ends</li> <li>• Regular monitoring and assessment of patient progress</li> </ul> All reports must be signed and dated.	1.3 Documentation of substance abuse services conducted signed and dated by the provider.
1.4 Patient discharged when substance abuse services are no longer needed, goals have been met, upon death or due to safety issues.	1.4 Documentation of discharge plan in patient's record with clear rationale for discharge and discussion with patient. Plan signed and dated by the substance abuse provider.
1.5 When a third-party payer provides service, the subcontractor must maintain a patient record. At a minimum, the payer's record must contain: <ul style="list-style-type: none"> <li>• Referral</li> </ul>	1.5 Signed, dated reports located in the patient's record.

<sup>2</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 6.

<sup>3</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 22-23.

<ul style="list-style-type: none"> <li>• Initial assessment</li> <li>• Individualized treatment plan</li> <li>• Documentation of all contacts &amp; dates of service</li> <li>• Reassessment of treatment plan</li> <li>• Referrals and follow-ups</li> <li>• Discharge plan</li> </ul> <p>All reports must be signed and dated.</p>	
<p><b>2.0 Service Provision</b>  <i>National Monitoring Standards: Support for Substance Abuse Treatment Services-Outpatient provided by or under the supervision of a physician or by other qualified/licensed personnel. Services limited to: a) pre-treatment /recovery readiness programs; b) harm reduction; c) mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; d) outpatient drug-free treatment and counseling; e) opiate assisted therapy; f) euro-psychiatric pharmaceuticals; g) relapse prevention; h) limited acupuncture with a written referral.</i><sup>4</sup></p>	
<b>Standard</b>	<b>Measure</b>
<p>2.1 Screening and intake to be completed within 10 days of initial contact with patient to include:</p> <ul style="list-style-type: none"> <li>• Substance use history and current status</li> <li>• Medical history and current health status</li> <li>• Availability of food, shelter, transportation, financial resources</li> <li>• Support system</li> <li>• Legal issues/custody status</li> <li>• Mental health status and co-existing conditions</li> </ul>	<p>2.1 Documentation of intake, eligibility and need for services in record signed and dated by substance abuse professional.</p>
<p>2.2 Within 15 days of the initial assessment, a detailed treatment plan is developed for each eligible patient and signed by the patient and substance abuse professional rendering services. The individualized treatment plan should include:</p> <ul style="list-style-type: none"> <li>• Diagnosed condition as identified in DSM-IV-TR</li> <li>• Treatment modality (group or individual)</li> </ul>	<p>2.2 Treatment plan with required components is signed and dated by the patient and substance abuse professional. Documentation of regular monitoring and assessment of patient progress.</p>

<sup>4</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 23.

<ul style="list-style-type: none"> <li>• Defined treatment goals</li> <li>• Timeframe for substance abuse services, including quantity and frequency</li> <li>• Date for reassessment</li> <li>• Recommendations for follow-up</li> <li>• Personal risk, HIV transmission &amp; prevention</li> <li>• Treatment adherence</li> </ul>	
2.3 Patients who miss a scheduled appointment will be contacted by phone to reschedule appointment within 5 days.	2.3 Documentation of missed appointment and staff attempts to contact patient and reschedule in patient's record.
2.4 Treatment plan is reassessed every 90 days to assess progress and identify emerging needs.	2.4 Documentation of review and update of treatment plan as appropriate signed and dated by the patient and substance abuse professional.
2.5 Refer patient to other services as appropriate, e.g. additional substance abuse services, mental health, and support services.	2.5 Documentation of referrals made and status of outcome in patient's record.
2.6 Develop discharge plan once goals have been met.	2.6 Discharge plan is signed and dated by patient and mental health professional.
<b><u>3.0 Personnel</u></b> <i>National Monitoring Standards: Substance abuse services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided.<sup>5</sup></i>	
<b>Standard</b>	<b>Measure</b>
3.1 All substance abuse professionals have appropriate and valid licensure and/or certification if required by the Commonwealth of Virginia.	3.1 Copy of current licensure and/or certification in personnel file.
3.2 All substance abuse professionals must complete 2 hours of continuing education in HIV/AIDS annually.	3.2 Documentation of continuing education credits in personnel file.

<sup>5</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 22.

## **4.0 Quality Management**

*National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.<sup>6,7</sup>*

<b>Standard</b>	<b>Measure</b>
4.1 Measure and report patient outcomes using substance abuse services measures approved by Virginia Department of Health.	4.1 Performance measurement data on the following indicators: <ul style="list-style-type: none"><li>• Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two care markers in a 12 month period that are at least 3 months apart.</li><li>• Percentage of HIV-infected Substance Abuse Outpatient patients regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</li></ul>

<sup>6</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), p. 49.

<sup>7</sup> PHS Act 2618(b)(3)(C&E)