

Service Category Definition (approved by SPA June 2021)

Support for Substance Use Outpatient Care Services, provided by or under the supervision of physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available.

Intake and Eligibility (HIV/AIDS BUREAU PCN #21-02)

For both initial/annual and six-month recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Recipients and subrecipients assume the risk of recouping any HRSA RWHAP funds utilized for clients ultimately determined to be ineligible, and instead, charge an alternate payment source, or otherwise ensure that funds are returned to the HRSA RWHAP program.

REQUIRED ELIGIBILITY DOCUMENTATION TABLE

Eligibility Requirement	Initial Eligibility Determination	Recertification Once a Year/12 Month Period
HIV Status	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Confirmatory lab results • Lab results (including VL/CD4) • Lab request form signed by provider 	No documentation required
Income	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Paystubs • SSI, SSDI and DSS income determination forms • Zero income affidavit • Bank Statement • Self-Employment Letter 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status
Residency	Documentation required for Initial Eligibility Determination: <ul style="list-style-type: none"> • Driver's License/ID • Utility Bill • Medical Bill • Bank Statement • Landlord Letter-Notarized • Copy of Lease/Mortgage • Letter from Shelter • Official Correspondence 	<ul style="list-style-type: none"> • Recipient may choose to require a full application and associated documentation OR • Self-attestation of no change • Self-attestation of change - Recipient must require documentation of change in eligibility status

All agencies are required to have a client intake and eligibility policy on file that adheres to the EMA's eligibility policy. It is the responsibility of the agency to determine and document client eligibility status, as outlined in the Ryan White Part A Eligibility Policy in accordance with HRSA/HAB regulations. Eligibility must be completed at least once every six months.

Eligible clients in the New Haven & Fairfield Counties EMA must:

- Live in New Haven or Fairfield Counties in Connecticut.
- Have a documented diagnosis of HIV/AIDS.
- Have a household income that is at or below 300% of the federal poverty level.

Services will be provided to all clients without discrimination based on: HIV infection, race, creed, age, sex, gender identity or expression, marital or parental status, sexual orientation, religion, physical or mental handicap, immigrant status, prior medical history, or any other basis prohibited by law.

Guidance on Complying with the Payor of Last Resort Requirement:

- RWHAP Recipients and Subrecipients must ensure that reasonable efforts are made to use non RWHAP resources whenever possible, including establishing, implementing, and monitoring policies and procedures to identify any other possible payors to extend finite RWHAP funds.
- RWHAP Recipients and Subrecipients must maintain policies and document their efforts to ensure that they assist clients to vigorously pursue enrollment in health care coverage and that clients have accessed all other available public and private funding sources for which they may be eligible.
- RWHAP Recipients and Subrecipients can continue providing services funded through RWHAP to a client who remains unenrolled in other health care coverage so long as there is rigorous documentation that such coverage was vigorously pursued.
- RWHAP Recipients and Subrecipients should conduct periodic checks to identify any potential changes to clients' healthcare coverage that may affect whether the RWHAP remains the payor of last resort and require clients to report any such changes.

Payor of Last Resort:

Once a client is eligible to receive RWHAP services, the RWHAP is considered the payor of last resort, and as such, funds may not be used for any item or service to the extent that payment has been made, or can reasonably be expected to be made under:

1. Any State compensation program
2. An insurance policy, or under any Federal or State health benefits program
3. An entity that provides health services on a pre-paid basis

Personnel Qualifications (including licensure)

Substance Use Services Outpatient must be provided by trained, licensed, or certified substance use professionals:

1. Staff licensure and accreditation: As per Connecticut State Statutes and DMHAS regulations, professional staff will be licensed, certified and/or supervised by a licensed behavioral health professional.
2. Ongoing staff training in Substance Use specific topics. At least 10 hours of Substance Use specific training per year for unlicensed/uncertified staff member serving Ryan White clients.
3. Substance Use service providers will have a crisis intervention policy to assist a client in life threatening situations.

Care and Quality Improvement Outcome Goals

- 70% of clients receiving Substance Abuse Services-Outpatient will demonstrate decrease in use or maintain abstinence after accessing substance abuse outpatient services.

