

# SUBSTANCE ABUSE SERVICES-INPATIENT

## A. DEFINITION OF SERVICE

**HRSA Definition:** Substance abuse services–inpatient is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in an inpatient health service setting (shortterm).

**NH/FF Definition:** Funding for **Substance Abuse Treatment – Inpatient** to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term inpatient health service setting

### **Requirements:**

- 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
- Services to be provided in accordance with a treatment plan
- Detoxification to be provided in a separate licensed inpatient setting (including a separately-licensed detoxification facility within the walls of a hospital)

### **Documentation that:**

- 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
- Services are provided in accordance with a written treatment plan that is reviewed and updated as needed
- Assurance that services are provided only in a short-term inpatient setting
- Eligibility has been updated every six (6) months to include proof of income and proof of residency.

**B. DESCRIPTION OF SERVICE**

SERVICE	PERFORMANCE MEASURE/METHOD	MONITORING STANDARD
<p>Funding for <b>Substance Abuse Services-Inpatient</b> to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term inpatient health service setting</p>	<p>Documentation that:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Services provided meet the service category definition</li> </ul> <p>Assurance that services are provided only in a short-term inpatient setting</p>	<p>Maintain, and provide to grantee on request, documentation of:</p> <ul style="list-style-type: none"> <li>• Provider licensure or certifications as required by the State in which service is provided; this includes licensures and/or certifications for a provider of acupuncture services</li> <li>• Staffing structure showing supervision by a physician or other qualified personnel</li> </ul> <p>Provide assurance that all services are provided in a short-term inpatient setting</p>
<p>Requirements:</p> <ul style="list-style-type: none"> <li>• Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and/or certification by the State in which the services are provided</li> <li>• Services to be provided in accordance with a treatment plan</li> <li>• Detoxification to be provided in a separate licensed inpatient setting (including a separately-licensed detoxification facility within the walls of a hospital)</li> </ul>	<p>Documentation that:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Services are provided in accordance with a written treatment plan</li> </ul> <p>Assurance that services are provided only in a short-term inpatient setting</p>	<p>Maintain program records that document:</p> <ul style="list-style-type: none"> <li>• That all services provided are allowable under this service category</li> <li>• The quantity, frequency, duration and modality of treatment services</li> </ul> <p>Maintain client files that document:</p> <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> <li>Evidence of substance abuse treatment provider collaborated care with Primary Care Physician when possible.</li> </ul>

**C. Program Outcome:**

- **Numerator:**70% of clients enrolled in inpatient Substance Abuse treatment/program who complete their recommended length of treatment stay
- **Denominator:** Total number of clients who enter inpatient Substance Abuse rehabilitation program

**Indicators:**

- Number of clients who completed recommended length of stay
- Urine or comparable drug screening test results showing decrease in drug use or maintenance of sobriety.

**Service Unit(s):** Successful enrollment in a 24-hour treatment day

**D. Standard of Care**

<b>Standard of Care</b>	<b>Outcome Measure</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Data Source</b>	<b>Goal/Benchmark</b>
1. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified, or supervised by a licensed Drug Treatment professional.	1. Verification Drug Treatment staff is currently licensed, certified or license-eligible  Verification that all unlicensed/certified staff is supervised by a licensed and/or certified Drug Treatment professional.	1. Number of Drug Treatment Staff licensed, certified or license-eligible  Number of unlicensed/certified staff is supervised by a licensed and/or certified Drug Treatment professional	1. Total number of Drug Treatment staff  Number of unlicensed staff	1.Administrative records from agency	1. 100% of all agencies providing drug treatment services have licensed, certified or certified-eligible staff  100% of all agencies have unlicensed/ certified staff supervised by licensed professional and/or certified drug treatment professional
2. Ongoing staff training in Substance Abuse specific topics	2. At least 10 hours of Substance Abuse specific training per year for unlicensed/certified staff member serving Ryan White clients	2. Number of unlicensed/certified staff with evidence of attending 10 hours of training during year	2. Total number of unlicensed/certified staff serving RW clients	2. Employee files contain training certificates or proof of attendance for unlicensed/certified	2. 100% of unlicensed/certified staff members serving Ryan White clients will attend at least 10 hours of Substance Abuse specific training annually
3.Intake/Assessment	3. New client charts will document an individual	3. Number of new client charts with	3. Total number of new clients	3. Chart audit	3. 100% charts will have an individual intake and

	intake and biopsychosocial assessment completed within 3 days of admission. Assessments conducted by unlicensed or non-certified personnel must contain a licensed and/or certified supervisor's signature.	assessment completed within 3 days of admission			biopsychosocial assessment documented with 3 days of admission, Unless client is Against Medical Advice (AMA) within the 3 day enrollment period. Documentation of AMA must be in client chart.
4. Treatment Plan	4. Charts will have a treatment plan initiated within 72 hours of admission.	4. # of charts with treatment plan initiated within 72 hours	4. Total number of clients	4. Chart audit	4. 100% of charts will have an initiated treatment plan within 72 hours of admission.
5. Discharge Summary: closed cases at termination will reflect a summary of patient progress	5. Charts will contain a Discharge Summary that includes: Name, Date of Admission, Date of Discharge, Medications, Summary of participation, and Referral at discharge, Signature and Date of Clinician. Closed charts will have a completed summary within 72 hours of discharge.	5. Number of closed charts that contain Discharge summary  Number of charts with Summaries completed within 72 hours of discharge	5. Total number of closed charts	5. Chart audit	5. 100% of closed charts will contain a Discharge Summary  80% of closed charts will have a documented a summary within 72 hours of discharge.

#### E. 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 work plan. Please refer to the most current work plan, 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.