

## **Substance Abuse Services (Residential) Standards**

### **Description:**

#### *Description:*

Substance Abuse Services (Residential) is the provision of services for the treatment of drug or alcohol use disorders in a residential setting to include:

- Screening;
- Assessment;
- Diagnosis; and/or
- Treatment of substance use disorder that includes:
  - Pretreatment/recovery readiness programs
  - Harm reduction
  - Behavioral health counseling associated with substance use disorder
  - Medication assisted therapy
  - Neuro-psychiatric pharmaceuticals
  - Relapse prevention
  - Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital).

### **Program Guidance:**

Substance Abuse Services (Residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Acupuncture therapy may be allowable funded under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Commonwealth of Virginia Department of Health (VDH) Service Standards for persons living with HIV, including the following:

### **Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

## **1.0 Intake and Eligibility**

***National Monitoring Standards: Eligibility determination process requiring documentation in client 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 client eligibility every six months.<sup>i</sup>***

***Human Services and Services Administration (HRSA), the funder for Ryan White HIV Services, prohibits continued HIV services, including medications to clients who are not recertified for eligibility of services by their specified date; therefore, if a client has not completed their annual certification or recertification at six months they may not be eligible for Ryan White services.<sup>ii</sup>***

<b>Standard</b>	<b>Measure</b>
1.1) The client's eligibility for Ryan White Part B services is determined or is in process of determination before services are initiated.	1.1) Documentation of the client's eligibility or that the eligibility process has been initiated and is present in the client's record.
1.2) Client must be recertified annually and recertification must occur every six months to receive Ryan White services. There is no grace period.	1.2) Documentation of the client's eligibility or that the eligibility process has been initiated and is present in the client's record.
1.3) A referral by a Ryan White Part B provider is made for initiation of services.	1.3) Documentation of the referral by a Ryan White Part B provider is present in the client's record, signed and dated.
1.4) To be eligible for this service applicants must: a) Be diagnosed with HIV b) Live in Virginia c) Have an individual or family income at or below 500% of the Federal Poverty Level (FPL) d) Ryan White Part B is the payer of last resort and other funding sources must be vigorously pursued. Providers are responsible to ensure that clients are screened and deemed ineligible for other payer sources covered by Federal or State programs such as Medicare, Medicaid, all other forms of insurance or third party payers such as private and commercial insurance plans, and other payers. e) Provide recertification every six months with proof of income, changes in insurance coverage, or any changes in residency	1.4) Documentation is present in files that verifies: a) Client is diagnosed with HIV b) Client lives in Virginia c) Client meets income guidelines d) Client Medicaid status (gap of services) e) Recertification for continued eligibility for Part B services every six months f) Client agrees to participate in insurance option that best meets their medical needs and for which the client is eligible.

### **Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<p>f) <b>Client eligibility ensures Part B services are used as the payer of last resort.</b> Client must agree to participate in the insurance option client is eligible and that best meets the client’s medical needs regardless of preference.</p> <p><i>Note:</i> The Part B Program is the payer of last resort. This is interpreted as "funds received...will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by another payment source.<sup>iii</sup></p> <p>Apply through the VDH Central Office or through agency’s eligibility services.</p>	
---	--

**2.0 Key Services Components and Activities (include assessment and service plan)**

<b>Standard</b>	<b>Measure</b>
<b>Substance Abuse Treatment (Residential)</b> address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting.	
2.1) Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided.	2.1) Documentation that provider licensure or certifications as required by the State in which service is provided;  Provide assurance that all services are provided in a short-term residential setting.
2.2) Services to be provided in accordance with a treatment plan.	2.2) Maintain program files that document: <ul style="list-style-type: none"> <li>• That all services provided are allowable under this service category</li> <li>• The quantity, frequency, and modality of treatment services.</li> </ul>
2.3) Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital).	2.3) Services are provided in accordance with a written treatment plan. Maintain client records that document: <ul style="list-style-type: none"> <li>• The date treatment begins and ends</li> <li>• Individual treatment plan</li> <li>• Evidence of regular monitoring and assessment of client progress.</li> </ul> Assurance that services are provided only in a short-term residential setting.

