# Indiana Department of Health HIV Services Program
# Substance Use Outpatient Care Service Standard

## HRSA Service Definition:

Substance Use Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
    - Harm reduction
    - Behavioral health counseling associated with substance use disorder
    - Medication assisted therapy
    - Neuro-psychiatric pharmaceuticals
    - Relapse prevention

*Program Guidance:*

- 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 allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA or HAB specific guidance.

## Key Service Components and Activities:

Substance Use Outpatient Care is provided by or under the supervision of a physician or other qualified/licensed personnel and provides services as outlined in the service definition to persons screened, assessed, and diagnosed with a substance use disorder. This service may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available. Key service components and activities are noted in the Service Standards below.

## HIV Services Program Service Standard:

| Standard | Documentation |
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| **1. Personnel Qualifications** | |
| 1. Staff must meet one or more of the following qualifications:<br>a. A master's degree in counseling, social work, psychology, or another closely related discipline in addition to valid licensure and certification as substance use treatment | 1. Documentation of all applicable licensures, certifications, and education is available for review by IDOH upon request.<br>2. Documentation of continuing education, at minimum, ten (10) hours per year. |

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| professionals issued by one of the following:<br>i. The Indiana Behavioral Health and Human Services Licensing Board<br>ii. The Indiana State Psychology Board<br>a. Staff that do not possess licensure or certification from the aforementioned licensing boards must possess a degree in counseling, social work, psychology, or another closely related discipline, and be supervised by an individual that is licensed by one of the aforementioned boards.<br>b. Be a certified peer recovery specialist.<br>2. Providers must obtain continuing education according to the appropriate licensing board, or at minimum ten (10) hours of substance use-specific training per year. | |
| **2. Eligibility Criteria** | |
| 1. Sub-recipients must have established criteria for the provision of substance use outpatient care that includes, at minimum:<br>a. Eligibility verification consistent with recipient requirements. | 1. Service providers and sub-recipients must maintain documentation of current eligibility if providing HIV services reimbursable under the RWHAP Part B Program.<br>2. Documentation must be made available for review by IDOH upon request. |
| **3. Intake** | |
| 1. Client will be contacted to schedule an intake within five (5) business days, and client's intake appointment will be completed within ten (10) business days of client's initial contact to agency.<br>2. Sub-recipients will have a protocol in place for responding to more time-sensitive emergencies. | 1. New client charts will have an individual intake completed within ten (10) business days of client's initial contact to agency. If intake was not completed within ten (10) days of client's initial contact to agency, the reason will be documented in the client's record. |

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| 3. In the event of any delay to accessing care (including delays due to the client's stage of recovery readiness), reasonable attempts will be made to maintain communication with the client for the purpose of preserving engagement with the substance use treatment system. | 2. Documentation of protocol to respond to time-sensitive emergencies.<br>3. Client record documentation includes evidence of reasonable contact attempts with clients that have had delayed access to care. |
| **4. Assessment** | |
| 1. Each client receives a formal assessment upon entry into substance use treatment within the first two (2) sessions, except when documented reasons exist that preclude this standard from being met.<br>2. Evidence-based diagnostic tools will be used when needed to assess for suspected substance use disorder diagnoses.<br>3. Client assessments will include, at a minimum:<br>a. Substance use history and current use<br>b. Suicidal ideation<br>c. Appropriateness of referral for psychiatric needs<br>d. Mental health and substance use treatment history<br>e. History of trauma<br>f. Activities of daily living across settings and associated needs<br>g. Medical needs, including medically monitored detoxification<br>4. The diagnosed substance use disorder, as identified in DSM-5-TR, that will guide treatment. | 1. Client record documentation includes a written assessment completed during the first or second session and, if completed after the second session, an explanation for the delay.<br>2. Subrecipient assessment tool/form must include, at minimum:<br>a. Suicide ideation<br>b. Crisis needs<br>c. Medication history<br>d. Appropriateness of referral for psychiatric needs<br>e. Substance use history and current use<br>f. Treatment recommendations<br>g. Mental health treatment history<br>h. Sexual and drug use risk-taking behavior<br>3. Client record documentation includes a substance use disorder diagnosis if treatment is indicated. |
| **5. Service Delivery/Treatment** | |
| 1. Providers deliver the appropriate level of service for the client based on the client's ability and willingness to participate.<br>2. If necessary, providers must immediately refer the client to other | 1. Client record documentation includes:<br>a. Client Treatment Plan<br>b. Signed and dated progress notes demonstrating counseling and services consistent with Treatment Plan |

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| services better suited to meet the client's needs.<br>3. Providers create or adapt an individualized, written treatment plan within two (2) visits for each client. Every plan includes:<br>a. A description of the need(s)<br>b. The treatment modality<br>c. Start date for substance use treatment services<br>d. Recommended number of sessions<br>e. Date for reassessment<br>f. Any recommendations for follow-up<br>g. Provider and client signature<br>4. Notes in the service record reflect progress on and recommended updates to the treatment plan, as well as any collaborations or information exchanges that have taken place with other providers and members of the treatment team.<br>5. Efforts are made to engage and maintain clients in primary care.<br>6. The mental health/substance use treatment provider coordinates medication management with primary care and other prescribing providers as appropriate.<br>7. Staff follow-up with clients who miss scheduled visits to address barriers and reschedule the appointment, communicating with other providers, (including case managers) as needed to maximize retention in care. | c. Signed and dated progress notes addressing engaging and maintaining clients in care, including any coordination of medication management<br>2. Documentation in the client record of client referral to appropriate services.<br>3. Services provided must be recorded in CAREWare service tracking system no later than 20 days after the end of each month in which services were provided. |
| **6. Discharge** | |
| 1. Reasons for case closure are documented when applicable. Notes reflect attempts to provide continuity of care (such as linkage with another service, attempts to contact client, referrals made for or on behalf of client, or a plan for after-care) prior to | 1. Client record documentation notes reason for case closure and appropriate referrals if indicated. |

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| closure. Allowable reasons for closure include:<br>a. The client has requested termination of services<br>b. Goals of the treatment plan have been achieved (upon mutual agreement by provider and client)<br>c. The client has elevated to a higher level of care (i.e., in-patient/residential substance use treatment)<br>d. The client has moved out of the service area or is otherwise no longer eligible<br>e. The agency has had no contact with the client for 12 months or more<br>f. The client is deceased | |

**Subservices:**

- SUSO – Initial visit, including assessment/re-assessment
- SUSO – Follow-up individual counseling visit
- SUSO – Follow-up group counselling visit

**Service Unit Definition:**

- Unit = 1 visit