



# **N-S EMA SUBSTANCE ABUSE (OUTPATIENT) SERVICE STANDARDS**

Service standards outline the elements and expectations a RWHAP Service provider follows when implementing a specific service category. The purpose of service standards are to ensure that all RWHAP service providers offer the same fundamental components of the given service category across a service area. Service standards establish the minimal level of service or care that a RWHAP funded agency or provider may offer within a state, territory or jurisdiction.

**N-S HIV Health Services  
Planning Council**  
[www.longislandpc.org](http://www.longislandpc.org)

**Substance use** refers to the use of both legal (alcohol, tobacco) and illicit substances (cocaine, heroin). Estimates from the 2006 National Survey of Drug Use and Health reveal that among persons aged 12 or older, 8.3% (20.4 million) currently use illicit drugs, 50.9% (125 million) currently use alcohol, and 29.6% (72.9 million) currently use tobacco. An estimated 22.6 million (9.2%) persons were classified with substance dependence or abuse.

As of December 2005, in New York State, 13.6% of people living with HIV and 27.5% of people living with AIDS acquired infection through injection drug use. In a National HIV Behavioral Surveillance System survey of approximately 10,000 men who have sex with men, 43% reported having used a non-injection drug within the past year. Almost 75% reported having been under the influence of a drug during sex.

In addition to contributing to the likelihood of HIV transmission, substance use directly affects the health of the HIV infected patient by interfering with treatment adherence, interacting with medication regimen, and increasing the risk for development of comorbid conditions, such as hepatitis, sexually transmitted infections, and tuberculosis \*(1).

**Substance Abuse (Outpatient)** services include the provision of medical or other treatment and/or counseling to address substance abuse issues (i.e. alcohol and/or legal and illegal drugs) provided in an outpatient setting rendered by a physician, nurse practitioner, or by other qualified personnel: licensed psychologist, PhD and PsyD trained in substance use, licensed clinician (LCSW, LMSW, LMHC) or a credentialed CASAC. Substance abuse services may involve a variety of cognitive, emotional, educational, and practical skills to deal with addictions and ongoing recovery, as well as clinical treatments and interventions that address the physical causes and symptoms of addiction. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of a substance abuse disorder, including:
  - A. Pretreatment/recovery readiness programs
  - B. Harm reduction
  - C. Behavioral health counseling associated with substance use disorder
  - D. Outpatient drug-free treatment and counseling
  - E. Medication assisted therapy
  - F. Neuro-psychiatric pharmaceuticals
  - G. Relapse prevention

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

Syringe access services are allowable, to the extent that they comport with current appropriations law and HHS guidance, including HRSA- or HAB-specific guidance.

---

\* *Promoting Comprehensive Health Care for HIV Infected Substance Users-Best Practices from New York State: AIDS Institute-NYSDOH (2008)*

**Care and Treatment Goals:** To assist clients living with HIV/AIDS to cope with the physical and psychological manifestations of addiction to alcohol, tobacco and other drugs. To assist clients living with HIV/AIDS in abstaining from substance use or reducing use through harm reduction strategies. Substance Abuse Services will be provided in a culturally and linguistically appropriate manner to facilitate access to and maintenance in Primary HIV medical care and adherence to HIV treatments. Services target populations that are out-of-care, uninsured, under-insured, and disproportionately impacted by HIV/AIDS in the Nassau-Suffolk EMA.

**Program Components:** Level of Care Screening, Program Eligibility, Appropriate Referral, Intake, Comprehensive Substance Abuse Assessment, Treatment Planning, Treatment Coordination and Care (in either individual or group format), Consultation with medical providers to ensure access to care, Case Conferencing, Crisis Intervention, Symptom Management, Reassessment, Discharge/Case Closure.

**Objectives:**

1. Improvement in clients symptoms associated with co-occurring Mental Health diagnosis
2. Increased access, retention, and adherence to HIV Primary Medical Care
3. Decreased substance use

**Program Outcomes:**

- 80% of clients with diagnosed substance disorders will be engaged in services as evidenced by having an individualized treatment plan.
- 70% of clients with diagnosed substance use disorders will be linked and engaged in primary HIV medical care

**Indicators:**

- Number of clients with an individualized treatment plan in place
- Number of clients are seen at a minimum of two times per year for primary HIV medical care

**Service Units:** Face to face individual and/or face to face group level intervention in CAREWare.

**Program Data Reporting:**

Part A service providers are responsible for documenting and keeping accurate records of Ryan White Program Data/Client Information, units of service, and client health outcomes. Reporting units of service are a component of each agency's approved workplan. Please refer to the most current workplan, including any amendments, for guidance regarding units of service. Summaries of service statistics by priority will be made available to the Planning Council by the grantee for priority setting, resource allocation and evaluation purposes.