Service Standards and Goals

HRSA/HAB National Program Monitoring Standards for RWHAP Part A: Section B: Core Medical Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
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.	Maintain and provide agency licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for a provider of acupuncture services. Staffing structure showing supervision by physician or other qualified personnel.	100%
Assurance that services are provided only in an outpatient setting.	Provide assurance that all services are provided in an outpatient basis.	100%
Documentation through program files and client records that: 1. Services provided meet the service category definition 2. Services provided are in accordance with a written treatment plan.	Maintain program files and client records that: 1. Services provided meet the service category definition 2. Services provided are in accordance with a written treatment plan.	100%
Documentation that if provided, acupuncture services: 1. Are limited through some form of defined financial cap 2. Are provided only with a written referral from the client's primary care provider 3. Are offered by a provider with appropriate State license and certification if it exists	Maintain program files that document if provided, acupuncture services: 1. Are limited through some form of defined financial cap 2. Are provided only with a written referral from the client's primary care provider 3. Are offered by a provider with appropriate State license and certification if it exists	100%
New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Substance Abuse Outpatient Services		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
New client charts will have an individual intake completed within 3 business days of client's initial contact.	New client charts have an intake completed within 3 business days of client's initial contact to agency.	100%
Client assessments completed and documented no later than 3 business days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.	Assessments completed and documented no later than 3 business days after clients' first face-to-face visit with a substance abuse professional. Assessments contain a supervisor's signature if unlicensed/certified.	100%

	Treatment Plan Compliant with CT DMHAS and DPH Regulations	Client charts have treatment plan completed and documented no later than 7 business days of intake. Treatment Plans are co-constructed with client and signed by client. Reassessment of treatment plans will be completed at the frequency required Connecticut Department of Mental Health and Addiction Services (DMHAS) guidelines and based on the level of care being provided.	90%
	For methadone, suboxone or vivitrol treatment, client charts will document contact with the client's medical provider within 3 business days of initiation of methadone/ suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication.	For methadone, suboxone or vivitrol treatment, client charts will document contact with the client's medical provider within 3 business days of initiation of methadone/suboxone to inform the provider of the new prescription or documented client refusal to authorize this communication.	85%
	Each client is assessed and verified for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving it. This is assessed initially, then reassessed and documented every 6 months.	Clients are assessed and verified for engagement in medical care and assisted with establishing linkages to care if not currently receiving it. Medical care engagement will be completed at the frequency required by Connecticut Department of Mental Health and Addiction Services (DMHAS) guidelines based on the level of care being provided.	90%
	Substance Abuse providers routinely coordinate all necessary services along the Continuum of Care.	Documentation of referral(s) in client's chart.	100%
	Discharge of Client from services. A discharge summary (for all reasons) must be placed in each client's chart within 3 business days of discharge.	Discharge of cases include documentation (the discharge summary) stating the reason for closure and a discharge summary with a supervisor's signature indicating approval as needed. Discharge summaries will be completed and in the client chart within 3 business days of discharge.	100%
	Clients demonstrate decreased substance use or abstinence through self-report and/or toxicology screen.	Clients show decreased substance use frequency or abstinence demonstrated through self-report and/or toxicology screens during their treatment episode.	70%
	Client satisfaction surveys are conducted	Clients are offered a client satisfaction survey annually as noted in client chart	100%

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 fully understands their rights and responsibilities.

Client Charts, 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 the client's Personal Health Information (PHI). Agencies must have a client's release of information policy in place and review the release regulations with the client before services are provided. A signed copy of the client's release of information must be included in the client's chart.

Cultural and Linguistic Competency

Agencies providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services. (Please see <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53> for more information)

Client Grievance Process

Each agency must have a written grievance procedure policy. Clients will be informed and assisted in utilizing this procedure and shall not be discriminated against for doing so. A signed copy of receipt of the grievance procedure policy form must be included in the client's chart.

Case Closure Protocol

Each agency providing services will have a case closure protocol. The reason for case closure must be properly documented in each client's chart.