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

Assessment/Service Plan/Provision of Services	
<p>2.4) An initial substance abuse assessment of client’s needs to be completed within 10 days of initial contact with client and prior to the initiation of the service plan. Assessment 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>2.4) Documentation of assessment in client’s record signed and dated.</p>
<p>2.5) If substance abuse serves are deemed appropriate, a substance abuse treatment plan is developed within 30 days of the initial assessment to include:</p> <ul style="list-style-type: none"> <li>• Diagnosed condition</li> <li>• Treatment modality (individual or group)</li> <li>• Treatment goals</li> <li>• Start date for start date for services</li> <li>• Projected end date for services</li> <li>• Recommended number of sessions</li> <li>• Reassessment dates of client progress.</li> </ul> <p><i>Note: Substance abuse services must be provided by or under the supervision of a physician or other qualified/licensed personnel. (See 5.0 Personnel Qualifications)</i></p>	<p>2.5) Documentation of treatment plan in client’s record signed and dated.</p>
<p>2.6) A complete psychosocial assessment will be completed. Results of the assessment will be used to complete the treatment plan as necessary.</p>	<p>2.6) Documentation of complete psychosocial assessment in client’s record signed and dated.</p>
<p>2.7) Substance abuse services, provided as group or individual sessions, should be specific to individual client needs. Progress notes should be completed for every counseling session and include:</p>	<p>2.7) Documentation of mental health services provided in client’s record signed and dated.</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<ul style="list-style-type: none"> <li>• Session date and duration</li> <li>• Focus of session and observations</li> <li>• Assessment and interventions</li> <li>• Newly identified issues/goals</li> <li>• Client’s responses to interventions and referrals.</li> </ul>	
<p>2.8) Treatment options shall be a joint decision between the client and provider and should address the full spectrum of substance use. Services are limited to the following:</p> <ul style="list-style-type: none"> <li>• Pre-treatment/recovery readiness programs</li> <li>• Harm reduction</li> <li>• Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse</li> <li>• Outpatient drug-free treatment and counseling</li> <li>• Opiate Assisted Therapy</li> <li>• Neuro-psychiatric pharmaceutical</li> <li>• Relapse prevention</li> <li>• Limited acupuncture services.</li> </ul> <p><i>Note:</i> For any client receiving acupuncture services, a written referral from the primary care provider must be in the client file.</p>	<p>2.8) Documentation of treatment modalities employed in client’s record signed and dated. If provided, referral for acupuncture services in client’s record signed and dated.</p>
<p>2.9) Treatment plan is reviewed at least every 12 sessions and modified as appropriate.</p>	<p>2.9) Documentation of review and update of treatment plan as appropriate signed and dated.</p>
<p>2.10) Refer client to other medical, mental health and other services as appropriate, e.g. psychiatric services, mental health services, in-patient hospitalization, case management.</p>	<p>2.10) Documentation of referrals made and status of outcome in client’s record.</p>
<p><b>Transition and Discharge</b></p>	
<p>2.11) Client discharged when mental health services are no longer needed, goals have been met, upon death or due to safety issues. (<i>see</i> 2.12)</p>	<p>2.11) Documentation of discharge plan and summary in client’s record with clear rationale for discharge within 30 days of</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<p><u>Prior to discharge:</u> Reasons for discharge and options for other service provision should be discussed with client. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with client via phone. If verbal contact is not possible, a certified letter must be sent to client’s last known address. If client is not present to sign for the letter, it must be returned to the provider.</p> <p><u>Documentation:</u> Client’s record must include:</p> <ul style="list-style-type: none"> <li>a) Date services began</li> <li>b) Special client needs</li> <li>c) Services needed/actions taken, if applicable</li> <li>d) Date of discharge</li> <li>e) Reason(s) for discharge</li> <li>f) Referrals made at time of discharge, if applicable.</li> </ul> <p><u>Transfer:</u> If client transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If client moves to another area, transferring agency will make referral for needed services in the new location.</p> <p><u>Unable to Locate:</u> If client cannot be located, agency will make and document a minimum of three follow-up attempts on three separate dates (by phone or in person) over a three-month period after first attempt. A certified letter must be mailed to the client’s last known mailing address within five business days after the last attempt to notify the client. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made.</p> <p><u>Withdrawal from Service:</u> If client reports that services are no longer needed or decides to no longer participate in the Service Plan, client</p>	<p>discharge, including certified letter, if applicable.</p>
--	--

<p>may withdraw from services. Because clients may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the client’s ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency clients should be referred to appropriate agencies.</p> <p><u>Administrative Discharge:</u> Clients who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a client for this reason, the case must be reviewed by the leadership according to that agency’s policies. Clients who are discharged for administrative reasons must be provided written notification of and reason for the discharge, and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the client’s last known mailing address within five business days after the date of discharge, and a copy must be filed in the client’s chart.</p>	
Case Closure	
<p>2.12) Case will be closed if client:</p> <ul style="list-style-type: none"> <li>a) Has met the service goals;</li> <li>b) Decides to transfer to another agency;</li> <li>c) Needs are more appropriately addressed in other programs;</li> <li>d) Moves out of state;</li> <li>e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services;</li> <li>f) Fails to maintain contact with the mental health assistance staff for a period of three months despite three (3) documented attempts to contact client;</li> </ul>	<p>2.12) Documentation of case closure in client’s record with clear rationale for closure.</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<ul style="list-style-type: none"> <li>g) Can no longer be located;</li> <li>h) Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan;</li> <li>i) Exhibits pattern of abuse as defined by agency’s policy.</li> <li>j) Becomes housed in an “institutional” program anticipated to last for a minimum of 30 days, such as a nursing home, prison or inpatient program; or</li> <li>k) Is deceased.</li> </ul>	
--	--

