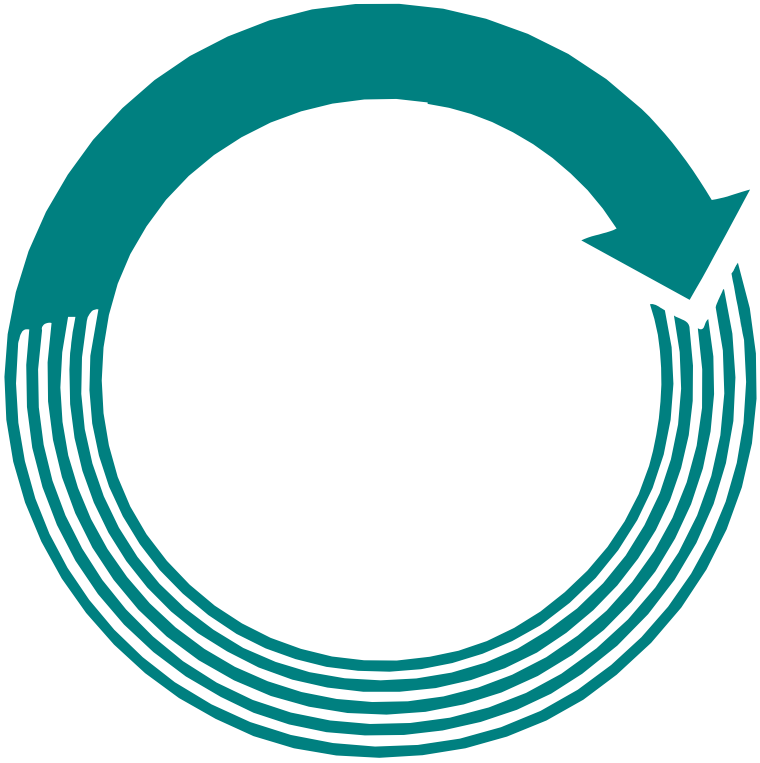
# Ryan White Part A Quality Management



# Substance Abuse Outpatient Care Services Service Delivery Model 2014

**Broward County/Fort Lauderdale Eligible Metropolitan Area (EMA)**

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Ryan White Part A
HIVPC Approved 5/22/14

# Ryan White Part A Quality Management

## Substance Abuse Outpatient Care Services
## Service Delivery Model

The Service Delivery Model serves as a minimum set of standards that every provider should follow.

## Definition:

Substance abuse outpatient care services is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel. Substance abuse treatment providers as defined in the State of Florida Mental Health Statutes are referred to as licensed or certified practitioners.

# OUTCOMES, OUTCOME INDICATORS, STRATEGIES AND DATA SOURCES

| Client Outcomes | Outcome Indicators | Inputs | Strategies | Data Source |
|---|---|---|---|---|
| 1. Improvement in client's symptoms and/or behaviors associated with primary substance abuse diagnosis. | 1.1. 85% of clients achieve Plan of Care goals by designated target date.) | Funding<br><br>Clients<br><br>Staff | 1.1.1. Complete Biopsychosocial<br><br>1.1.2. Administer Appropriate Clinical Scale as needed<br><br>1.1.3. Develop Treatment Plan<br><br>1.1.4. Treatment Plan Review<br><br>1.1.5. Re-administer Clinical Scale at Time of Treatment Plan Review (Quarterly)<br><br>1.1.6. Discharge | 1.1.1.1. Biopsychosocial Evaluation<br><br>1.1.2.1. Clinical Scale<br><br>1.1.3.1. Agency Treatment Plan<br><br>1.1.4.1. Agency Treatment Plan Review Form<br><br>1.1.5.1. Clinical Scale<br><br>1.1.6.1. Transfer/Discharge Summary |
| 2. Increase and/or maintain retention in Outpatient/Ambulatory Medical Care.<br><br>*Retention in care reflects an OAMC visit with a provider in the first 6 months and the last 6 months of a 12 month measurement period.* | 2.1. 85% of clients are retained in Outpatient/ Ambulatory Medical Care. | Funding<br><br>Clients<br><br>Staff | 2.1.1. Determine if client is currently enrolled in primary medical care<br><br>2.1.2. Assess for barriers to care.<br><br>2.1.3. Address any identified barriers in treatment plan.<br><br>2.1.4. If indicated, complete referral to primary medical care.<br><br>2.1.5. Documentation of medical appointment kept on file. | 2.1.1.1. Biopsychosocial Evaluation<br><br>2.1.2.1. Biopsychosocial Evaluation<br><br>2.1.3.1. Treatment Plan<br><br>2.1.4.1. Progress Log<br><br>2.1.5.1. Lab documentation<br><br>2.1.5.2. MIS CD4/viral load documentation<br>2.1.5.3. PE appointment record<br>2.1.5.4. Documented phone conversation with medical clinic |