\

## HRSA Program Monitoring Standard

STANDARD	MEASURE
<b>Program Components</b>	
<ul style="list-style-type: none"> <li>• Initial and Ongoing Assessment of Client Service Needs</li> <li>• Services provided in a culturally and linguistically competent manner. (The National Culturally and Linguistically Appropriate Standards [CLAS]) are being followed.</li> <li>• Development of Comprehensive and Individual Care or Service Plan with client</li> <li>• Coordination of services to implement Plan and assist client in maintenance to medical care</li> <li>• Client monitoring to assess progress</li> <li>• Services must be provided by licensed clinical staff knowledgeable about available resources, HIV/AIDS and evidenced based substance abuse treatment modalities and reimbursement models.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Documentation of Eligibility</b> including proof of HIV+ status, Insurance status, Residency-Nassau or Suffolk County, and Income up to 435% of Federal Poverty Level (FPL)</li> <li>• Documentation of Assessment of Client Service Needs (including access to other resources, payer sources, presenting problem, relevant history, Plan including basic medical history, substance use disorder, mental health status, medications, etc.)</li> <li>• Documented Care Plan (date of development, problems to be addressed, interventions addressing goals, planned frequency of contact, start and end date of treatment, staff and client signature)</li> <li>• Documentation of services determined needed and coordination (agency's must maintain relations with residential facilities, including but not limited to licensed NYS OASES programs and be able to refer or place clients in a residential program). Must encourage, assist and support client maintenance in medical care.</li> <li>• Documentation that progress is occurring through reassessments every 6 months</li> <li>• Documentation of licensure and training (OASAS approved) specific to HIV/AIDS and Substance Abuse</li> <li>• Assessment and documentation of language, cultural or other barriers and ways to reduce barriers</li> </ul>
<b>OUTCOME</b>	<b>MEASURE</b>
<ul style="list-style-type: none"> <li>• Increase in the number/percentage of clients with substance abuse diagnosis who will enter and complete substance abuse treatment program.</li> </ul>	<ul style="list-style-type: none"> <li>• 65% of clients with substance use diagnosis who enter substance abuse program will complete individualized treatment goals.</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in the number of clients retained in medical care.</li> </ul>	<ul style="list-style-type: none"> <li>• 70% of clients are retained in medical care</li> </ul>

**PERSONNEL:**

<b>Staff Qualification</b>	<b>Expected Practice</b>
<p>All staff providing direct substance abuse services to clients must be at least 21 years of age with good moral character. All treating professionals must be licensed and qualified within the laws of the State of New York to provide substance abuse/mental health services in one of the following professions:</p> <ul style="list-style-type: none"> <li>• Licensed Clinical Social Worker (LCSW);</li> <li>• Licensed Master Social Worker (LMSW);</li> <li>• Licensed Clinical Psychologist; PhD</li> <li>• Psychiatrist;</li> <li>• LMHC (Licensed Mental Health Counselor)</li> </ul>	<p>Current License/Certification will be maintained on file.</p> <p>Personnel records/resumes/applications for employment reflect requisite experience/education.</p>
<p>LMSW and LCSWs are required by the NYS Education Law to complete 36 hours of acceptable formal continuing education during each three year registration period. (Effective January 1, 2015).</p>	<p>CEUs on file in personnel files.</p>
<p>Trainings in addiction specific to the HIV/AIDS community-as well as other addiction specific trainings.</p>	<p>Documentation of training on file.</p>
<p>Trainings in cultural competency, HIV confidentiality and at least 1-2 HIV specific trainings annually.</p>	<p>Documentation of training on file.</p>
<p>A Substance Abuse supervisor must be licensed and registered in New York State as a licensed mental health practitioner or licensed social worker or must have the equivalent qualifications as determined by the State Education Department for experience completed in another jurisdiction. The supervisor must provide an average of one hour per week or two hours every other week of in-person individual or group clinical supervision.</p>	<p>Current License/Certification will be maintained on file.</p>
<p>Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs based on individual licensure requirements and re-credentialing requirements at a minimum, as per the license requirement and re-credentialing requirements for CEU's for each licensing body.</p>	<p>Documentation on file.</p>

As required by HRSA/HAB Policy Notice #13-02. Ryan White Eligibility and proof of documentation are required at intake/assessment and must be updated every 6 months. Please refer to the N-S EMA's Ryan White Client Eligibility Guidelines for specific information and acceptable forms of documentation.

