

Service Category Definition (approved by SPA June 2021)

Funding for Substance Use Treatment – Inpatient to address substance use disorders (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting requirement:

- Services to be provided by or under the supervision of physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided
- Services to be provided in accordance with a treatment plan
- Detoxification to be provided in a separate licensed residential setting (including a separately- licensed detoxification facility within the walls of a hospital)

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

Documentation that services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and/or certification as required by the State in which services are provided, meet the service category definition and assurance that services are provided only in a short-term inpatient setting. Maintain and provide to Recipient on request documentation of:

- Provider licensure or certifications as required by the State in which service is provided; this includes licensures and certifications for acupuncture services
- Staffing structure showing supervision by physician or other qualified personnel
- Provide assurance that all services are provided in a residential setting

Documentation that Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and/or certification as required by the State in which services are provided, services are provided in accordance with a written treatment plan and assurance that services are provided only in a short-term inpatient setting. Maintain program records and client files that include treatment plans with all required elements and document:

- That all services provided are allowable under Ryan White
- The quantity, frequency, and modality of treatment services
- The date treatment begins and end
- Regular monitoring and assessment of client progress
- Evidence of substance Use treatment provider collaborated care with Primary Care Physician when possible.

Program Outcome:

70% of clients enrolled in Substance Abuse Services-Inpatient complete their recommended length of treatment stay.

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 a physician or other qualified personnel.	100%
Assurance that services are provided only in a short-term residential setting	Provide assurance that all services are provided in a short- term residential setting.	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%
Documentation in client chart the date treatment begins and ends and evidence of regular monitoring and assessment of client progress.	Maintain client chart that includes the date treatment begins and ends.	100%
New Haven/Fairfield Counties EMA RWHAP Part A Program Monitoring Standards for Substance Use Residential services.		GOAL
STANDARD/MEASURE	AGENCY RESPONSIBILITY	
New client charts will document an individual's intake and biopsychosocial assessment completed within 1 business day of admission. Assessments conducted by unlicensed or non-certified personnel must contain a licensed supervisor's signature.	Client charts will have an individual's intake and biopsychosocial assessment documented within 1 business day of admission unless client leaves Against Clinical Advice (ACA) within the 3-business day enrollment period. Documentation of ACA must be in client chart.	100%
Charts will have a treatment plan initiated within 3 business days of admission.	Charts will have an initiated treatment plan within 3 business days of admission.	100%
Closed client charts will contain a Discharge Summary that includes Name, Date of Admission, Date of Discharge, Medications, Summary of participation, and Referral at discharge, Signature and Date of Clinician. Closed charts will have a completed summary within 3 business days.	Closed client charts will contain a Discharge Summary and completed within 3 business days and be signed by a licensed practitioner if applicable.	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.