## STANDARDS FOR SERVICE DELIVERY

| Standard | Indicator | Data Source |
|---|---|---|
| 1. Client agrees to assessment and treatment. | 1.1. 100% of clients have signed Consent to Treatment Form. | 1.1.1. Consent Form. |
| 2. Screen clients for level of care. | 2.1. 100% of clients receive an Intake Screening. | 2.1.1. Initial Intake Packet. |
| 3. Client is orientated to Ryan White service system. | 3.1. 100% of client charts show orientation was provided | 3.1.1. Combined Consent and Acknowledgment form (Exhibit 2) |
| | 3.2. 100% of client charts have a copy of Client Rights and Responsibilities in the Combined Consent and Acknowledgment, signed by the client. | 3.2.1. Combined Consent and Acknowledgement form |
| | 3.3. 100% of client charts show discussion of client confidentiality. | 3.3.1. Combined Consent and Acknowledgement |
| | 3.4. 100% of client charts show discussion of grievance process. | 3.4.1. Agency grievance process<br>3.4.2. Combined Consent and Acknowledgment Form |
| | 3.5. 100% of clients are provided education, orientation to programs and services. | 3.5.1. Client signature in chart. |
| 4. Client Biopsychosocial needs are assessed. | 4.1. 100% of client charts have completed Biopsychosocial needs assessment by the third counseling session. | 4.1.1. Agency Biopsychosocial assessment |
| 5. A Biopsychosocial and initial treatment plan are completed prior to treatment (treatment is defined as an intervention). | 5.1. 100% of clients will have a Biopsychosocial and initial treatment plan completed prior to treatment. | 5.1.1. Biopsychosocial Evaluation<br>5.1.2. Initial Treatment Plan |
| | 5.2. 100% of charts have Biopsychosocial and initial treatment plan completed and signed by a licensed or certified practitioner prior to providing treatment or intervention to client. | 5.2.1. Biopsychosocial Evaluation<br>5.2.2. Initial Treatment Plan |

| Standard | Indicator | Data Source |
|---|---|---|
| 6. Client has a Comprehensive Treatment Plan based on the needs identified through Biopsychosocial evaluation and/or clinical scale. | 6.1. 100% of client charts have a completed Comprehensive Treatment Plan.<br><br>6.2. 100% of client needs identified on the needs assessment are addressed in the Comprehensive Treatment Plans. | 6.1.1. Treatment Plans<br><br>6.2.1. Biopsychosocial Evaluation |
| 7. Client participates in decision making related to treatment. | 7.1. 100% of client charts show documentation of client participation through their signature on Comprehensive Treatment Plan. | 7.1.1. Treatment Plan<br>7.1.2. Progress Log |
| 8. Comprehensive Treatment Plans are reviewed by a licensed or certified practitioner. | 8.1. 100% of Comprehensive Treatment Plans must be signed by a licensed or certified practitioner prior to providing treatment or intervention to a client. | 8.1.1. Treatment Plan |
| 9. Client Treatment Plan is followed up quarterly. | 9.1. 100% of client charts show Treatment Plan reassessed quarterly.<br><br>9.2. 100% of client charts show at least, quarterly follow-up of referrals given. | 9.1.1. Treatment Plan<br>9.1.2. Progress Log |
| 10. Client receives intervention to access primary medical care. | 10.1. 100% of clients consenting to receive primary medical care, receive a referral to medical care.<br><br>10.2. 100% of clients consenting to receive primary medical care, receive a list of Ryan White Primary Medical Care Providers (Exhibit 11). | 10.1.1. Progress Notes<br>10.1.2. Certification/ Referral/Re-certification Form<br><br>10.2.1. List of Ryan White Primary Medical Care Providers |

