DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HIV/AIDS, Hepatitis, STI, TB Administration

Substance Use Disorder Services (Residential) (Formerly Substance Abuse Services (Residential))

The purpose of these service standards is to outline the elements and expectations for all Ryan White service providers to follow when implementing a specific service category. Service standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (DC EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service standards are essential in defining and ensuring that consistent quality care is offered to all Ryan White customers (hereafter referred to as customers) and will be used as contract requirements, in program monitoring, and in quality management. These service standards are informational as DC Health does not fund Substance Use Disorder Services (Residential) currently.

I. SERVICE CATERGORY DEFINITION

Substance Use Disorder Services (Residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use. Activities provided under the Substance Use Disorder Services (residential) service category include:

- Pretreatment/recovery readiness programs
- Harm reduction
- Behavioral health counseling associated with substance use
- Medication assisted therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Detoxification, if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Program Guidance: Substance Use Disorder Services (Residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP). Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP. HRSA RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.

II. ELIGIBILITY, INTAKE & ANNUAL RECERTIFICATION REQUIREMENTS

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** Written documentation from a medical provider or laboratory reports denoting viral load.

2. **Residency:** The following are acceptable methods of meeting the burden for residency:

    - Current lease or mortgage statement
    - Deed settlement agreement
    - Current driver's license
    - Current voter registration card
    - Current notice of decision from Medicaid
    - Fuel/utility bill (past 90 days)
    - Property tax bill or statement (past 60 days)
    - Rent receipt (past 90 days)
    - Pay stubs or bank statement with the name and address of the applicant (past 30 days)
    - Letter from another government agency addressed to applicant
    - Active (unexpired) homeowner's or renter's insurance policy
    - DC Healthcare Alliance Proof of DC Residency form
    - If homeless, a written statement from case manager, facility or a letter from landlord that customer is a resident

3. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the applicant and any household members for whom applicants have legal responsibility. For each income source, the applicant must indicate the gross amount, how often the income is received, and whether it is the customer's income or that of a household member(s).

The following are acceptable forms of proof of income:

- Pay stubs for the past 30 days. The pay stub must show the year-to-date earnings, hours worked, all deductions, and the dates covered by the paystub.

- A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return

- Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the applicant projecting current annual income must be included.

- Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return

- SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days

- Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the applicant.

B. INTAKE: To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake.
3. Customer name, address and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication.
6. Literacy level (customer self-report)
7. Emergency contact information
8. Communication method to be used for follow-up.
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CareWare system.
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

C. MAINTENANCE OF ELIGIBILITY: To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

III. KEY SERVICES COMPONENTS AND ACTIVITIES

ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES	
Standard	**Measure**
Provider must screen customer for substance use disorder using evidence-based tool	Document screening results in customer record
Provider must assess clients for pretreatment/recovery readiness using evidenced -based tool	Document assessment in customer's records
An initial assessment of customer's substance use disorder must be completed within 10 days of initial contact with customer and prior to the initiation of the service plan. Assessment to include: • Substance use history and current status • Medical history and current health status • Availability of food, shelter, transportation, financial resources • Support system • Legal issues/custody status • Mental health status and co-occurring disorder • Harm reduction • Behavioral health counseling associated with substance use. • Medication assisted therapy. • Neuro -psychiatric pharmaceuticals • Relapse Prevention • Detoxification (if offered in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital).	Documentation of assessment in customer's record signed and dated. For detoxification, maintain customer records that document: • The date treatment begins and ends • Individual treatment plan • Evidence of regular monitoring and assessment of customer progress. • Assurance that services are provided only in a short-term residential setting.
Provider must develop care plan for providing needed services. Services to be provided in accordance with a treatment plan.	Care plan in client's profile/record Maintain program files that document: • All services provided to customer • The quantity, frequency, and modality of treatment services.
Detoxification can be provided in a separate licensed residential setting (including a separately licensed detoxification facility within the walls of a hospital).	Maintain customer records that document: • The date treatment begins and ends • Individual treatment plan