Standard	Provider/Sub-grantee Responsibility
<p>Eligibility determination of clients to determine eligibility for Ryan White services within a predetermined timeframe</p>	<p><b>Initial Eligibility Determination Documentation Requirements:</b></p> <ul style="list-style-type: none"> <li>• HIV/AIDS Diagnosis (at initial determination);</li> <li>• Proof of residence (Nassau or Suffolk);</li> <li>• Proof of Income- 435% of the Federal Poverty Level;</li> <li>• Proof of Insurance Status- Uninsured or underinsured status (insurance verification as proof);</li> <li>• Determination of eligibility and enrollment in other third party insurance programs including Medicaid, Medicare;</li> <li>• For underinsured, proof this service is not covered by other third party insurance programs including Medicaid and Medicare;</li> </ul>
<p>Determination of program eligibility for enrollment in Ryan White Part A/substance abuse services based on client diagnosis of substance abuse disorder.</p>	<p>Documentation in client file of diagnosis of substance abuse disorder must include Diagnostic and Statistical Manual (DSM)-V diagnosis or diagnoses.</p>
<p>Recertification of clients at least every 6 months to determine continued eligibility</p>	<p><b>Recertification (minimum of very six months) documentation requirements:</b></p> <ul style="list-style-type: none"> <li>• Proof of residence;</li> <li>• Low income documentation;</li> <li>• Uninsured or underinsured status (insurance verification as proof);</li> <li>• Determination of current or new eligibility and enrollment in other third party insurance programs including Medicaid and Medicare;</li> <li>• Document that the process and timelines for establishing initial client eligibility, assessment, and recertification takes place at a minimum every six months;</li> <li>• Document that all staff involved in eligibility determination have participated in required training;</li> <li>• Sub-grantee client data reports are consistent with eligibility requirements specified by funder, which demonstrates eligible clients are receiving allowable services.</li> </ul> <p><b>Note:</b> Full documentation must be provided and placed in the client file at least once per year. At the six month recertification providers may use a signed client checklist to show eligibility review and no change. If any change has occurred, proof of new documents must be collected and placed in client file.</p>

<i>Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
<b>INTAKES</b>					
An appointment will be scheduled no later than three (3) working days of a client's request for substance abuse services. In emergency circumstances, an appointment will be scheduled within twenty-four (24) hours. If service cannot be provided within these time frames, the Agency will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Documentation in patient's file on referral date and appointment date scheduled.	Number of clients with less than or equal to 3 working days documented between client request and appt.	Number of clients referred for Substance Abuse Services	Client Files CAREWare	90% of clients will have an appointment scheduled within three working days of request for substance abuse services.
<b>ASSESSMENTS</b>					
A comprehensive baseline Substance Abuse assessment is to be completed within 30 days of initial intake.	Comprehensive Assessment in client chart containing: <ul style="list-style-type: none"> <li>• Verification of enrollment in medical care</li> <li>• Medical history and primary care Information</li> <li>• Substance abuse history and current status</li> <li>• Psychiatric history</li> <li>• Mental health status and co-existing conditions</li> <li>• Availability of food, housing, transportation, financial resources, legal services</li> <li>• Identification of social and family supports</li> </ul>	Number of new client charts with assessment completed within 30 days of intake	Number of new clients accessing Substance Abuse Services	Client Files CAREWare	90% of new client charts have documented comprehensive assessments completed within <b>30 days of intake.</b>