| | | |
|---|---|---|
| 11. Client in primary medical care is assessed for retention in primary medical care. | 11.1. 100% of clients are assessed for retention in care on a quarterly basis<br><br>11.2. 100% of client charts show assessment of barriers to remain in primary medical care.<br><br>11.3. 100% of charts of clients disclosing barriers to retention in primary medical care show referral to case manager. | 11.1.1. Treatment Plan<br><br>11.2.1. Progress Log<br><br>11.3.1. Certification/ Referral/Re-certification Form |
| 12. Client is assessed for adherence to prescribed HIV and/or psychotropic medications. | 12.1.100% client charts minimally show assessment of client adherence to prescribed HIV and/or psychotropic medications at treatment plan review. | 12.1.1. Progress Log<br>12.1.2. Tracking system |
| 13. Client will receive after care plan and instructions for planned discharges. (Planned discharge is a discharge agreed upon by client and licensed or certified practitioner) | 13.1. 100% of clients receive after care plan and instructions.<br><br>13.2. 100% of client charts show documentation of client participation through their signature on Discharge Summary. | 13.1.1. Transfer/Discharge Summary and Instructions<br><br>13.2.1. Transfer/Discharge Summary |

## PROTOCOL

The Substance Abuse Protocol identifies the specific ways to implement the substance abuse standards and processes inherent to substance abuse treatment. Service delivery shall be conducted with cultural competency by culturally competent service providers. Providers are also expected to comply with applicable standards and guidelines that are relevant to individual service categories (i.e, Florida Medicaid Behavioral Health Handbook, etc.).

**Eligibility Verification**
Agency staff ensures client eligibility for substance abuse treatment prior to client receiving the service. Verification of client eligibility is accomplished by examining the eligibility documentation.

**Client Intake**
The consenting client shall receive an appointment date to meet with a licensed or certified practitioner within three (3) working days of the time the client is determined eligible to receive Ryan White Part A substance abuse services. Agency staff shall collect client data using the agency intake form at which time the client shall receive an orientation of the Ryan White service system. The Behavioral Health Services Combined Consent and Acknowledgment form consisting of the *General Consent for Evaluation, Referral and Treatment; Client Confidentiality; Consent for Urine Collection and Analysis (if applicable), Client Grievance Procedure, Client Rights, Client Responsibilities, Orientation and Freedom of Choice Provider List; and Consent for Research* shall be discussed and signed by the client and the licensed or certified practitioner. The Consent to Release Information and Obtain Information shall be discussed with the client and signed by the client and the clinician. The Rules of Conduct, and the Day Outpatient and Inpatient Rules of Conduct shall be discussed with client and both client and licensed or certified practitioner will sign the document. Client shall receive a copy of the signed documents.

Provider shall have a client grievance process that shall be discussed with client during intake. Provider shall explain that if a client is dissatisfied after completing the agency grievance process, the client has a right to present a grievance to the Broward County Ryan White Part A Program Office. Provider shall briefly explain the process for filing a grievance with the Ryan White Part A Program Office including posted grievance instructions.

**Assessment of Client Needs**
The substance abuse clinician shall assess the client Biopsychosocial needs using the agency Biopsychosocial assessment. The licensed or certified practitioner shall complete the assessment by the third counseling visit. The Biopsychosocial evaluation must be reviewed and signed by a licensed or certified practitioner prior to providing treatment or intervention to a client. Assessments can be conducted at the substance abuse treatment program, in jail, in the client's home or hospital room.

**Admission**
Clients provided services with Ryan White Part A funds shall have a positive HIV diagnosis, and a substance dependency as defined in the DSM. An appointment for admissions shall be scheduled Monday through Friday during agency operating hours. Client admission and/or continuation of treatment shall be allowed after the assessment, if deemed appropriate. A complete physical examination shall be completed by a physician as determined in the needs assessment. Clients needing detox shall be admitted to substance abuse treatment after completing detox.

*Criteria for Intensive Day Treatment for HIV Positive Clients*
- Meet criteria for substance dependency as defined in DSM or ICD-9-CM Diagnosis Code(s)
- Physical and cognitive capacity to participate and benefit from treatment
- Demonstration of failure at lower levels of treatment

- Treatment is condition of a court order or pretrial, probation or parole agreement
- Relapse after maintaining over thirty (30) days of sobriety
- Homeless and in need of a stable living environment
- Current lack of basic planning, problem solving and organizational skills, impulse control to function in an open environment where movement is not restricted, and previously had higher functioning
- HIV positive client in need of stabilization and/or rehabilitation
- Seven days a week and living in a structured housing environment (long term)

*Criteria for Day Treatment for HIV Positive Clients*
- Meet criteria for substance dependency as defined in DSM or ICD-9-CM Diagnosis Code(s)
- Capable of abstaining from the use of mood or mind altering substances during non-program hours between the hours of 5:00 p.m. and 8:00 a.m. Monday through Friday and 24 hours a day on Saturday and Sunday
- Physical and cognitive capacity to participate and benefit from treatment
- Capacity to verbalize willingness to cooperate in treatment

