



SERVICE CATEGORY DEFINITION

Substance Abuse Services (Outpatient):

Provision of treatment and/or counseling to address Substance Use issues (including alcohol, legal and illegal drugs), provided in an outpatient health service setting.

Substance abuse services may involve a variety of cognitive, emotional, spiritual, and practical skills to deal with addictions, and ongoing recovery, as well as clinical treatments and interventions that address the physical sources of symptoms of addiction.

Examples of services include: regular ongoing substance abuse treatment and counseling on an individual and/or group basis by a state licensed provider. Services must include provision of, or links to, the following: social and/or medical detoxification when necessary, recovery readiness, harm reduction, 12 step model, rational recovery approach model, aftercare, mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse, medication assisted treatment for addiction, and drug-free treatment and counseling.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are not allowable, pursuant to current appropriations law provisions.

Substance abuse services (outpatient) includes:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention



- Acupuncture Therapy. (*Funds awarded under the Ryan White HIV/AIDS Program may only be used to support limited acupuncture services for HIV-positive clients as part of Ryan White HIV/AIDS Program funded Substance Abuse Treatment Services (outpatient or residential), provided the client has received a written referral from his/her primary health care provider. All acupuncture therapy must be provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.*)
- Health Literacy assessment using the TGA's Health Literacy screening tool.

CLIENT INTAKE AND ELIGIBILITY

All Subrecipient's are required to have a client intake and eligibility policy on file that adheres to the TGA eligibility policy. It is the responsibility of the Subrecipient to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients must:

- ◇ Live in the City of Paterson, Passaic County, and/or Bergen County, New Jersey;
- ◇ Have a documented diagnosis of HIV/AIDS;
- ◇ Have a household income that is at or below 500% of the federal poverty level;
- ◇ Be uninsured or underinsured.

Services will be provided to all Ryan White Part A qualified clients without discrimination on the basis of: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, or any other basis prohibited by law.

PERSONNEL QUALIFICATIONS

Substance abuse services (outpatient) must be provided by trained licensed or certified health care workers to include:

1. All staff providing direct substance abuse counseling or treatment services to clients will meet the qualifications for the position as outlined in the agency's job description;



2. Continuing education/in-service training. In accordance with state licensing and credentialing boards, all direct care staff must satisfactorily complete the required hours in continuing education training;
3. The provider agency must be a licensed hospital or a licensed facility with outpatient treatment designation and must comply with the rules and standards established by the State and the credentialing board;
4. Provider agency must develop and implement policies and procedures for handling crisis situations and psychiatric emergencies, which include, but are not limited to, the following:
 - Verbal Intervention;
 - Non-violent physical intervention;
 - Emergency medical contact information;
 - Incident reporting;
 - Voluntary and involuntary patient admission.

CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The goal of the service is to minimize crisis situation, stabilize client substance use, in order to maintain their participation in primary care and support services. Also to see a reduction in the transmission of HIV through drug in the State.

Clinical Quality Improvement outcome goals for substance abuse services (outpatient) includes:

- 100% of all substance abuse outpatient client files include documentation of a completed comprehensive treatment plan.
- 90% of substance abuse outpatient clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.



SERVICE STANDARDS, MEASURES, AND GOALS

Standard	Measure	Goal
1. Substance abuse services (outpatient) are provided by trained professionals.	Documentation of current New Jersey licensures reviewed.	100%
2. Substance abuse services are provided on an outpatient basis.	Documentation that all services charged to the program are provided in an outpatient environment on an outpatient basis.	100%
3. Clients receiving substance abuse outpatient services have a detailed treatment plan that includes the quantity, frequency, and modality of treatment provided.	Documentation of quantity, frequency and modality of treatment evident in the client chart.	90%
4. Clients receiving substance abuse outpatient services have a detailed treatment plan that includes the date treatment begins and ends.	Documentation of the date treatment began and ended (where applicable) evident in the client chart.	90%
5. Clients receiving substance abuse outpatient services have a detailed treatment plan that includes regular monitoring and assessment of client progress	Documentation of regular monitoring and assessment of progress evident in the client chart.	90%
6. Clients receiving substance abuse outpatient services have a detailed treatment plan that includes the signature of the individual providing the service and/or the supervisor as applicable, and the client	Documentation of the signature of the individual providing the service evident in the client chart.	90%
7. Discharge planning is done with each client after 30 days without client contact or when treatment goals are met.	Documentation of discharge planning	90%



8.	Substance abuse outpatient clients are linked to HIV medical care.	Documentation that the client had at least one medical visit, viral load, or CD4 test within the measurement year evident in the client chart	90%
9.	Client had less than 200 copies/mL at last HIV Viral Load test during the measurement year.	Documentation of viral load test outcomes evident through eCompass TGA data collection system.	90%

CLIENTS RIGHTS AND RESPONSIBILITIES

Subrecipient's providing services are required to have a statement of consumer rights and responsibilities posted and/or accessible to the client. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the consumer rights and responsibilities statement and that each consumer understands fully his or her rights and responsibilities.

CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY

Subrecipient's providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of consumers Personal Health Information (PHI). Subrecipient's must have a client release of information policy in place and review the release regulations with the client before services are received. A signed copy of the release of information form must be included in the client's record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Bergen-Passaic TGA managed, ECompass Database.

CULTURAL AND LINGUISTIC COMPETENCY

Subrecipient's providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.



CLIENT GRIEVANCE PROCESS

Each Subrecipient must have a written grievance procedure policy in place which provides for the objective review of client grievances and alleged violations of service standards. Clients will be routinely informed about and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of the grievance procedure policy form must be included in the client's record.

CASE CLOSURE PROTOCOL

Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client's file. If a client chooses to receive services from another provider the Subrecipient must honor the request from the client.