

## Substance Abuse Services – Residential

### SERVICE CATEGORY DEFINITION

#### Substance Abuse Services—Residential:

Substance abuse services (residential) includes treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term care).

The following restrictions apply to residential substance abuse services:

- Funds may not be used for inpatient detoxification in a hospital setting.
- If detoxification is offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital), Ryan White HIV/AIDS Program funds may be used for this activity.

### CLIENT INTAKE AND ELIGIBILITY

All agencies are required to have a client intake and eligibility policy on file. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A - Cleveland TGA Eligibility Policy.

Eligible clients must:

- ◇ Live in the Cleveland TGA (Cuyahoga, Ashtabula, Lake, Lorain, Geauga, or Medina County)
- ◇ Have an HIV/AIDS diagnosis
- ◇ 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

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### PERSONNEL QUALIFICATIONS

Depending on the scope of practice, an individual providing substance abuse residential services must be licensed and qualified within the laws of the State of Ohio by one of the following licensing boards:

- Ohio Chemical Dependency Professionals Board
- Ohio Counselor, Social Worker and Marriage and Family Therapist Board
- Ohio Board of Psychology
- Ohio Board of Nursing
- State Medical Board of Ohio

Each agency providing substance abuse services must have and implement a plan for supervision of all substance abuse staff consistent with licensure status and scope of practice. Staff must be evaluated at least annually by their supervisor according to written agency policy on performance appraisals.

### CARE AND QUALITY IMPROVEMENT OUTCOME GOALS

The overall treatment goal of substance abuse residential services within the Cleveland TGA is to provide high quality counseling and treatment services to address substance abuse problems, eliminating barriers to treatment and increasing adherence to medical care for eligible individuals living with HIV/AIDS.

Clinical Quality Improvement outcome goals for substance abuse residential services include:

- ◆ 80% of all substance abuse residential client files include documentation of a completed comprehensive care plan.
- ◆ 80% of substance abuse residential clients are linked to medical care as documented by at least one medical visit, viral load or CD4 test reported in the measurement year.

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## SERVICE STANDARDS

	Standard	Measure	Goal
1	Substance abuse residential services are provided by trained professionals.	Documentation of current Ohio licensures reviewed.	100%
2	Clients receiving substance abuse residential 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.	80%
3	Clients receiving substance abuse residential 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.	80%
4	Clients receiving substance abuse residential 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.	80%
5	Clients receiving substance abuse residential services have a detailed treatment plan that includes the signature of the individual providing the service and/or the supervisor as applicable.	Documentation of the signature of the individual providing the service evident in the client chart.	80%
6	* Clients receiving substance abuse residential services have a comprehensive treatment plan completed within 10 days of intake or no later than the third counseling session.	* Documentation that comprehensive treatment plan was completed within 10 days of intake or no later than the third counseling session evident in the client chart.	80%
7	* A discharge plan / case closure note is completed within 30 days of a client accomplishing their treatment goal/s or within 120 days of the last contact for clients who have fallen out of substance abuse treatment.	* Documentation of discharge plan and/or case closure noted in client chart within 30 days of completion of treatment or 120 days of inactivity.	80%
8.	* Clients receiving substance abuse residential services demonstrate a decreased drug use frequency or maintenance of decreased drug use in a 90 day time frame.	* Documentation of decreased drug use frequency or maintenance of decreased drug use in a 90 day time frame evident through urine or blood screen results available for review in the client chart.	60%
9	Substance abuse residential 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.	80%

**\* Indicates Local TGA Standard of Care**

All other standards derived from the HRSA/HAB National Monitoring Standards and/or the HRSA/HAB HIV Performance Measures

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### 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 understands fully his or her rights and responsibilities.

### CLIENT RECORDS, 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 consumers Personal Health Information (PHI). Agencies 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 clients record. Information on all clients receiving Ryan White Part A funded services must be entered in the HRSA sponsored, Cleveland Part A managed, CAREWare Database.

### CULTURAL AND LINGUISTIC COMPETENCY

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services.

### CLIENT GRIEVANCE PROCESS

Each agency 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 clients record.

### CASE CLOSURE PROTOCOL

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