*Criteria for Outpatient Treatment for HIV Positive Clients*
- Meet criteria for substance abuse or dependency as defined in DSM or ICD-9-CM Diagnosis Code(s)
- Demonstration of ability to abstain mood or mind altering substances for a minimum of 30 days
- Have intact, positive social support network
- Vocational and/or educational, and/or social stability
- Physical and cognitive capacity to participate and benefit from treatment
- Demonstration of motivation to change and improve, be self-directed and open

**Treatment Plan**

*Individualized*

The licensed or certified practitioner shall complete a Treatment Plan for each client based on the needs identified in the bio-psychosocial. A formal review of active treatment plans must be conducted at least once every six (6) months. The electronic treatment plan may be reviewed more often than once every six months when significant changes occur with patients. Treatment plans and quarterly updates shall be completed with client participation as evidence by client signature. Objectives shall be reviewed and updated with necessary modifications reflecting any new agreements.

The treatment plan must contain all of the following components:
- The recipient's ICD-9-CM or DSM diagnosis code(s) consistent with assessment(s);
- Goals that are appropriate to the recipient's diagnosis, age, culture, strengths, abilities, preferences and needs expressed by recipient(s);
- Measurable objectives and target dates;
- A list of the services to be provided (Treatment Plan Development, Treatment Plan Review, and Comprehensive Behavioral Health Assessment need not be listed);
- It is not permissible to use the terms "as needed," "p.r.n.," or to state that the recipient will receive a service "x to y times per week."
- Signature of the recipient;
- Signature of the recipient's parent, guardian, or legal custodian (if the recipient is under the age of 18);
- Signatures of the treatment team members who participated in development of the plan;
- A signed statement by the treating licensed practitioner that services are medically necessary and appropriate to the recipient's diagnosis and needs; and
- Transition or discontinuation of services.

***Note-See the following for exceptions to the requirement for signature of participant, parent, guardian, or legal custodian:**

If the recipient's age or clinical condition precludes participation in the development and signing of the treatment plan, an explanation must be provided.

There are exceptions to the requirement for a signature by the recipient's parent, guardian, or legal custodian. Documentation and justification of the exception must be provided in the recipient's medical record. The following are exceptions:

- As allowed by Chapter 397, F.S., recipients less than 18 years of age seeking substance abuse services from a licensed service provider.
- As stated in Chapter 394.4784 (1 & 2), F.S., recipients age 13 years or older, experiencing an emotional crisis to such a degree that he or she perceives the need for professional assistance. The recipient has the right to request, consent to, and receive mental health diagnostic and evaluation services, outpatient crisis intervention services, including individual psychotherapy, group therapy, counseling, or other forms of verbal therapy provided by a licensed mental health professional, or in a mental health facility licensed by the state. The purpose of such services is to determine the severity of the problem and the potential for harm to the person or others if further professional services are not provided. Outpatient diagnostic and evaluative services will not include medication and other somatic methods, aversive stimuli, or substantial deprivation. Such services will not exceed two visits during any 1-week period in response to a crisis situation before parental consent is required for further services, and may include parental participation when determined to be appropriate by the mental health professional or facility.
- Recipients in the custody of the Department of Juvenile Justice that have been court ordered into treatment; or require emergency treatment such that delay in providing treatment would endanger the mental or physical well-being of the recipient. The signature of the parent, guardian, or legal custodian must be obtained as soon as possible after emergency treatment is administered.
- For recipients in the care and custody of the Department of Children and Families (foster care or shelter status), the child's DCF or CBC caseworker must sign the treatment plan if it is not possible to obtain the parent's signature. The caseworker and foster parent should be encouraged to participate in the treatment planning. In cases in which the Department of Children and Families is working toward reunification, the parent should be involved and should sign the treatment plan.

*Group Therapy*
Clients are to participate in group therapy only as a result of an individualized treatment plan intervention. Group therapy documentation must include the topic, assessment of the recipient(s), level of participation, findings, and plan.

*Expected Outcomes*
The substance abuse shall assist the client to define outcomes for the needs addressed in the Treatment Plan. The strategies to achieve the outcomes shall be documented. The licensed or certified practitioner shall document the progress and specific assistance provided to the client in the progress notes. Notes must be entered into the PE system within 3 business days of interfacing with the recipient.

**Client Participation**
The licensed or certified practitioner shall ensure client participation in the development of the Treatment Plan. The client signature on the Plan shall evidence the client participation in the agreements stated. Clinician shall sign the Treatment Plan.