<i>Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
<b>TREATMENT PLANS</b>					
A treatment plan shall be completed within 30 days of assessment that is specific to individual client needs. The treatment plan shall be prepared and documented for each client.	Documentation of <b>client</b> signed/dated treatment plan which includes: <ul style="list-style-type: none"> <li>• type of SA service (individual and/or group) to be provided</li> <li>• treatment start and projected end dates</li> <li>• HIV medical care engagement and referral information.</li> <li>• Personal risk, HIV transmission and prevention</li> <li>• Progress notes following each client session</li> <li>• Evidence of supervisory review and staff monitoring of service plan documented in progress notes.</li> </ul>	Number of client charts with treatment plans within 30 days of assessment	Number of clients accessing Substance Abuse Services	Client Files CAREWare	85% of client charts will have documentation of a treatment plan within 30 days of assessment.
<b>REASSESSMENTS</b>					
Reassessment of the client's service needs is <b>required every 6 months</b> , or sooner if significant changes occur in patient's needs.	Documentation in file showing review and/or update of: <ul style="list-style-type: none"> <li>• Personal information</li> <li>• Patient health history, health status, and health-related needs outlined in the Comprehensive Assessment;</li> <li>• Patient status and needs related to psychosocial issues and required services/referrals</li> <li>• Name of staff completing reassessment with date of completion noted in the patient file.</li> </ul>	Number of clients reassessed every six months	Number of clients accessing Substance Abuse Services	Client Files CAREWare	85% of clients will be reassessed every six months.



<i>Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
	<ul style="list-style-type: none"> <li>Signed treatment plan by all parties involved</li> <li>Every 6 months RW client eligibility must be verified and documented in patient chart. Changes must be noted accordingly with supported dated documentation in client chart. (Providers may use a signed client checklist to show eligibility review and no change.)</li> <li>Annual client eligibility update is required and current documentation collected and placed in client file.</li> <li>Documentation that grievance procedures were reviewed with the client and placed in the client chart. Evidence of client signature.</li> </ul>				
Dual reassessments of substance abuse treatment and HIV medical care engagement.	Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving care.	Number of clients assessed/verified for medical care upon reassessment of substance abuse treatment plan	Number of clients accessing Substance Abuse Services	Client Files CAREWare	70% of clients are reassessed and verified for engagement in medical care during reassessment of their substance abuse treatment plan.
Clients accessing substance abuse services remain actively engaged in their substance abuse treatment plan.	Clients receiving substance abuse services remain engaged in their substance abuse treatment plan	Number of clients engaged in their substance abuse treatment plan	Number of clients accessing Substance Abuse Services	Client Files	70% of clients accessing substance abuse services remain engaged in their substance abuse treatment plan
Clients with a substance abuse diagnosis remain in primary	Documentation of established primary care provider in client file.	Number of clients receiving substance abuse services that	Number of clients accessing Substance	Client Files	70% of infected clients with substance abuse diagnosis who

<i>Standard</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
medical care while receiving services for substance abuse.		remain in primary medical care services	Abuse Services		remain in primary medical care.
<b>Medication Maintenance</b>					
Clients accessing Psychiatric care for symptom reduction and/or co-occurring disorders are medically adherent and are engaged in their psychiatric treatment plans.	Documentation in progress notes of the number of psychiatric appointments and number of prescription refills in client file.	Number of psychiatric clients engaged in their psychiatric care for symptom reduction.	Number of clients accessing Psychiatric services for symptom reduction.	Client Files	70% of clients accessing psychiatric care for symptom reduction are medication adherent and are actively engaged in their psychiatric treatment plans.
<b>Support, Referrals, and Coordination</b>					
Agency has a system in place to refer and follow up on clients	Documentation of referrals, coordination, and follow-up	Number of clients receiving referrals and follow-up via outside agencies	Number of clients accessing Substance Abuse Services	Client Files	70% of clients will receive care coordination relevant to establishing and maintaining their sobriety.
Program Staff will document all client-provider interactions, referrals, and follow-up, including case conferencing in client chart	Documented interventions with the following providers: primary medical, health home or other case management, inpatient substance abuse providers, legal services, etc.	Number of clients receiving referrals and follow-up via outside agencies	Number of clients accessing Substance Abuse Services	Client Files	70% of clients will receive care coordination relevant to establishing and maintaining their sobriety.
<b>Discharge/Case Closure</b>					
The agency will close a client's file according to all procedure developed within program Policy and Procedures for reasons including, but not limited to: death, relocation, transition to another provider, client request, or loss of contact	Documentation in client record of all contacts with client and providers regarding case closure, including outreach to loss of contact clients and conferencing with other treating providers.	Number of clients identified for case closure	Number of clients who have closed their case	Client Files	85% of clients will have their case closed as directed by the standards of the program Policies and Procedures.

