

Service Category Definition (approved by SPA November 2018)

Support for Substance Abuse Outpatient Care Services, provided by or under the supervision of physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available

Intake and Eligibility (HIV/AIDS BUREAU PCN #13-02)

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and agencies assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination & Once a Year/12 Month Period Recertification	Recertification (minimum of every six months)
HIV Status	<ul style="list-style-type: none"> Documentation required for Initial Eligibility Determination Documentation is not required for the once a year/12-month period recertification 	No documentation required
Income	Self-attestation form for recertification ONLY	<ul style="list-style-type: none"> Recipient may choose to require a full application and associated documentation OR Self-attestation of no change Self-attestation of change - Recipient must require documentation of change in eligibility status
Residency	Self-attestation form for recertification ONLY	<ul style="list-style-type: none"> Recipient may choose to require a full application and associated documentation OR Self-attestation of no change Self-attestation of change - Recipient must require documentation
Insurance Status	Recipient must verify if the applicant is enrolled in other health care coverage and document status in the client's chart.	<ul style="list-style-type: none"> Recipient must verify if the applicant is enrolled in other health coverage OR Self-attestation of no change Self-attestation of change - Recipient must require documentation
Viral Load	Documentation of viral load count	Documentation of viral load count

All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the agency 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 in the New Haven & Fairfield Counties EMA must:

- Live in New Haven or Fairfield Counties in Connecticut
- Have a documented diagnosis of HIV/AIDS
- Have a household income that is at or below 300% of the federal poverty level; and
- Be uninsured or underinsured.

Services will be provided to all Ryan White Part A eligible 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, prior medical history, or any other basis prohibited by law.

Personnel Qualifications (including licensure)

Staff licensure and accreditation: Outpatient services will be provided by as per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified, or supervised by a licensed Drug Treatment professional. Agencies shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in the area of HIV/AIDS clinical practice. All staff without direct experience with HIV/AIDS shall be supervised by one who has such experience. Unlicensed/certified staff members serving Ryan White clients will attend at least 10 hours of Substance Abuse specific training annually.

Care and Quality Improvement Outcome Goals

Support for Substance Abuse Services-Outpatient provided by or under the supervision of a physician or other qualified/ personnel. Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and/or certification as required by the State in which services are provided. Maintain and provide to Recipient on request documentation of:

- Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for acupuncture services
- Staffing structure showing supervision by physician or other qualified personnel

Documentation that services provided meet the service category definition and are allowable under Ryan White Part A funding. Provide assurance that all services are provided on an outpatient basis. In cases where acupuncture therapy services are provided, document in the client file:

- A written referral from the primary health care provider
- The quantity of acupuncture services provided
- The cap on such
- Acupuncture cannot be the dominant treatment modality
- Must be in an outpatient setting only

Maintain program records and client files that include treatment plans with all required elements and document:

- That all services provided are allowable under Ryan White
- The quantity, frequency and modality of treatment services
- The date treatment begins and end
- Regular monitoring and assessment of client progress

The signature of the individual providing the service or the supervisor as applicable

Program Outcomes

- 70% of clients enrolled in Substance Abuse Services-Outpatient will decrease in use or maintain abstinence after accessing substance abuse outpatient services.

Service Standards and Goals

HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
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.	Maintain and provide agency licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services. Staffing structure showing supervision by physician or other qualified personnel.	100%
Assurance that services are provided only in an outpatient setting.	Provide assurance that all services are provided in an outpatient basis.	100%
Documentation through program files and client records that: 1. Services provided meet the service category definition 2. Services provided are in accordance with a written treatment plan.	Maintain program files and client records that: 1. Services provided meet the service category definition 2. Services provided are in accordance with a written treatment plan.	100%
Documentation that if provided, acupuncture services: 1. Are limited through some form of defined financial cap 2. Are provided only with a written referral from the client's primary care provider 3. Are offered by a provider with appropriate State license and certification if it exists	Maintain program files that document if provided, acupuncture services: 1. Are limited through some form of defined financial cap 2. Are provided only with a written referral from the client's primary care provider 3. Are offered by a provider with appropriate State license and certification if it exists	100%
New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Substance Abuse Outpatient Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
New client charts will have an individual intake completed within 72 hours of client's initial contact.	New client charts have an intake completed within 72 hours of client's initial contact to agency.	100%

Client assessments completed and documented no later than 7 days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.	Assessments completed and documented no later than 7 days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.	100%
Treatment is delivered with an individualized treatment plan, addresses adherence, indicate suggested treatment frequency by type; estimated end date documented; is co-constructed with client, and signed by client within 30 days of admission.	Client charts have treatment plan completed and documented no later than 30 days of admission and or Treatment Plans are co-constructed with client and signed by client.	90%
For methadone, suboxone or vivitrol treatment, client charts will document contact with the client's medical provider within 72 hours of initiation of methadone/ suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication.	For methadone, suboxone or vivitrol treatment, client charts will document contact with the client's medical provider within 72 hours of initiation of methadone/suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication.	85%
Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving it. This is assessed initially, then reassessed and documented every 6 months.	Clients are assessed and verified for engagement in medical care. This is assessed initially, then reassessed and documented every 6 months.	90%
Substance Abuse providers routinely coordinate all necessary services along the Continuum of Care.	Documentation of referral in client's chart.	100%
Upon discharge of substance abuse services, a client case is closed and contains a discharge summary documenting the reason for discharge.	Discharged cases include documentation stating the reason for discharge and a discharge summary with a supervisor's signature if applicable.	100%
Clients demonstrate decreased drug use or abstinence through drug screen.	Clients show decreased drug use frequency or abstinence demonstrated through drug screens during their treatment episode.	90%
Client satisfaction surveys are conducted	Clients are offered a client satisfaction survey annually as noted in client chart	100%

Clients Rights and Responsibilities

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

Client Charts, Privacy, and Confidentiality

Agencies 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 the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

Cultural and Linguistic Competency

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

Case Closure Protocol

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.