**Referral and Coordination**
The licensed or certified practitioner shall refer clients to appropriate resources to assist in the resolution

of other client needs. Referrals shall be followed up at least quarterly. Coordination of client care shall be documented in the Treatment Plan/Progress Notes.

**Review/Follow-up**
Follow-up of the Treatment Plan shall be completed, minimally quarterly (90 days) and documented in the progress notes.

**Discharge**
Clients shall be discharged from an outpatient, intensive outpatient, day/night treatment or intensive day/night treatment or residential treatment program based on the following criteria:

- Successful completion of the treatment program
- Client failure to adjust to or benefit from the treatment program, after a period of time
- Lack of continuous client cooperation, participation, disruptive hostile behavior
- Violation of a major rule or continual breaking of rules

Clients successfully completing treatment shall be referred to after care programs.

**Transfer of Clients**
Clients shall be transferred to other more appropriate programs if they cannot adequately participate in the current treatment program. All clients discharged from treatment will be referred elsewhere as appropriate or necessary after all attempts have been made to retain the client in treatment.

**Retention in Treatment**
The licensed or certified practitioner shall assess the potential barriers to retention in treatment and shall strategize with the client to identify the necessary action steps to assist the client to remain in treatment.

**Adherence to Treatment**
The licensed or certified practitioner shall assist the client to adhere to substance abuse treatment. The licensed or certified practitioner shall discuss with the client the reasons for not adhering to treatment, and with client participation, determine how the licensed or certified practitioner can help him/her to adhere. The licensed or certified practitioner shall discuss with the client what needs to happen so he/she can adhere to treatment.

The licensed or certified practitioner shall detail the assistance provided in the progress notes. The licensed or certified practitioner shall document any coordination conducted to assist the client to adhere to treatment.

**Medical Care Status**
The licensed or certified practitioner shall assess client's current participation in the health care system and shall document the status in the progress notes.

**Access to Outpatient/Ambulatory Medical Care**
The substance abuse licensed or certified practitioner shall assess any client barriers to access Outpatient/Ambulatory Medical care, including cultural issues and offer a referral to the Medical Case Manager to facilitate access. The substance abuse licensed or certified practitioner shall ensure that consenting clients are referred to get an appointment and coordination is secured to ensure continuity of services.

**Assessment of Medications Adherence**
The licensed or certified practitioner shall assess client adherence to medications monthly and document in progress notes.

**Retention in Outpatient/Ambulatory Medical Care**
The licensed or certified practitioner shall assist client to remain in care. The licensed or certified practitioner shall discuss with the client the reasons the client had to access care in the first place and assess if those are still valid. The licensed or certified practitioner shall discuss what the client thinks needs to happen so the client can remain in care.

The licensed or certified practitioner shall detail the assistance provided in the progress notes. The licensed or certified practitioner shall document any coordination conducted to assist client to remain in care.

**Reassessment**
The licensed or certified practitioner shall conduct a Biopsychosocial evaluation of each active client a minimum of once a year. The licensed or certified practitioner shall document the bio-psychosocial evaluation in the progress notes.

**Inactive Client**
The licensed or certified practitioner shall determine through a reassessment if an active client shall be rendered inactive. Inactivation shall be completed under the following conditions:
- Client expires
- Client refuses services
- Client relocates

The licensed or certified practitioner shall give the client the names of other agencies that provide substance abuse treatment services and ask if the client desires to have the record transferred once he/she has selected another provider. The licensed or certified practitioner shall document the reasons for client's refusal of services. If the client does not express a reason, the licensed or certified practitioner shall document this.

**Documentation**
The licensed or certified practitioner shall document any coordination and/or intervention with the client and/or on the client's behalf, including multidisciplinary case staffing.

**Continuous Quality Improvement**
Chart reviews shall be completed quarterly to ensure appropriate documentation of service, referrals, follow-up and to assess the progress of the Treatment Plan.

**Professional Requirements**
*Education*
Minimum of a Master degree in Mental Health Counseling, Marriage and Family Therapy, Social Work or Psychology

*Credentials*
- Active Florida license in any of the above
- Florida registered clinical intern

*Experience*
- Licensed mental health or one year experience as a Florida registered clinical intern
- Doctor in medicine

- Bachelor's Degree with completed Certified Addictions Professional (CAP)

**Practitioner**
A minimum of one year experience as an addiction counselor

**Supervisor**
Licensed practitioner and State of Florida Qualified Supervisor
AND
A minimum of two years of experience as an addiction counselor plus one year supervisory experience in a substance abuse setting