	• Evidence of regular monitoring and assessment of customer progress. Assurance that services are provided only in a short-term residential setting.
TREATMENT PLAN	
Provider must develop a substance use disorder treatment plan within 30 days of the initial assessment to include: • Diagnosed condition. • Treatment modality (individual or group) • Treatment goals • Start date for start date for services. • Projected end date for services • Recommended number of sessions • Reassessment dates of customer progress. Note: Substance Use Disorder Services must be provided by or under the supervision of physician or other qualified/licensed personnel.	Documentation of treatment plan in customer's record signed and dated.
A complete psychosocial assessment will be completed. Results of the assessment will be used to complete the treatment plan as necessary.	Documentation of complete psychosocial assessment in customer's record signed and dated.
Substance Use Disorder Services, provided as group or individual sessions, should be specific to individual customer needs. Progress notes should be completed for every counseling session and include: • Session date and duration • Focus of session and observations • Assessment and interventions • Newly identified issues/goals • Customer's responses to interventions and referrals.	Documentation of mental health services provided in customer's record signed and dated.
Treatment plan is reviewed at least every 12 sessions and modified as appropriate.	Documentation of review and update of treatment plan as appropriate signed and dated.
TREATMENT	
Treatment options must be a joint decision between the customer and provider and should address the full spectrum of substance use. services are limited to the following:	Documentation of treatment modalities employed in customer's record signed and dated. If provided, referral for acupuncture services in customer's record signed and dated.

• Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety and other disorders associated with substance use • Outpatient drug-free treatment and counseling • Opiate Assisted Therapy • Neuro-psychiatric pharmaceutical • Relapse prevention • Limited acupuncture services. Note: For any customer receiving acupuncture services, a written referral from the primary care provider must be in the customer file.	
Provider must refer customer to other medical, mental health and other services as appropriate, e.g. psychiatric services, mental health services, in-patient hospitalization, case management.	Documentation of referrals made and status of outcome in customer's record.
TRANSITION AND DISCHARGE	
Customer discharged when Substance Use Disorder Services are no longer needed, goals have been met, upon death or due to safety issues. **Prior to discharge:** Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider. **Transfer:** If a customer transfers to another location, agency or service provider, the transferring agency will provide a discharge summary and other requested records within 5 business days of request. If a customer moves to another area, the transferring agency will make referral for needed services in the new location.	Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable. **Documentation:** Customer's record must include: a) Date services began b) Special customer needs c) Services needed/actions taken, if applicable d) Date of discharge e) Reason(s) for discharge f) Referrals made at time of discharge, if applicable.

Unable to Locate: If a customer cannot be located, the agency will make and document a minimum of three follow-up attempts, on three separate dates (by phone or in person), over a three-month period after the first attempt. A certified letter must be mailed to the customer's last known mailing address within five business days after the last attempt to notify the customer. The letter will state that the case will be closed within 30 days from the date on the letter if an appointment with the provider is not made. **Withdrawal from Service:** If a customer reports that services are no longer needed or decides to no longer participate in the Service Plan, the customer may withdraw from services. Because customers may withdraw for a variety of reasons, it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood, or identify factors interfering with the customer's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies. **Administrative Discharge:** Customers who engage in behavior that jeopardizes the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be reviewed by the leadership according to that agency's policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer's last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer's chart.	
CASE CLOSURE	
Case will be closed if customer: a) Has met the service goals; b) Decides to transfer to another agency;	Documentation of case closure in customer's record with clear rationale for closure.

c) Needs are more appropriately addressed in other programs such as Substance Use Disorder Outpatient Services. d) Moves out of the DC EMA. e) Fails to provide updated documentation of eligibility status thus, no longer eligible for services. f) Fails to maintain contact with the substance use assistance staff for a period of three months despite three (3) documented attempts to contact customer. g) Can no longer be located. h) Withdraws from inpatient treatment or refuses services, reports that services are no longer needed, or no longer participates in the individual service plan. i) Exhibits pattern of abuse as defined by agency's policy.	

IV. PERSONNEL QUALIFICATIONS (INCLUDING LICENSURE)

Each jurisdiction within the DC EMA must adhere to their regulatory body's requirement. Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure or certification as required by the jurisdiction in which services are provided; this includes licensures and certifications for a provider of acupuncture services.

Providers must have and implement a plan for supervision of all substance use disorder 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.

XII. CLINICAL QUALITY MANAGEMENT

Include at least one performance measure in the Clinical Quality Management Program for the service. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020).

XIII. APPROVAL AND SIGNATURES

This service standard has been reviewed and approved on May 1, 2023. The next annual review is May 1, 2024.

Avemaria Smith, MEd
Interim Division Chief
Care & Treatment Division
DC Health/HAHSTA

Betelhem Mekkonen
Community Co-Chair
Washington, DC Regional Planning Commission on Health and HIV (COHAH)