**3.0 Client Rights and Responsibilities**  
*National Monitoring Standards: Provision of Part B funded HIV primary medical care and support services, to the maximum extent, without regard to either: the ability of the individual to pay for such services, or the current or past health conditions of the individuals served.<sup>iv</sup>*

<b>Standard</b>	<b>Measure</b>
<p>3.1) Services are available and accessible to any individual who meets program eligibility requirements.</p> <p>All providers shall be in compliance with all applicable federal, state, and local anti-discrimination laws and regulations, including but not limited to the American’s with Disabilities Act. All providers shall adopt a non-discrimination policy prohibiting the refusal of rendering services on the basis of fact or perception of race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, height, weight, disability, or HIV/AIDS diagnosis.</p> <p>Each provider shall make available to clients a process for requesting interpretation services, including American Sign Language.</p>	<p>3.1) Written eligibility requirements and non-discrimination policy on file.</p>
<p>3.2) Clients Rights and Responsibilities policy exists which requires each client to sign &amp; date indicating they has been offered: a) explanation</p>	<p>3.2) Written policy on file.</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*



<p>of the policy, and b) copy of '<i>Client's Rights and Responsibilities</i> and c) communication of client's understanding of the policy.</p>	
<p>3.3) Explanation of <i>Client's Rights and Responsibilities</i> is provided to each client.</p> <p>Client rights include:</p> <ul style="list-style-type: none"> <li>○ Be treated with respect, dignity, consideration, and compassion;</li> <li>○ Receive services free of discrimination;</li> <li>○ Be informed about services and options available.</li> <li>○ Participate in creating a plan of services;</li> <li>○ Reach an agreement about the frequency of contact the client will have either in person or over the phone.</li> <li>○ File a grievance about services received or denied;</li> <li>○ Not be subjected to physical, sexual, verbal and/or emotional abuse or threats;</li> <li>○ Voluntary withdraw from the program;</li> <li>○ Have all records be treated confidentially;</li> <li>○ Have information released only when:</li> <li>○ A written release of information is signed;</li> <li>○ A medical emergency exists;</li> <li>○ There is an immediate danger to the client or others;</li> <li>○ There is possible child or elder abuse; or</li> <li>○ Ordered by a court of law.</li> </ul> <p>Client responsibilities include:</p> <ul style="list-style-type: none"> <li>○ Treat other clients and staff with respect and courtesy;</li> <li>○ Protect the confidentiality of other clients;</li> <li>○ Participate in creating in a plan of service;</li> <li>○ Let the agency know any concerns or changes in needs;</li> </ul>	<p>3.3) Current <i>Client's Rights and Responsibilities</i> form signed and dated by client and located in client's record.</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<ul style="list-style-type: none"> <li>○ Make and keep appointments, or when possible to phone to cancel or change an appointment time;</li> <li>○ Stay in contact with the agency by informing the agency of change in address and phone number, as well as responding to phone calls and mail and</li> <li>○ Not subject the agency’s staff to physical, sexual, verbal and/or emotional abuse or threats.</li> </ul>	
<b>4.0 Grievance Process</b>	
<b>Standard</b>	<b>Measure</b>
<p>4.1) Grievance policy exists which requires each client to sign &amp; date form indicating they has been offered: a) explanation of the policy, and b) copy of <i>Grievance Procedure</i> and to communicate client’s understanding of the policy.</p> <p>Policy shall describe the process for resolving client grievances, including identification of whom to contact and applicable timelines.</p> <p>Policy shall be available in languages and formats (e.g. for persons with disabilities) appropriate to populations served.</p>	<p>4.1) Written grievance procedure on file, available in languages and formats appropriate to populations served.</p>
<p>4.2) Explanation of <i>Grievance Procedure</i> is provided to each client.</p> <p>Clients may file a grievance if their request for services is denied or if they have any complaint or concern about the services received.</p>	<p>4.2) Current <i>Grievance Procedure</i> form signed and dated by Client and located in client’s record.</p>
<p>4.3) Grievance process shall be fair and expeditious for resolution of client grievances.</p>	<p>4.3) Documentation of client grievances, status and resolution.</p>
<p>4.4) Review of grievance policy yearly with client signature.</p>	<p>4.4) Current <i>Client’s Rights and Responsibilities</i> form signed and dated by client and located in client’s record.</p>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

## **5.0 Personnel Qualifications**

<b>Standard</b>	<b>Measure</b>
5.1) All substance abuse (outpatient) service providers and substance abuse counselors will have appropriate and valid licensure/certification as required by the Commonwealth of Virginia.	5.1) Copy of current licensure and/or certification in personnel file.
5.2) Newly employed substance abuse professionals must complete orientation within 90 days of hire and include training on: <ul style="list-style-type: none"> <li>• Hepatitis B and C</li> <li>• Sexually Transmitted Diseases</li> <li>• Tuberculosis</li> <li>• Referral for crisis intervention policy/procedures</li> <li>• Confidentiality</li> <li>• Emergency and safety procedures</li> <li>• Cultural competency</li> </ul>	5.2) Documentation of training completed in personnel file.
5.3) All substance abuse professionals must complete 2 hours of continuing education in HIV/AIDS treatment or care annually.	5.3) Documentation of training complete in personnel file
5.4) A substance use disorder treatment supervisor shall be a Certified Clinical Supervisor.	5.4) Documentation of certification in personnel file.
5.5) A written policy regarding regular supervision of all licensed staff will be in place.	5.5) Documentation of supervision according to agency policy.
5.6) The provider agency must be a licensed facility with outpatient substance use treatment designation and must comply with the rules and standards established by DBHDS.	5.6) Agency will have documentation on site that license is current for the physical location of the treatment facility.

## **6.0 Cultural and Linguistic Competency**

<b>Standard</b>	<b>Measure</b>
6.1) Health services are culturally and linguistically competent, client-guided and community based. At a minimum, provider's documentation should include:	6.1) Documentation of cultural and linguistic competence as reported in annual Cultural and Linguistic Competency Report.

### **Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*

<ul style="list-style-type: none"> <li>a) Experience with providing services to the diverse ethnic, linguistic, sexual or cultural populations targeted;</li> <li>b) Capacity of staff, including volunteers and Board, to design, provide and evaluate culturally and linguistically appropriate services; and</li> <li>c) List of cultural competency trainings completed by staff.</li> </ul>	
6.2) Easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area shall be available. <sup>v</sup>	6.2) Culturally and linguistically appropriate materials and signage accessible.
<b><u>7.0 Privacy and Confidentiality (including securing records)</u></b>	
<b>Standard</b>	<b>Measure</b>
7.1) Client confidentiality policy exists which include: <ul style="list-style-type: none"> <li>a) Release of information requirements, and</li> <li>b) Health Insurance Portability and Accountability Act.</li> </ul>	7.1) Written Client confidentiality policy on file at provider agency.
7.2) Client’s consent for release of information is determined.	7.2) Current <i>Release of Information Form</i> signed and dated by client and provider representative and located in client’s record. Each release form indicates who may receive the client’s information and has an expiration of not more than 12 months from date of signature.
7.3) Each client file is stored in a secure location. Electronic client records are protected from unauthorized use.	7.3) Files stored in locked file or cabinet with access limited to appropriate personnel. Electronic files are secure with password protection and access is limited to appropriate personnel.
7.4) Annual submission of <i>Verification of Receipt of Assurance of Key Requirements</i> document by all staff that handle client identifying information.	7.4) Documentation of signed <b><i>Verification of Receipt of Assurance of Key Requirement forms.</i></b>

**Substance Abuse Services (Residential) Standards**

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)

VDH Standards of Services Revised: June 2015, November 2017 and January 2019

**8.0 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.***

Standard	Measure
<p>8.1) Measure and report client health outcomes using Substance Abuse Services approved by VDH.</p>	<p>8.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> <li>• Percentage of persons living with HIV and receiving Substance Abuse Services, regardless of age, who will have at least two care markers in a 12 month period that are at least 3 months apart (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</li> <li>• Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Substance Abuse Services, regardless of age, who will have an HIV viral load lesser than 200 copies/mL at last HIV viral load test during the measurement year.</li> </ul>

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

<sup>ii</sup> HRSA/HAB Ryan White HIV/AIDS Program Services: Clarifications on Ryan White Program Eligibility Determinations and Recertification Requirements Policy Clarification Notice #13-02

<sup>iii</sup> Public Health Service Act; Sections 2605(a)(6), 2617 (b) (7) (F), 2664 (f) (1), and 2671 (i).

<sup>iv</sup> HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards—Program Part B (April, 2013), pp. 61-62.

<sup>v</sup> National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Available at:

<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

**Substance Abuse Services (Residential) Standards**

*HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards— Program Part B (April, 2013), p. 46-48*

*Policy Clarification Notice (PCN) #16-02 (Revised 10/22/2018)*

*VDH Standards of Services Revised: June 2015, November 2017 and January 2019*